AN ASSESSMENT OF SECONDARY SCHOOL TEACHERS' KNOWLEDGE, ATTITUDE AND PERCEPTION OF SEX EDUCATION

BY

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DEDICATION

My profound gratitude to God Almighty for giving me the grace to start and complete this work.

I dedicate this work to the two people dearest to me, my loving and wonderful parents, for their perseverance and care. God bless them abundantly. Amen.

Abstract

Sex education in schools is a controversial subject. Not all authorities on sex education agree that it should be given in schools. Some state that it is the responsibility of a child's parents, since parents know their offspring best. Brewer (1979) advises that since children learn more from parental example than from sex lessons, they naturally pick up at home values for living of which sex is only one. However parents are known to have often shirked this responsibility. Therefore many more people are advocating sex education in schools. Williams (1979) however feels that the quality of the teacher could also be an important factor in sex education in schools. Presently in Nigeria the introduction of sex education into our secondary schools is being considered and promoted and public opinion is being polled. The various viewpoints are discussed in the Literature Review.

This study was designed to determine what obtains in secondary schools in Ibadan concerning sexual health; in particular, the role of the teacher, their attitudes, knowledge and perceptions of the adolescent student and the students' sexual behaviour and activities. The study also set out to determine what teachers contribute to students' sexual behaviour and if they (the teachers) are in favour of health education in schools.

A sample of the teacher population was interviewed to find out what they knew and did about sex education of their students despite the fact that the subject is not at present formally included in the schools' curriculum.

The respondents were also observed during the interview using interview check-lists.

The findings revealed that although majority of the teachers were in favour of the teaching of sex education in schools, they felt that it is the responsibility of the parents.

The study also showed that most of the male teachers did not wish to be involved in sex education. They felt sex education is mainly for female students. In addition the respondents were of the opinion that whoever was going to handle sex education in schools would need further training.

The study showed the existence of a communcation gap between teachers and students, especially on sexual matters. This gap could be bridged by, among others, organising special workshops on the communication process for teachers and students, and improving the facilities and opportunities for more intimate teacher/student interraction.

With respect to the general disposition of the study group towards the introduction of sex education in schools, the study revealed a more favourable and positive disposition

among the younger than the older (over 40 years of age) teachers; those who specialised in teacher education, like guidance counselling than those who did not; teachers in mixed (boys and girls) schools as well as girls only schools than those in boys only schools and unmarried rather than married teachers. The differences in this attribute showed in particular that married female teachers were less favourably disposed to the subject of the study than their unmarried female colleagues.

Religious affiliation of the respondents apparently had no significant influence on the attitude of the study group to subject of sex education in schools.

Among the negative attitudes, of teachers that were identified by the study, and which could act as obstacles to the teaching of sex education is the apprehension of many teachers that their involvement in sex education could expose them to ridicule, and the charges of attempting to corrupt their students was paramount. This apprehension to a large extent is a reflection of the lack of comprehension, and in some instances a misconception, of the nature of sex education by majority of the respondents.

The study has succeeded in determining the knowledge, attitudes and perceptions of secondary school teachers in Ibadan on student sexual behaviour and the sex education/ counselling roles they have been playing and are likely to play. It has thus identified opposition that could be

expected to the introduction of sex education in schools and has recommended the ways by which the potential obstacles could be overcome.

I am indebted to other staff of P.S.M. especially Mr. Afolabi, Mr. Tony Daniel, Mr. Solomon Bassey, Mrs. E. O. Aiyede and Mr. S.A. Olaleye for their assistance and interest.

My appreciation goes to Mr. O. Jegede for his brotherly and valuable advice and assistance.

Finally, to the wonderful members of my family, especially my parents and my one and only sister Funmi, who have supported me morally, financially and spiritually during the course of my study, I say a big THANK YOU.

Above all to God be the glory for all that he has done for me.

CERTIFICATION

I certify that this work was carried out by Miss D. Akintayo in the Department of Preventive and Social Medicine, University of Ibadan.

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INTRODUCTION

Today in Nigeria the rate at which sexual intercourse is practised by teenagers is alarming.

According to Akinrolabu (1985) it is an unfortunate thing that teenagers do not give sufficient thought to the consequences of their ill-timed sexual experiences. Such consequences include teenage pregnancy and child bearing, unplanned marriages, adolescents entering the cycle of human reproduction without preparation, and the resultant consequences such as deaths of promising young girls, sexually transmitted diseases and cases of post marital infertility due to pelvic inflammatory diseases arising from abortion and promiscuity. Other consequencies include broken marriages and juvenile deliquency amongst children of such marriages (Masland 1978, Windokun 1979, Fakunle 1986). As a result sex is associated with painful and frustrating problems for many youths, their parents, the school and the entire society (Fakunle 1986).

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However Akinrolabu (1985) attributed the unfortunate situation in which adolescents find themselves to their ignorance of what sex is all about. He said further that

adolescents, more especially the girls, suffer from mass ignorance, which often leads to their becoming pregnant while in school, thereby ruining their careers automatically. However Fakunle (1986) pointed out that adequate sex education and couselling programmes are missing in our educational system,

Researchers in areas of sex education and family life such as Masland, (1978), Lancet et al (1978), and Windokun (1979) have suggested the introduction of sex education into schools' curriculum in order to improve the sexual health of the adolescent school child. For example Masland (1978) in his study,"sex and mothers knee", reported that there is always, in surveys of adolescent sexual knowledge, the disturbing finding that the majority of teenagers learn about sex from peers and literature, and that much of the information so obtained is inadequate and inaccurate. It does appear that young people do not for the most part, receive appropriate, and helpful sexual information from parents, schools, and religious sources.

With regards to parents their behaviour in providing appropriate information to their children has been of concern to many people. From observation and casual discussions with people it appears that parents do not give the adolescent accurate and adequate sex information because a large proportion of them tend to shy away from

discussing sex related issues. This may be due to parents' low educational status or to the constraints posed by tradition and culture in discussing sensitive issues such as sex with their children.

Likewise, religious bodies too have not paid much attention to sex education or guidance and counselling for the teenagers. There seems to be a preoccupation with other things. Even the moral teachings that used to be given have been reduced more or less to nothing.

On the part of the school, sex education as a subject is conspicuously missing in the time table. Schools now have many more subjects on their curriculum than they can adequately handle and most teachers do not seem particularly interested in the topic especially in the mixed schools. However there is little chance for teaching such a subject like biology and home economics.

The suggested solution to adolescents' sexual activities and problems through sex education in schools has become controversial all over the world (Furstenberg et al 1985). The controversy centres on whether or not sex education should be included in the schools' curriculum, how much should be taught and to what age group, taking into consideration the varied pace of maturity and readiness amongst children.

Some parents are of the opinion that schools are best equipped to handle sex education, as they handle other subjects, and that sex education should be included in the schools' curriculum (Furstenberg et al 1985).

On the other hand some parents expressed anxiety that their children would be inclined towards sexual misbehaviour as a result of sex education.

However the school has been mostly suggested by parents, adults, researchers and educational planners (Elemide 1978, Akinrolabu 1985) as the best institution for sex education for the following reasons: First the period of school life is of considerable importance to the child. It presents him/her with new physical, mental and social experiences and is often the first experience which he has of life outside his family. It also exposes him to communicable diseases, accidents and emotional strains.

Moreover the school period provides an opportunity for early detection of abnormalities and defects which might in later life prevent attainment of full health and ability, as this is a most important stage in the anatomical and physiological development of the child it is imperative to safeguard the health of school children and to ensure that they grow into fit and useful adults.

The period therefore provides good opportunities for health education including sex education, and the development of desirable habits which can help not only the child but his home and community (Elemide 1978).

In addition the school environment is also suitable for sex education because of the peer group situation present, in which they can learn more. The school also has an important role to play in preparing children and teenagers for the development of ideal family life and wholesome relationships between the sexes.

As the school has been identified as having a role to play in sex education of adolescents, the teachers are expected to take up the potential role of sex educators andcounsellors. The issue at hand therefore is whether teachers are in a position to teach and counsel the students on sexual issues, such as ideal sexual behaviour and the anatomy and physiology of human reproduction.

The other issue relates to how teachers perceive adolescent sexual activities and problems in relation to sex education. Are teachers ready to accept the challenge of the sex education and counselling of the students? If so do they perceive themselves competent to perform the role of sex educator/counsellor? Are they comfortable with their own sexual roles? What is their attitude and perception of sex and the adolescent;

and sex education? Is the teacher student relationship cordial enough to provide an avenue for successful sex education in schools? These and other questions are central to identifying the state of schools' preparedness for teenage sex education.

The major objective of the study is to determine the knowledge, attitude and perception of teachers regarding sex education and counselling.

STATEMENT OF THE PROBLEM

The majority of teenagers lack the courage to discuss several issues with adults. Even when given the chance, they usually feel shy or afraid. They prefer to discuss sexual problems and issues with mates or peers and the situation is no different with teachers.

The relationship between students and teachers is usually not cordial enough to bring about successful sex education as they may not be close enough to discuss personal matters. The student may feel threatened that the teacher would not keep his or her sexual problems secret. For example a male student who has put someone in the family way or a pregnant female student may find it difficult to discuss with his/her teacher.

Cultural barriers to sex education which discourages the discussion of sexual issues in public or openly

or with children or adolescents as part of the larger society. Is it possible that the education and exposure of teachers to societal changes and development could have removed such inhibitive influences so that they would be able to give sex education to the student appropriately?

There is a communication gap between the student and the teacher, as well as fear on the part of the students that he or she may be punished or reprimanded for the kind of problem that he/she would want to discuss. So how would the teacher know what to discuss and the pressing problem that may be at hand? Effective communication between students and teachers is important in a subject like sex education.

Apart from being a controversial issue, sex education is a sensitive subject to both the teacher and the student. It is therefore one thing for the teacher to know its contents but another thing for him to apply effective teaching techniques and methods to make the subject meaningful to the students in a classroom situation.

Some students, as has been reported from St. Teresa's College, Ibadan and Egbado College, Ilaro, have been known to react strongly to being taught sex education. Such students claim that the teachers have been trying to corrupt them.

Furthermore, do the teachers themselves think they are in a position to help the student with his or her sexual problems? Do the teachers have enough interest to be involved in such things as knowledge and basic skills or teaching sex education?

Sex education requires some degree of professionalism and more effort than is being given to it, especially in these days of gross indiscipline and sexual permissiveness.

Urbanization has also contributed to the problem of adolescent sexuality. The massive movement from rural areas to the urban centres has led to the breaking of family ties and loss of the "my-brothers-keepers" attitude, disrupting indigenous culture and beliefs through the introduction of western ideas, culture and beliefs. In the urban centres, people are strangers to one another and therefore behave anyway, such as living a loose and fast living manner with no time for the more important things in life, except working and making money to lead an extravagant life (Furstenberg et al 1985).

Parents do not have the commitment of the older generation, they don't have time for their children anymore, the children are on their own or with house-maids for the better part of a day or in school, most fathers hardly see their children. Many parents do not

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know the movements and activities of their developing teenage children. There is no specific training for the child except what he can learn on his own. Children have become exposed to things far above their age, such as drug abuse, independent financial support and sexual permissiveness. Young girls who would still be under their mother's protection are producing children.

Sexual promiscuity and lack of family planning contribute to the population explosion in many developing countries such as Nigeria. The increase in population in effect means an increase in adolescent population in the society. This further leads to an increase in problems of adolescence such as juvenile delinquency, drug abuse, sexual health problems, school dropouts and many more (Akinrolabu 1985, Fakunle 1986).

According to the Head of Department of Home Economics, reports from many schools indicate that male teachers have been known to put the female students in the family way (Ayodele 1986). Can such a teacher be expected to effectively give students sex education without misleading them or bringing about opposition from students? This however may be one of the reasons why some parents are opposed to the teaching of sex education in schools.

Many teachers do not have a background in teacher education wherein they would have been taught the principles and methodologies of effective teaching and learning that can bring about positive changes in their students. The problem here is that untrained teachers are likely to be interested only in putting information across to the student. This may post a barrier to the behavioural change that sex education is hoped to effect.

According to Woods (1979) before an individual can effectively deal with sexual issues or problems, he must be comfortable with his own sexuality, that is, he is not shy or embarrassed in discussing sex. Even when asked personal questions, he is not afraid to talk about it openly, he is able to accept his sexuality. He does not feel condemned nor condemns others on their sexual behaviour. One wonders how many teachers are comfortable with their own sexuality.

