

UNIVERSITY FOR DEVELOPMENT STUDIES, TAMALE

ASSESSING THE TRAINING OF TEACHERS ON SEX EDUCATION IN THE  
GUMANI/NYANSHEGU CIRCUIT IN THE SAGNARIGU DISTRICT

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UDS/MTD/0020/14

UNIVERSITY FOR DEVELOPMENT STUDIES



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A THESIS SUBMITTED TO THE DEPARTMENT OF EDUCATIONAL FOUNDATIONS,  
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## DECLARATION

### Candidate's Declaration

I hereby declare that this thesis is the result of my own original work and that no part of it has been presented for another degree in this university or elsewhere except for where due acknowledgement has been made in the context.

Candidate's Signature: ..... Date.....

Name: Anaadumba Helen-Zilfah

### Supervisor's Declaration

I hereby declare that the preparation and presentation of the thesis was supervised in accordance with the guidelines on supervision of thesis laid down by the University for Development Studies.

Supervisor's Signature: ..... Date.....

Name: Rev. Fr. Dr. Thomas Asante



## ABSTRACT

Most young people are ignorant about issues of their sexuality (Alter, 2002). Studies aimed at improving the understanding of young people about their sexuality have mostly been targeted at young people themselves. This study sought to find out how teacher training influences sex education in basic schools and how this contributes to improvement in the sexual attitude of young people. The study explored how sexuality education is taught in basic schools, the adequacy of training teachers received on sexuality education, sources of information on sexuality education for young people and the challenges that hinder the teaching of sexuality education. The study which adopted the descriptive survey research design, used questionnaires as the main tool to collect both quantitative and qualitative data for analysis. A sample of eighty-three (83) respondents from ten (10) out of fifteen (15) basic schools in the Gumani/ Nyanshegu circuit were involved in the study. Findings revealed inadequate continuous professional training for teachers to update their knowledge on sex education, inadequate initial training for teachers on sexuality education and socio-cultural and religious beliefs and practices of a people affecting the ability of teachers in the teaching of sex education in school. The study recommends regular in-service training for teachers, inclusion of sex education in the curriculum for the initial training of teachers and in the basic school curriculum, as well as the provision of Teaching and Learning Materials (TLMs) for involving sex education at the basic school level.



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## DEDICATION

I dedicate this work to my family the “Alandos”



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## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background

In all aspects of the school and its surrounding education community, the rights of the whole child, and all children, to survival, protection, development and participation are at the centre. This means that the focus is on learning which strengthens the capacities of children to act progressively on their own behalf through the acquisition of relevant knowledge, useful skills and appropriate attitudes; and which creates for children, and helps them create for themselves and others, places of safety, security and healthy interaction. (Bernard, 1999). Sex education is a lifelong process of building a strong foundation for sexual health through acquiring information and forming attitudes, beliefs and values about identity, relationship and intimacy. According to Toor (2012) sex education is a broad term treated as a usual topic for health education and used to describe education about human sexual anatomy, reproductive health and rights, emotional relations, responsibilities, abstinence, contraception and other aspects of human sexual behaviour. Sex education is also defined by Frimpong (2010) as a systematic attempt to promote the healthy awareness in the individual on matters of his or her sexual development, functioning, behaviour and attitudes through direct teaching.

The two definitions above suggest that sex education goes beyond merely answering simple questions by children about their sexual organs. It includes supplying facts about the anatomy and physiology of the organs of reproduction and providing help and direction to boys and girls in establishing appropriate masculine and feminine roles. World Health Organisation (2010) is also of the view that the development of acceptable sexual behaviour in preparation for marriage;



and forming a foundation for responsible parenthood and a stable family life is at the core of sex education. It also includes comprehending the issues in population control, teaching the importance of preventing certain infectious diseases; and reducing the problems of premarital pregnancies, abortions and illegitimacy (World Health Organisation, 2010).

Also, any subject in the curriculum that seeks to inform and prepare the child for his role in life, his relationship to others, facts about health habits, personal development and interest in work is unquestionably preparing him/her for family living and therefore can be described as sex education (Rahman, 2001). Furthermore, information and improved understanding of sexuality are definite to adolescents and therefore amenable to education, because it is the basic responsibility of teachers to educate children about their health, sex, organs, morality and behaviour (Frimpong, 2010). Teachers have a responsibility to ensure that their pupils do not obtain wrong information as misconceptions may lead to many sexually related problems. Surprisingly teachers' attitudes towards the teaching of sex education in schools have been lackadaisical. Their reactions to students' sexual activity have remained that of either expelling or suspending them from studies. This means, a student discovered involving in any sexual activity or relationships, is punished instead of being helped or advised otherwise; hence, students miss school and education (Petro, 2009). Good teacher attitude towards sex education could play an imperative role in both shaping the academic development, and influencing social lives of students. However, Petro (2009) argued that teachers tend to concentrate on academics, ignoring important social aspects of life like sexuality. Although teachers are the preferred agents for provision of sexual and reproductive health education to students in schools, Hellar (2001), contend that they are reluctant in doing so.



## 1.2 Problem Statement

The consequences of lack of sex education are enormous and inimical to the health and wellbeing of Ghana's population as well as development in general. In terms of education, it results in reduced school retention and poor knowledge of students' sexuality (Frimpong, 2010). It is estimated that about fifteen (15) million adolescents aged between 15 – 19 years give birth yearly, four (4) million obtain abortion, and about one hundred million (100,000,000) become infected with sexually transmitted diseases (STDs) annually (USAID, 2004).

Literature shows that adolescents lack accurate information about early sexual relations and the related consequences. Ndeki, Keap, Kema, Babuel, & Msuya (1994) found that a high percentage of boys and girls become sexually active at an early age, when they are still in primary school. Thus, from a public health point of view, primary schools present one of the most important sexual infectious disease prevention arenas, since a large number of children can be reached at an early age before developing behavioural patterns that may make them extremely vulnerable to sexually infectious diseases (Ndeki, et al, 1994). UNICEF indicates that 120 million young individuals engage in premarital sexual intercourse without any protection and unsafe abortions (UNICEF, 2001; Avert, 2009). The World Health Organisation (WHO), (2006) suggests that each year around the world, adolescent unsafe abortions are estimated to be five (5) million (WHO, 2006).

Moreover, the statistics from the World Health Organisation indicate that almost 200 women are dying daily as a result of unsafe abortions as well as several untold levels of severe problems caused by direct abortion-related complications (WHO, 2006). These incidences indicate inadequate sexuality knowledge among these women and young teenagers in schools.



Throughout human history, sexuality has been perceived as a threat to people's health: untreatable STIs and unintended pregnancies were almost always grave risks associated with sexual encounters (UNICEF, 2001). Sexuality education thus fulfils this highly needed function of sexual health promotion.

However, the main sources of information about sexuality for most students are peers and various media which are limited in scope and accuracy. For example, talking to friends is unsatisfying since they are also uninformed (Mbonile & Kayombo, 2008). At the same time parents are unwilling to discuss sexual matters with their children because they are too embarrassed or because their cultural orientation and beliefs oppose it (Ikamba & Ouedraogo, 2003; UNICEF, 2006). Meanwhile, children and teenagers are exposed to a barrage of information related to sexuality which require guidance from the family and school for a healthy sexual development and responsible behaviour. Due to the impact of Western civilization, there is need to supplement the training of young people in the art of family life by their parents and family members with a school-based sexuality education programme.

Studies on sex education have mostly addressed sexual behaviour in the context of HIV and AIDS in terms of risk and prevention, such as the use or non-use of condoms (Lugoe, 1996). Other researchers reported that adolescents are knowledgeable about the mode of preventing unintended pregnancies (Mwakagile, et al., 2001), yet still, they engage in unprotected sex. Ikamba & Ouedraogo (2003) addressed adolescent sexuality in terms of early initiation of sexual intercourse and adolescents' sex partners. Lugoe (1996) focused on self-restraining behaviours. Mkumbo and Tungaraza (2007) focused on students' attitudes towards Sex and Relationship Education (SRE). Sex education is necessary for students and it plays a very important role in



the prevention of HIV/AIDS (Tilakavathi, Divekar, & Mehendale, 1997). Sex education influences contraceptive knowledge and behaviour (Dawson, 1986).

Parents are generally uncomfortable in talking to their children about human sexuality and mothers are reluctant to talk about sex education to their daughters as they found it embarrassing to discuss those issues (Reis & Seidl, 1989). Studies have shown that parents, teachers involved in sex education should have some special personal characteristics as well as good training and the attitude towards sex education to be encouraging in their behaviour (Kakavoulis, 2001; Badhan et al. 2002). Majority of parents, teachers and students supported that sex education should be introduced in school curriculum that will help prevent unwanted pregnancies, enhance healthy relationship between opposite sex, parental transmission of HIV/AIDS infections and STDs and toward providing the knowledge of sex interactions, consequences and responsibilities (Orji & Esimai, 2003). School children are positively inclined to accept formal AIDS education as a part of classroom teaching.

According Todaro & Smith, (2009) sex education will not prompt students to have sex, hence sex education should be included in the curriculum. The study area, Gumani/Nyanshegu circuit is a heavily populated area with seventeen Basic schools in the Sagnarigu district in Tamale in the Northern Region. The inhabitants are mostly Dagombas, who are predominantly Muslims, with a sizable number of Christians and other denominations. Demographic information available reveal that the population in the area are mostly young people between the ages of one to nineteen years. Classroom interactions with school pupils reveal that most of them are completely ignorant of sexuality issues, this results in many of them getting pregnant and dropping out of school. According to the School Assessment Report for Our Lady of Fatima



School Complex, for 2014/2015 academic year, ten pupils dropped out of school and four out of them were due to pregnancy (School Assessment Report, 2016). Also, data available from the information systems unit of the Sagnarigu District Office, revealed that every year, an average of two pupils drop out of basic school due to sexuality related challenges such as pregnancy and early marriages (EMIS, 2016). This situation is compounded by the lack of structured content for the teaching and learning of sex education. Teachers do not also have the knowledge and appropriate techniques of handling sexuality related issues in the classroom. In this regard, teacher training on sex education is key to equipping teachers with the right content, skills and techniques to handling issues of sexuality with their students. However, studies on sex education have always concentrated on adolescents, basic school learners and senior secondary school learners. From the literatures reviewed for this study, it is evident that no studies have been conducted in the field of training teachers on sex education in basic schools as the main focus in Ghana. This study therefore seeks to fill the gap on training of teachers on sex education, which is key in the teaching of sex education in basic schools, the Gumani/Nyanshegu circuit.

### **1.3 Research Objectives**

The main objective of this study was to assess how the training of teachers influences sex education. The specific research objectives were to:

1. Assess how knowledgeable teachers are in sex education
2. Find out how the training teachers receive influence the teaching of sex education
3. Identify the challenges affecting the teaching of sex education



#### **1.4 Research Questions**

The main question addressed in this study was, how does the training of teachers' influence sex education? The specific research questions were:

1. How knowledgeable are teachers in sex education?
2. How does the training teachers receive influence the teaching of sex education?
3. What are the challenges affecting the teaching of sex education?

#### **1.5 Significance of the study**

Findings of this study could be useful to the Ghana Education Service and other practitioners in the education sector on how to equip teachers with accurate knowledge and appropriate teaching methodologies on sex education and also with the right attitude to handle the behavioural problems related to sex education in their various schools which will contribute to empowering pupils about their sexuality, help reduce the incidence of teenage pregnancy, unsafe abortions and other related health hazards.

Results of this study could also be useful to the Ghana Health Service and the Ministry of Health in consolidating their health promotion and education policies. The study would help policy makers to device policies to address the phenomenon of poor sex education in basic schools. The study is directed towards the knowledge base of the health promoters so as to create a better understanding of the issues teachers are confronted with. Stakeholders could also gain more insight into the phenomenon which could enable them to respond positively and effectively towards extending a helping hand to individuals who are not informed of their sexuality. The findings of this study could also be used by other researchers as a baseline study for future studies in the area.





The findings from this study will hopefully be useful to policy makers in their bid to formulate effective policies in favour of sex education in schools. More specifically, this study will provide inputs for a refined approach at intensifying campaigns on the need to include sex education in school curriculums, demystify any myths and misunderstandings on sex education and facilitate equitable access to sexual and reproductive health education. This will ultimately help in the achievement of the SDGs on health and propel development as a whole.

### **1.6 Delimitation**

This research work covered teachers of ten selected basic schools, ten head teachers and a circuit supervisor of the Gumani/Nyanshegu circuit in the Sagnarigu district. This was on purpose as the researcher herself was a teacher in the circuit, which made the administration of questionnaire easier during the data collection process. The researcher was also available to explain to respondents on questions they were not clear with. This helped in addressing the limitation experience during the data collection process.

### **1.7 Limitation**

The study was limited by the fact that, the schools under study were scattered across the circuit, which made movement from one school to the other difficult. Some respondents collected copies of the questionnaire but returned them unanswered after keeping them for two weeks with the reason that they could not find time to answer them. Some also thought the researcher was carrying out a government exercise and so did not want to be part of that; but the researcher took time to explain to their understanding before some of them agreed to complete the questionnaire.



## **1.8 Organisation of the study**

The study is organized into five chapters. Chapter one introduces the thesis, highlighting the main subject and problem statement; the aims and objective, limitations, delimitations and significance of the study. Chapter two focuses on the literature review and touches on in-service training/continuous professional development, sexuality, sexuality related problems, sources of sexual information, sex education locally and globally and attitudes of teachers towards the teaching of sex education. The chapter also explains the impact of teachers' attitudes towards sex education. Chapter three is devoted to the research methodology employed including the statistical methods used in analysing the data and results. Chapter four presents the analysis of the data, discussions and interpretation of the findings of the survey. Chapter five summarizes and concludes the study and makes recommendations based on the findings of the study.



## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Introduction

Sexuality education of young people has been the focus of many studies in the past. Sources and nature of sexual information have been identified to include schools, media, worship centres, peers and parents. The extent to which these sources of sexuality information are used by young people, vary from one society to the other; because of the socio-cultural, political and economic variations. The school, which is often cited as the most reliable source of information, unfortunately is constraint in sexuality education due to the lack of content for teaching the subject and the lack of training of teachers to teach the subject at the basic school level. This chapter therefore reviews the concepts of training in the contest of continuous professional development of teachers; it explores the meaning and nature of training, meaning of sexuality, importance of sexuality education, sources of sexuality education, training teachers on sex education, sexuality-related problems, sex education globally and in Ghana. The chapter also looks at the challenges affecting the teaching of sex education.



#### *The Meaning and Nature of Training*

Training has been defined as "The systematic development of the knowledge, skills and attitudes required by an individual to perform adequately a given task or job" (Armstrong, 1997). Training has also been defined in the Glossary of Training Terms (Manpower Services Commission, U.K.) as a planned process to modify performance, through an enhancement of knowledge, skills and behaviour through learning experience to achieve effective performance in an activity or range of activities (Ackah & Agboyi, 2016). Its purpose in the work situation is to develop the

abilities of the individual and to satisfy current and future manpower needs of the organisation. It clearly implies that the role of training is to improve human resource development towards an increase in the overall performance of an organisation, which invariably is interwoven with training (Armstrong, 1997 ).

To operate training in a systematic manner, it has to cover inter related stages and processes as graphically depicted by Armstrong’s training module below:

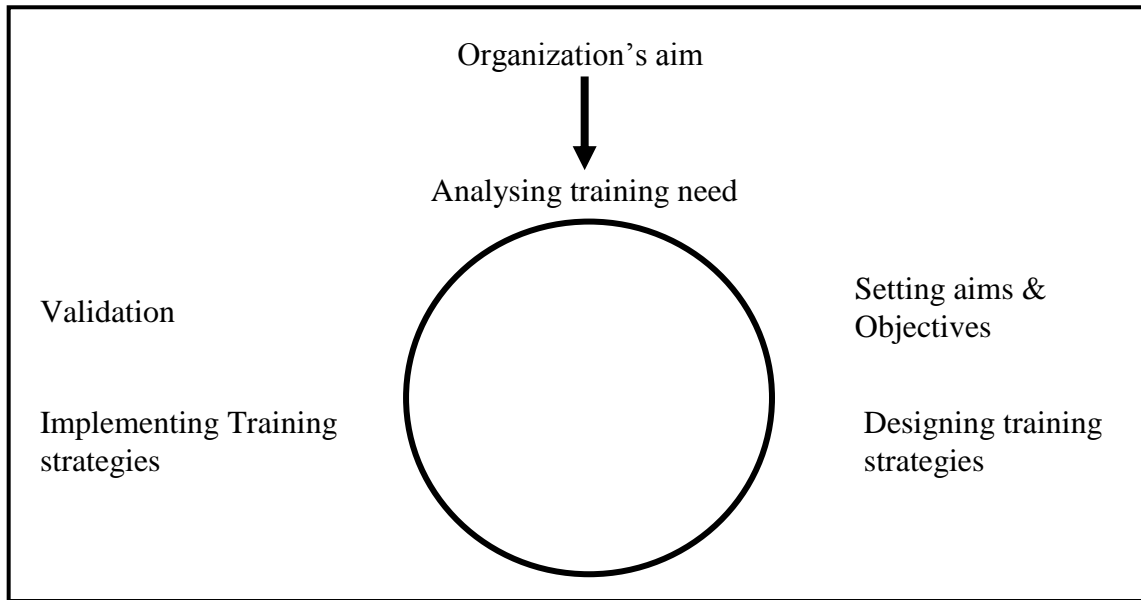


Figure 2.1: Armstrong’s training module, 1997



As depicted in figure 2.1, training must include strategies that enable a good understanding of the aims and needs of the organization and how these are achieved by range of jobs within the organisation. Also, it is crucial to analyse the training needs of employees and fill in this gap. This is done by: 1. Analysing the knowledge, skills and attitudes/behaviours that is required for performing each job; and 2. Assessing the competence level of job-holders to meet those

requirements. Further, there should be setting of aims and learning objectives which guides the type of training, their design (including timing and methodologies) and desired outcomes.