Some studies have been carried out on sexual behaviour, activities, problems and needs of students. But none has specifically looked at the knowledge, attitude, perception and awareness of the teachers who are expected to bear the responsibility of educating students on sex with a view to bringing about positive behavioural changes in the students. The purpose

of this study is to fill this important gap in knowledge.

RATIONALE OF THE STUDY

As previously stated in the introduction, adolescents are facing tremendous sexual problems in the society. Such problems as abortion, teenage pregnancy, and sexually transmitted diseases, have been attributed by many researchers (Akinboye 1983, Fakunle 1986) to lack of sex education in our youths in schools.

It is therefore hoped that this study would find out whether or not teachers are interested in assisting the students in the areas of sex education in schools, and to what extent they will be willing to go with such assistance.

Moreover the study can help identify the cultural barriers or personal bias of teachers towards sexuality and sex education.

In addition, education planners can make use of such baseline findings not only in the institution of educational needs but also in reviving or modifying the existing curriculum in such a way that students can benefit maximally from the educational institutions.

Furthermore the study could be of benefit to educational planners by bringing to light the level of

communication between the teacher and the student, the problems of and barriers to communication in the school and how to overcome such barriers.

The health education planner may utilize the findings of this study in assessing and planning for the various aspects of responsible sex attitude within the context of school health education, a subject which teachers have an important role to play.

The study would be of benefit to the schools, the teachers, education planners and society at large in finding out if our secondary schools are conducive to effective and successful teaching of sex education. It would also provide information on which, if any, aspects of sex education of students, teachers are ready to participate in. Also whether the teachers perceive of any benefits that may accrue to the students as a result of sex education.

A number of people have spoken on the proposal for inclusion of sex education in the curricula of secondary schools in Nigeria and have suggested the benefits that could be expected from teaching sex education in schools. According to Adesola (1987) things have changed so much in this decade that education has become crucial in all disciplines. Furthermore he observed that the aspirations of the youths these days are high.

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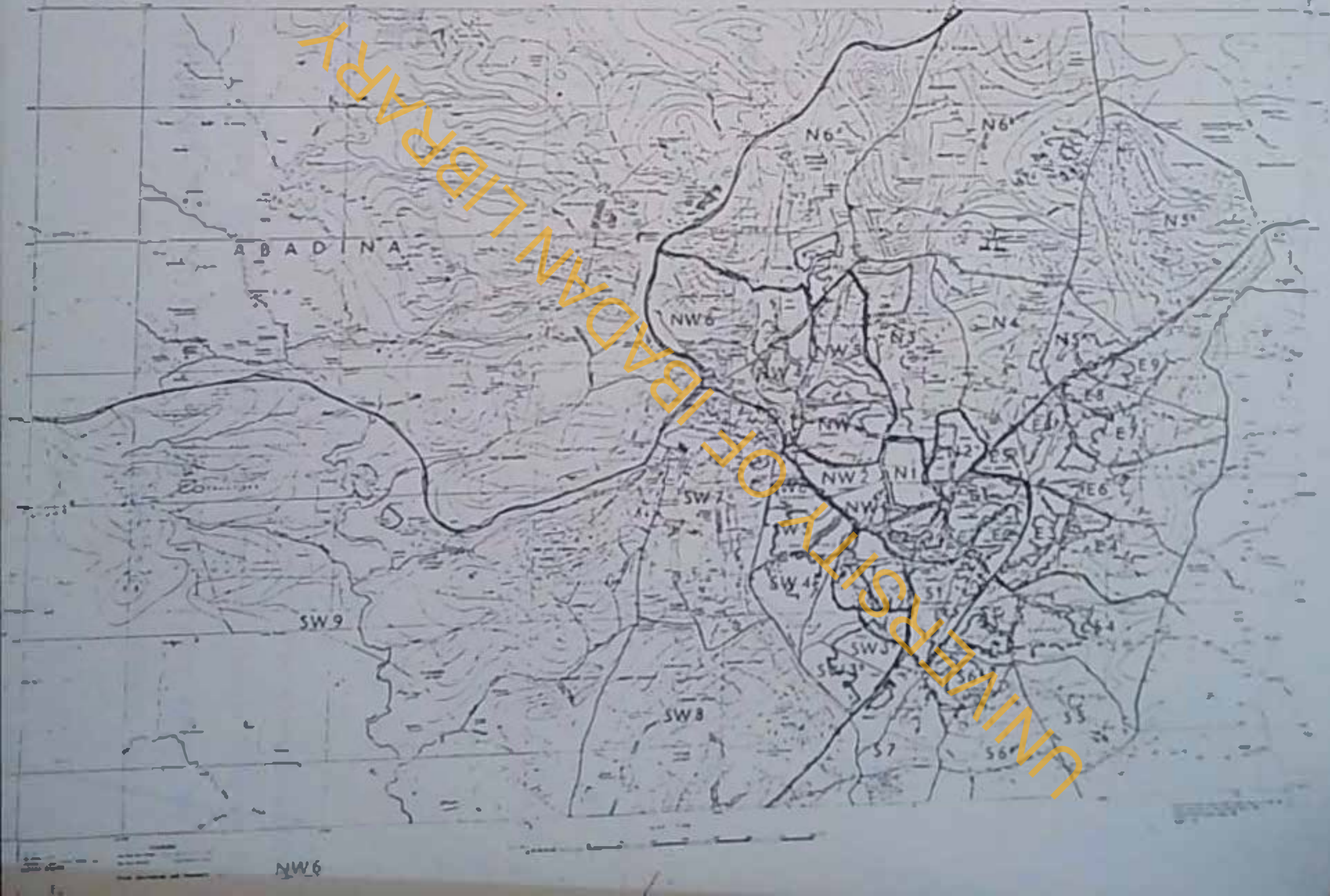

Even though sex education is not allowed officially in our educational institutions, yet it has been going on gradually among the youths themselves, and the challenge becomes more obvious.

CHAPTER TWO

LITERATURE REVIEW

NATURE AND EXTENT OF THE PROBLEM

In recent times, meeting the medical and psychosocial needs of the adolescent challenges health and educational authorities (Conwell 1971 and Friedman 1985). More so when it comes to the issue of sex education, and sex and the adolescent (Masland 1978). This according to Friedman (1985) is due to three main factors.

(i) age at menarche which appears to be occurring at an earlier age;

(ii) urbanization which is taking place at an accelerated pace, and

(iii) the population explosion of the young.

Researchers in this area such as Lancet et al (1978), Windokun (1979), Fakunle (1986) suggested sex education as a solution to the adolescent sexual problems which result from the three factors mentioned above.

All over the world discussions on sex, sexual problems sex education in relation to the adolescent have become very controversial. As mentioned in the introduction the questions that arise from the most controversial issues are:

Is sex education necessary or desirable?

What kind of sex education should be taught? and Who should teach it?

According to Akinrolabu (1985) parents are the ideal persons to teach sex education. It was however pointed out that since parents have not been able to do the job successfully governments have therefore been called upon to introduce sex education into the schools' curriculum, thereby giving the school/teachers ample opportunity to educate the student on what sex is all about (Masland 1978, Akinrolabu 1985). However not all authorities on sex education agree that it should be taught in schools. Some adhere to the belief that it is the responsibility of a child's parents, since parents know their offspring best and are particularly well placed to answer questions. Reports of some studies, such as sex education and sexual experience among adolescents by Furstenberg et al (1985), reveals that sex education programmes reduce the level of sexual activity, and that they supplement rather than undermine the influence of parents.

However Nigeria does not have a comprehensive sex education programme, most especially for the adolescents, consequently, there is an increase in the problems of adolescent sexuality. Besides, the three factors mentioned as the cause of the problems - urbanization, early age of

menarche and the increase in number of adolescents are very true of Nigeria and other developing countries. Therefore secondary schools' teachers of biology, health science, nature study or any allied subject, as well as married teachers in schools, old enough to be students' parents, who may be able to teach the subject effectively, without any antisocial behaviour resulting from it, have been suggested for teaching sex education. Here related topics are taught, such as reproduction in animals and plants, pollination and fertilization.

However there is much more to sex education than just getting information on basic reproduction education and sexually transmitted diseases across to the student. Information is important, but more important is information that results in knowledge, which further results in positive change such as in attitude which can lead to the practice of what is now known (Schofield 1973).

Thus in order to resolve the prevailing situation of adolescent sexual problems such as abortion, drug abuse, promiscuity and pregnancy, the teacher is being given the responsibility of an agent of change to bring about, positive behavioural, attitudinal and perceptive changes in the student. It is inadequate just to give a student education on sex without a follow up or an assurance of a positive effect towards change on the student (Schofield 1973, Hodgson et al 1985).

To further compound the issue of involvement of schools in sex education are the reports of male teachers having sexual dealings with female students. An example is a case at St. Anne's School, Molete (girls only school) in which a male teacher put a form two girl in the family way and was found out when he took her to a medical doctor for an abortion (Ayodele, personal communication 1986). This is however one among many other cases.

The point however, is what if this kind of teacher happens to be a biology or health science teacher, how is he expected to teach sex education effectively? Even some female students are known to intentionally entice the male teacher in order to pass their examination or receive higher marks than merited.

In addition, because of the culturally built-in inhibitions, secondary school teachers, may not successfully handle sex education in the school without some training (Afolabi 1978).

From the above, the following questions become pertinent.

Which teachers teach sex education?

What is their perception of contemporary sexual behaviour of adolescents?

Is there sufficient objectivity in sex education such that the teacher's presentation is not clouded

or unduly influenced by his/her prejudices?

Since usually in schools there is the gap in teacher-student relationship and communication level may be poor because of fear and/or mistrust, is the teacher teaching sex education accepted by the student?

Also sex education has been described as a highly charged topic fraught with cultural, emotional and physical reactions from different people (Windokun 1979) which may act as a barrier to effective communication and/or reception in sex education.

SEXUALITY A PROBLEM AMONG THE ADOLESCENTS - WHY?

Adolescence has been described as a critical stage of life that is turbulent or as a period of crisis (Uka 1973, Friedman 1985, Fakunle 1986). It is inevitable therefore that sexuality if not properly handled would be a problem to the already confused adolescent.

Friedman (1985) for example described adolescence as a critical period of major physical, psychological, intellectual, spiritual and social changes - all part of the natural process of maturation. He said however, that variation in development can pose problems for the young in the absence of appropriate guidance. Such developmental problems he said can arise from: uneveness of development in different spheres within the same individual;

variation between individuals of the same sex; and marked differences in the rate of development or boys and girls.

Furthermore Rutter et al (1976) stated that these differences can cause emotional problems over and above any disorders of development if they are not understood by the adolescent and/or adults in their environment. He indicated the importance of establishing culturally appropriate norms in all societies. He identified major natural changes which take place in this period as: the growth and development of reproductive capacity and secondary sex characteristics; the intellectual capacity for greater abstraction, the growth of moral independence; and the psychosocial movement from dependence on parents to closeness with members of the same sex in their peer groups and heterosexual attachment.

Discussing the prblems of adolescent sexuality, Woods (1979) stated that there is perhaps no period in the life cycle during which changes in sexual anatomy and physiology are as profound as during adolescence. She said that, immediately prior to and coincident with puberty, the genital organs develop rapidly, finally reaching their adult maturity. The Group for Advancement of Psychiatry (GAP 1968) referred to these changes as complex. Woods (1979) further confirmed that generally these anatomic and physiologic changes seen during adolescence

result in anxieties about maturation. She said these changes in sexual physiology which are translated into new feelings and drives, demand new methods for coping with them.

However in contemporary Nigeria the new methods of coping with developmental changes in adolescent sexual physiology that are required are in most cases not forthcoming. This can be due to conservative ideas in culture, societal beliefs, religion, perception, and attitude of the adults, who are supposed to educate the young on the new methods of coping with sexual physiology, sex and sexual issues.

Fakunle (1986) observed that as natural as a sexual relationship is, it creates a great deal of problems for youths in particular and the entire society in general. He believes that some of these problems associated with sex, such as unwanted pregnancies, venereal diseases, early pregnancies and their complications, emotional maladjustment leading to mental disorder, infertility - etc. are problems youths become involved in because of sheer ignorance. That is lack of perfect and informed understanding of the physiology of functioning of their bodies and how to relate with the opposite sex.

According to Woods (1979), the psychologic aspect of adolescent sexuality is another of the problems of adolescence.

She said that a number of psychologic changes occur during adolescence among which are establishement of identity, alteration of body image, adjustment to new energy levels and resolution of renewed oedipal conflicts. Each of these changes has a bearing on adolescent sexuality. It is important therefore, for the health professional to be conversant with these changes in order to be able to provide appropriate counselling that would enable them to cope adequately in this period.

A major task for the adolescent is the establishment of a personal identity in the face of an apparent role confusion. The newly experienced sexual maturity not only poses questions about masculinity and feminity but raises issues relating to the individual's position within the peer group. For this reason the adolescent attempts to band together with others sharing similar characteristics and to fall in love. Both of these activities may be considered a means of testing a definition of one's identity (Erikson 1972).

According to GAP (1968) the incredible change in the physical appearance of the adolescent necessitates a change in earlier concepts of the body. Perceptions related to an increased awareness of sexual feelings

must also be integrated into an acceptable view of the self. He said that it is unfortunate that even normal events such as slow breast development, that vary from the prevailing stereotypes cause the adolescent to experience anxiety about development. Fantasies about sexual function or anatomy may interfere with evolution of a positive image of self.

Another change which the adolescent must cope with, according to Woods (1979), is an excess of physical energy. Physical activity may be a constructive way of coping with tension and aixiety associated with a rapdily changing body. He said that activity that is not directed may be harmful if substituted for learning.

Douvan (1972) has indicated that, it is possible that impulse control may be more difficult for adolescent males, since their sexual feelings are intensely aroused at puberty. Sexual impulses therefore push the need for personal control to the forefront for adolescent nales. On the other hand since female impulses appear to be more ambiguous at puberty, they can be more easily repressed, and previous forms of control can be observed. Douvan (1972) said that in the face of developing sexual impulses, there is social pressure exerted on the female to postpone her sexual gratification or achieve it only in fantasy.

Group for the Advancement of Psychiatry (GAP 1968) stated further that the revival of oedipal conflicts, or sexual interests in the parents, coincides with growing intensity of sexual urges. These feelings may therefore lead to detachment from the parents and subsequent attachment to others in the peer group.

Woods (1979) for instance stated that, adolescents are faced with a new status in society, they have new demands made on them and are subject to moral proscriptions that are in conflict with changes in physiology. Society attributes new status to adolescents. In some countries such as Nigeria for example at 16 years of age adolescents may obtain driver's licence and at the age of 18 years they are allowed to vote. However though they are physiologically mature and experience intense sexual drives, society does not sanction adolescent premarital sexual behaviour.

Obtaining medical services to cope with new sexual capacities is another problem area for the adolescents. Medical services for the adolescents is grossly inadequate - Again, the "hiatus" status of adolescents is responsible for difficulties they encounter. Although sexually active and mature, in many places they cannot obtain contraception,

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treatment for venereal disease, or problem pregenancy counselling without parental consent.

The need for parental consent may deter adolescents from seeking needed health care. In addition judgemental health practitioners or those uncomfortable with sexuality may further discourage adolescents.

Lack of or gap in communication between adolescents and parents or/and adults as well as misconception and/or false beliefs are additional factors contributing to the problems of adolescent sexuality.

VARIABLES WHICH AFFECT IDEAS AND CONCEPTION OF SEXUAL ISSUES

There are many variables influencing or affecting ideas on sex, sexual issues, sexual problems and sex education. These are variables such as religion, culture, beliefs, education, individual or group perception, knowledge, attitude and practice.

Not all these variables can be discussed, but three main ones would be discussed:

(1) Religion;

(2) Socio-cultural beliefs;

(3) Knowledge and sexual dysfunction.

Religion

Religion is considered as a factor influencing sexual issues because it is an aspect in life that

influence peoples' behaviour, attitude, beliefs and practice. Christianity and Islam the two major religeons in our society are considered briefly.

The Church is one place where people shy away from talking about sex, so as to show a puritan front. On the other hand the Bible (the embodiment of christian doctrine) acknowledges sex as a fundamental physiological need, though only in marriage.

Johnson and Warren (1973) presented a case of "Three faces of the Society" on sex or sexual morality.

(1) The traditionalists;

(2) The neo-traditionalists, and

(3) The liberal humanists.

The traditionalists believe in sexual morality - to them there is simply no argument, coitus out of marriage is bad, sinful and probably illegal.

To the neo-traditionalists, coitus out of marriage is highly suspect, dangerous, guilt-producing and on the whole they take a dim view of it. But under certain conditions especially within well established engagements and more especially when marriage must be postponed for various reasons, they cannot see too much harm or too much to condemn. To them sexual relations before marriage

can conceivably, help in preparation for marriage under certain conditions, though these conditions according to Johnson (1973), are post facto.

To the liberal humanists, traditional views of premarital sexual intercourse are not useful in dealing with the dynamics of actual situations. They say that these rules inherited from the past have little or no relevance to the present day. This group takes a more or less anthropological view of morality, pointing out that the words "morality" (ideal behaviour) and "mores" (actual behaviour) derive from latin for "customs" - that is to say if one considers fifty different cultures he or she would find fifty or more different sets of customs, mores and moral codes. They believe that "sexual morality" depends upon the particular circumstances and the meaning that the particular sexual behaviour has for the persons involved and other members of the society.

Woodering (1968) however said that the new code of conduct must be based on a clear recognition of the fact that most of the educated and enlightened people living today look upon sexual desire as biologically, socially and psychologically normal, rather than something evil, dirty and shameful.

Grant (1973) says that sex is fun, marvelous fun and that is why it is so attractive. But you've got to play according to the rules. If you don't, your fun will turn folly.

SOCIOCULTURAL INFLUENCES ON SEXUAL BEHAVIOUR

According to Woods (1979) sexual behaviour is a product of both the society, the culture as well as the biologic structure and function. She stated that cultural norms prescribe not only what types of behaviour are acceptable but also who may perform them. Usually norms for males and females within a culture differ and to some extent, social structural variables such as class seem to influence sexual relationships.

Woods (1979) stated further that what becomes most apparent in cross-cultural comparisons is the variety in forms of sexual expression, and that a search for a definition of "normal" sexual behaviour is likely to become a futile obsession. On this Comfort (1975) asserts that the problem of defining "normal" sexual behaviour is complicated by the many meanings of the word "normal" some of which he said include:

(1) Prevalent

(2) Optimal function

(3) Distributed in a statistical pattern

(4) Fashionable

(5) Socially acceptable.

He therefore cautioned professionals who may be involved in sexual issues not to define "normal" sexual behaviour as only what they are able to accept or agree with.

African traditions in the past accorded importance to education in sexuality, which usually began in the extended family circle. Initiation ceremonies, circumcision, taboos and social prohibitions and sexual roles were integral parts of African sex education of which Nigeria is an example especially in relation to the Ibos and the Yorubas. Among the Yorubas and Ibos of Nigeria, mothers were responsible for early childhood training of the child up to the age of ten years. With adolescence, boys continue to learn from men and girls from women (Uka 1973).

However urbanization and development, population explosion and migration of youths into the cities away from parents has led to the splitting up of extended families and the disruption of the age-long traditional form of imparting sex education and moral values of this and many other African societies (Runeberg 1977, Windokun 1979, Friedman 1985).

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Education in sexuality has now disappeared more or less from the family circle in many Nigerian communities especially among the Yorubas. The youths are therefore searching for and are acquiring new sexual behaviour patterns through usually misinformed peers, printed matter, mass media and/or practical trial and error approaches (Windokun 1979, Akinboye 1983, Akinrolabu 1985, Fakunle 1986). As mentioned earlier, the sexual revolution which started sometime back with the introduction of the westernculture into our society has swept through our cities and rural areas and a vacuum has been created.

As Mashalaba (1977) points out long standing cultural practices are being quietly lost and no visible alternatives have developed to replace them.

The society denies youths sexual freedom, but the youths react to this denial and attempt to liberate themselves through secret sexual activities. This situation of 'sexual liberation' or 'repressed sexuality' has led to conflicts between adults and youths (Yorburg 1976, Windokun 1979, Woods 1979, Akinrolabu 1985).

According to Afolabi (1978) and Fakunle (1986) a rational approach to sex education is now needed in place of the empirical traditional approach of the past.

Knowledoe and sexual dysfunction/deviation

In many instances, according to Woods (1979) the basics of sexual dysfunction lies in a lack of knowledge about sexuality or ignorance of sexual techniques, or in general misinformation about sexuality. The latter often provided by peers, but sometimes by adults and professionals, may account for much of the distress experienced by young people concerned about their sexuality (Friedman 1985).

Traditionally, open frank discussions about sex between couples or individuals are not encouraged. Nowhere does the old adage, "ignorance is bliss" seem to operate as forcefully as it does when sex is involved. Also operating is the equally destructive belief that the ability to adequately perform sexually is inherent in becoming an adult - that process is instinctual and bestowed on us when we come of "age".

Development of myths and misinformation are both results of lack of knwoedge, which the human nature responds to, when it is ignorant of what it should be knowledgeable about. One only has to consider the peer group discussions that many of us participated in as adolescence, to realise how this phenomenon occurs. Several sources have documented the plethora of sexual myths and fallacies abounding in society (Woods 1979).

According to Woods (1979) the situation now is that of an individual who has a set of expectations about sex, sexuality, and sexual performance based on a foundation of ignorance and misinformation. She says it is therefore important to understand how the phenomenon of ignorance and avoidance, as well as guilt and anxiety, which are the second general basics of sexual dysfunction, have developed in society.

However, in order to comprehend society's negative attitudes towards sexuality, it is necessary to explore how sexual value systems develop and their impact on the individual's sexuality.

Human sexuality is a powerful force that can be frightening to many. In order to handle the basic fear of sexual feelings and provide guidelines for behaviour, a whole variety of proscriptions or standards are developed.

For instance it is the demands and expectations of a particular culture that produce the variety of attitudes toward sexual matters. All cultures place specific restrictions on the expression of sexuality. All of these demands are expectations are internalized by individuals as they are socialized and become a part of their value systems.

One of the strongest proscriptions in many societies round the world including Nigeria is avoidance of the discussion of sex. Consequently there is little discussion of sex in the homes, schools, and churches, where one could reasonably expect to obtain accurate information, rather considerable amounts of misinformation is obtained from sources such as the mass media and peers.

Children are taught to suppress their sexual feelings and behaviour so as to be accepted by others. Further, the message often is that to have sexual feelings is "wrong" or "bad" and to act on these feelings in any way other than in a few limited, rigidly prescribed actions is even worse. In society based on freedom of choice, sexuality is an exception to the rule, because from the point of view of the society our sex roles, acceptable sexual behaviours and rules are not to be transgressed. The major restraining forces preventing the breaking of the rules are guilt and anxiety, (Woods 1979). Sexual guilt seems to be the strongest influential factors in developing sexual attitudes and behaviour. According to Woods (1979) sexual guilt inhibits sexual freedom more than any other.

THE ROLE OF THE SCHOOL/TEACHER IN SEX EDUCATION

Poor communication or lack of it has been identified as a causative factor in sexual dysfunction.

The school has an important role to play in preparing children and adolescents for the development of ideal family life and for wholesome relationships between the sexes. Since the family is the basis of a stable and wholesome society and a major factor in an individual's happiness, it is desirable therefore in healthful school living, to give consideration to the health aspect of family living and in this area sex education is very important (Elemide 1978).

Ideally the school should supplement and build upon a firm foundation of sex education already laid down in the home. In practice this is not possible due to the inability of many parents to handle sex education. The parent may merely lack the vocabulary with which to speak or explain. It may also be a result of unsatisfactory relationship between parents and children. Nevertheless the school should seek the parents' understanding, cooperation and the support needed in the development of a sound and broad sex education programme for the school child.

Sex education is a component part of the school health service. Therefore all those involved in the

school health service should have a common understanding and when necessary cooperate closely as a team for delivery of sex education. The team should include the physician, the health visitor, the health education specialist, the nurse, counsellors, the teacher and other medical and non-medical personnel. However whoever teaches the subject must be a person acceptable to the pupils and who would be able to treat very frankly all types of questions relating to sex education.

Elemide (1978) stated further that the school health personnel should be able to guide parents and students alike whenever the opportunity arises, for example during the school Medical Inspection. The members of the health service team can make use of Parent Teacher Association in giving lectures to guide parents and teachers in matters concerning sex education.