Training is the total sum of formal and informal learning and experience achieved by the teacher (Fullan, 1995). Fullan, Hill and Crevola (2006) use the term “professional learning” to refer to the continuous and focused daily learning of teachers, both individually and collectively. According to Day (1999), professional development consists of both natural and conscious learning experiences, which can directly or indirectly benefit the individual, group or school and enhance the quality of education in the classroom. He is of the view that, professional development renews and enhances the commitment of teachers as change agents to the core mandate of teaching; which they are critically thought to develop the right knowledge, skills and intelligence necessary for use as teachers. (Day, 1999).

Birman, Desimone, Porter, & Garet, (2000), also contend that teachers' professional development can be categorise into two: namely, the traditional and the 'reform-type' of professional development. According to Clarke & Hollingsworth (2002), the traditional method of professional development for teachers, assumes that there is a gap in knowledge and skills which needs to be developed using the workshop approach. This assession, is supported by Desimone, Porter, Garet, Yoon, & Birman (2002), who argue that the traditional method of professional development for teachers are often workshops or trainings that are organised within the district or outside of the district, which also include formal postgraduate courses (Desimone et. al., 2002). Even though the traditional method of teachers' professional development helps to advance teachers' interest in increasing their knowledge and skills, the approach alone is not adequate to advance learning, which basically modifies teaching methods (Boyle, While, &



Boyle, 2004)”. The traditional approach in which many topics are tackled in a short time, is not effective for maximizing learning, hence does not help teachers to effectively implement instructional changes (Firestone, Mangin, Martinez, & Polovsky, 2005).

The second model often adopted for teachers' professional development is the ‘reform-type’, also known as the 'growth' model (Guskey & Huberman, 1995). This model is described by Guskey & Huberman (1995) as a variety of professional development activities that accompanies a continuous appraisal of one's instructional practice. This approach perceives teachers’ professional development as a reflection, learning together, and decentralization (Smylie & Conyers, 1991).

Proponents of the ‘reform-type’ approach to teachers’ professional development believe that it is the most effective, when it is carried out within the work setting. According to Sparks & Hirsh (1997), it is essential to note that professional development for teachers must be considered as a multiplicity of job-embedded learning and experience building in order for any meaningful impact to take place. Kwakman, (2003), believes that the school is the best place for teachers to develop new teaching competencies in their practice (Kwakman, 2003). The main objectives of teacher education are to develop awareness, knowledge, skills, attitudes, and evaluation ability to enable them encourage full participation of pupils and students in the teaching and learning process. It has also been argued by Lawal, Adebowale, & Oderinde (2004) that sufficient professional training is the surest way teachers in Africa can be adequately prepared to contain the challenges of the 21st century. He quoted Fafunwa (Akinyemi, 1972) as saying: “For African Teachers to be able to cope with the huge task that lies ahead of them, they have to be adequately trained for the job. Teachers must be willing to assume a new mind set of the African, and must



be willing to collaborate and share new knowledge and skills with other teachers, seek more information on their personal initiatives and above all, be flexible and willing to try out something new.

The new paradigm in education envisages the teacher to be professional and flexible in his/her academic make-up, and should be helped through regular on-the-job training to be abreast with new techniques and skills in the field. This can only be achieved when there is an effective teacher education programme that focuses on increasing the confidence in both teachers and students within the framework of a well-coordinated effective teaching and learning to correct the inherent problem in teacher profession training (Lawal, et. al., 2004). Teachers' professional development is also described by Bolam (2002), as an intentional, ongoing and systematic process of formal and informal training, learning and support activities consciously planned and executed either externally or on-the-job (Bolam, 2002; Hawley & Valli, 1999). It is further suggested that such programmes should be proactively engaged in by qualified, professional teachers, school heads and other school management team members or with others, who have direct or indirect benefit to the teacher or the school (Bolam, 2002; Guskey T. R., 2002b). In line with this assessment, Hill, (2007) also suggests that a successful professional development training should address the needs of teachers as learners. This would enhance their professional ability to relate better with students. In the same way, professional development programmes designed in line with instructional goals can improve teaching and learning (Hill, 2007). Professional development training is best achieved when it spans a number of days or is held longer and many hours, preferably 20 hours; allowing enough time for participants to try their hands on the subject (Garet, Porter, Desimone, Birman, & Yoon, 2001).



According to Gabriel et al. (2011), most teachers believe that certain professional development training programmes they attended have significant impact on their professional ability as teachers.

## **2.2 Theoretical framework**

This study relied on several theories on training, attitude and behaviour change. However, the theoretical foundation was largely anchored on the Self-Efficacy theory put forward by Bandura (1997). But in order to appreciate this theory better, other related theories were reviewed in relation to the impact of in-service training of teachers. Some of the theories reviewed included the Primary Socialisation Theory, the Individual Difference theory, the Social-Cultural theory, the Cognitive Consistency Approach etc.

### **2.2.1. The primary socialization theory**

According to Oetting & Donnermeyer (1998), the primary socialization theory suggests that the main sources of sexual information for young people are the family, their peers, the school and the mass media. These are the places where children spend most of their time learning and interacting. The mass media is considered by the theory as one of the powerful sources of sexual education for the young people because it plays a very important role in transmitting consumer commercials via various channels (Bush, Smith, & Martin, 1999). These agents have a great effect on the psychological, emotional, and the level of appreciation of issues by young people as they grow. Their impact goes beyond specific consumer skills such as product selection, brand comparison, price comparison, attitudes toward products and brands (Moore, Raymond, Mittelstaedt, & Tanner, 2002; John, 1999). Other researchers however suggest that, as young





people grow and mature, there can be a change in the effect these primary socialization agents have on them (Clark, Martin, & Bush, 2001).

Evidence by Oetting & Donnermeyer, (1998) point to the fact that while any of these primary socialisation agents are capable of conveying both prosocial and deviant norms, the family and the school are seen as being primarily prosocial and the peer groups and mass media carry the main risk of transmitting deviant norms. Peer groups and the media, according to the above authors, form the last group of primary socialization agents, and have the greatest impact on those alienated from the first two groups (Oetting & Donnermeyer, 1998).

The theory however, failed to recognise the fact that in some societies, parents, school, and media are likely not to be the main sources of sexual information, even though they are considered to be due to several factors. It is widely known that literacy levels are still very minimal in some developing countries, as a result many children end up not attending school or drop out for various reasons. It is obvious that in those societies, media such as television, radio, newspapers, film, books, etc. are likely not to be the primary socialization agent because of high poverty and illiteracy rates and also the unavailability of the needed infrastructure to enable them.

Additionally, it could also be argued that the primary socialization theory does not pay attention to some realities especially like in war-torn societies, where many children become the most victims after losing or have been separated from their parents, are left on their own without any parental character of socialization agent. Obviously, in such societies, parents are unlikely to be



reported as primary socialization agents, because, as observed by FHI/IMPACT (2000), the few parents and adults from such cultural backgrounds do not discuss sexual issues with children in the open because it is highly prohibited and considered embarrassing (FHI/IMPACT, 2000). Based on this observation, it could be concluded that in such societies the primary socialization theory cannot be practicable because parents, school, and media are unlikely to be the primary sexual socialization agents.

Despite the arguments against the primary socialization theory, it is still relevant in this study because of the emphasis it places on the need to regard parents, school, peers and media as part of the socialization agents for young people, which is part of the central aim of this study. In fact, even if parents and media have not been cited in the study area, probably due to the level of education, this theory still helped me to identify the real sources of sexual education for both educated and uneducated youth in this area.

The responsibility of transmitting knowledge to children includes the role of parents, teachers, and religious leaders, which makes it a community responsibility. Oetting & Donnermeyer (1998) therefore suggest that, a concerted effort of all the actors is required to underscore and reinforce the education and counselling of youth on sexual matters.

### 2.2.2 Information consistency and desired action model

Another theory which was reviewed, is the information consistency and desired action model. This model, Bandura (1986) and Piotrow, et al. (1990) cited by Mbananga (2002) suggests that information of high frequency which are distributed with consistency in meaning, has a better chance of reaching the expected reaction than those that are less frequent and inconsistent.



According to Mbananga (2002), consistency means frequency and trustworthiness in the supply of the content of a particular information. A lack of consistency may arise when there is no coordination in the construction of information resulting in the transmission of contradictory messages. In such cases, the utilisation of the information at the receiving end becomes even difficult and affect decision-making accordingly.

It is also argued that when information reaches the target groups frequently and consistently, it may influence behaviour change more positively and impact on decision making than when it is not (Bandura, 1986; Piotrow, et al., 1990) cited by (Mbananga, 2002). However, Ahmed, Omoogun, & Shaida (2000) also argued that information frequency and consistency does not automatically result in positive behaviour change. They are of the view that other factors such as literacy levels, technology, social, cultural and economic development, influence both the information transmission and the utilisation of such information.

The information consistency and desired action model presents a relevant framework for analysing not only the consistency of the content of information obtained from different sources on sexuality, but also the regularity of the information provided. It is in this context that the theory is being reviewed in this study, because an understanding of such consistency helps to ascertain whether or not young people receive contradictory messages from different socialisation agencies or not and how it affects the way they interpret the message in question.

### 2.2.3 Individual difference theory

This theory highlights the influential role of individual's characteristics and qualities often referred to as the individual context, play in social communication on perception of information



on the behaviour of individuals (Redmond, 2000; De Fleur, 1970). Psychologically, it is the sum total of an individual's experiences, from childhood socialisation, education, to previous interactions; better described as the product of one's collective encounters with the world (Redmond, 2000). It includes psychological qualities such as individual needs, values, beliefs, attitudes, personality, and also personal characteristics such as age, sex, race, ethnic background and culture. There is great variation in the personal psychological organisation of people, which, according to Redmond, (2000), plays an important role in every mass education activity.

In the view of De Fleur (1970), these variations in part begin with differential biological endowment, but are due in greater measure to differential learning. From different learning environments, people acquire a set of attitudes, values and beliefs that constitute their personal psychological make-up and set each somewhat a part from his/her fellows (De Fleur, 1970).

In his experimental study of human perception, Redmond (2000) noted that individual's values, needs, beliefs and attitudes played an influential role in determining how they selected stimuli from the environment and the way they attributed meaning to those stimuli within their acquired frames of reference once they came to attention. What constitutes a person's psychological context is anything that in the communication situation that affects the way a person interprets, analyses, encodes, or decodes messages.

However, De Fleur (1970) emphasises that the individual difference theory focuses more on the psychological patterns and seems therefore not to give much credit to the sociological and cultural patterns. He revealed that, beyond the psychological context, people with some common social, economic, demographic and cultural characteristics are likely to perceive



and respond to a stimulus in a more or less equal way (De Fleur, 1970). The individual difference theory is therefore relevant in this study in that it highlights how individual difference influences the way in which young people perceive, interpret and utilise the messages of sexuality they receive from the different sources of information.

#### 2.2.4 Social categories theory

Closely linked to the individual difference theory, is the social categories theory. This theory has been largely applied in social communication to investigate people's preferences of media content, and the perceptions and behaviour towards a given information or stimulus. A fundamental conjecture of the social categories theory is a claims that in spite of the heterogeneous nature of the modern society, people who have similar characteristics will have similar appreciation of social issues. The theory also suggests that there are broad social categories in urban industrial societies whose behaviour in the face of a given set of inducements is almost the same (De Fleur, 1970). Examples of such characteristics, according to De Fleur (1970) are; sex, age, income level, educational attainment, rural-urban residence, and religious affiliation. In the light of social communication, the social categories theory emphasises the fact that people who share common characteristics tend to appreciate similar media content, and are most likely to have same perceptions and behaviour towards the information they received (De Fleur, 1970). Obviously, the individual difference theory and the social categories theory are importantly linked. In fact, the De Fleur (1970) argues that a number of psychological qualities are gradually acquired during the socialisation process, and people with one cultural background are likely to have such psychological qualities in common. The same author further argues that due to other common personal characteristics such as age and sex,



people are likely to have some similar needs. For instance, fashion magazines are not often bought by males; and fishing magazines are seldom read by females (De Fleur, 1970).

In the line with this view expressed by De Fleur (1970), it worthy of note that knowledge of several very simple variables such as age, sex, and educational attainment provides a reasonably accurate guide to the type of information content an individual will select to appreciate the media (Ruben, 1985). The social categories theory is very relevant to this study because it is centred on the way people of different social categories choose to perceive and apply information content such as information on sexuality, depending on whether or not they have a common connection with the information ore the channel through which the information is received. In this study, this theory is reviewed to understand how teachers of different social categories appreciate the need to teach sex education to young people in school.

#### 2.2.5 Social-Cultural Theory

The Social-cultural theory put forward by Vygotsky (1993), has become a major influence in educational psychology studies. The overriding concept of Vygotsky's theory that relate to the central principle of the social-cultural theory is the principle of co-construction of knowledge between the individual and social processes, the function of social interaction in the development of the human brain and the concept of the zone of proximal development to explain learning and teaching (Mahn, 1999). In a further analysis of Vygotsky's theories Gindis (1995) is of the view that the main aspects of Vygotsky's theory that apply to teacher attitude are the theory of socio-cultural activity and the theory of distorted development. That is to say, Vygotskian theory establishes a link between an understanding of the need for specialised education, such as sex education and the effect of the lack of special knowledge and the means to compensate for it



(Vygotsky, 1993; Gindis, 1995). It is therefore important for teachers to undergo regular on-the-job training on sex education in order to understand and appreciate not just the need to teach the subject in school but also provide support to young people to understand issues about their sexuality.

#### 2.2.6 Cognitive consistency approach

According to Feldman (1985), the cognitive consistency approach begins by working with the existing attitudes. The approach also tries to demonstrate how the components of the existing attitude and the desired attitudes should sync together. The author suggests that the cognitive consistency theories view human beings as active information processors, who always try to make meaning out of what they think, feel and do, and actively constructing and interpreting the world to correct any inconsistencies that may occur between different attitudes. In line with this, Sears, Freedman, & Peplau (1985) are also of the view that the cognitive consistency approach, which is borne out of the cognitive tradition portrays people as always striving for reason in their cognitive structure. Both Feldman (1985) and Sears *et al.* (1985) are of the same view that much as this approach includes a number of related theories, they all share one basic principle that is inconsistency. Inconsistency may occur between cognition about, and affect towards an attitudinal object, between affect towards a person and his position on an issue, or between a person's cognitions; affect and behaviour towards an attitudinal object that is meant to induce change in behaviour (Feldman, 1985). In the light of this theory therefore, it is imperative to note that any training programme that is designed to achieve effectiveness in behaviour change, ensures increased consistency.



### 2.2.7 Self-efficacy theory

The Self-efficacy theory originated from the Social Cognitive theory developed by Bandura, when he became aware that there was a missing element in that theory. According to Bandura (1977), the Self-efficacy beliefs are fundamental to human functioning. He theorized that perceived self-efficacy makes a difference in how people think, feel, and behave. Theory posits that people faced with constant rejection must possess high self-efficacy, or self-worth, in order to persist (Bandura, 1977). Similarly, Skaalvik & Skaalvik (2007) also share the view that self-efficacy is based on judgment of one's capacity to execute on a given responsibility. It is important to note that people's beliefs in their efficacy can have diverse effects (Skaalvik & Skaalvik, 2007). Artino (2006) postulates that a person must possess the necessary knowledge and skills, as well as the motivation and perception, required for successful exhibition of the required behaviour under difficult circumstances. Johnson (2010) also argues that peoples beliefs influence the courses of action they choose to pursue, how much effort they put forth in a given endeavour, how long they will persevere in the face of obstacles and failures, their resilience to adversity, whether their thought patterns are self-hindering or self-aiding.