The health visitor has opportunities to disseminate information about sex education to the school child. She can also act as a liaison between the child and the mother, guiding the mother on how to break the ice in discussing sex education with the child. The health visitor should organise talks as appropriate, making use of the Parent Teachers Association (PTA) forum or holding individual

counselling sessions with the parent and the student. The only problem is that, though each school has a PTA, the PTAs are usually not effective.

Apart from being involved in the choice of relevant topics the health education specialist may give direction on the choice of audiovisual aids appropriate to the course content and students' cultural background. It would be appropriate or desirable to have a Health Education Unit in every zonal area, where people concerned with the teaching of any aspect of health education could collect appropriate teaching aids.

However outside personnel may provide specialist information and services. But it is up to the school and teachers to carry out daily sex education. As the teaching of sex education is multidisciplinary, the responsibility rests more on the classroom teacher. He/She coordinates all activities of sex education carried out by the health service team. The teacher knows the students and their needs better than any other person apart from their parents. Besides, a great majority of Nigerian students attend schools where neither the physician, nor the health visitor nor the health education specialist is available. The school teacher is the only reliable person on the spot for sex education (Elemide 1978).

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She stated further that the school teacher is also able to assess and permit students wholesome means of expressing sexuality unlike at home and in the church which often insist that healthy males and females should avoid or shut off all expression of their sexual needs and drives.

The Characteristics of the qualified teacher of sex education

According to Johnson and Warren (1973) and Elemide (1978) the following are suggested characteristics of the qualified teacher of sex education:

The teacher must have come to terms with his or her own sexuality and have admitted not only to its existence but to its full status in the dynamics of his or her total personality functioning. That is, he/she must be able to deal directly with his/her students and the subject matter without having to struggle with personal conflicts, anxieties and tensions. Therefore the individual who is either extremely eager or extremely reluctant to teach this subject may well not be the most suitable person to teach it. It is therefore necessary through a series of tests to examine the qualities of the prospective teachers of sex education.

The teacher needs to be familiar with relevant information on factual material of the subject that

he/she is to teach. It is of utmost importance, that the traditional misconceptions concerned with sexual adequacy, masturbation, the sex play of children and homosexuality is not passed on by anyone who teaches this subject. Also the teacher should know more about the broad aspect of human sexuality than merely the principles of reproduction education. This point is of special importance in sex education because questioning by students is bound to give rise to "instant escalation" into the unexpected, many times sensitive, threatening territory (Johnson and Warren 1973).

The language of sex must be used easily and naturally by the teacher of sex education especially in the presence of the young. This might be difficult for a few people, most can probably learn to do so.

A rule of the thumb which had been found useful in counselling potential teachers of sex education has been:

If you feel uneasy about the prospect of speaking directly to youngsters about sexual matters, but believe that this uneasiness is rather silly and wished you could be rid of it you should be encouraged, since such cases of uneasiness is due to lack of experience in handling the issue. However if you feel

uneasy about the prospects of discussing sexual matters with youngsters and feel that direct, frank communication about such matters is basically wrong, most likely you will not get over these feelings simply by becoming active in sex education programme (Johnson and Warren 1973).

The teacher should be familiar with the sequence of psychosexual developmental events throughout life, in addition he/she should have systematic understanding of common problems associated with them.

A sharp awareness of the enormous social changes that are in progress and of their implications, attitudes, practices, law and institutions is needed by the teacher.

The teacher in this field must help the student to adjust to changes, for example, the use by adolescents or single girls at risk of prescribed contraceptives.

According to Molooo (1979) sex education should not be the preoccupation of only biology teachers, but that of a multi-disciplinary team.

Objectives of Sex Education

According to Simmons (1973) the primary objectives of sex education programmes in the schools are, to teach the young people - from secondary school age upward:

a) To understand that the full exercise of their sexual powers is for use in a mature and responsible manner when they have become mature and responsible persons.

b) To integrate sex into their lives creatively and constructively rather than destructively.

c) To live comfortably with phenomenon of sex.

In other words, sex education focuses primarily on the individual, his biological health, personal adjustment, attitudes, values and skills in human related behaviours.

Samson (1974) put objectives of sex education under six major sections:

1) Communication of facts on human sexuality.

2) Development of healthy and responsible behaviour.

3) Instilling of positive attitudes towards sexuality.

4) Enabling insight into such positive attitudes.

5) Developing consistent system of values about sexuality.

6) Attaining moral and intellectual autonomy.

Mashalaba (1977) at the African Regional Conference of the International Planned Parenthood Federation (IPPF) held in Ibadan, suggested that education about sex in Africa should contain:

- knowledge about the body;

- education about moral standards and codes of behaviour; and
- education in modern contraceptive methods or being careful about sex.

Turner (1966) said in meeting these objectives, the curriculum in sex education must be related to the customs and culture of the people and so organised as to meet the approval of parents and society.

Molomo (1979) gave the following summary of objectives in education for personal relationship, under which he said sex education is usually taught in some countries.

1) To provide factual information on aspects of the whole human life-cycle, from the beginning of a human life - including birth, child development, adolescence, maturity, ageing and death.
2) By providing information and reassurance to remove feelings of anxiety, guilt and shame about sexual matters.
3) To open channels of communication between teacher and student, parent and child, and between the sexes.
4) To promote the considerate way of life.
5) To educate for parental responsibility and family life, so that children of future generations may

grow up with the kind of self-esteem which will help them in their own personal relationships.

6) To give some insight into human behaviour, so that people may be aware of the non-rational factors involved in social behaviour.

7) To give some idea of the range of human variation.

8) To provide as far as possible a simple and acceptable vocabulary for parts of the body and its functions.

9) To help people to learn practical social skills, such as skills in written and verbal communication, practice in making decisions and the relevant skills for acting their decisions.

10) To prepare children for changes at puberty including changes in feelings and behaviour.

11) To prepare future parents so that sex education in its widest sense can be given at an early age and in the home.

The Curriculum in brief

In a paper titled "Strategies for curriculum development, monitoring and evaluation", Molomo (1979) redefined the traditional meaning of curriculum (subjects taught in school or course of study) to mean "the whole life and programme of the school" for which

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the school authorities, community, state and nation accept responsibility.

He stated that adequate functioning of the school curriculum depends not only on the capacities of the child for learning, but also on problems associated with the society, for the child to achieve self realization and contribute to nation building. He stressed further that in a rapidly changing society, efforts must be made to review the school programme in conformity with the norms and values of the society. It is therefore essential that the curriculum be designed to improve the social, biological, physical and mental well-being of the child, so as to awaken in him the desire to tackle problems that "challenge him intellectually".

A new subject that is finding its way into school curricula in some parts of the world is "education in personal relationships". Sex education is becoming more and more frequently taught under this guise, and the scope has been increased to include relationships between parents and child, young and old, teacher and student, and not merely between the sexes. Its goal is to help adolescents understand their reproductive

anatomy and physiology rather than limiting "sexual activity".

Until parents begin to cooperate and accept sex education as a part of a formal education (at home), biology teachers in schools (both primary and secondary schools) must take, as part of their responsibility, this aspect of their pupils/students education. However, the relationship between the school and the home in this context is a very delicate one, and so a careful approach is needed to obtain the confidence and cooperation of parents.

APPROACHES TO SEX EDUCATION

Johnson and Warren (1973) gave the following theories of sex education:

(1) The No Sex Education approach - this approach holds that the best sex education is no sex education at all.

(2) The Sublimited approach - this approach is to the effect that there should be sex education and that it should be quite frank. But also it must be on a highly moral and/or religious plane. Thus sex exists only in marriage and is necessarily and invariably associated with love, beauty in a nonphallic kind of way with God and preferably with procreation.

(3) The Gutter approach - this approach say that the best place to learn about sex is in the gutter. According to Johnson this point of view is advocated because the gutter kids laugh at sex, and anything that you can laugh at would not make you sick.

(4) The Blunt-Blitz approach - this approach says that sex information should be presented with unrestrained frankness and bluntness. It is also called the shock treatment.

(5) The Minimal sex education approach - the point is to determine the need for sex education in a situation contrived to avoid sexual problems.

(6) The Naturalistic-Humanistic love theory - this approach contends that humanity cannot hope to be happy or healthy until such a time as sex is accepted as a good rather than a bad part of the self.

(7) The Do-it-yourself approach - this is a modern day approach which says that an individual should find out all there is to know on sex education on his/her own from books, magazines, libraries and any other available source.

Fakunle (1986) on the other hand suggested two main approaches to sex education, that are essential for the Nigerian society viz:

(a) Developmental approach;

(b) Curative approach.

The developmental approach would take care of the child right from conception up to old age through cummulative counselling, while the curative approach would deal with those who have the problems at hand. Emphasis should however be placed on the developmental approach.

The following are some objectives of the developmental approach:

a) To help the individual know and understand himself, his assets and liabilities and through this self-understanding to develop a better understanding of the relationships among his own abilities, interests, achievements and opportunities.

b) To develop self-acceptance, a sense of personal worth, a belief in ones competence, to develop an accompanying trust and acceptance of others.

c) To develop methods of solving the developmental tasks of life with a resultant realistic approach to the tasks of life as met in the areas of work and interpersonal relationships.

d) To develop increased self direction, problem-solving and decision making abilities.

e) To develop responsibility for his/her choices and actions; to be aware that his/her behaviour is goal-directed, and to consider the consequences when making a decision.

f) To modify faulty concepts and convictions so that he/she may develop wholesome attitudes and concepts of self and others and to be able to perceive reality as defined by others.

This approach is part of an educative process directed towards the development of self-understanding. In some instances it is re-educative when focussed on changing convictions and developing increased capacity to cooperate and be concerned for others. It assists the individual in exploring and dealing with feelings, attitudes, values and purposes.

Developmental sex education should, according to Fakunle (1986) deal with:

(1) Adolescent psychology;

(2) Difference between love and infatuation;

(3) Genetic counselling;

(4) Gender psychology;

(5) Marriage in relation to sex education.

The curative approach in the present author's opinion is more like medicine after death, and it has been dealt

with earlier on, while discussing why adolescent sexuality is a prblem.

Components of services that could be used in solving the problem

Several suggestions, attempts and approaches have been made and used by different persons in various countries, at solving the problems of adolescent sexuality.

Generally these approaches on this issue could be grouped under the following components of health services (Lucas and Gilles 1984):

I. Curative - provision of health care for adolescents that have sexual health problems.

II. Preventive - the protection and promotion of the health of the adolescent population, for example a healthy social setting in which sexual issues are freely discussed and viewed as a natural part of life. So a child grows up without being too conscious and sensitive to sexual activities.

III. Statistics - provision or availability of information for planning and evaluating adolescent sexual health services where available and planning for their sexual health services where not available.

IV. Health Education - giving the adolescent essential information to modify their sexual behaviour in matters affecting their health, healthful living and practices.

Component IV Sexual health could be broken down further into the following concepts of health practices and healthful living:

a) Health promotion and maintenance - promotion of health for the young (Friedman 1985)

- Exercise and recreation for burning excess energy and coping with restlessness in the young (Group of advancement in psychiatry GAP 1968).
- counselling (promotive) (Akinboye 1983, Friedman 1985).

b) Health protection against health hazards and/or prevention of diseases and health problems.

- sex education: towards self help, self determination, self direction and self responsibility and self discipline in sexual health matters in the adolescent (Masland 1978, Woods 1979, Akinboye 1983, Fakunle 1986).
- counselling of the young towards self protection and prevention against disease,

mental, social physical and spiritual ill health (Grant 1973, Akinboye 1983).

c) Early detection/diagnosis of sexual activities and problems: for example,

- Early detection of premarital sex, so that contraceptives could be provided or other forms of help.
- Early detection of pregnancy in the adolescent so as to act quickly - prevention of abortion, or legalised abortion where necessary.
- Early detection of sexually transmitted diseases, that can lead to infertility if not treated on time.
- Counselling for the young pregnant woman (Friedman 1985).

d) Early treatment - after detection and diagnosis of any sexual health problem, immediate treatment that is available, accessible and affordable must be sought or given. For example:

- Free and/or cheap medical services for adolescents for treatment of sexually transmitted diseases (STD).
- accessible clinics for problematic adolescent pregnancy.

- it is also important for the adolescent to make an intelligent choice and use of available sexual health/medical services.

e) Rehabilitation/integration of the adolescent with a sexual problem (for example unwanted pregnancy) into the society after treatment. For instance after delivery, the young mother may want to go back to school or may desire training in one skill or the other in order to be self supportive, which is usually very hard for her to do.

Attempts made at solving the problem and results

Various researches have been carried out on the knowledge, attitude perception and practice of adolescent sexual activities and problems in order that solutions to the problems might be found (Masland 1978, Windokun 1979, Friedman 1985, Furstenberg et al 1985, Fakunle 1986). The outcome has been the advocation of sex education, sexual health services such as free and cheap clinics for the adolescent and guidance counselling. Out of all these suggestions, sex education has become a highly controversial and sensitive issue all over the world (Furstenberg et al 1985).

Some have accepted the teaching of sex education, some have rejected it while others have condemned it outright as a solution to adolescent sexuality. However in places where it has been accepted many have, on different grounds, begun to question the efficacy of sex education.

Kirby (1984) reported that though sex education increased students' knowledge, it had little or no effect on the timing of sexual behaviour, drug abuse or pregnancy.

Zelnik and Kim (1982) gave a similar report. They found no consistent relationship between exposure to sex education and the occurrence of sexual activity among adolescents living in the metropolitan areas, but those exposed to sex education though involved in sexual activities are less likely to become pre-maritally pregnant.

These two studies are in agreement that sex education does not promote precocious sexual intercourse. According to Furstenberg (1985), this is an important conclusion in need of validation.

However, little systematic data exist on the relationship of sex education programmes to adolescent sexual behaviour and sexual problems (Guttmacher 1983).

Furstenberg et al (1985) also observed that the absence of enough data tended to undermine attempts to

assess the promise of sex education as a preventive strategy.

However he said that sex education programmes reduce the level of sexual activity and supplement, rather than undermine, the influence of parents. They however point out that there is an urgent need to demonstrate whether and under what conditions sex education can serve to lower the incidence of early pregnancy.

Theoretical and Conceptual Framework

Human behaviour has a strong influence on health status. Both psychological (internal) and environmental (external) forces motivate behaviour. These forces in turn are influenced by cognitive (process of understanding relationships, from sensory experience) and affective components (receiving, responding, valuing, organising, developing a value complex) (Becker 1974).

Theories of communication in relation to sex education

One of the strategies of health education is effective dissemination of information to the target group. Communication is an important, legitimate activity of sex education programmes. Information enables the target group to make informed choices related to sexual practices, but it does not necessarily motivate them to act (Ademuwagun 1972).

In order to bring about change in sexual behaviour, planned information, motivation, and education activities together with any associated training, monitoring, and evaluation activities which are specifically designed to:

a) encourage the client community to participate and become involved in the sex education aspect;

b) make sure that the group obtains full benefits from their participation and involvement in the sex education programme;

c) help to ensure that the sex education programme makes an overal positive contribution to healthy life-style of the target group.

Some examples of the sex education method would include health talks supported with visual aids like posters, films and drama to reinforce knowledge and motivate the target group for healthier sexual action.

An important source of communication and educational strategy that could be used very much by the teacher are the audio-visual aids. Use of audio-visual aids such as Films and multimedia kits, slides, Film loops, overhead transparencies, charts, flip books, models, flannel graphs, plastigraphs and publications on family life and sex education for schools (provided by the international audio visual resource service IAVRS (1975) which could be obtained through the World Health Organisation (WHO), Geneva) can be very effective in imprinting the message on the minds of adolescents which would lead to influencing their attitude and behaviour, especially because youths are known for obtaining information from audio-visual sources.

Also communication methods such as drama can be employed in giving sex education to the child. Teachers can arrange games, plays and role plays centred on sex education/sexual health.

Furthermore the use of verbal communication in sex education programmes can be emphasised through story telling and parables on sexual health behaviour and attitude.

According to Ademuwagun (1972) communication is a process of meaningful interaction between communcator and communicatee. It is of utmost importance therefore that whoever would be involved in sex education of

adolescents, must interact with them gainfully and meaningfully and not just inform them on what to do and leave it at that. There is need for a "teacher" of sex education to socialize with the adolescents.

Group process in relation to sex education

Social psychologist Kurt Lewin (1958) formulated the theory of the role of group process in behaviour maintenance and change in his analysis of the way in which people change their attitudes and habits.

According to him -

1) individual attitudes and habits do not exist in isolation but rather are related to the attitudes and habits of significant groups to which a person belongs or aspires to belong. Healthy sexual practices by a certain segment of a given population are likely to be picked and interpreted in action by the peer group,

2) human beings tend to be rewarded with acceptance and a sense of sharing a common view of things when their behaviour generally fits within the norms and guidelines of the groups to which they belong.

3) since behaviours are frozen within supportive group settings, to change these behaviours it is necessary to unfreeze them from their setting. This means that the individual's support on the group in which the

behaviour is frozen must be reduced or the group's own standards (norms, guidelines, and implicit or explicit understanding) for the particular behaviour must be altered.

4) to retain the new behaviour the person must be within a group context that will support rather than undermine it. This involves that which Lewin calls unfreezing - that is locating the new behaviour in a supportive group, a group whose standards enforce conformity to the new behaviour.

The main target for change therefore, is the peer group to which the adolescent identifies. Group dynamics process in sex education for developing an individual can therefore be employed by schools in influencing the sexual behaviour of the adolescent. Also the society needs to be informed on the importance of the child's need for acceptance and the adolescent's need for a group to identify with.

The peer group should therefore not be seen as a threat, but as fulfiling the need of the child/adolescent for acceptance and identification. Teachers, parents and adults should therefore try to accept the sexual attitude and behaviour of youths as they are which may help the adolescent to build confidence in adults and through this avenue adults would influence their attitude and behaviour. The adolescent may find it

a little difficult to identify with adults straight away however they may emulate them, since their being accepted by adults means they would receive attention, friendship care and love (Maslow 1970).

Theories of change in relation to sex education

There are quite a number of behavioural change theorists, such as Skinner, Rogers, Maslow and Kellman. The theory of each is discussed below.

Skinner (1953) is a behaviourist who is concerned with how behaviour can be changed. He and his followers believe that it is possible to change "observable behaviours" by a "manipulation of rewards".

This is based on the theory of operant conditioning. In this type of conditioning the subject is allowed to move freely and respond to a search of the environment. This response however is conditioned through the use of reinforcement. This strengthens the bond between the stimulus and the response. The conditioned response of the subject is self-initiated.

It is called the "operant" conditioning because the subject operates on the environment to achieve a reward. His/Her action is carried out in anticipation of a reward. This implies that people will behave in some ways in anticipation of certain rewards while they ignore behaviours which attract no rewards.

The theory can be employed in sex education programmes for females. Girls should be encouraged to set a target for themselves, which if they achieve they would reward themselves or be rewarded by parents, husbands or relations. For example they may set a target that if they remain chaste till they are married or when they are of age, they will receive a reward, just like in the olden days. Or any other way in which the sexual health can be obtained for instance abstinence from illicit sex reduces an individual's chances of contracting sexually transmitted diseases or sterility in future if not treated immediately.

Also the society may make use of the importance and honour that used to be attached to being chaste, by reintroducing it into the norms of the society.

Another health education theory is that of Carl Rogers (1971) a self theorist and psychotherapeutic theorist.

The structure of self is of importance to health educators because it offers a theory base for influencing change at the individual level.

Self refers to how the individuals perceive themselves in terms of identity, esteem and effectiveness or it can be in terms of knowing, doing, achieving and being. It includes how they interprete experiences and events and how experiences are reinformced or changed plus how

the individual develops consistency and continuity of purpose. All that has been mentioned contributes to the making of self.

The work of Rogers (1951) influenced both the thinking as well as the methodological development of applied behavioural scientists especially those who majored in client centred counselling and small groups. He believed that the individual's personality develops from "experience". This he defined as - 'everything' that is accessible to the organism's awareness.

Further, he believed that individual's naturally tend to move towards growth and wholeness, so that when their ambigous experiences are clarified for them, they will choose a part towards self-maintenance, self-enhancement and self-actualization.

This theory can be used for sex education in a counselling situation to help adolescents solve their sexual problems. The counsellor would then be a kind of guide and not director. In which case clarification would come by allowing the client to talk about his/her problem and to analyse it. This theory is client-centred.

Sex education programmes should include as one of the targets the development of "self"; that is teaching of sex education should be organised in a way/manner in which it would be like a series of constructive, positive

and educational sexual development experiences which would propel the child-adolescent towards being a principled/ determined youth who would not be easily influenced by peers and who would seek for correct information concerning areas of lack of information or knowledge such as in sexual health education, which should aim at individual wholeness, self-maintenance, self enhancement and self actualization.

Other areas of contribution by Rogers (1971) are on interview style and types. Interview styles range from engaging the respondent in an open formal discussion to directing formal questioning to each respondent in the same way.

The non-direct interview was developed by Rogers. It is used extensively in psychotherapy and counselling. It requires a passive interviewer, who should allow the respondent to decide what and how much is said through self examination. This method would be very useful in programmes on solving sex oriented problems of the adolescent and rehabilitation of adolescents who have experienced major sexual problems such as abortion with complications, rape and child bearing.

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Abraham Maslow (1970) is also another self theorist, who is the best known as proponent of self actualization. A leader in humanistic and developmental psychology. He identified two kinds of needs, which are:

Basic needs: These are those arising from hunger, thirst or sexual tension, that is physiological needs.

Metaneeds: These are for abstract qualities like goodness, beauty, justice, order or unity (psychological needs).

Basic needs take precedence over metaneeds but for a person to be fulfiled metaneeds too must be met.

His theory of self actualization is based on the hierarchical relationship of five levels of needs.

The starting point of the motivational theory are the:

1. Physiological needs: These relate to survival and include life sustainers, such as food, oxygen, water, activity and sleep; physiologically motivated behaviour is best observed in infants for example crying for food.
2. Safety needs: These emerge when the first has been met. It includes protection from physical harm (danger), alleviation of threat and deprivation. Safety motivated behaviour is best observed in children.
3. Identity: Usually surfaces when the first and second needs have been fairly satisfied or met. This includes giving and receiving affection. It includes love for

belonging, for association, for acceptance by his fellow, for giving and receiving friendship. Love - motivated drives are best observed in teenagers and adolescents.

4. Ego Needs/Esteem needs: These are of two kinds:

a) Needs that relate to one's self-esteem that is:

need for self confidence,

need for self respect/worth,

need for self independence,

need for achievement,

need for competence,

need for knowledge.

b) Needs that relate to one's reputation:

Need for status,

need for recognition,

need for appreciation,

need - desired respect fron one's fellows.

These are rarely satisfied because until the first three are satisfied the other needs do not come in at all. These are associated with young adults.

5. Self actualization: This reflects a wish for full development of one's capabilities to individuals maturation.

Understanding the above theory of Maslow (1970) may lead to understanding the different stages of a growing child especially during adolescence. The theory may be

used in finding a solution to the sexual problems, of the young as it would be understood that some needs ought to be met, if not the adolescent would run into problems.

Programmes on sex education should be organised to involve the development of the child in the five steps of Maslow's Hierarchy of needs. This may involve school, and to the higher educational level or marriage counselling considering that many people drop out of school at various levels.

The fourth theorist Kellman (1958) based his own work and theory on social influence on individuals and how it affects and changes them.

The study of social influence has been a central area of concern for the experimental social psychologist. Three research traditions can be distinguished in this area:

1. The study of social influences on judgements;
2. The study of social influence arising from small group interaction;
3. The study of social influence arising from persuasive communications.

General principles of social influence and socially induced behaviour have been derived from these three traditions. It has been discovered that social influence produce different kinds of change, for example under some

conditions it produces mere public conformity without accompanying attitudinal change while in others it produces private acceptance - a change integrated with the person's own values.

Kellman (1961) became dissatisfied with the dichotomy between public conformity and private acceptance and came up with three processes of social change. Each of these being characterised by a distinct set of antecedents and a distinct set of consequent conditions. The three processes are:

1. Compliance;
2. Identification;
3. Internatilization.

Compliance: This is said to occur when an individual accepts influence from another person or from a group because he hopes to achieve a favourable reaction from the other. He may be interested in attaining some specific rewards or avoiding certain specific punishments. For example an individual may make a special effort to express only "correct" opinions in order to Gain admission into a particular group or social setting or in order to avoid being sacked from his job.

When the individual complies, he does either what the agent wants him to do; or what he thinks he wants him to do; because he sees this as a way of achieving

a desired response from him. He has not complied or adopted the behaviour because he believes in it, but because it is instrumental in producing a particular social effect. He learns to do or say the expected thing in special situations irrespective of what his private beliefs may be.