Research focus on education has examined the truth in the correlation where one's efficacy beliefs dictate performance and performance determines outcome (Bandura, 1997). Self-efficacy according to Bandura (1997), is the belief in one's capability to organize and execute the course of action required to manage a prospective situation. These beliefs affect behaviours and ultimately performance outcomes. Bandura (1986) described four sources of self-efficacy as: i. mastery experiences, ii. vicarious experiences, iii. verbal persuasion, and iv. physiological and affective responses (Bandura, 1986). He also argued in another study that mastery experiences thus performance accomplishments, are the most effective way to develop a strong sense of





efficacy. Success in the performance of a task serve as a positive example in shaping future perceptions about the ability to perform well again on a similar task (Bandura, 1977). Bandura considered such positive shaping of perceptions as improvement in self-efficacy. However, failing at a task can serve as a negative past performance that weaken self-efficacy and negatively shape perceptions about capability (Bandura, 1977).

Bandura (1977) is further with the view that another way to develop and maintain self-efficacy, is through indirect experiences, which are generated through social models. Similarly, Bandura and Barab (1973) observed that when people perform intimidating responses without adverse consequences it reduces their fears and inhibitions, thus motivating their actions. Because of this, people who observe others performing such intimidating responses without any adverse consequences are more likely to believe that their attempts at the same action would be successful. A third way to develop self-efficacy is through verbal persuasion, often used to influence behaviour in view of its easy and accessible nature (Bandura, 1977). With suggestions from others, people are often prompted to believe that they have the capability to accomplish a tasks that they previously felt unqualified to do (Bandura, 1977). Verbal influence alone however, is not enough to prompt effective performance; people must also receive the appropriate tools needed to perform a given task (Bandura, 1977).

Finally, Bandura (1997) suggested that the way to develop self-efficacy through is to influence the physical and mental states of a person, which would eventually impact the person's perception about performance, thereby affecting self-efficacy and ultimately performance outcomes. On other hand, fear and anxiety resulting from emotional arousal to stressful situations may negatively influences performance outcomes (Bandura, 1977). Adding to the four sources



of self-efficacy stated earlier, the author explained the differences between the concept of efficacy expectation and outcome expectations. He explained that whereas the latter is a person's estimate that a given behaviour will lead to certain outcomes, the former is the conviction that one can successfully execute the behaviour required to produce the desired outcomes (Bandura, 1977). That is to say, even though a person may believe that a certain behaviour will bring about some perceived results when the person doubts his or her ability to succeed, outcome expectancy will not influence his or her behaviours (Bandura, 1977).

In view of this explanation given by Bandura above, Tschannen-Moran et al. (1998) contend that the self-efficacy theory is among the few conceptualizations of human control that describe a distinction between competence and contingency. These theoretical connections between one's perception of teacher efficacy and one's organizational commitment are relevant in investigating the problem of practice, since they highlight a cognitive link in dissatisfaction-quit sequence (Hom & Kinicki, 2001). This is because a teacher's affective reaction to work and subsequent feelings of commitment are a major theme in attrition (Billingsley, 2004). Perceived self-efficacy refers to beliefs in one's capabilities to organize and execute the course of action required to produce given attainment (Bandura, 1997).

When people build an opinion about a given situation, their anticipation of that situation is transformed thus resulting in an outcome. An outcome expectation is defined as person's estimated action that will lead to a desired outcome (Bandura, 1997). It therefore means that the outcome of a person's behaviour is determined by how a person feels about a given circumstance, based on an evaluation of what kind of outcome to expect. Bandura (1997) further emphasises that a person's perceived self-efficacy and subsequent expectations about a given



situation often determine how much effort he/she puts forth and how long to persist in challenging situations.

However, in a later publication, Bandura (1999) further argues that a person's perceived self-efficacy, or his sense of control of an environment and behaviour, will determine the amount of effort to put forth and how long to persist through challenges and negative experiences (Bandura, 1999). In the context of teachers' attitude towards teaching sex education, which is the focus of this study, it is worthy of note that for there to be acceptance for the effective teaching and learning of the subject in schools, teachers ought to cultivate a positive disposition and a perceived self-efficacy regarding the eventual outcome they intend to achieve, this will enable them to create the appropriate environment towards achieving the desired outcome. Obviously, this will require the collective efforts of not only the teachers and their pupils, but also school authorities and the communities in which the schools are situated. As observed by Bandura (1977), a person's efficacy beliefs influence their course of action, efforts toward a given goal, how long they will persevere through adverse situations, levels of stress and depression in coping with some external demands, and the level of success they are able to attain (Bandura, 1977).





**Figure 2.1:** Self-efficacy model. **Source:** Bandura (1977).

Elements of the model includes: Social Persuasion, Imaginal Experience, Physical and Emotional States, Performance Experience and Vicarious Experience.

Albert Bandura defines the model as a personal judgement of "how well one can execute courses of action required to deal with prospective situations". (Bandura, 1982, pp. 122-147). Expectations of self-efficacy determine whether an individual will be able to exhibit coping behaviour and how long effort will be sustained in the face of obstacles (Stajkovic & Luthans, 1998). Individuals who have high self-efficacy will exert sufficient effort that, if well executed, leads to successful outcomes, whereas those with low self-efficacy are likely to cease effort early and fail (Stajkovic & Luthans, 1998). Psychologists have studied self-efficacy from several perspectives, noting various paths in the development of self-efficacy; the dynamics of self-efficacy, and lack thereof, in many different settings; interactions between self-efficacy and self-concept; and habits of attribution that contribute to, or detract from, self-efficacy. Kolbe (2009),



adds that belief in innate abilities means valuing one's particular set of conative strengths. It also involves determination and perseverance to overcome obstacles that would interfere with utilizing those innate abilities to achieve goals.

## **2.3 Conceptual Framework and Literature Review**

The theoretical review above was an attempt at assessing the training teachers receive on sex education, sources of sexual information for young people, their appreciation of the content of these information and how this information influence their behaviour. These theories suggest a relationship between the training teachers receive and their attitude towards teaching, which has an impact on how students appreciate what they are thought. Since teachers spend more time with pupils providing them with direction and guidance, it is necessary that the required resources are made available to enable the effective assessment, observation and evaluation of students' performance especial on social and behaviour change related subjects such as sex education. Even, of more importance is the need for capacity building for teacher to improve their commitment to their work. In this study, the influence of teachers training on the teaching of sex education is assessed. In doing this, a number of articles related to sex education generally, globally, in Africa and in Ghana, were reviewed. Other significant areas of literature that were also considered included teachers' continuous professional training.

### **2.3.1 The Nature of Education**

Ahmad, (2001) viewed Education as what is universally recognized to be the prime key of moral, cultural, political and socioeconomic development of a country (Ahmad, 2001). The countries which have taken major programs, with innovative moves yielded amazing results in the last two decades no doubt, with great achievements based on their effective educational system.



According to Ahmad, (2001), the “educational system of any country can provide the guarantee of success and prosperity for their nations.” Saeed, (2001) agrees that, the accomplishments of a comprehensive and effective educational system is necessary for the survival of every nation (Saeed, 2001). According to Sule, (2013) the government of Punjab research study in 1998, concluded that, teachers bring about the qualitative change and the desired standards in the educational system. Which ensures the welfare, progress and prosperity of the nation. For this reason, teacher training institutions professionally prepare their teachers, developing and equipping them with all the skills and competencies they require to function well. He further added that, no system of education is better than its personnel and no system of education above the standard of its teacher. This implies that, the quality of any educational system depends on the standard of its personnel. Institutional goals and objectives will be achieved successfully If personnel are well qualified, trained, and with the right attitude and behaviour.

According to UNICEF (2000), quality education touches on five key areas namely; healthy learners, healthy environment, content, process and outcome. Dilating on these elements, UNICEF (2000) emphasized that; Learners should be properly catered for and supported by their parents or guardians and members of their communities in order to actively take part in learning.

Parents are major stakeholders in the teaching and learning process in that, pupils spend most of the time of the day after school with their parents or guardians. As such, parents should spend quality time with their wards giving them the needed support they require. This will go a long way to compliment what they learn from school which will eventually prepare them very well to face their learning challenges with ease.



The learning environment should not only provide maximum facilities for learning but also should be a safer and a protective place for both teachers and learners irrespective of their gender. Both teachers and learners should feel safe around the school environment void of fear, tensions and anxiety.

Content wise, the curriculum designed should apart from providing skills in literacy and numeracy to learners should also lead to knowledge acquisition in gender, health, nutrition, HIV/AIDS prevention and promotion of peace. Learners should be able to understand all that they are taught and able to apply it to real life situations. When learners identify their strengths they are able under good guidance contribute positively to society. They are also able to improve on their weaknesses through support from both teachers and parents.

Trained teachers should use child-centered approach and appropriate system of examination in the process of teaching to eliminate discrimination. Learning should be active and participatory for learners helping them to discover some concepts on their own than giving them lectures. Teachers should be exposed to best teaching practices during training to enable them plan lessons very well and to also use appropriate methods to enable learners have a better understanding.

The outcome of learning should be provision of knowledge, skills and attitude that are relevant to national development and participation in governance. Learning will definitely be meaningless if learners are not able to demonstrate accurate knowledge, equipped with skills that can earn them living, exhibit positive attitudes that will contribute greatly to nation building. Hence, learning objectives should be seen providing learners with these outcomes.



Governments in their quest to improve the nations' economic competitiveness, they become preoccupied with the effort to increase the standard of education received by the students. This increased expectation in the quality of education sees more teachers facing the prospect of having to teach in ways they had not been taught themselves (McLaughlin, 1997). Hargreaves, (2000) explains that for this reason, "many teachers are starting to turn more to each other for professional learning, for a sense of direction, and for mutual support". Consequently, this has caused the shift in the nature of teaching from working alone in the isolation of their classroom to working in collaboration with their colleagues. It is no wonder therefore that Hargreaves, (2000) asserts that 'there are strong demands for teachers to continuously update their knowledge and skills due to the introduction of new curricula, changes in the characteristics and learning needs of students, new research on teaching and learning and increased pressure for accountability of school teachers and school performance.

In the field of education, early-career teachers, that is, teachers in their first two years of teaching possess a certain level of content knowledge resulting from their academic training and pre-service practicum, which is adequate in the initial stage of their career McCormack et al., (2006). However, both beginning teachers and more experienced teachers still need to deal with inevitable changes that impact upon their practice. Teachers are continually faced with new syllabuses, different assessment and reporting requirements, and additions to curriculum, such as Cultural Language and Literacy and Information and Communication Technologies. In other to deal with change, teachers need new knowledge, skills, and attitudinal dispositions to enhance their effectiveness (Hanley, Piazza, Fisher, & Maglieri, 2005).





Educational curriculum should provide for individual differences, closely coordinate and selectively integrate subject matter, and focus on results or standards and targets for student learning (Glatthorn & Jailall, 2000). Curriculum structure should be gender-sensitive and inclusive of children with diverse abilities and backgrounds, and responsive to emerging issues such as HIV/AIDS and conflict resolution. In all content areas, curriculum should be based on clearly defined learning outcomes and these outcomes should be grade-level appropriate and properly Sequenced. Todaro & Smith (2009) justify that health and quality education are interrelated. Greater health capital may improve returns on education investment because it is an important determinant of school enrolment and learning process of a child in a formal education setting. A lot of health programmes rely on fundamental skills learnt at school for their implementation. A better school teaches individual basic hygiene and sanitation issues and it is an environment where the health personnel are trained for jobs.

Watkins (2000) has also argued that, there is correlation between maternal education and child birth. Child birth rate is inversely related to the level of quality of maternal education. The higher a mother is educated, the healthier she and her children are likely to be. For mothers completing five years of quality education, the risk of childhood mortality decreases by about 45/1000 births and their children are not likely to be malnourished. He attributed the mass exclusion of women in education in Sub-Saharan Africa to the death of one child in every four children. The timelessness of referrals, uptake of immunization and the use of antenatal services and clinics are all positively related to quality education. Each of these factors reduces the risks of many potentially life threatened illnesses.



## 2.2.2 Teacher continuous professional training

Continuous professional training of teachers is often described as the continuous in-service training sessions that teachers are given the opportunity to update their knowledge on specific key subjects aimed at improving their professional capacity. Many authors such as Dean (1991) and Guskey (2000), describe teachers' professional development as a process which is primarily aimed at promoting learning and development of the skills and professional knowledge of teachers.. They suggest that, it is a form of training that involves facilitating a group of teachers to learn a particular subject, for example, adolescent sex education. According to Manu (1993), professional development of teachers in Ghana is often described as 'in-service training', and is often focused on implementing refresher trainings aimed at helping participants to pass their promotion examinations. Such refresher trainings are mostly organised by the Teacher Education Division of the Ghana National Association of Teachers (GNAT), the Institute of Education, the Institute of Educational Planning and Administration and the District and Regional Education Office (Manu, 1993).

Professional development for teachers is often situated within one or more paradigms. Scholars generally criticize the "deficit" paradigm, which was articulated by Gall & Renchler (1985). This paradigm characterizes professional development as targeted at compensating for a lack in skills or knowledge. It views teachers as empty vessels "to be filled" (Gall & Renchler, 1985). Another context within which professional development is situated, is the "professional growth" paradigm. This paradigm characterizes professional development as more self- directed, arising from the learner's interests and needs (Feiman-Nemser, 2001). Furthermore, some scholars also situate professional development within an "educational change" paradigm, which views development as focused upon bringing about change (Fullan, Hill, & Crevola, Breakthrough,



2006; Warren-Little, 2001). Yet still other scholars position professional development within a “problem solving” paradigm which links development to making improvements to address identified issues like student achievement needs (Ball & Cohen, 1999; Joyce & Showers, 2002; McLaughlin & Zarrow, 2001).

According to Guskey (1997), there is a link between the growth and problem-solving notions of professional development. He suggests that the notion was increasingly seen as a process, not an event, that the process is intentional, and is an orderly effort to bring about positive enhancement. Many other researchers such as Day, Sammons, Stobart, Kington, & Gu, (2005; Goodall, Day, Lindsay, Muijs, & Harris (2005) and Lieberman & Miller (2001), call for a similarly integrative view of professional development. A study conducted by Kirby (2001) revealed that teachers equipped with skills and tools for teaching and learning can have an immense impact on the health behaviours of adolescents. Cardno (2005) for example states that professional development for teachers is important to ensure the sustainability and growth of teaching profession. This claim reinforces the assertion by While & Boyle (2004) that the continual deepening of knowledge and skills is an integral part of the professional development of any professional working in any profession (While & Boyle, 2004).



Throughout the world, people learn new things every day. This makes teaching and learning go on all the time whether the teaching is done consciously or unconsciously, formally or informally (Essel, Badu, Owusu-Boateng, & Saah, 2009). According to the authors, approaches to teaching in the different parts of the world vary. For this reason, each country has its own way of going about it and training special people to impart valuable knowledge to its future leaders. They contend since the world has come to realize that it is when useful knowledge has been imparted

to the inhabitants of a country that it would benefit from its manpower, people are officially trained to become teachers. It is in the light of this that in Ghana for instance, the Director General of the Ghana Education Service has challenged teachers to upgrade their teaching skills in order to cope with the rapid advancement in technology (Bannerman-Mensah, 2008). He stressed that would enable them adopt a multi-dimensional approach to meet the various learning abilities of students and pupils.

Teaching is a dynamic profession, and requires not only the development of a professional identity but the construction of professional knowledge and practice through professional learning (McCormack, Gore, & Thomas, 2006), in the light of this, professional teachers are expected to maintain currency in context and pedagogical knowledge. The authors maintain that practicing teachers should make use of the opportunities available to them to maintain currency of their knowledge and to have this properly documented, by participating in school, system or state-organized professional development activities. A concern for school authorities internationally is the 'no guarantee' nature of many of the professional development event available to teachers, that is, they may attend, even participate in programs, yet little if anything may alter in their enacted classroom practice (Karpati & Gaul, 1995).

It is worthy of note that with the recent technologies and innovations happening across the world, the educational system will have to prepare students who can meet their personal needs as well as those of the community in which they live. Gabriel, Day, & Allington, (2011) noted that most teachers admit that their participation in some professional development programmes have significantly impacted on their skills as teachers. It has been proven through research that students' academic achievement are largely based on the quality of instructions they receive in



school. The skills and expertise of the teachers are highly important in this regard. (Kerry, 2004; Scheerens, 1992; Wheldall & Glynn, 1989). According to Ololube (1997), an incompetent teacher is an embarrassment to the teaching profession, may be due to low intellectual capacity, inadequate training, and resistance to modern pedagogical methods, or poor attitude towards teaching (Fafunwa, 1985; Ololube, 1997). Other studies further identified challenges related to performance of students, to the professional ability of both new and experienced teachers (Findlay, 1989). As observed by Ololube (2005), teachers are expected to be professionals who are well-grounded in their specific field of study. They are expected to be adequately prepared to understand their pupils and help them to learn through a well-fashioned integrated educational and professional training they receive (Ololube, 2005).