Opinions adopted through this way is expressed only when the person's behaviour is observed by the influencing agent.

Identification This occurs when an individual adopts a pattern of behaviour derived from another person or a group because this behaviour is associated with a satisfying self defining relationship to this person or group. By self-defining relationship is meant a role relationship which forms a part of the person's self image.

The role relationship adopted through identification may take different forms:

For example it may be in the form of classical identification - this is a situation in which the individual takes over all or part of the influencing agents role. He makes all attempts to be like the other person such as saying what he says, doing what he does, believing what he believes, the individual maintains this relationship and the satisfying self image.

The attractive object for this kind of relationship is the fact that the individual occupies a role/position which is desirable to the other person, while at the same time the agent possesses some characteristics which the individual lacks.

This kind of situation is best seen in the context of socialization of children where taking on parents actions and attitude is normal and an essential part of personality development.

Identification/compliance: Both are similar in that the individual does not adopt the behaviour because it is intrinsically satisfying.

The former however differs from the latter in that the individual believes in the opinions and actions that he adopts. He accepts the behaviour both publicly and privately, and its manifestation does not depend on whether he is being watched by the influencing agent. It mainly depends on the role that the individual takes on at any given time.

The individual is not primarily concerned with pleasing the other nor with giving him what he wants but is more concerned with fulfilling the role of expectations.

These opinions adopted by the individual are not integrated into his value system, so they are tied to the external source and dependent on social support.

Internalization: This occurs when an individual accepts influence because the induced behaviour is congruent or homophilous with his value system. That is the content of the induced behaviour is intrinsically rewarding. The individual adopts it because he finds it useful for the solution of a problem, or because it is congenial to his own orientation.

The characteristics of the change agent play an important role in internalization, the crucial dimension being his credibility. Examples of internalization are those that involve evaluation and acceptance of induced behaviour on rational grounds. A person may adopt an expert's recommendations for example, because he finds them relevant to his own problems and congruent with his own values. It is typical that in internalization he will not accept the recommendation in its totality, but will modify them to some degree to suit his own particular situation.

The first two processes, compliance and identification, are what obtain at the moment among adolescents complying or identifying with peer groups or friends. This includes sexual values, knowledge and behaviour which have got them into several sexual problems.

The third process however is internalization. Parents, teachers and the society at large would be involved in this, to positively influence the child in a way in which he/she would be ready to look up to them for guidance and knowledge on sexual health, instead of seeking knowledge and advice from their peers/peer group or reading accurate books on sexual issues.

The Health Belief Model (HBM)

This is a model which aids in identifying both psychological (internal) and environmental (external) factors influencing health behaviour. It assists in explaining and predicting the individual's acceptance of health and medical care recommendations as well as facilitating the employment of various health education strategies to modify health attitudes and subsequent behaviours.

The HBM extends the use of socio-psychological variables to the exploration of preventive health behaviour. It analyses an individual's motivation to act as a function of the expectancy of goal attainment in the area of health behaviour (Becker 1974).

According to Becker (1974) the model can be categorised as an "expectancy x value", theory, attempting to describe behaviours or decision-making under conditions of uncertainty. The HBM which is concerned with the

subjective world of the acting individual, proposes the following theoretical conditions and components:

1) The individual's psychological "readiness to take action" relative to a particular health condition e.g. going to the hospital to seek treatment from the doctor for sexually transmitted diseases, which is determined by both the persons perceived "susceptibility or vulnerability to the particular condition and by his perceptions of the "severity" of the consequences of contracting the condition.

2) The individual's evaluation of the advocated health actions (avoiding sexual promiscuity) in terms of its feasibility and efficaciousness (that is his estimate of the action's potential "benefits" in reducing actual or perceived susceptibility and/or severity), weighed against his perceptions of psychological and other "barriers" of "costs" of the proposed action (including the "work" involved in taking action) for example cost and courage of going for treatment weighed against cost and agony of long term effect of not going for treatment on any sexual problems mainly because it is a sensitive area of health.

Furthermore a "stimulus" either internal (for example perception of bodily states such as a pregnancy in the adolescent) or "external" (for example interpersonal interactions, mass media communications, personal knowledge of the state of pregnancy, complications of abortion, infertility, long term effects of sexual problems that are not professionally treated) must occur to trigger the appropriate health behaviour; this is termed the "cue to action".

The "cue to action" is held as necessary for activating the readiness variables, and serves to make the individual consciously aware of his feelings, thus enabling him to bring them to bear upon the particular problems such as accepting an unwanted pregnancy and not trying abortion and making decision as to be sexually healthy and keeping to it.

The Health Belief Model and Preventive Health Behaviour

According to Rosentock (1974) quoting Kasl and Cobb, health behaviour is defined as 'any activity undertaken by a person who believes himself to be healthy, for the purpose of preventing disease or detecting disease in an asymptomatic stage". This is in contrast to illness behaviour defined as "any activity undertaken by a person who feels ill, for the purpose of defining the suitable remedy", and the sick-role behaviour, the

activity undertaken by those who consider themselves ill for the purpose of getting well".

Rosenstock (1974) stated that these three modes of behaviour are not discontinuous and the edges between illness behaviour and sick-role behaviour are not clearly demarcated.

It is therefore important in sex education programmes to emphasise the importance of prevention, which saves persons from a lot of problems, most especially psychological problems, which may need a great deal of rehabilitation treatement to cure it; for example development of complications after abortion, which may lead to surgical removal of female reproductive organs and in males, infertility as a long term result of sexually transmitted disease that is not treated.

Health education as an independent variable

Hacfner and Krischt (1974) did attempt experimentally to increase people's readiness to follow preventive health practices, by presenting them with messages about selected health problems that were intended both to increasing their perceived susceptibility and/or severity regarding the health problems, and their beliefs in the efficacy of professionally recommended behaviour.

Health education should be a major part of sex education concentrating on providing clear cut and bold messages regarding susceptibility and severity of sexual health problems so as to increase awareness of sexual health problems in the adolescent as early as possible, as well as the means of achieving sound sexual health.

Health beliefs and social class

Though it is debatable to conclude that the lower social class is not as prone to accept health beliefs of the kind described, as are members of the higher/middle classes, it is however generally believed that the Health Belief Model (HBM) seems to have greater applicability to middle class groups than to lower status groups. This belief is based on the premise that possession of the health beliefs implies an orientation toward deferment of immediate gratification in the interest of long-run goals (Health Education Monographs, 1974).

The children of the lower class group are believed to have a more open and care free attitude to sexual issues, because it is a day to day affair with them. In comparison children of the high/middle class are usually uncomfortable with sexual issues and get into more sexual health problems than the other group (Johnson and Warren 1973). Sex education programmes may therefore need to

concentrate on balancing the sexual health defects in the lower and higher/middle classes.

Health habits

A possible limitation in the ultimate applicability of the model is in the case of habitual behaviours and in styles of behaviour. Patterns of behaviour that are developed in early life most likely are not motivated by the kinds of health concerns that may guide the adults behaviour. During the socialization process, for example children learn to adopt many sexual health related habits and practices which will permanently influence their adult behaviour, for example a sensitive and reserved attitude to sexual issues, behaviour and activities.

CHAPTER THREE

THE PRESENT STUDY

Purpose, Scope and Rationale

This study was designed to determine the knowledge, attitudes and perceptions, associated with sexual behaviour and sex education of secondary school teachers in Ibadan.

Teachers' knowledge of sexual behaviour of the students who are in direct contact with them in the secondary schools enable policy makers, planners, and parent-teachers association in developing operating policies in accordance with the needs and priorities of the school community, ultimately leading to action plan directed at improving the quality of life.

The study which is cross sectional covers a large sample so as to obtain adequate information on all the variations and patterns related to sexual behaviours. Male and female teachers interviewed on their own sexual behaviours.

The outcome of the study will facilitate the organisation of health education programmes which are essential in the promotion of healthy sexual life style among members of the school community.

The determination of sexual knowledge, attitudes and perceptions of teachers is a pre-requisite in designing an effective sex education programmes in secondary schools.

OBJECTIVES OF THE STUDY

GENERAL OBJECTIVE

To determine the knowledge, attitudes and perceptions of secondary school teachers in Ibadan on student sexual behaviour and the sex education/counselling roles they have been playing and are likely to play.

SPECIFIC OBJECTIVES

1. To determine teachers' knowledge, attitude and perception regarding sex education, students sexual behaviour and associated sexual problems.
2. To find out the nature and extent of sex education activities in the schools and the teachers' awareness of, interest and involvement in these activities.
3. To explore teachers' attitude towards the inclusion of sex education in the schools' curriculum and to find out their views on the type and mode of sex education they would need.

4. To assess the level of communication and interpersonal relationship between the teachers and the students and the implication for sex education.

5. To make appropriate recommendations on the type of sex education programme for secondary schools, if the existing school environment is conducive to teaching sex education.

STUDY COMMUNITY

The study took place at Ibadan, capital of Oyo State of Nigeria and the largest city in black Africa south of the Sahara.

Ibadan is a predominantly Yoruba speaking city. The 1952 census placed Ibadan's population at 459,196 and a projection of these figures places Ibadan's 1986 population at over one million (Brieger and Adeniyi 1982). This large city can be divided into three zones, based on historical progression - a traditional inner core, a transitional area and a suburban periphery (Brieger and Adeniyi, 1982).

The traditional inner core, as the name implies consists of the oldest indigenous areas of Ibadan. Here the indigenes live in compounds made up of a number of irregularly built houses indicative of lack of systematic town planning in the area. The area is further characterised by mud houses plastered with cement, a few

windows and a substantial number of thatched roofs. The houses are as closely built as possible. A drainage system is almost non-existent in this area and over-crowding is the order of the day. There is a predominance of butchers, and farmers and a traditional king, his chiefs and subjects. Large traditional markets are also found here. Localities in this area include Mapo, Ayeye, Aperin, Idi-Ose and Oja Oba.

The transitional areas, including Oke-Ado, Molete, Oke Bola and Challenge are areas that changed from the traditional conditions and concepts of living to a more modern way of living. The area is fairly well planned and occupied mostly by non-indigenes such as the Egbas and the Ijebus most of whom are literate, and are predominantly traders or merchants. When the system is working, the area is supplied with pipe borne water and fairly good drainage.

The sub-urban periphery area is a properly planned area of Ibadan made up among others of areas such as Bodija, Ring Road, Jericho and Idi Ishin. These areas are characterised by well laid roads, spaced and well built houses, each within its own compound and approved by the town planning division and with a car or two on the premises. The area is supplied with pipe borne water,

has good drainage, is relatively clean, quiet and has beautiful environment conducive to healthy living. The inhabitants of this area are the highly placed and educated white collared-job citizens, higher professionals and the wealthy. They are mostly non-indigenes, who have come to settle and work in Ibadan. Children of these people usually attend the best fee paying schools in Ibadan.

STUDY DESIGN

This study is an exploratory survey, designed to learn about and describe existing conditions in matters related to sex education activities from educational, behavioural and socio-cultural points of view.

A cross-section of all the secondary schools in Ibadan municipality was sampled to ensure a good representation which encompassed demographic characteristics such as age, sex, marital status, educational qualifications, religion and subject specialization. Observations were also made on teachers' attitude and reaction to sexual issues and sex education.

STUDY POPULATION AND SAMPLE

A stratified sampling method was used.

Sampling Procedure

Ibadan municipal local government (MLG) was divided according to historical progression into three zones, the traditional inner core (zone 1), the transitional area (zone 2), and the sub-urban periphery (zone 3).

The Ninety three (93) secondary schools in Ibadan MLG were separated into each of three zones with 28 schools in zone 1, 41 schools in zone 2, and 24 schools in zone 3. A 20 percent sample of the schools in each zone was chosen using the table of random numbers.

The total population of teachers in the study area was 3,259, consisting of 1,460 males and 1,799 females. At least 20 percent of the teachers in each school was studied bringing the study population to a total of 250 teachers. The teachers were selected for interview at random.

The study focused on teachers and looked at the sex education pattern and activities in each school. The schools were located in all three zones and included boys only, girls only and mixed (boys and girls) schools.

The study also considered the possibilities of introducing sex education into schools. Observations were made on each samples school.

Instrument for data Collection

Two major methods, interview and observation were used to gather data.

Interviews

Prior to actual data collection and in order to be able to set the objectives clearly, general information in relation to sex education and sexual issues and the school teacher was sought from males and females, in all walks of life, including doctors, nurses, teachers, University students, parents and adults in general.