Joyce and Showers (2002) identified five important interrelated factors to successful in-service training. They include presentation of information, modelling of the teacher strategy, teacher practice in a controlled environment, opportunity for feedback, and transfer to the classroom. This is supported by Wade & Arnold (1984), whose meta-analysis of key components of teacher in-service training, reported that in-service trainings are more effective when they are participatory and provide opportunities for the teachers to practice their newly-learned skills (Wade & Arnold, 1984).

Again, it is worth noting that professional development of teachers through in-service training is a crucial element in teacher educational enhancement. This is because in-service training can be used to improve the organisational structure, policies, physical facilities, and class or school routines. In line with this, Day (1993), argues that due to the frequent curricula changes and the changes in learning characteristics, teachers need to continuously update their knowledge and



skills through research into new teaching and learning methods to ensure proper accountability and school performance. Just as any professional body, teachers require sufficient opportunity for professional development in order for them to keep pace with changing trends and be able to maintain their level of professionalism.

### 2.3.3 Meaning and nature of sexuality education

WHO (2006), contends that sexuality is the foundation of human life and it includes sex, gender identities and roles, sexual orientation, sexual pleasure, intimacy and reproduction. The organisation further argues that sexuality is mostly expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, and relationships. Even though sexuality does include all of these elements, not all of these are experienced or expressed by everyone. Sexuality is mostly influenced by the interaction of biological, psychological, social, economic, political, ethical, legal, historical, religious and spiritual factors (WHO, 2006). According to SELL (2017) “sexuality is part of being human. It portrays our individual personality and includes the way we talk, dress, walk etc. it is about relationship with people of the same and/or opposite sex...” (SELL, 2017, p. 51). Furthermore, Eko, Abeshi, Osonwa, Uwanede, & Offiong (2013), argued that sexuality education encompasses education about all aspects of sexuality including information about family planning, reproduction, body image, sexual orientation, sexual pleasure, values, decision making, communication, dating, relationships, sexually transmitted infections and how to avoid them, and birth control methods.

According to Browes (2014) since the 1980s, there has been increasing focus on the importance of providing youth with sexual health education, which has largely been the results of the spread of HIV/AIDS in sub-Saharan African (SSA) countries. The author argues that many of these



education programmes are mostly focused on knowledge building on the need for ‘abstinence first’ and access to free condoms as a last resort. Their main goal has always been to increase risk awareness (especially in relation to HIV/AIDS), in order to change the perceived risky sexual behaviours of adolescents (Browes, 2014).

However, many a time, despite the positive results in knowledge transfer, many of these programmes often record minimal impact in relation to behaviour change (Aggleton, et. al., 1997; Kaaya, et. al., 2002). The authors further argue that this is mostly the result of two separate, yet interlinked issues. Firstly, failure to acknowledge and address the socio-cultural context of implementation, which is often unfavourable to programme goals, such as taboos and unequal gender norms, often prevent any considerable impact. Secondly, the interpretation of Sexual Health Education varies considerably depending on the stakeholders involved and the context of the programme (Aggleton, et. al., 1997; Kaaya, et. al., 2002). Three separate approaches to Sexual Health Education have been identified:

- i. In many countries, there is a dominance of the morality based approach. This presents a narrow understanding of sexual health, which is often fear-based, and serves to pass on prevailing religious and moral values. As noted by Braeken et al (2008); It seems that health issues such as unwanted pregnancy, STI and HIV are of lesser concern than the importance to uphold the sanctity and values of sexual moralities of communities (Braeken & ardinal, 2008). The authors contend that such approach may preach the immorality of sex out of wedlock, or the evils of homosexuality, but fails to engage with the lived realities of youth (Braeken & ardinal, 2008). The failures of this approach are seen when comparing the high number of STI and unwanted pregnancy cases in the U.S. (where this approach dominates)



with the much lower rates found in the Netherlands, which adopts a more information-based approach (Weaver, Smith, & Kippax, 2005).

- ii. The second, is the health approach. This approach is often promoted as value-free, focusing on the biological aspects of sex and minimizing health problems that can result from unsafe sex, most notably – the spread of HIV (Braeken et. al., 2008, Rogow & Haberland, 2005). They authors are of the view that this approach has led to programmes that promote ABC (abstinence, being faithful, and condom use). However lacking in the approach, is an understanding of the power relations and embedded societal values which may prevent youth acting on the advice given. The authors appreciate that there remains a ‘problem preoccupation’ leading to a skewed view of sexuality as something that is negative, dangerous and shameful. Hence there are increasing calls by researchers to address the weaknesses of this approaches, and for sexual education to be embedded in the social studies framework using the right-based approach (Braeken et. al., 2008, Rogow & Haberland, 2005). This approach is adequately summed up by the Sexuality Information and Education Council of the United States, (1991, cited in Braeken, 2008, p50)

“Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs and values about identity, relationships and intimacy. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image and gender roles. Sexuality education addresses the biological, socio cultural, psychological and spiritual dimensions of sexuality from a cognitive affective and behavioural domain including skills to communicate effectively and make responsible decisions”.





Sexual health education therefore, does not have only one function, but becomes more holistic. It takes into account both the threats and pleasures of sexuality, as well as the decision making, communication and negotiations, which are a key part of sexual relationships (Aggleton & Cambell, 2000). Avoiding the problems of sexual intercourse is no longer the primary aim. Aggleton & Cambell (2000) are of the view that the goal of the sexual education programmes are rather aimed at to helping individuals to flourish, by focussing on their right to live informed, safe and enjoyable lives, with these rights being framed within the social context and local power dynamics. The authors also argue that there is a focus relationship between the teaching of sex and reproduction and understanding culture and gender issues. It links to the empowerment of individuals, aiding them in developing the skills required to take control of their lives and to critically consider the decisions that they, as well others, make. As such, this type of sexual health education is referred to as CRSE (comprehensive rights-based sex education) or CSE (Comprehensive sexuality Education) (Aggleton & Cambell, 2000).

The rights-based approach to the sexual education is gaining prominence on the global stage. According to Rijdsdijk, Lie, Bos, Leerlooijer, & Kok (2012) the right-based approach emerged on a global scale in 1994, when reproductive health and gender equality were ‘specifically placed in a human rights-based framework in the Cairo Programme of Action’. At an international conference on population and development, 179 countries pledged to ensure their citizens had the basic right to decide the number and spacing of their children, the right to the information and services to support them in doing so, and the right to the highest attainable standard of Sexual Reproductive Health (SRH), free from discrimination, coercion and violence (United Nations, 1995). The right to complete and accurate information on Sexual and Reproductive Health



Related (SRHR) issues has since become enshrined in the Convention on the Rights of the Child (CRC, 1989).

Sex education is described by Billy, Brewster, & Grady (1994) as something, which shapes the knowledge and attitudes that ultimately guide learners' choices about their sexual behaviour. Stack (1994) looking at learners in the context of social learning theory, said the relevance of this theory becomes clear because learners' behaviours are continually changing as they mature, learn and gain experience. Peers can influence definition, reinforcement and modelling of sex education.

Explaining the meaning of sex education, Steinberg (1996) is of the view that sex education aims to reduce risks of potentially negative outcomes from sexual behaviour, equip learners with life skills, and reduce the high levels of drop out and unwanted pregnancies. The author further argues that sex education provides knowledge on how to prevent transmission of diseases such as HIV/AIDS and other health related problems, which, historically has been seen as the responsibility of parents (Steinberg, 1996). However, these days the term commonly refers to classroom lessons about sex education that are taught in schools, with the aim of contributing to young people's positive experiences of their sexuality, by enhancing the quality of their relationships (Steinberg, 1996). This offers sexuality programmes a focus of providing accurate information about human sexuality for young people to develop and understand their values, attitudes and beliefs about their own sexuality. This, according to Forrester (2009) is a means by which young people are helped to protect themselves against abuse, exploitation, unintended pregnancies and sexually transmitted diseases.



According to Kohler, Manhart, & Lafferty (2008), comprehensive sex education programmes teach students about all the different aspects of sex including information on contraceptives, sexually transmitted diseases, and the biology behind hormones and sex organs (Kohler, Manhart, & Lafferty, 2008; Rose, 2006). Abstinence-only does not provide the plethora of information about sex that comprehensive does, but instead simply advocates that students refrain from sex until marriage (Kohler, Manhart, & Lafferty, 2008). Sex education is a very important policy decision in today's complex modern world, as described by Sabia, (2006, p. 5), "Sex education programmes are of interest to policymakers. First, sex education is viewed as an information policy tool to reduce the future costs of teen pregnancies, as well as the costs of sexually transmitted diseases."

The essential primary goal of sex education is promotion of sexual and reproductive health. According to Hine (2000) there is a pressing need to raise the levels of information of the young people who are embarking on sexually active life. He is of the view that research and experience has revealed that sex education has the potential to improve the sexual health of an individual and so, of the community and of the nation. Hine (2000) further argues that sex education is like immunization. It can help to prevent physical, psychological, marital and social problems related to sexuality (Hine, 2000). Halstead & Reiss (2003) describes a sexually informed person as someone with ample information about how to achieve pregnancy and how to prevent it. Secondly, a sexually informed person has certain personal qualities, for example appropriate self-confidence in resisting peer pressure and in saying 'no' to unwanted sexual advances. Thirdly, a sexually informed person has respect for people whose views differ from his or hers, on controversial issues related to abortion, contraception use, same sex relationships, celibacy and divorce (Halstead & Reiss, 2003). These characteristics, according to Halstead & Reiss,



(2003), are underpinned by the liberal values of tolerance, freedom, equality and respect. The fourth is that a sexually informed person has decision-making skills that enables him or her to make the right decisions at the right time. This is because, sexual desire usually focuses on another person's responsible sexual behaviour. Hence, sexual decision-making involves taking into account that person's needs and wishes as well as one's own (Halstead & Reiss, 2003). It also involves evaluating conflicting desires and choosing between them, respecting and being sensitive to the sexual vulnerability of others, reflecting on what we owe to others and what we expect from them. All of these skills are said to have a firm ground on moral value (Halstead & Reiss, 2003).

Sexual relationships among students are on increase and common in schools (Mgalla, Schapink, & Boerma, 1998). The existence of students' sexual activity in schools has elicited public concerns. The outcome of sexual relationships such as school girls' pregnancy and eviction of pregnant girls from schools are particularly prioritized matters of concern, while others include: poor academic performance, sexually transmitted diseases (STDs) including HIV infections, and conflicts between teachers and students (Petro, 2009).

Meanwhile, as shown by the 2000 population and housing census, Ghana is indeed religious. With 69% of the country's population being Christians and 15.6% Muslims, people try to abide by moral doctrines of their respective religions. The church, for example often gives "moral education" and not sex education and to Muslim parents, sex is a taboo subject (Athar, 1996). Sex education to children is thus associated with encouraging immorality; in fact, the religious view has been that it could make adolescents who are not active in sexual activities to start sexual experimentation (Ankomah, 2001). However, Ankomah (2001) argues that this religious view



is not supported by empirical evidence. The evidence is that children who are not introduced to sex education are more likely to experience teenage pregnancy (Ankomah, 2001). In fact, “educational authorities that didn’t provide sex education, such as New York, had the highest rates of teen pregnancy” (Briggs, 1991, p. 2). Sexuality, rather than morality, has become the custom and young people are not excluded from this exposure (Klemp, Moore, & Mary, 2003).

In 2010, for example, statistics from the Ministry of Education and Vocational Training (MoEVT) shows that the total number of students dropped out of school due to pregnancy related reasons were 6345 (MoEVT, 2010). Previously, as it was reported in the Daily Graphic Newspaper (Wednesday, 21st April, 2010), statistics indicated that a total of 28,600 girls could not complete their education due to pregnancy within a period of five years, 2004 – 2008. This is a critical issue, which needs to be addressed as a matter of exigency.

Studies by Hellar, (2001) and Mori (2004) show that a large percentage of adolescents are sexually active but lack basic knowledge of the biological functioning of their bodies and the risks involved in becoming sexually active at early ages. Often, this ignorance has made adolescents vulnerable to unplanned pregnancies, hazardous abortions, as well as STDs, including HIV/AIDS (REPRO/GTZ. , 2000).

#### 2.3.4 Importance of Sexual Education

Studies conducted by Du Toit & Van Staden (2005), Bezuidenhout (2004) and Alter (2002) suggest that sex education helps young people to gain a positive understanding about their sexuality. It provides them with knowledge and skills about how to take care of their sexual health, and make informed decisions both in the present and the future. The aim of this kind of



education is to enable individuals gain accurate information about their sexuality, and enhance the understanding of young people about their values, attitudes, and beliefs systems about sexuality. Education also develops in young people, the skills to relate and exercise responsible judgement with the opposite sex with regards to sexual relationships. This might include addressing, sexual abstinence, management of pressures to engage in prematurely sex, as well as the proper use of contraception (Bezuidenhout, 2004).

Similarly, Nichcy (2005) is of the view that sex education enables young people to interrogate and evaluate attitudes, values, and perceptions about the human sexuality. Sex education also helps young people to appreciate the religious, and cultural norms, that could help them to develop and shape their own value system and boost their self-esteem. This helps them build better relationships with other people, especially of the opposite sex, and an understanding of their personal responsibilities to other people (Nichcy, 2005). Through sex education, young people are able to nurture skills such as decision-making, confidence, peer refusal skills, and the ability to create healthy relationships with the opposite sex. In other words, sex education enables young people to form their view of responsibility and exercise it in their sexual relationships with others (Barnett, 1997)

Despite the positive effects sex education has on young people, many families are still unable to educate their young people on sexuality issues. According to Alter (2002), in most societies, parents do not find it easy educating children about sex. Most parents feel it is awkward talking with children about their sexuality, others are reluctant because they do not want to expose their own lack of knowledge about the subject (Alter, 2002). Some parents are often worried about how much information to give to their children and at what age should they give children such



information, because they believe that giving such information might lead children to experiment with such information. Similarly, Kirb, Lepore, & Ryan (2005) observed that many adults have never had the opportunity of education about their sexuality and so fear to expose their own ineptitude and negative sexual experiences in their youthful days to their children (Kirb, Lepore, & Ryan, 2005). In view of this accession, adult family members tend to shy away from actively educating youth about issues relating to sexuality.

According to Moore, Raymond, Mittelstaedt, & Tanner (2002), young people tend to acquire wrong knowledge about their sexuality when they do not get opportunity for appropriate sex education. The authors maintain that sexual education through channels such as schools, mass media, churches and peers, fill the information gap on sexual knowledge. He further argues that sex education received in schools, only complements the knowledge about sex children are thought by their families, religious leaders, health officials and community elders (Moore, et. al., 2002). Basically, the main objective of school- based sexuality education is to support young people to develop a solid grounds as they transition from childhood to adulthood. These educational programmes respect diversity of cultural norms and values in different communities (Moore, et. al., 2002).



### 2.3.5 Capacity of teachers in teaching sex education

Considering the central role of the teacher in the school setting, the success of every school-based programme, such as sex education will depend on how well placed the teacher is to support it. This therefore means that, it may be over simplistic to view the teacher as an insignificant information disseminator. It could rather be argued that the teachers is a core strategic agent within certain social context, towards the success of any school-based programme. As discussed

earlier, schools for instance, have proven to be the practical starting point for the understanding of gender roles and basic social norms. Studies conducted by Smith & Harrison (2013) and Mirembe & Davis (2001) in some selected secondary schools in South Africa and Uganda, discovered that male and female teachers continuously demonstrated difference in their gender norms, both in their relationship with one another and also with their students. Several studies conducted on the subject also revealed unequal power relations being exploited by male teachers to sexually harass girls within the school environment, (Bhana, 2012; Plummer, et al., 2006; Smith et al., 2013). However, this, according to Plummer et al (2006), also includes teachers of the sexual health programmes in those schools.

Also, the broader environmental factor such as the community setting, has a considerable effect on the ability of teachers' to teach sex education in schools. Predominant norms that run counter to sex education programmes may prevent or direct how sex education should be thought. This often breeds an attitude of reluctance in the teachers thereby defeating the purpose of such programmes (Francis, 2010; Mkumbo, 2012; Pokharel, et a., 2006; Smith, et al., 2013). Although a study by Francis (2010) sought to endorse the role of the training teachers receive in reducing some of these broader community challenges, some studies are also of the view that these issues still persist despite the trainings teachers receive, arguing that the challenge is not within the control of the teacher. Indeed, a study conducted by Plummer et al (2006) revealed that teachers are worried about parental opposition to sexual health education in schools. Teachers are of the believed that most parents associated media promotion of contraceptive use with sex education, and would often pull their children out of such programmes as a result of such perceptions. Eventually, this has led to the redesigning of the curriculum to reduce the amount of time discussing contraceptive use. With the teacher reducing the amount of time they spent discussing





contraceptives, it is reported that only in a small number of cases did parents pull their child from the programme (Plummer, et al., 2006). It is however not clear whether these threats were perceived or real as they reflect the rigid framework in which the programme was being implemented even though, teachers did not abandon their teaching.