On the basis of the above information, an interview guide with open ended questions was constructed in English, with the guidance and assistance of the study supervisors, for gathering relevant data on:

1. Existing sex education relevant data on;
2. Teachers' previous knowledge on sex education and sexual issues;
3. Teachers' role expectation, perception and attitude to sexual issues and sex education;
4. Interpersonal relationships and level of communication between the teachers and the students especially on sexual issues;
5. Culture, society and religion as they influence sexual issues and sex education;
6. Demographic characteristics, and
7. Sources of teachers information on students' sexual activities.

The questionnaire was pretested for repeatability of information (reliability) and the extent to which it measured the characteristics (validity) the researcher wished to measure. The pretesting was conducted in schools which did not come within the sample. This enhanced clarity, eliminated repeat questions, removed ambiguities, indicated the approximate time (30 minutes per questionnaire) needed to administer it and made the instrument more precise. It enabled the researcher, not only to discover sensitive areas and how questions should be asked for obtaining detailed relevant information, but also assisted in the detection of areas of paramount importance that might have been left out initially. The interview guide was redesigned with the guidance of the study supervisors on the basis of these discoveries.

Two male and two female undergraduate students, on the basis of maturity, good conduct, and adequate knowledge of English language, were selected to assist the researcher in carrying out the interviews.

The pilot study indicated the possibility that individuals of a particular sex tend to respond less freely to interviews by the opposite sex. Therefore interviewers were requested to try as much as possible to interview subjects of their own sex.

In order to develop interviewing skills the interviewers were given special training for the assignment. The training included a comprehensive explanation of the nature of the study, methods of approach {greetings, self introduction, brief explanation of the nature of the study and questionnaire}, strict observation to time convenience of the interviewers, and recording of responses, and observation of the attitude of interviewers to the subject.

The questionnaire was discussed thoroughly with the interviewers and doubts cleared prior to its administration. Interviewers were given ample opportunity of practising on each other to ensure that they had mastered the essence of the questionnaire. There were two training sessions which lasted for 2½ hours each. Questionnaire was administered at the beginning of school term, a relatively less busy period of the term. Results were reviewed each day by the researcher and the interviewers asked to correct or amplify ambiguous responses after interviewing respondents.

Observation

Observations as a supportive method of inquirey was used to gather relevant information. A standardized check list for each of the 19 schools included:

1. Location of school;
2. Subjects taught in school;

c) Reaction of teachers to the study subject;

d) Movement of students in and out of the staff room;

e) Infrastructure;

f) Location and size of staff room.

Methods of analysis

A coding scheme (guide) was developed after reviewing results, then the researcher hand coded on to coding sheets personally and carefully punched the codings on to punch cards for computer analysis. All varieties of responses were recorded and final categories made after careful analysis. Several hours of work was put into analysis to remove computer or personal error. Chi squared (X^2) and Z-tests were used to verify the statistical association between variables. For the calculations both the computer and manual calculators were used.

Limitations

This research focused on a sensitive topic - sex education knowledge, attitude and perception. Respondents hesitated to speak on this topic because of various reasons. They were reserved in answering questions because sexual issues in this society were usually seen as private and discussed only with trusted persons or those intimately related. They were aware that a health professional would be knowledgeable about sexual health and therefore wanted to say what he/she would approve of.

Resources

Ibadan is a very big city. It costs at least N2.00 per person for a return journey to each of the schools and each school was visited at least two times. This plus the costs of engaging the services of assistants put a limit on the intensity of the study.

Time factor

Because the teachers were at work at the time of interview, the length of time that could be spent with each respondent was limited.

Because the questions being asked centred on personal investigations they had to be posed.

Not being able to administer all the interview guides personally, it was impossible to be sure that all questions asked were fully understood by the respondents. However there is good reason to believe that they were.

CHAPTER FOUR

RESULTS

In this chapter the results obtained from the interview of the study population as well as from observations are presented. Further information which are necessary are also included in form of tables.

Analysis of the demographic characteristics of the study population are presented first, followed by analyses of various variables/factors affecting sex education in the school community.

Of the 360 questionnaires administered 250 were adequately completed and accepted for analysis. The rejected questionnaires were on the basis of non-completion of over two thirdsof the items or the provision of too many illogical responses. These problems were especially found amongst female respondents. For example some when interviewed declared that they were more interested in their own marital problems, than the sexual problems of the adolescent student, which they viewed as hopeless.

Demographic characteristics of the study population

The study group was predominantly Yoruba as they made up 230 (92%) of the 250 respondents. The remaining

TABLE 1 STATE OF ORIGIN DISTRIBUTION

State	Absolute Frequency	%
Oyo	181	72.4
Ondo	30	12.0
Ogun	16	6.4
Bendel	6	2.4
Lagos	3	1.2
Kwara	3	1.2
Rivers	3	1.2
Imo	2	0.8
Anambra	2	0.8
Cross River	1	0.4
Ghana	2	0.8
Indian	1	0.4
	250	100

20 (8%) comprised other ethnic groups in Nigeria, 2 (0.8%) Ghanaians and an Indian (Table 1). This makes the study group virtually homogenous.

Sex distribution according to age of respondents

The age by sex distribution, of the respondents shown Table 2 indicated that the highest number of respondents 101 (40.4%) consisting of 52 (41.6%) males and 49 (39.2%) females was within the 25 to 29 years age group. This was followed by 47 (18.8%) respondents consisting of 27 (21.6%) males and 20 (16.0%) females within 55 to 59 year age group. The 45 to 49 year age group had the least number of 5 (2.0%) respondents consisting of 3 (2.4%) males and 2 (1.6%) females.

Marital Status

The sex distribution of respondents by marital status (see Table 3) shows that 73 (58.9%) males and 100 (81.3%) females were married and 51 (41.1%) males and 23 (18.74%) females were single. One male and a female were separated and one female was divorced.

The results show that there were significantly more married females than males among the respondents.

Age distribution by educational level

Of the 250 respondents, 89 (52.7%) who were within the National Certificate of Education (NCE) group were within the 29 to 39 year age group, while the remaining 39 (42.0%)

TABLE 2: SEX DISTRIBUTION ACCORDING TO AGE OF RESPONDENTS

AGE	MALE	%	FEMALE	%	TOTAL	%
25-29	52	41.6	49	39.2	101	40.4
30-34	18	14.4	19	15.2	37	10.8
35-39	11	8.8	20	16.0	31	12.4
40-44	7	5.6	10	8.0	17	6.8
45-49	3	2.4	2	1.6	5	2.0
50-54	7	5.6	5	4.0	12	4.8
55-59	27	21.6	20	16.0	47	18.8
N	125	100.0	125	100.0	250	100.00

$x^2 = 8.5518$ df = 5 $.10 < P < .20$

TABLE 2: SEX DISTRIBUTION ACCORDING TO AGE OF RESPONDENTS

AGE	MALE	%	FEMALE	%	TOTAL	%
25-29	52	41.6	49	39.2	101	40.4
30-34	18	14.4	19	15.2	37	10.8
35-39	11	8.8	20	16.0	31	12.4
40-44	7	5.6	10	8.0	17	6.8
45-49	3	2.4	2	1.6	5	2.0
50-54	7	5.6	5	4.0	12	4.8
55-59	27	21.6	20	16.0	47	18.8
N	125	100.0	125	100.0	250	100.00

$x^2 = 8.5518$ df = 5 $.10 < P < .20$

TABLE 3: SEX DISTRIBUTION BY MARITAL STATUS

Marital Status	N = 125 Male	%	N = 125 Female	%	N = 250 Total	%
Married	73	58.9	100	81.3	173	70
Single	51	41.1	23	18.7	74	30
	124*		123**		247	

*1 male separated

**1 female widowed and 1 divorced

x^2 = 14.7933 = 1 p<0.01

NCE teachers were aged 40 to 59. One hundred and twenty seven teachers were graduates, comprising 80 (47.3%) within the 25 to 39 year age group and 47 (58%) within the 40 to 59 year age group (Table 4).

Sex distribution by teachers' educational specialization

Teachers who specialised in Arts subjects formed the largest group among the respondents - 171 (64.8%) consisting of 106 (84.8%) females and 65 (52.0%) males as shown in Table 5. This was followed by specialisation in the physical sciences for 63 (25%) respondents consisting of 37 (29.6%) males and 26 (20.8%) females. Specialisation in the Biological sciences presented the least frequent educational specialisation for 52 (15.1%) respondents consisting of 31 (24.8%) males and 21 (23.2%) females.

Distribution in respect of respondents marital status by religion

Distribution in respect of respondents' religion according to marital status (see table 6) showed that 154 (63.9%) respondents were orthodox christians, consisting of 46 (64.8%) single and 108 (63.9%) married teachers. This was followed by 48 (19.9%) evangelical christians, consisting of 12 (16.9%) single and 36 (21.3%) married teachers. There were 38 (15.8%) muslims, which consisted of 13 (18.3%)

TABLE 4 AGE DISTRIBUTION BY EDUCATIONAL LEVEL

Level of education	25-39	%	40-59	%	Total	%
Degree	80	47.3	47	58.00	127	50.8
NCE	89	52.7	39	42.0	118	49.2
Total	169	100.0	86	100.0	250	100.0

$x^2 = 2.5435$ df = 1 $P = .10 < P < .20$

TABLE 5 SEX DISTRIBUTION BY TEACHERS' EDUCATIONAL SPECIALISATION*

Subject specialisation	n = 125 Male	%	n = 125 Female	%	n = 250 Total	%
Arts, e.g. history English, French	65	52	106	84.8	171	68.4
Physical sciences e.g. Mathematics, Chemistry, Physics Engineering	37	29.6	26	20.8	63	25.0
Biological sciences e.g. Health science, Biology	31	24.8	21	23.2	52	15.1
Social sciences e.g. Economics, Geography, Sociology	35	28	24	19.2	59	23.6.
	168		177		345	

* Multiple response

TABLE 0 DISTRIBUTION IN RESPECT OF RESPONDENTS' RELIGION BY MARITAL STATUS

Denomination	N = 74 Single	%	N = 173 Married	%
Orthodox church	46	64.8	108	63.9
Evangelical church	12	16.9	36	21.3
Muslim	13	18.3	25	14.8
Traditional and others	3	4.0	4	2.3
	74	100.0	173	100.0

x^2 = .8988 df = 6 .80<P<.90

single and 25 (14.8%) married teachers. Only 9 (3.6%) respondents mentioned traditional religion.

Previous exposure to sex education

Level of education by previous exposure to sex education

Table 7 shows that a total of 149 (59.6%) teachers consisting of 76 (61.8%) NCE teachers and 73 (57.5%) graduate teachers had never been formally exposed to any aspect of sex education, while 101 (40.4%) respondents consisting of 47 (38.2%) NCE teachers, and 54 (42.5%) graduate teachers had received formal education on aspects of sex education during their secondary and/or higher learning education. The various aspects of sex education studied are shown in Table 7.

Aspects of sex education studied by where it was studied

Child developmental process course at the University level ranked highest amongst the aspects of sex education studied formally as this was expressed by 24 (72.7%) respondents. This was followed by family planning educational lectures given by medical or allied medical professionals in respondents' present respective schools mentioned by 10 (4%) respondents. While 1 (3.0%) respondent studied sex education for the deaf at the University level (See Table 8).

TABLE 7 LEVEL OF EDUCATION BY PREVIOUS EXPOSURE TO SEX EDUCATION

Response	NCE	%	Graduate	%	Total	%
No	76	61.8	73	57.5	149	59.6
YES	47	38.2	54	42.5	101	40.4
	123	100.0	127	100.0	250	100.0

x^2 = 2.2096 df = 1 .10<P<.20

TABLE 8 ASPECTS OF SEX EDUCATION STUDIED BY WHERE IT WAS STUDIED

Aspect studied	Secondary School	%	Higher Education	%	Lecture by a Health Educator	%
Reproduction	39	75.5	-	-	-	-
Child Psychology and Management	-	-	4	12.1	-	-
Family Planning advantages and disadvantages	-	-	-	-	10	62.5
Social and economic implications of ill conducted sexual activities	-	-	-	-	6	37.5
Guidance counselling	-	-	4	12.1	-	-
Family living and social norms	2	3.8	-	-	-	-
Relationship between adolescents of opposite sex.	6	11.5	-	-	-	-
Child developmental process	-	-	24	72.7	-	-
Motherhood/ Mothercraft	5	9.6	-	-	-	-
Sex education for the deaf	-	-	1	3.0	-	-
	52	100.0	33	100.0	16	100.0

Not applicable 149

Sex distribution of teachers who wished they had formal sex education

Most of the teachers 189 (75.6%) wished they had received courses in sex education when they were themselves students at school. This wish was expressed more by the female teachers, 115 (92%) than the males 74 (59.2%). Sixty one (24.4%) teachers were indifferent to previous sex education (See Table 9).