Moreover, as this study sought to find out teacher-ability in the teaching of sexual education to students, what is most important is the manner in which the teacher places his students and how methodologies of teaching are affected. Wight (1999) is of the view that, childhood concepts in the western communities for the past 200 years have experienced a reasonable change from the old traditional point of view, to a more protective one and still maintaining that children have fundamental legal rights. Currently researchers are preaching the education approach indicating that children are “skilled social actors in their own right, generating their own understanding of the world” (Wight, 1999, p. 235). It is in this view that teachers are entreated to expose students to the appropriate skills, knowledge and attitudes which will go a long way to help them establish their own opinions on issues and making the right decisions and choices. (Wight, 1999)

In sub-Saharan Africa However, levels of appreciation are still in the low with respect to the youth and their sexuality. The challenge is not recognizing that the youth also experience sexual desire and pleasure (Braeken & Cardinal, 2008). Rather, youths are perceived as inexperienced and clueless about issues of sexuality who need protection instead of information. Braeken & Cardinal (2008), are of the view that such arguments leads to misconceptions that they will be spoiled by sexual education instead of informed, and therefore would only concentrate on programmes that highlight on the consequences of early sex (Braeken & Cardinal, 2008). Yet, as noted by Francis (2010), “Youth cannot act in empowered ways without being treated as



agents” (Francis, 2010, pp. 314-319). Hence, the level of appreciation of teachers on the consequences of ignorance on sexuality by students, will influence the content and teaching methodologies to use in teaching the subject. The lack of knowledge might not be same for all pupils but beliefs, traditions and gender roles of teachers determines how their students are taught. A study by Mirembe & Davis (2001) revealed that girls were described by teachers as either victims or as ‘fallen’ and therefore as ‘temptresses’. Whichever way, their sexuality was only defined with reference to boys. This view is supported by Smith and Harrison (2013), who indicated that Teachers’ attitudes towards (youth) sexuality tend to be judgmental, especially for girls. In a similar view, Patman & Chege cited in Francis, (2010) noted that in the Sub-Saharan African (SSA) context, girls tend to remain quiet in sexual health lessons. This often results in an environment where female students are not encouraged to participate, thus reproducing norms of girls as submissive and their male peers as dominant (Patman & Chege cited in Francis, 2010).

Indeed, as noted earlier, Teachers are not the only players in the implementation of a school-based sexual health education programme, neither do they operate within a selective social context alone. Teachers form part of the wider variety of stakeholders within the community who are expected to work effectively together to teach even those sexual health topics seen as taboo by society. However, Tabulawa (2004) noted that in both research and policy, the teacher has often been singled out to the exclusion of other participants’ (Tabulawa, 2004). Arguably, research has tends to either view the other actors as passive (Tabulawa 2004, Wight, 1999), or as the answer to effective programmes, through student-driven curricular (Rogow & Haberland, 2005). It is also a valid argument that the student is located between two extremes of the major stakeholders in any sexual health education programme. Even though students play a key role in negotiating and adapting programmes, relying on student-driven curricula to address youth’s



‘real needs’ is problematic. This is because, as Wight (1999) points out, the way in which students perceive their needs is shaped by past education, past experience, and beliefs about what is and what is not appropriate in a given socio-cultural setting. Unlike teachers, students need to be considered within this framework. Wight (1999) further contend that traditional messages from influential actors such as parents and religious leaders may lead students to be embarrassed and reluctant to discuss certain sexual topics, or not even to consider that they might be discussed (Wight, 1999).

Also, the needs of one student may differ quite considerably from the needs of others. Unsurprisingly therefore, studies have revealed that the reasons why young people engage in sex and being in relationships with the opposite sex, differ for the male and the female adolescents (Mirembe et al 2001, Rijdsdijk 2012). For instance, whilst boys are often more likely to mention the urge for sexual gratification as the reason for getting into relationship with the opposite sex, girls cite material or financial inducement by their male colleagues as the reasons. Additionally, due to structural and agentic factors, the nature of how these needs are expressed sometimes vary (Mirembe et al 2001, Rijdsdijk 2012).

As it was established earlier, girls in Sub-Saharan African (SSA) classrooms tend to participate much less in sexual health lessons than their male counterparts, which perhaps is not surprising, bearing in mind the male-controlled nature of their society and how this has shaped their beliefs and behaviours about gender and sex, which usually results in judgmental views about girls (Smith & Harrison, 2013). However, studies by Bell (2005) and Bhana (2012), cautions against interpreting agency in dualistic terms such as, present or absent, dominant and the submissive, powerful and the powerless, because many studies have shown girls to express agency in



numerous, yet often subtle ways, the nature of which is often dependent on internal as well as external factors. (Bell 2005, Bhana 2012).

Based on the position of Bell (2005) and Bhana (2012), agency is best described as a continuum, thus ‘moving on a sliding scale from thick to thin’. This is because the gender norms in Sub Saharan Africa makes it difficult for girls to express themselves about their sexuality. A female student may feel humiliated sharing what she knows about sexual experiences during a sexual health class. However, when her peers in the class, who from homes sexual health and reproductive issues are freely discussed by their parents and siblings begin sharing their knowledge about sexuality and their own sexual experiences, such girls learn build some build relative confidence about sexuality issues from their peers in the classroom, thus moving from ‘thin’ to ‘thick’ on the continuum. It is therefore, important to acknowledge the significance of the organisational context these actions take place and acknowledge their ability to negotiate this in different ways.

In recent times, the rapid changes occurring in the world, with the upsurge of technology, urbanisation and migration, have changed the way knowledge about sexuality is affecting adolescent boys and girls. This has also been compounded by the increased penetration and expansion of telecommunications across the globe, which has undoubtedly made carrying ideas about sex with unprecedented speed quality and quantity, have had profoundly negative impacts on young people (Shuby, 2004).

It is a fact that the way Teachers’ appreciate sexuality in terms of their beliefs and knowledge, is way they teach it to their students. According to Borko and Putnam (1995) knowledge guides



all decisions in academic practice, hence teachers must be helped to increase and expand their knowledge in order to aid them effectively match up with the changing trends in acquisition in the 21<sup>st</sup> century (Borko and Putnam, 1995). People appreciate sex education differently, depending on many factors such as prevailing knowledge, cultural setup and family socialization around which learners are nurtured and developed (Gallagher & Gallagher, 1996). How teachers teach sex education, also depend on the overall attitude of teachers in the profession, whose understanding of about teaching should be to make children have confidence that teachers are their second point of contact aside parents and play a vital part in the education of the learner (Nokwe, 1991 ). This is why teacher’ attitude on the topic of sex education is very important. In the view of Baron & Byrne (1994), our cultural hesitant attitude about sexuality issues is very much evident in the limitations placed on sex education in primary and secondary schools and often in its total absence from the curriculum (Baron & Byrne, 1994).

Sex and sexuality issues is generally regarded a taboo in most parts of Sub-Saharan Africa. They are perceived as matters of extreme privacy, which should only be discussed among adults within the society and especially within the family (Shemdoe, 2005). Most teachers who took special interest to handle sex and sexuality matters in schools emphasised on what Kelly, (2004) describes as the risks that are related to students’ sexual activity like unplanned pregnancies, STD’s including HIV infections, which leads to AIDS, and poor academic performance. The prevalence of HIV/AIDS in most Developing countries has an implication on the quality of teaching and learning in schools. It adds up to high attrition rate among teachers and their shortage due to death. In Ghana, it is estimated that about 3.5 percent of the adult population is infected with HIV/AIDS. In 2000 alone, about 20,000 children were infected (National Aids/STI



Control Programme, Ministry of Health, 2001 cited in Ankomah, Koomson, Bosu, & Oduro, 2005).

They added that, teachers failed to go deeper to finding out why students plan to engage in and practise sexual activity. Given that, most students miss parental and teachers' guidance, they may face challenges in making sexual decisions due to ignorance, and this may lead to misunderstandings and conflicts between adolescents and adults on sexual matters.

According to Macleod, (1999) some people in the rural setting, still think that sex education is equivalent to a social taboo that might lead to social snobbery on the part of those teachers who resort to it (Macleod, 1999). As a result, teachers and parents do not allow for open and frank discussion about sex education, so the learners resort to advice and guidance from their peers and older siblings (Ndlangisa, 1999 and Trudell, 1993 ). For example, teachers interviewed in Guinea and Mexico had no adequate knowledge of the school's role in pupil failure and dropout. Instead, they tend to blame the pupils and their family environment (Carron & Chau, 1996 ). The above confirms that, children and teenagers are not exposed to sex education early enough to prevent them from suffering the consequence of early sex and unprotected intercourse.

According to Ndlangisa, (1999) teachers cannot teach or advise children on sexuality issues because they themselves were not exposed to sex education at their homes and their training did not also include the subject. Trudell, (1993 ) supports this view by stating that teachers cannot actually guide or teach the subject if they are not allowed to discuss open-ended questions with their students but are compelled to follow write-ups given them. This lack of trust and confidence in teachers' knowledge or discretion tend to prevent many young learners from



approaching their teachers for information or advice about their sexuality, hence resorting to their peers. (Moore & Rosenthal, 1993 ).

Moore & Rosenthal, (1993) described this as a case of the blind leading the blind where friends and peers play vital roles in each other's sex education with incomplete and totally wrong information. (Moore & Rosenthal, 1993). It is therefore appropriate and important to teach adolescents about healthy and positive sexual situations as well as life skills. However, concerns are often raised on what, when and how the message of sex education should be introduced to adolescents. What is important here is taking into consideration the attitudes of teachers, parents and learners as well before making efforts to teaching the subject. If a positive attitude is developed, all the parties involved will feel comfortable when issues of sexuality are taught or discussed without any hindrance.

#### 2.3.6 Teacher Training on Sex Education

Capacity building on sexuality education for teacher, often focuses on preparing them with adequate knowledge, skills and the right disposition to enable them construct a more learner friendly environment void of fear or intimidation for pupils' to learn about their sexuality and the challenges associated. According to Shuby (2004), changes in the world today associated with rapid urbanisation and the movement of human beings, have affected the way information about sexuality is taught to young people. The author is of the view that, the expansion of technology across the globe, which has enabled the unprecedented speed of information sharing, including the transmission of sexual materials, have had extremely negative impacts on young people (Shuby, 2004). It is the view of many researchers that content for professional development of teachers should focus on connecting content-related activities with students'



learning ability of such content (Desimone et al., 2002; Desimone L. M., 2009; Garet, et al., 1999). This view is supported by Guskey (2003), who suggests that content is crucial to the provision of effective professional development for sex educators (Guskey, 2003)

It is also the view of Hirsh, (2007) that professional development of sex educators need to emphasize more on content-related strategies that teachers need to use to develop and improve students learning outcomes (Hirsh, 2007; Sparks D. , 2001). Effective engagement with pupils gives teachers the opportunity to closely monitor and interact with pupils during the learning process (Desimone, 2009). This method of instructions produces better learning outcomes and greater chances of retention of the knowledge acquired (Bonwell & Eison, 1991). The strategy of active learning which enables teachers to acquire techniques for helping pupils from their close interactions with them, is most profound and also supports the view that it should be focused on content (Desimone et al., 2002; Gibson & Brooks, 2002). The authors further argue that, when the content of teachers learning is consistent with their personal goals and also in sync with policy, professional development is best described as coherent (Desimone et al., 2002; Desimone, 2009; Garet et al., 2001). Also, Desimone et al., (2002) is of the view that professional development becomes meaningful to teachers and sex educators, when there is coherence and consistency between learning and beliefs. This gives teachers the satisfaction that they are providing knowledge that is relevant to what the pupils are learning. Unfortunately, education on sex is rather slow in reaching teenagers early enough to prevent the negative consequence of their ignorance (Desimone et al., 2002). However, Ndlangisa (1999) maintains that the best sex education is given in the home, where there is love and respect.





### 2.3.7 Sexuality-Related Problems

Ignorance of sexuality among young people often leads them into troubles, especially when the challenges they face are not handled properly. In the view of Uwibambe (2004), most teenagers who have sex in Rwanda rarely use contraceptives. Such ignorance only leads them to unplanned pregnancies and other sexual related challenges. According the author, at least 10% of single teenagers of 18 years in sub-Saharan African countries get pregnant unwillingly due to lack of information about their sexuality. Uwibambe (2004) further argues further that unmarried mothers sometimes encounter many more difficulties than married mothers, because they receive less support from their families and communities, and most often have little resources to take care of their children's education (Uwibambe, 2004).

Sexual issues are least spoken about by family members in almost all societies in the world. Young people who experience hormonal changes during their transition into adulthood, often shy away from discussing their experiences with their parents and guardians (Bezuidenhout, 2004). The same author is further of the view that teenagers find it easier and comfortable seeking information about their sexuality from their peers or from books, magazines, articles and videos on the internet. Information often obtained from these sources are inaccurate and only exposes them to more danger. (Bezuidenhout, 2004) The author also argues that the issues of unplanned pregnancies have been a social problem among young girls for a long time in many societies of the world, including Rwanda due to lack of accurate information. In pre-colonial times, girls in Rwanda who engaged in premarital sex and got pregnant were ostracized and taken to an Island located in the Kivu Lake, which separates Rwanda and the Republic Democratic of Congo. Mukasekuru (2001) most of those girls died due to harsh weather conditions and lack of food and medicine. The lucky ones got chanced by men from the



Democratic Republic of Congo who marry them and take them to stay with them. (Mukasekuru., 2001). Similarly, Bezuidenhout (2004) also observed that pre-marital unplanned pregnancies generates persistent problems often between parents and their female children who fall victim to such. Such action create problems not only for the teenage girls themselves but also for their unplanned children, who become a burden to them. Their action often further cause them to suffer other social prejudice, psychological trauma, depression (Bezuidenhout, 2004).

Children born to unmarried parents are usually deprived of good conditions for proper upbringing. Access to proper health, food, and education are often a major challenge for them and so depriving the children of a healthy childhood experience, which eventually affects their adult life (Bezuidenhout, 2004). According to FHI/IMPACT (2000) families in Rwanda and Nigeria traditionally have developed a strong prejudice against children born out of pre-marital relationships. The organisation is of the view that several factors put young girls in risky situations, thereby exposing them to unintended pregnancies. Most of the young girls are forced to give in to sexual advances by unscrupulous men due to poverty. Others are also persuaded by their friends, and even their parents or guardians to accept sexual advances in order to gain good grades from their teachers at school or for some social recognition. Unfortunately, a lot of them eventually give up their education and inter into full time prostitution in order to take care of their economic and social needs (FHI/IMPACT, 2000).

Despite the availability of knowledge and information on sexuality in the 21<sup>st</sup> century, many young girls still fall prey to deceit by young men who claim that sexual intercourse heals young women's pimples and abdominal pains during their monthly menstrual periods, thereby suggesting that young women should experiment sex, leading to sexual problems such as an



unwanted pregnancy, STDs and HIV/AIDS. Most of these young girls usually resort more painful ways of abortion from unqualified practitioners when they get pregnant or better still some would abandon or throw newborn babies into toilets. (Uwibambe, 2004; Mash & Kareithi, 2005). The latter, revealed in his study conducted in America that ,abortion became the best option .to half of the female teens who became pregnant. This however included teens from various denominational traditions where matters such as abortion is highly prohibited. In many instances, the teens mentioned that the possible condemnation from their families and congregations if they became mothers out of wedlock and stigma they would face for being pregnant in church influenced their decisions (Mash & Kareithi, 2005).

Complications from illegal abortion are the main causes of young girls' losing their lives in many societies in Rwanda where abortion is illegal or severely restricted. Some of the explanations given by these young girls who opt for abortion are that, they were not prepared emotionally and physically to have or nature children at their age especially that they got pregnant against their will coupled with the fear of community sanctions and the stigma that comes with pre-marital childbearing. Uwiragiye. (2005) added that, young girls did not want to have children out of wedlock and also scared of being sent out of school for being pregnant (Uwiragiye, 2005).

As the same author argues, tackling these challenges requires creating a more conducive and open environment making room for adolescents in and out of school the opportunities to assess information on how to protect themselves to prevent pregnancies and also offer guidance and counselling on sexual relationships. By considering the above it will be possible to reach young people early enough with the right information and services.



### 2.3.8 Sources of sexual information

#### *i. “Parent-to- child sexual education”*

According to Du Toit & Van Staden (2005) one of the family’s responsibility is to transmit its norms and cultural values from generation to generation and it is within the family setting that children begin to develop sexually and socialize appropriately (Du Toit & Van Staden, 2005). The argument here is that young people are less likely to engage in sexual activities in their earlier age when they experience considerable parental support and feel attached to their parents. Their desire for sex would be suppressed and controlled by. Parents who are able to bond well with their children and supervise their growth and development appropriately, such children in their teens, have fewer sexual partners (Du Toit & Van Staden, 2005).

The closeness and involvement of parents in their children's lives critically affects the extent to which children engage in sexual activity. According to Blake, Simkin, Ledskly, Perkins, & M.C., (2001), children whose parents talk with them about sexual matters or provide sexual education or contraceptive information at home are more likely than others to postpone sexual activity and when these adolescents become sexually active, they have fewer sexual partners and are more likely to use contraceptives and condoms than young people who do not discuss sexual matters with their parents, and therefore are at reduced risk for pregnancy, HIV and other sexually transmitted diseases (Blake, et. al., 2001).

Parental interaction with children is an essential parental skill. When parents interact often with their children, they expose them to myths, beliefs and values about sex. The children get to learn about contraceptives and of the circumstances these interactions happen, they get to understand and appreciate the risks about sex. When parents discuss with their children more about sex and



contraception they become sexually active, such conversations often delays the children's desire to initiate sex or increase the use of contraceptives (Rabenoro, 2004). However, the discussion of sexuality issues with young people is still a taboo in some African societies such as Nyanza Province in Kenya. The subject is simply considered as for adults only. Natives are of the view that discussing sexuality with children will rather encourage them to be sexually active. A study conducted by FHI/IMPACT (2000) found that adolescents in Nyanza Province often do not look to their parents and teachers as a source of accurate information on their sexuality; they would rather prefer to talk to their friends even though they acknowledged that their parents are more experienced (FHI/IMPACT, 2000).

FHI/IMPACT (2000) further revealed that the people of Nyanza Province mainly attribute causes of AIDS, which often leads to death, to discussions of sexuality issues among young people. This perception is wide spread in most communities in Kenya, hence people often avoid talking openly about sex. What is even interesting is that in situations where sexual health and reproductive health and rights are recognized as helpful, people still abhor the open discussion about sex and sexuality. In view of that people simply avoid providing young people information about sex and sexuality matters. The same study also revealed that the Luo people in Nyanza Province culturally do not have the right words for describing the male and female sexual organs and about sexuality in general, hence they avoid misleading young people with wrong information. The study acknowledges that this can impede frank and open dialogue on sexual matters including HIV/AIDS. It is therefore appropriate to adopt participatory approaches in discussing culturally sensitive subjects such as sex and sexuality issues in Nyanza Province. (FHI/IMPACT, 2000).



FHI/IMPACT (2000) further revealed that most parents feel uncomfortable using the correct terms for describing the male and female sex organs. For instance, in some communities in Zimbabwe, the “penis” is referred to as “akanyoni” (meaning small bird). Also, in some cultures in Zimbabwe, sex education is given by uncles or aunties, not the parents. This is strategic, in view of the challenges the extended family faces in recent times in trying to live together, the traditional approach of living the burden of sex education on parents alone becomes even most difficult. However, involvement of parents becomes strategic and even critical in building a robust and inclusive environment for adolescent sexual and reproductive health programmes. A study conducted by Rob (2003) in Bangladesh revealed that only 28 % of parents discuss reproductive and sexual health issues with their children. Over 65 % of parents expressed their lack of knowledge about such issues and wanted to know more about the subject. A large majority (90 %) of parents are supportive of providing reproductive health information to adolescents (Rob, 2003).

Similarly, Singh (2001) confirmed that parents who bond well with their children, encouraging open discussions on sexual issues with love and care, will have their children grow to develop a more empowered and positive attitude towards sexual matters. Also, if parents nurture and care for each other at home, their children are more likely to give and achieve similar warmth and stability in their own relationships. Additionally, the tensions, emotions and interactions that exist between parents, siblings, and between parents and siblings all contribute to shape the family well.

Further, (Singh, 2001) asserts that, when it becomes necessary to discuss sexual issues between parents and children, the significant discussion occurs in mother-daughter relationship and fathers seem to ignore their role in children’s sexual education. The study also revealed parents’



tendency to disregard their sons' sexual education. Thus, the same author suggests that open and frank communication between parents and children through childhood, the pre-teen years, adolescence, and young adulthood can help build a strong foundation for young people to mature into sexually healthy adults.

*ii. Sexual information between peers*

Like the family, the peer group is an important socialization agent. Lefkowitz, Boone, & Shearer, (2003) observed that during the period that approximately spans between ages 18-24, relationship with peers and close friends may be particularly important, salient and influential because young people spend more time together, engage in same social activities with their peers and friends than with parents or adults and this gives them enough room to have personal interactions than during other developmental stages. In a similar vein, Newcomb (1996) asserted that adolescents in schools or colleges in USA are in close physical proximity to one another. Proximity encourages therefore interaction and, in turn, allows for identification of similarities in attitudes and behaviour. Furthermore, the same author revealed that adolescents talk more openly about their sexual attitudes and behaviour and there is a strong positive relationship between them discussing sexual topics comfortably.

According to Lefkowitz, et al (2003), the influence of peers on their colleagues in residential schools, is stronger enough to overpower parental influence on young adults. This is because they spend much more physical time with their friends and peers than with their parents (Lefkowitz, et al., 2003). The author added that young people often report more self-disclosure to their friends than to their parents, including more disclosure about sex-related topics mostly from the beginning of seventh grade and continuing through young adulthood. The author is



further of the view that college students prefer their friends as the most reliable source of information regarding sexual related topics. Young people feel more comfortable and confident talking to their colleagues about sexual issues and they find information from their peers more credible than the information from their parents.

In the view of Bezuidenhout (2004), young people who are exposed to discussing issues about their sexuality more frequently, are less embarrassed talking about subject in the open. The possibility often is that, young people who are given the chance to participate and experience discussions about sex-related topics with best friends mostly become more comfortable initiating and leading discussions on sexual issues with their partners. Their experiences in discussing these topics with their peers does have implications for their future marital relationships, since communication about sex in marriage is most vital to the success or failure of every marriage (Bezuidenhout, 2004). Hershel. et al, (1998), a study conducted to evaluate peer education programmes revealed that peer educators significantly increase knowledge, self-efficacy, use of contraceptives, and willingness to purchase contraceptives among the target population (Hershel. et al, 1998).

However, Babalola (2004) is of a contrary view that sexuality information from peer sources may also create a conducive environment in which peer pressure is wielded on young people to engage in early sex because “everyone does it” or for their desire to belong and not “feel out of the group.” The information young people give to each other about sex, are ostensibly experiences from their own sexual encounters (Babalola, 2004). This view is accentuated by Macleod (1999) cited by Bezuidenhout (2004) that peer pressure among young people sometimes includes isolating sexually inexperienced teenagers whenever they are discussing





sexual matters. According to Lefkowitz et al., (2003), researchers have found that topics including sexual intercourse and reproductive health are the topics often discussed among young people (Lefkowitz et al., 2003).

*iii. Church-based sexual education*

Deane (1999), is of the view that religion is such a significant factor in distinguishing sexually active teenagers from those who delay sex till adulthood. Teenagers who are not active in religious activities are most likely to engage in early sexual intercourse than teenagers who are active in religious activities. The author argues that the more religious an individual is, the more important opinions of parents and religious leaders are to him/her. Hence such people are more likely to obey morality admonitions in relation to their sexual engagements (Deane, 1999). In the same vein, a study conducted by Powell and Jorgensen (1985) in Iowa State University, argue that a church-based sexual education programme offers the advantages of providing more comprehensive sex education than when it is delivered in school, because the church has already established standards for examining personal responsibility and controversial issues (Powell and Jorgensen, 1985).

Interestingly, religiously active teenagers are less open and comfortable talking about sexual issues with their friends as compared to their non-religious colleagues. They are more conservative in their attitudes and behaviour about sexuality and tend to talk more about issues of abstinence, which often appears to generalize to their conversations with friends (Lefkowitz et al., 2003). It is worthy of note that church' teachings do not always lead to change in the mind set of young people about sex. A study by Mash & Kareithi (2005) on sexuality awareness among the youth of the Anglican church in Cape Town Diocese, noted that some of the reasons why



Church teachings do not necessary lead to change in sexual behaviour were: 1. the methods of communication are ‘top to bottom’, from the older members of the church to the youth; 2. communication around sex is generally correctional or reactive and negative in approach (‘No sex before marriage’, ‘Don’t do it’,...); 3. the goal appears to be marriage, while, as some respondents revealed, they did not aspire to marry. 4. The desire to satisfy material needs which seem to have more priority than abstaining; 5. peer pressure; and 6. parents’ sexual behaviour which encourages children to engage in sexual encounters (Mash & Kareithi, 2005).

Arguably, this situation is not common to only church based sexual education alone, but to other sources of sexual education too. This fact is highlighted by Deane (1999), who contend that while teenagers’ knowledge about the consequences of sexual intercourse may be high, it seems that few perceive themselves to be at risk of pregnancy or contracting STIs. The way individuals appreciate these risk and respond in behaviour is important (Deane, 1999). The author further added that a common characteristics of adolescence is to protest against socially-sanctioned rational things, and sometimes undertake risk-taking adventurous behaviour for the fun of it (Deane, 1999). In line with this view, Mbananga (2002) also suggests that human behaviour is not fully certain and therefore cannot be analyzed predictably. Behaviour change may not necessarily occur because there has been transfer of knowledge about sexuality. Other factors may intervene to cause a negative correlation between the desired intentions and subsequent actions of a person, which may not be the intended results of the information supply (Mbananga, 2002).



iv. *School's intervention in sexual education*

The school environment plays a critical role in the education of young people on sexuality and reproductive health (Rosen *et al*, 2004), important information on the health and relationships with others are well and best acquired from school. Also, the educational system in every society in the world serve as a powerful socialization force for young people in that it caters for their total growth and development instilling in them positive attitudes that leads to higher achievements in life (Rosen, et al., 2004). The same authors highlight that in Nigeria, schools reinforce gender roles in its teaching programme while teachers are important role models and their own behaviour can influence the students' development. Schools may have creative means for presenting these messages to adolescents; for example, through the use of sexist textbooks and gender-specific curricula and activities (Rosen, et al., 2004).

Traditionally, according to Pascarella & Terenzini (1991) the core mandate of schools is to inculcate knowledge, positive norms, values and behavioral attitudes that will enable students excel in both academic and social systems (Pascarella & Terenzini, 1991). It is the responsibility of the school and such other institutions, to equip the youth with the needed skills, desired attitudes, and knowledge required for responsible adulthood and success in society (Mascarenhas & Higby, 1993; Parsons, 2003). In the view of Mash & Kareithi, (2005) teachers in the schools' influence adolescents' social, emotional and behavioral development through the school system and instructional processes (Mash & Kareithi, 2005). This view is corroborated by FHI/IMPACT (2000) who revealed that in Nigeria, the school system has the greatest impact on the understanding of the youth on sexuality. This study further showed that adolescents from schools that were part of the intervention reported greater use of protective methods against pregnancy



and STIs such as the use of condom, staying with one partner and abstaining. This was not the same with their counterparts from schools that were not part of the intervention.

Further in support of the above accession, Magnani, et al., (2000) argues that the teaching of sexual education in some schools in Nigeria have contributed to a significant positive improvement in the knowledge and attitudes of students. Young people who received tuition on sex from their schools, have a greater and accurate knowledge on the subject than those who seek for the same information from other sources such as their peers. Additionally, sexual health education thought in school is the most effective way of helping young people to improve on their understanding of reproductive health issues. There is often emphasis on a range of reproductive health issues such as: AIDS and STDs, contraceptive use, especially use of condoms among youth who are sexually active for both pregnancy prevention and prevention of HIV/AIDS and other STIs. They are also thought about the human reproductive system, pregnancy and menstruation (Magnani, et al., 2000).

Oshi, Nakalema, & Oshi, (2004) is of the view that even though societies recognize the reproductive health threats facing young people especially STD infections and unwanted pregnancy and appreciate that the schools are the appropriate avenue for addressing such threats. Schools are, however, concerned with upholding traditions and beliefs, including the expectation that young people abstain from sexual activity until marriage.

v. *The role of media in youth's sexual education*

Parents, peers, friends, schools and church's teachings to children about sexual issues are not the only media through which they acquire information on sex and the influence of the other media



on children cannot be over emphasized. (Bezuidenhout, 2004; Deane, 1999; Lefkowitz, et al., 2003). Same authors added that, young people have access to sexual information these days than years gone by and they are more exposed to sexually arousing materials from radio, television, newspapers, books, magazines and also in films or music. Media research by Siegel, Coffey & Livingston (2001) suggests that media exposure among young people of today has reached an all-time high (Siegel, Coffey, & Livingston, 2001). The authors added that, the print and non-print media were the lead driving force that enjoyed the most patronage in consumer socialization. Mass media, particularly television, is said to be a key socialization force in shaping the behavior of children and adolescents during their development. According to a study undertaken by Maswanya, et al., (2000) on the understanding and attitude of female college students in Nagasaki, Japan towards HIV/AIDS, revealed that their main source of obtaining information on HIV/AIDS was the media (Maswanya, et al., 2000).

Similarly, a study conducted by Temin, et al., (1999) on the perceptions of adolescents on their sexual behaviour and knowledge about STDs, observed that newspapers, magazines and posters were the most common sources of information on STDs for young people, this was closely followed by radio, television and film. Indeed, Brown, et al., (2001) also confirmed that the mass media is the main source of information on sexual health and HIV/AIDS for most young people.

Another study on adolescent sexual and reproductive health conducted in Uganda by Ampaire & Korukiko (1999), revealed that 35% of the youth listed radio as the most frequent source of information, 13% listed newspapers and 12% mentioned medical facilities (Ampaire & Korukiko, 1999).



Further studies by O'Guinn & Shrum (1997), revealed that the influence of television on young people surpassed the mainstream socialization agents such as parental guidance, schools, and religious groups. Television is able to reach millions of people all over the world in few seconds as compared to the traditional system of orientation. Du Toit and Van Staden (2005) observed that most of the research done in the USA indicates that the child between the ages of 6 and 18 spends just as much or a little time watching television as he does attending school. The authors estimated that in the USA, the child will have spent 20 000 hours watching television by the time s/he reaches the age of 18 (Du Toit and Van Staden, 2005).

Although most studies have established that the mass media is the most popular source of sex information for young people, the media should not be taken only as a positive socialization agent. Sometimes the content of the information they spread may not be wholesome enough or young people, or may be presented outside of the context of the prescribed sexual norms of their society. This sometimes could lead to negative influences on teenagers who internalize some of these anti-social sexual behaviour and try to experiment with illegitimate sexual activities, resulting in unwanted pregnancies and other unpleasant possible outcomes. This power of the media, coupled with negative influences by peers often push teenagers into indulging in pre-marital sexual activities (Bezuidenhout, 2004). Also in their study, Du Toit and Van Staden (2005) highlight that television as a socialization agent may impact negatively on people in general and children in particular. They emphasized that viewers are often bombarded with negative content such as violence, murder, manslaughter, drug abuse, sexual intercourse, racial conflict (Du Toit and Van Staden, 2005).



The same authors observed in their study that in one day 1800 cases of violence appear on television programmes in Washington, DC alone. They estimated that the average American primary school child would have been exposed to 8000 murders and more than 100 000 acts of violence on television by the time he completes primary school. Other studies carried out in Poland, Finland, USA and Australia also have shown that children who are subjected to television programmes with a high violence content show more aggressive tendencies and also spend more time watching programmes in which violence is the main theme (Du Toit & Van Staden, 2005). The same author argued that this negative impact of television on children has far reaching consequences on their sexual attitudes and behaviour. The content some of the TV programmes are evidenced to have influenced young people in America to engage in early sexual intercourse because of what they have seen on the pornographic programme on TV and others have done masturbation because of that (Du Toit & Van Staden, 2005).

Furthermore, the influence of new media which is transmitted via the internet, even though has been observed to be accessible to only young people within urban centres where there is electricity and the infrastructure, and who can afford the services. New media according to Perse (2001), is influencing more young people than television and all the other traditional media combined.

#### 2.3.9 Sex education globally and in Africa

Briggs (1991) asserts that, people under 20 years of age who constitute about 50% of the world's population are at the highest risk of sexual and reproductive health challenges; thus making sexuality the foundation of most sexual and reproductive health problems (Briggs, 1991). While many countries, societies and cultures around the world are yet to approve for the introduction



of sexual health education in schools, because of the variation in their socio-cultural background, belief system, political system and religion, some countries consider sex education as a basis to dealing with issues related to reproductive health and sexual preferences among teenagers. According to WHO (2004), sexual health education is one of the five core aspects of the WHO global Reproductive health strategy approved by the World Health Assembly in 2004 (WHO, 2004).

According to Halonen. & Santrock (1996), in Sweden sex education has been a mandatory part of school education since 1956. The subject usually started for children between the ages of 7 and 10 and then continues through to the other grades and integrated into different subjects such as biology and history. Also, the Swedish national board of education designed a curriculum that makes sure children in the country are introduced to reproductive biology and by the ages 10 to 12 would have been well informed about the various forms of contraception. (Halonen. & Santrock, 1996).

England on the other hand, sex education is not compulsory in schools as parents refused to let their children take part in such lessons. Their curriculum concentrates on the reproductive system, foetal development and safe sex is discretionary and discussion about relationships is often neglected. Britain has one of the highest teenage pregnancy rates in Europe and sex education is a heated issue in government and media reports (Huffstutter, 2007).

However, in Germany, sex education has been part of school curriculum since 1970. In 1992, sex education became mandatory by law. It usually covers all subjects regarding the growth processes, body changes, puberty, emotions, the biological process of reproduction, sexual





activity, partnership, homosexuality, unwanted pregnancies and the implication of abortion, the danger of sexual abuse and violence, child abuse, and sexually transmitted diseases (CDC, 2017).

Similarly, in Japan, sex education is also mandatory from age 10 or 11 years, mainly comprising biological topics such as menstruation and ejaculation. In China and Sri Lanka, sex education traditionally consists reading the reproduction sections of the biology textbooks.

On the contrary, in most Africa countries, especially in Nigeria, sex education is scorned upon as a taboo that should not be talked about in the midst of children. Generally, children are not permitted to have access to information on sexual health, because the society frowns upon it with the perception that such exposure will pervert their minds and influence them to becoming victims of early sexual intercourse, hence the subject is not part of the curricular of basic school. In 2002 the Nigerian Educational Research and Development Council (NERDC) in conjunction with the Federal Ministry of Education, civil societies and many other International Development Partners designed and proposed a detailed curriculum on Sexuality Education for both primary and secondary schools, this was met with mixed feelings and triggered strong debates especially in Northern Nigeria. Within a very short time, deliberations on its acceptability or otherwise was hijacked by religious leaders and other gatekeepers and was given different connotations and coloration. (Eko, Abeshi, Osonwa, Uwanede, & Offiong, 2013).

#### 2.3.10 Sex education in Ghana

A confluence of sensitive cultural, religious and geographical factors have created a very sticky environment in Ghana, where issues of sexuality and reproductive health have remained delicate and unspoken subjects for decades (Mack, 2011). In the view of the same author, even though



sexual health is a key factor for productivity and national development in every society, the mere mention of ‘Sex’ in Ghana seems to evoke uncomfortable feelings among both young people and adults. Brocato & Dwamena-Aboagye (2007) is of the view that traditionally, children, especially girls in Ghana are raised up with strict discipline that makes it almost impossible to question their parents on matters of their sexuality. The effect is that young people become afraid to ask questions relating to sexual issues for fear of being misunderstood and as “disrespectful” and “disobedient”, because of the perception that sexual issues are topics for adult discussions only. (Brocato & Dwamena-Aboagye, 2007).

According to Mbeo (1997 ), sexuality education in Africa dates back to pre-colonial times when parents and community elders used to provide it to reflect the culture and values of the particular place a person hails from (Mbeo, 1997 ). Pre-colonial African societies had no formal educational institutions like the ones in existence today, hence pre-colonial children and adults were educated through informal systems (Kenyata, 1972). The traditional family educational system, which usually starts from birth and ended at death during pre-colonial times, was such that each community made their own arrangements to ensure that all their community members well-educated on desirable social behaviours, necessary basic knowledge and relevant skills for their lives (Occiti, 1993).

The stage at which sex education should start in our schools has become a very controversial topic. Osei, (2011) describes how his mother lost her teaching job in 2004 for teaching her Class One (P1) pupils the parts of the body. According to him, the Ghanaian government’s approach toward sex education is one of uncertainty because, even though the subject is officially part of the science syllabus of the school curricula, it is not “effectively taught” in practice Osei, (2011).



Hence Ankomah (2001) is of the opinion that governments want to satisfy the religious critics in the society to the neglect of his own policy guidelines.

### 2.3.11 Challenges affecting the teaching of sexuality education

There are several challenges confronting teachers in their quest to teach sex education to their students in school. Chief among these problems, according to Ndlangisa (1999) is the passive attitude by most parents towards the subject, either in school or at home. In the rural setting, people still harbour the believe that sex education is a socially forbidden subject that has the potential of misleading the youth and their teachers into adopting pretentious social lifestyles (Madeod, 1999). Parents and guardians who are the first point of contact for learning for young people are unfortunately, often not supportive to them in providing the right information on sexuality at the home level, which should form the solid foundation for accurate knowledge about their sexuality. Additionally, the lack of opportunity for teachers to update their knowledge on sex education through in-service training is coupled with the absence of time allocation for the subject and the lack of structured content for the teaching of sexuality education are all part of the problems affecting the teaching of the subject.

The attitude of Learners' regarding sexuality education vary from one community to the other based on their social beliefs, peer groups, religious background, cultural settings within which learners are raised. (Gallagher & Gallagher. 1996). This confirms findings in the study area that learners do not feel comfortable talking about their sexuality because of their religious and social orientation.



## CHAPTER THREE

### METHODOLOGY

#### 3.1 Introduction

This chapter provides a description of the nature of educational research and discusses the research design and methodology that was used in the study. In the view of Bell (2005); Cohen, Manion & Morrison (2007), research has a very important place in education. This view is also shared by Drew, Hardman & Hosp (2008) who also contend that educational research is based on the use of certain methods of establishing beliefs and knowledge. Traditionally, researchers use three lenses for educational research, namely quantitative, qualitative and mixed-method designs (Bell, 2005; Cohen, et. al., 2007). The chapter also describes the data collection procedure, the sampling method and the approach adopted for analysing the data.

#### 3.2 Research Design

The research was undertaken using a quantitative approached based on the survey design. It relied on the use of a self-administered questionnaire as the main data collection tool. Survey, according to McMillan & Schumacher (1993), involves the administering of questionnaires to gather information on variables of interest. In this regard, Gall, Gall, & Borg (2003) are of the view that the survey design enables the researcher to reach many respondents as much as possible, allowing the researcher to do an informed generalisation of the research findings within the context of the study. A total of eighty-three (83) respondents from ten (10) basic schools in the Gumani/Nyanshegu circuit in the Sagnarigu district were involved in the study. The school that were selected for the study comprised, six Local Assembly Basic Schools, two Christian



Mission Basic Schools and two Arabic Mission Basic Schools. This was deliberately meant to allow the collection of views from respondents across different socio-cultural environments. All the respondents involved in the study were trained professional teachers with various years of teaching experience. The data collected concerned the depth of their knowledge on sexuality, the training teachers receive towards the teaching of sex education and the relevance of the sex education they give. The design was found to be most appropriate for the study because it helped in answering the key research questions towards accomplishing the purpose of the study. According to LeCompte & Preisse (1993), it has been acknowledged that the survey method of data collection can stand alone as a design.

### 3.2.1 Sample selection and size

The target population for this study were teachers of basic schools in the Gumani/Nyanshegu circuit in the Sagnarigu district. The rationale for selecting a single circuit context rather than multiple circuits or districts for this study was to collect data in a fairly homogeneous environment that would facilitate the control of plausible impact arising from uncontrollable external variables (Amine & Cavusgil, 1986). A convenient sample size of eighty-three (83) respondents were selected from a population of one hundred and four (104) teachers in the circuit. These respondents were selected from ten (10) basic schools, out of a total of fifteen (15) basic school in the Gumani/Nyanshegu circuit.

### 3.2.2 Sampling Procedure

This study adopted multi-sampling methods in selecting respondents. The random sampling approach was adopted for selecting the ten (10) out of fifteen (15) basic schools in the circuit, which includes Christian Mission schools, Islamic Mission schools and Local Government basic.



The same sampling approach was also used in selecting seventy-two (72) basic school teachers out of a total of one hundred and four teachers in the circuit. The purposive sampling approach was then adopted in selecting ten (10) head teachers and one (1) circuit supervisor, who are known to be key informants on the topic under study and thus could have enough information pertaining the study being conducted (Feldman, 1985). The purposive sampling was preferred for this this category of respondents because it is judgmental, allowing the researcher to handpick certain groups or individuals according to their relevance to the issue at hand (Aina & Ajifuruke, 2002). This was aimed at getting as more relevant and valuable qualitative data for the research as possible.

### 3.2.3 Data collection tools

The main tool used for the data collection was the questionnaire. Two sets of questionnaires were designed for the data collection, thus one ‘A’ for classroom teachers and two ‘B’ for head teachers and circuit supervisors. Both of the questionnaires contained twenty-two (22) close-ended questions and four (4) open-ended questions designed to critically assess the training of teachers on the influence of sex education in the Gumani/Nyanshegu circuit in the Sagnarigu district. The four open-ended questions were used as a guide to interview Head Teachers and Circuit Supervisors towards obtaining qualitative data to validate the quantitative data.

### 3.2.4 Data collection and processing

The questionnaire which was the main tool used for the data collection were distributed to the selected respondents in the study area to complete and return within two weeks. This was done with support of a Research Assistant. The researcher also availed herself during the period to



clarify and offer further assistance to respondents in completing the questionnaire. This strategy facilitated the data collection process, because it allowed the respondents' time to fill in the data. It also enabled the researcher to respond to all queries that arose during the data collection. This ensured the accurate and speedy return of the questionnaires. Scheduled interviews were also held with Head Teachers and the Circuit Supervisor. These were done personally by the researcher to obtain in-depth qualitative data on the subject.

### 3.2.5 Data analysis

Data analysis was done at two levels: first, was by physically checking through the questionnaires for accuracy, completeness and consistency. It also involved sorting out the questionnaires according to the different respondents and then coding them ready for capturing. The next level was the analysis of the data using tools of the Statistical Package for Social Scientists (SPSS) software version 23. Descriptive Statistical tools such as frequencies were used to gauge the number of occurrences of the variables being studied. This enabled analysis of the data to obtain meaningful results for further discussions (Cohen, et. al., 2007). Results were presented using tables and bar charts. The qualitative data was also further analysed in line with the research questions to establish patterns of similarities and variations. These were then validated with the quantitative data for any possible contradictions in the findings.

### 3.2.6 Quality Control

For this research, data was first cleaned by checking for consistency, completeness and accuracy; and then coded and categorized for analysis and discussions. This was done in line with the view held by Marshall and Rossman, (1989), that the operations of data analysis include editing, coding, classification and tabulation. It also entails categorizing, ordering, manipulating and



summarizing data in order to find answers to the research questions (Feldman, 1985). Thereafter, the data was then analysis using the Statistical Package for Social Science (SPSS) software version 23.

### 3.2.7 Ethical Requirements

There are a number of ethical issues that a researcher must consider when designing research that will utilize participants. Ethics are moral standards that can be followed in situations where there can be potential harm or actual harm to an individual, a group or an institution (Churchill, 1992). In view of this respondents were informed of confidentiality when they were given the questionnaires. Assurance of confidentiality and the freedom to choose to answer questions were also readily communicated and indicated on the questionnaire.





## CHAPTER FOUR

### FINDINGS AND DISCUSSIONS

#### 4.1 Introduction

This chapter presents findings of data analysis on the study, “training teachers on the influence of sex education in basic schools in the Gumani/Nyanshegu circuit in the Sagnarigu district. The influence of teachers towards the teaching of sex education in the study area were examined from the analysis of both primary and secondary data using descriptive data analysis and findings tools such as tables and charts. This chapter therefore presents results and discussions in relation to the research questions of the study which included:

- i. How knowledgeable are teachers in sex education?
- ii. How does the training teachers receive influence the teaching of sex education?
- iii. What are the challenges affecting the teaching of sex education?

#### 4.2 Findings

The study targeted two category of respondents; thus, classroom teachers on one hand and school managers (head teachers and circuit supervisors) on the other hand. Seventy-two (72) basic school classroom teachers and ten (10) head teachers including one (1) circuit supervisor, were sampled from ten (10) basic schools in the Gumani/Nyanshegu circuit. Majority (about 81%) of the respondents were sampled from the Upper Primary and Junior High School. Two separate questionnaires were designed and administered to the two category of respondents independently. The questionnaire for the basic school classroom teachers sought to illicit responses regarding their level of knowledge, skills and competencies in teaching sex education. While the questionnaire for the head teachers and circuit supervisor sought to find out if sex

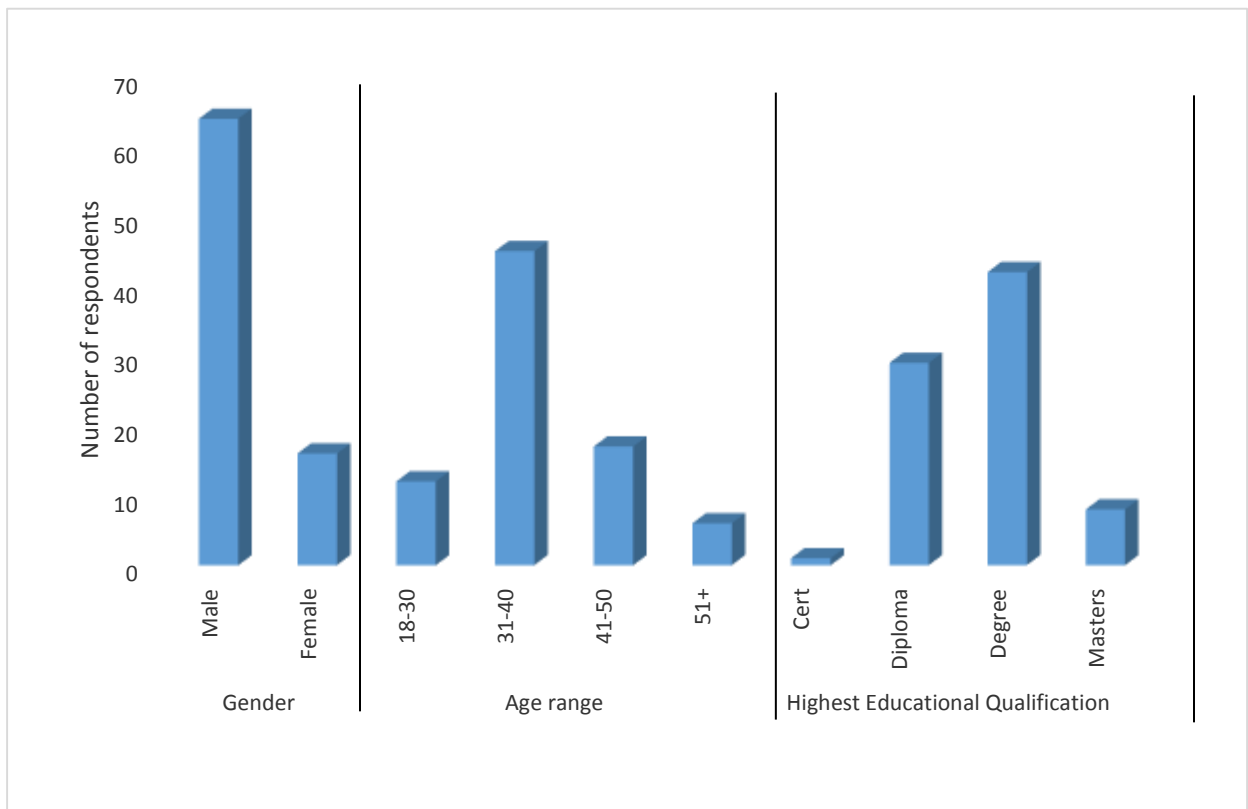


education was being taught at all and whether teachers receive training in teaching the subject. The data was coded and analyzed using the Statistical Package for Social Sciences (SPSS). The findings were then presented using tables and graphs.

#### 4.2.1 Demographic variables and respondents profile

Figure 4.1 below indicates the demographic characteristics of respondents in terms gender, age and educational qualification attained.

Figure 4.1: Demographic Characteristics of Respondents



Source: Field Survey, 2016

As depicted in figure 4.1, out of eighty respondents, majority (64%) were male, whilst 16% were female. In terms of their ages 15% were between the ages of eighteen and thirty years, 56.3%



fell between the ages of thirty-one and forty years, 21.3% between the ages of forty-one to fifty years whilst 7.5% were fifty years and above. This signifies that majority of respondents sampled for the study were mostly young adults in their prime ages. With regards to the educational qualifications of respondents, figure 4.1 further reveals that respondents were mostly first degree (52.5%) and diploma (36.3%) holders. A few however had Masters Degrees (10%) and Teacher Training Educational Certificate ‘A’ (1.3%).

#### 4.2.2 Research Questions 1: Knowledge of teachers in sex education

The knowledge of teachers in sex education was assessed based on their responses to questions in the questionnaire.

Table 4.1: Analysis of respondents according to knowledge in Sex Education

Rate of knowledge	No. of Respondents	Percentage of Respondents
High level	11	13.3%
Average level	61	73.5%
Low level	11	13.3%

**Source:** Field Survey, 2016

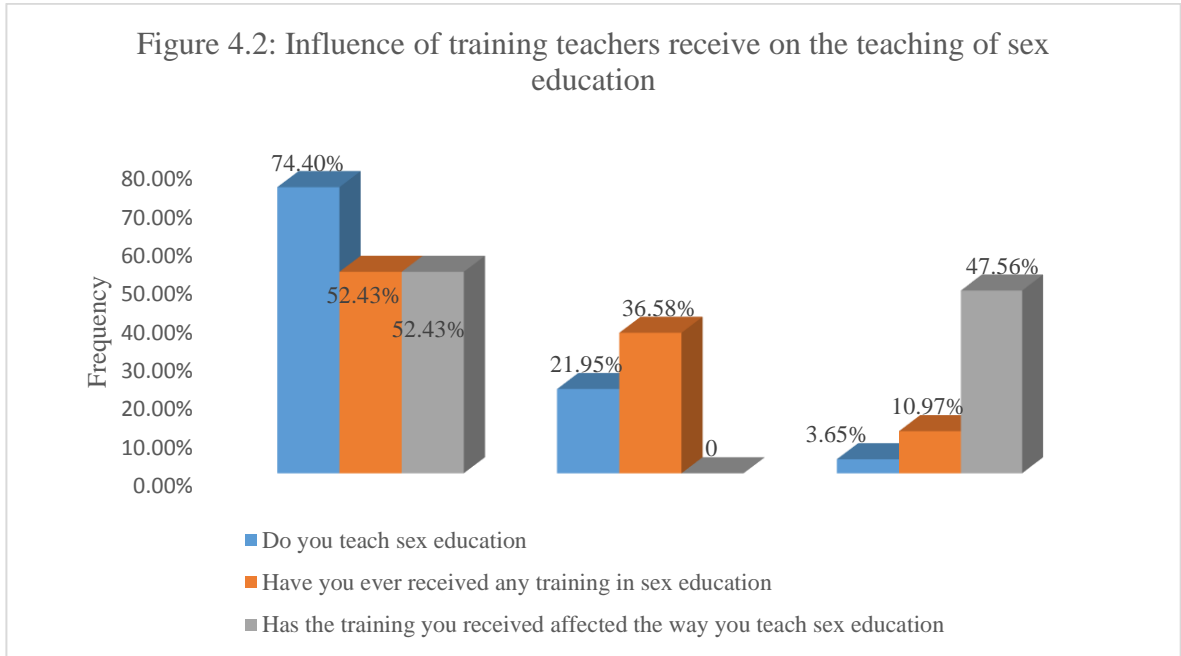


The results show that majority, about seventy-three point five percent (73.5%) of teachers indicated they had average knowledge about sex education. This appears to be in sharp contradiction with the recommendation by Kakavoulis, (2001) and Badhan et. al., (2002), who suggested that teachers of sex education should have special personal characteristics as well as good training and attitude towards sex education in order to be encouraging in their behaviour. The indication of average knowledge in sex education in this study therefore, is in itself a

discouraging factor for teachers to want to teach the subject to their pupils. This view is also supported by the conclusions reached by Ndlangisa (1999), that teachers cannot advise children on sexuality issues because they the teachers themselves were not exposed to sex education at their homes and in their training. Indeed, this lack of confidence by teachers in their own knowledge and discretion to serve, constrain them from attempting to resolve issues of sexuality with their pupils. The analysis also revealed that about thirteen point three percent (13.3%) of respondents indicated high knowledge of sex education. This was confirmed during the interviews with the Circuit Supervisor and Head Teachers, who revealed that “some teachers occasionally benefit from in-service training programmes often organised by the district education office in collaboration with organisations such as the Planned Parenthood Association of Ghana (PPAG), the United Nations International Children’s Educational Fund (UNICEF) and other local Non-governmental organisations working to promote sexual awareness among young people.” (Circuit Supervisor, Gumani/Nyanshegu)



### 4.2.3 Research Questions 2: Influence of Training Teachers' Receive on the Teaching of Sex Education



Source: Field Survey, 2016

Figure 4.2 presents results of findings on the influence of training teachers receive on the teaching of sex education. The figure shows that seventy-four point four zero percent (74.40%) indicated that they do not teach sex education. Twenty-one point nine five percent (21.95%) of respondents indicated that they teach sex education to their pupils. Whilst Three point six five percent (3.65%) of respondents indicated that they were not sure if they teach sex education of or not. Of the twenty-one point nine five percent (21.95%) who teach sex education, fifty-two point four three percent (52.43%) said they had ever received training on sex education. Thirty-six point five eight percent (36.58%) said they have never received any training on sex education. While Ten point nine seven percent (10.97%) said they were not sure.



These findings indicate that even though majority of respondents do not teach sex education in school due to their lack of training and mastery of the subject, some teachers who have had the opportunity of participating in training programmes on the subject, do teach it in school. This is corroborated by comments of the comments of the Circuit Supervisor which suggests that the District Education Office from time to time do collaborate with other organisations to organise In-Service Trainings for teachers on various topics. Also, interviews with the Head Teachers further revealed that “...even though there is no prescribed syllabus for teaching sex education in basic schools, some aspects of sex education are found in the Citizenship Education and the Natural Science syllabus.” (Head Teacher of Our Lady of Fatima Primary School). However, due to the absence of a structured syllabus backed by clear policy direction and coupled with the diversity of the cultural backgrounds of pupils, teachers treat these topics with extreme caution. This concurs with an illustration by Osei, (2011) about how his mother lost her teaching job in 2004 for teaching her class one (1) pupils the parts of the body. According to him, the Ghanaian government’s attitude toward sex education is best described as ambivalent because though the subject is officially part of the school curricula, it is not “effectively taught” in practice. (Osei, 2011).

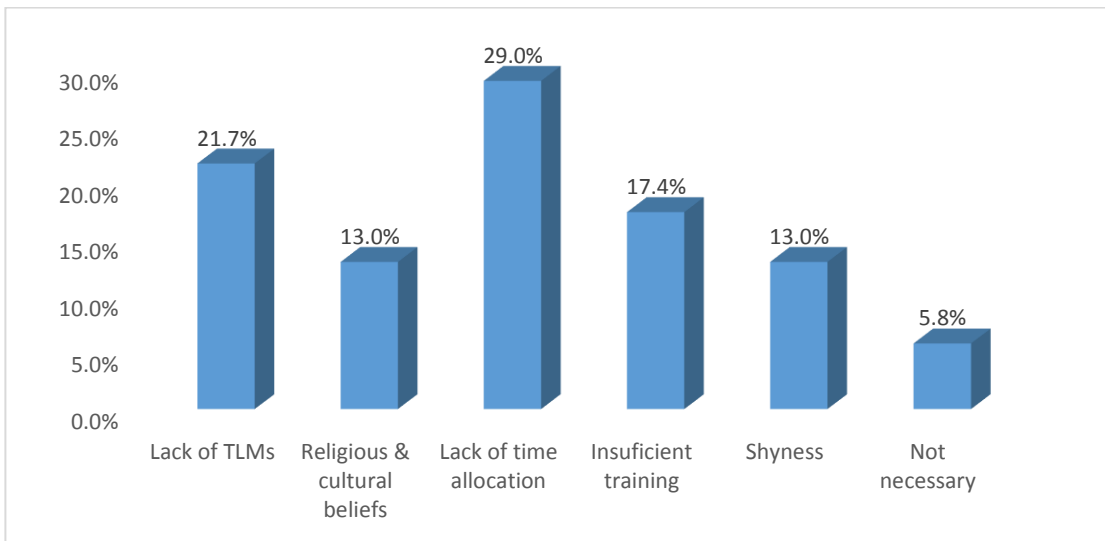


The study also sought to confirm the availability and adequacy of content for the teaching and learning of sex education in basic schools. about 88.8%, answered 'no', indicating that there was no prescribed syllabus for the teaching of sex education in the basic schools. While 11.2% answered 'yes', indicated that there was prescribed syllabus for teaching sex education in the basic school. It is therefore indicative that the lack of a policy direction by the Ghana Education Service for the teaching of sex education in basic schools constrained any possible initiatives by

teachers to provide support for young people by way of teaching the subject in school, which might very much be needed.

#### 4.2.4 Research Questions 3: Challenges affecting the teaching of sex education

Figure 4.3: Challenges affecting the teaching of sex education in schools



Source: Field Survey, 2016

Figure 4.3, reveals that twenty-one point seven percent (21.7%) of respondents indicated lack of Teaching And Learning Materials, thirteen percent (13.0%) of respondents indicated religious and cultural barriers, twenty-nine percent (29.0%) of respondents indicated lack of time allocation on the academic timetable for the subject, seventeen point four percent (17.4%) of respondents indicated lack of in-service training for teachers resulting in insufficient knowledge, skills and techniques in handling the subject, whilst thirteen percent (13.0%) of respondents also mentioned shyness on the part of students and teachers as barriers in the teaching of the subject. However, five point eight (5.8%) of respondents maintained that the teaching of the subject in



school was not necessary, because it was more likely to expose pupils to early sex and promiscuity than helping them live responsible lives; since they are more likely to experiment some of the things they learn from the classroom. This view concurs with the view of Baron & Byrne (1994) that cultures' hesitant attitude about sexuality is evident in the limitations placed on sex education in primary and secondary schools and often in its total absence from the curriculum. (Baron & Byrne, 1994). Since Teaching and Learning Materials are a key part of every pedagogy, some of the respondents maintained that the absence of textbooks, videos and other useful learning materials in the schools was a disincentive to teachers who even desire to teach the subject amidst all the other challenges.

Also, socio-cultural and religious factors such as family orientation and religious beliefs affect the behaviour of people in society, which includes teachers. Such beliefs affect teachers' appreciation of trainings in such subjects as sex education. In the Gumani/Nyanshegu area for example, matters of sexuality are not encouraged in most homes, and as such, parents and teachers alike do not give first information about sexuality to their wards. This makes it appear somewhat awkward to contemplate teaching sex education in school. Knowledge enhancement and continuous updating is key to the work of teachers (Billingsley, 2004). Unfortunately, teachers are constraint in content because they are not exposed to key concepts about sex education.

Shyness about the subject expressed by 13% of respondents, further contributes to the low interest in teaching it. Most teachers and pupils feel shy and uncomfortable to talk about sexuality issues in class, perhaps due to their upbringing. Most basic school pupils often feel that speaking about sexuality issues in class will make them appear as 'bad' children. The absence





of the subject in the academic calendar coupled with the lack of in-service training for teachers in the subject makes it difficult for teachers to adequately guide pupils.



## CHAPTER FIVE

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Introduction

The preceding chapter provided the results and analysis of the data collected from the various respondents on training teachers receive on sex education in the Gumani/Nyanshegu circuit. The analyses were done in line with the specific research questions of the study. This chapter therefore summarises the principal findings of the study from the analysis and also reviews how the objectives of the study were satisfied. Finally, the chapter presents the conclusions as well as recommendations on how in-service training/continuous professional development can better impact and influence the teaching of sex education at the basic school level.

#### 5.2 Summary of Findings

The findings suggest that majority of basic school teachers in the Gumani/Nyanshegu District have average knowledge of sex education due to their lack of formal training and opportunity for continuous professional development in the subject as well as the lack of syllabus for the teaching of the subject. This obviously does not motivate teachers to teach sexuality education, even though it is not included in the academic calendar of basic schools.

Also, the lack of formal training for teachers in sexuality was found to be a disincentive for teacher's interest in teaching sexuality education at the basic school level in the Gumani/Nyanshegu Circuit. This situation is translated into a perceived lack of commitment by



educational authorities for the teaching of the subject; hence the non-inclusion of the subject in the basic school curricular.

Furthermore, the socio-cultural and religious orientation of the people, makes them view sexuality issues as a preserve for only adults. This further aggravates the ‘lack of interest attitude’ in the subject by teachers. Some respondents were of the view that, sex education in the basic school could be misconstrued as encouraging promiscuity. This perception, the study found, is a huge barrier to the teaching and learning of sexuality education at the basic school level, which requires decisive action by educational authorities to re-orient teachers about this perception through in-service training sessions.

Finally, the study revealed several challenges affecting the training of teachers on the influence of sex education in the basic schools, which include Lack of TLMs, Lack of in-service training for teachers, absence of time allocation for the subject in the academic calendar, socio-cultural and religious orientation of Ghanaians, shyness on the part of both teachers and pupils and the lack of adequate knowledge of the subject by teachers.



### **5.3 Conclusion**

The conclusions presented in this section are in line with the findings and discussions presented in Chapter four based on the specific research questions of the study.

From the above findings the study concluded that lack of continuous professional training for teachers to update their knowledge on particular subject areas makes it difficult for teachers to influence behaviours and attitudes of pupils in the classroom. It was also observed that the

confidence of teachers to influence is limited when they are not adequately informed on the particular subject matter they are supposed to influence their pupils on.

It was also concluded that lack of formal training for teachers in sexuality education is a disincentive for teachers to make a positive impact in the classroom. This situation is perceived as lack of commitment by educational authorities to the teaching of the sexuality education; hence the non-inclusion of the subject in the basic school curricular.

Further from the finding, the study concludes that the socio-cultural and religious beliefs and practices of a people affects the teaching of sex education in school. It was observed that sex education could be misconstrued as an encouragement to young people to engage in early sexual promiscuity.

Finally, the study concludes that there cannot be effective sex education without the appropriate logistics such as TLMs, syllabus and time allocation for the subject. The study also acknowledges that the availability of these materials must go along with appropriate capacity building for teachers to be well positioned to teach the subject.



#### **5.4 Recommendations**

Based on the findings and conclusions of the study, the following recommendations have been proposed:

It is recommended that teachers should be supported to improve their capacity in sexuality education through regular training and continuous professional development sessions. This will

enable teachers learn contemporary knowledge and skills on the subject and also update their capacities in this direction.

Sexuality education should be included in the curricular and academic calendar of basic schools, along with the provision of adequate TLMs and the right collaboration with appropriate agencies for the effective teaching of the subject. Sex education needs to be given maximum attention just as any of the life skills subjects, with adequate investment and motivation to both teachers and pupils to ensure a meaningful impact.

There should be regular monitoring, supervision and assessment of the training of teachers and its influence on the teaching of the subject and ensure that ethical considerations regarding cultural and religious sensitivities as well as individual privacy issues are upheld.



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**APPENDIX1: QUESTIONNAIRE FOR HEADTEACHERS AND CIRCUIT**

**SUPERVISOR**

1. Age range  18 – 30  31 – 40  41 – 50  51+
2. Sex  Male  Female
3. What is your highest qualification?  Certificate  Diploma  Degree  Masters
4. Position  Head teacher  Circuit Supervisor
5. Level of basic school?  Primary School  Junior High School
6. Do you organize school-based in-service training on sex education for your teachers?  
Yes  No
7. Do your teachers integrate sex education in their lessons?  yes  No
8. Have you observed or received reports on any sexual misbehaviour among your pupils?  
 Yes  No
9. If yes, how was it resolved?  
.....  
.....  
.....
- Are there enough teaching materials for the effective teaching of sex education in your school?  
 Yes  No
10. Do you think the teaching of sex education is beneficial to your pupils?  Yes  No
11. What is the attitude of teachers towards the teaching of sex education in your school?  
 Positive  Negative  Normal
12. Are there any challenges affecting the teaching of sex education in your school?  Yes  No



13. Please list them?

- a. -----
- b. -----
- c. -----
- 

14. What is the impact of in-service training on the attitude of teachers in your school towards the teaching of sex education?

- a. -----  
-----
- b. -----
- c. -----

15. What can be done to improve the teaching of sex education in your school?

- a. -----
- b. -----
- c. -----
- d. -----

..... *Thank You* .....



**APPENDIX2: QUESTIONNAIRE FOR TEACHERS**

1. Age range  18 – 30  31 – 40  41 – 50  51+
2. Sex  Male  Female
3. What is your highest qualification?  Certificate  Diploma  Degree  Masters
4. Level of basic school?  Primary School  Junior High School
5. What class do you teach?  Class Three  Class Four  Class Five  Class Six  
JHS One  JHS Two  JHS Three
6. Has your District/Circuit/School ever organised in-service training for teachers in your school?  Yes  No
7. Have you ever been nominated to attend an in-service training on sex education?  
Yes  No
8. How often do you attend In-Service Training sessions on sex education?  Once every term  Twice a year  Once a Year  Once every two years
9. Have you had any formal training on sex education?  Yes  No
10. How will you rate your understanding of sex education?  Low  Average  High
11. Do you teach sex education to your pupils?  Yes  No
12. How do you feel teaching sex education in school?  Normal  Convenient  
 Inconvenient



13. Are there enough teaching materials for the effective teaching of sex education in your school?  Yes  No

14. Do you think the teaching of sex education is beneficial to your pupils?  Yes  No

15. What is the attitude of pupils towards the teaching of sex education in your school?  
 Positive  Negative  Normal

16. Are there any challenges affecting the teaching of sex education in your school?  
 Yes  No

17. Please list them?

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18. What is the impact of in-service training on the attitude of teachers in your school towards the teaching of sex education?

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19. What can be done to improve the teaching of sex education in your school?

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..... *Thank You* .....