Age distribution on basis of how respondents learnt about sex education

Personal experience appeared to be the most frequent way the teachers learnt about sex education. This was mentioned by respondents comprising 113 (66.9%) within the 25 to 39 year age group, and another 33 (40.7%) within the 40 to 59 year age group. This was followed by association with peers and friends expressed by 71 (42%) respondents within the 40 to 59 year age group while others learnt through the mass media and the school. Religious sources appear to be the least way by which respondents learnt about sex education. This was expressed by 7 (4.1%) respondents within the 25 to 39 year age group and 8 (9.9%) within the 40 to 49 year age group (Table 10).

TABLE 9 SEX DISTRIBUTION OF TEACHERS WHO WISHED THEY HAD SEX EDUCATION DURING THEIR SCHOOL DAYS

	Male	%	Female	%	Total	%
Yes	74	59.2	115	92.0	189	75.6
No	51	40.8	10	8.0	61	24.4
	125	100.0	125	100.0	250	100.0

x^2 = 36.4516 df = 1 P<0.01

TABLE 10 AGE DISTRIBUTION ON BASIS OF HOW RESPONDENTS LEARNT ABOUT SEX EDUCATION

	25-39 Years	%	40-59 Years	%	Total	Difference between two age groups Z value
Personal experience	113	66.9	33	40.7	146	p<0.01
Friends/ peers	71	42.0	24	29.6	95	p<0.05
School	27	16.0	7	8.6	34	N.S.
Parent and Home	26	15.4	8	9.9	34	N.S.
Mass Media	28	16.6	3	3.7	31	p<0.03
Religious Sources	7	4.1	8	9.9	15	N.S.
Total	272		83		355	
N	169		81		150	

TABLE 11 NATURE OF SEX EDUCATION BY SUBJECT/SPECIALISATION*

Nature	Education /Arts	%	Social Sciences	%	Biological sciences	%	Physical sciences	%	Total	%
Sexual relationship between adloscents of opposite sex	72	46.5	28	47.5	39	65	29	56.9	168	67.2
Ideal relationship between adolescents of opposite sex	34	21.9	11	18.6	20	33.3	10	19.6	75	30.0
Reproduction in man	8	5.2	4	6.8	1	1.6	1	1.9	14	5.6
Characteristics and problems of adolescence	12	7.7	1	1.7	0	0.0	0	0.0	13	5.2
Preventive education on teenage sexual problems	5	3.2	3	5.1	2	3.3	0	0.0	10	4.0
Sexual control and discipline	1	0.6	2	3.4	4	6.6	2	3.9	9	3.6
Human maturation and family life	4	2.6	1	1.7	2	3.3	1	1.9	8	3.2
Respect for one's body and correct attitude to sexual life	3	1.9	0	0.0	1	1.6	1	1.9	5	2.0
N	155		50		60		51		294	

*Multiple response

definition of sex education given. A total of 168 (67.2%) respondents consisting of 72 (46.5%) arts teachers, 28 (47.5%) social science teachers, 29 (50.9%) physical science and 39 (65%) biological science teachers gave this definition. Ideal relationship was the second most frequent definition cited. This was mentioned by 75 (30%) respondents consisting of 34 (21.9%) arts/education, 11 (18.6%) social science, and 10 (9.6%) physical science teachers. Other definitions given included reproduction and preventive education on teenage sexual problems. However respect for ones body was the least frequent definition mentioned. This was mentioned by 5 (2%) respondents consisting of 3 (1.9%) arts/education, 1 (1.6%) biological science and 1 (1.9%) physical science teachers.

Response to the question: is sex education taught in your school?

The majority of the respondents 231 (92.4%) consisting of 119 (95.2%) males and 112 (89.6%) females confirmed that sex education was not taught in their respective schools, while 13 (15.2%) consisting of 4 (3.2%) males and 9 (7.2%) females felt that it was taught though not under the title of sex education (see Table 12).

TABLE 12 RESPONSE TO THE QUESTION: IS SEX EDUCATION TAUGHT IN YOUR SCHOOL

Response	n = 125 Male	%	n = 125 Female	%	n = 250 Total	%
No	119	95.2	112	89.6	231	92.4
Yes	4	3.2	9	7.2	13	5.2
Don't know	2	1.6	4	3.2	6	2.4
Total	125	100.0	125	100.0	250	100.0

χ^2 = 4.1350 df = 2 .10<P<.20

Response to the question: do other subjects cover sex education?

Table 13 shows that a majority of the teachers, 180 (72%), consisting of 85 (68%) males and 95 (76%) females felt that other subjects cover sex education, while 50 (20%) respondents consisting of 23 (18.4%) males and 27 (21.6%) females stated that other subjects do not cover sex education. The remaining 20 (8%) said they did not know. Significantly more females than males claimed that other subjects cover sex education.

Subjects which cover sex education

Biology was the most frequently mentioned subject that teachers felt covered sex education, as this was stated by 135 (54%) respondents, consisting of 71 (49.7%) males and 64 (51.2%) females. This was followed by Health Sciences expressed by 76 (30.4%) respondents, consisting of 39 (31.2%) males and 37 (29.6%) females. Guidance and counselling was the least mentioned by 1 (0.8%) female (see Table 14).

Aspect of sex education covered by other subjects

Table 15 shows that reproduction topic in biology and health sciences was the most frequently mentioned aspect of sex education that teachers felt is covered by other subjects. This was mentioned by 142 (56.8%)

TABLE 13 RESPONSE TO THE QUESTION: DO OTHER SUBJECTS COVER SEX EDUCATION?

Response	n = 125 Male	%	n = 125 Female	%	n = 250 Total	%
Yes	85	68.0	95	76.0	180	72
No	23	18.4	27	21.6	50	20
Don't know	17	13.6	3	2.4	20	8
Total	125	100.0	125	100.0	250	100.0

$x^2 = 10.675$ df = 2 = $P<.01$

TABLE 14 SUBJECTS WHICH COVER SEX EDUCATION*

Subject	n = 125 Male	%	n = 125 Female	%	n = 250 Total	%
Biology	71	49.7	64	51.2	135	54.0
Health Science	39	31.2	37	29.6	76	30.4
Home Econs	15	12.0	19	15.2	34	13.6
Social Studies	14	11.2	6	4.8	20	8.0
Integrated Science	12	9.6	8	6.4	20	8.0
Religious Knowledge	11	8.8	8	6.4	19	7.6
Physical & Health Educ.	9	7.2	7	5.6	16	6.4
Civics/ Yoruba	3	2.4	2	1.6	5	2.0
Agric. Sci.	1	0.8	1	0.8	2	0.8
Guidance & counselling	0	0.0	1	0.8	1	0.4
No I don't know	40	32.0	30	24.0	70	28
Total	215		183		398	

* Multiple response

TABLE 15 ASPECT OF SEX EDUCATION COVERED BY OTHER SUBJECTS•

Aspect covered and subject	Male N = 125	%	Female N = 125	%	Total N = 250	%
Reproduction - Biology and health science	61	48.8	81	64.8	142	56.8
Puberty - Motherhood Home Economics	2	1.6	17	13.6	19	7.6
Family Planning - Home Economics, Biology	6	4.8	12	9.6	18	7.2
Moral teaching - Religions knowledge	9	7.2	9	7.2	18	7.2
Hygiene and Physical and Health education	3	2.4	9	7.2	12	4.8
Child development/ psychology	5	4.0	7	5.6	12	4.8
STD - Biology, Home Economics	4	3.2	3	2.4	7	2.8
Family living - Home Economics	3	2.4	4	3.2	7	2.8
Reproduction - Agric. Sci. in animals	3	2.4	2	1.6	5	2.0
Civics/Yoruba - Yoruba marriages and culture	3	2.4	2	1.6	5	2.0
Drug addicition	1	0.8	1	0.8	2	0.8
No I Don't know	40	32.0	30	24.0	70	28.0
Total	140		147		247	

•Multiple response

respondents consisting of 61 (48.8%) males and 81 (64.8%) females. This was followed by motherhood and puberty topics in home economics, which was mentioned by 19 (7.6%) respondents consisting of 2 (1.6%) males and 17 (13.6%) females. The least expressed aspect was drug addiction, mentioned by only 2 (0.8%) respondents consisting of 1 (0.8%) male and 1 (0.8%) female.

Teachers' knowledge of students' source of sexual information

In the opinion of teachers the most frequent source of obtaining sexual information by students is through peer group. This was the response of 161 (64.4%) respondents consisting of 89 (71.2%) females and 72 (57.6%) males. Pornographic materials was the second major source mentioned. This was expressed by 74 (19.2%) respondents consisting of 50 (40%) males and 24 (19.2%) females. Another important source mentioned is the mass media such as films and the television. This response was given by 72 (28.8%) respondents consisting of 39 (31.2%) females and 33 (26.4%) males. Other important sources mentioned were through boyfriend/girlfriend relationships and "sex exploiters". (see Table 16).

TABLE 16 TEACHERS KNOWLEDGE OF STUDENTS SOURCES OF SEXUAL INFORMATION*

Sources of information	n = 125 Male	%	n = 125 Female	%	n = 250 Total	%	Comparison between male and female Z value
Peer group	72	57.6	89	71.2	161	64.4	P<0.03
Pornographic material	50	40.0	24	19.2	74	19.2	P<0.004
Mass media	33	26.4	39	31.2	72	28.8	NS
Boyfriend/ girlfriend	11	8.8	51	40.8	62	24.8	P<0.002
School	10	8.0	27	21.6	37	14.8	P<0.002
Personal Experience	8	6.4	16	12.8	24	9.6	NS
Sex exploiters	9	7.2	3	2.4	12	4.8	NS
Parents	2	1.6	10	8.0	12	4.8	P<0.002
Housemaids	5	4.0	3	2.4	8	3.2	NS
Hospital/ Nurse/Doctor	5	4.0	1	0.8	6	2.4	NS
Welfare clinics	1	0.8	0	0.0	1	0.4	NS
Don't know	10	8.0	2	1.6	12	4.8	P<0.02
	216		265		481		

*Multiple response

NS = Not significant

Teacher's knowledge of students sexual behaviour

The boyfriend/girlfriend type of relationship amongst the students was the most frequent behaviour observed by the teachers. This was mentioned by 204 (81.6%) respondents consisting of 104 (83.2%) males and 100 (80%) females. This was followed by observation of heavy petting amongst students. This was mentioned by 77 (30.8%) respondents, consisting of 68 (54.4%) males as compared to 9 (7.2%) female teachers. Moreover respondents, mostly males, observed actual sexual intercourse between students. One other important sexual behaviour observed was the abuse of drugs for abortion amongst female students, with the knowledge of the sexual partner (see Table 17). These behaviours were observed mainly in mixed (boys and girls) schools as teachers in male schools stated that, they usually hear of reports on what their boys do outside the school. In

TABLE 17 TEACHERS KNOWLEDGE OF STUDENTS SEXUAL BEHAVIOUR*

Response	n = 125 Male	%	n = 125 Female	%	n = 250 Total	%	Comparison between male and female Z value
Boyfriend/ girlfriend relationship	104	83.2	100	80.0	204	81.6	NS
Heavy petting	68	54.4	9	7.2	77	30.8	P<0.002
Drug abuse	32	25.6	38	30.4	70	28.0	NS
Holding hands	6	4.8	33	26.4	39	15.6	P<0.001
Sexual intercourse	32	25.6	1	0.8	33	13.2	P<0.002
Word sex is mentioned	10	8.0	6	4.8	16	6.4	NS
Abortion/ pregnancy/ rape	7	5.6	5	4.0	12	4.8	NS
Quarrels/ fights over boyfriend	2	1.6	3	2.4	5	2.0	NS
I hardly notice them	4	3.2	0	0.0	4	1.6	NS
Girls trying to entice men	2	1.6	0	0.0	1	0.8	NS
Lovers outside the school	2	1.6	0	0.0	2	0.8	NS
	269		195		464		

*Multiple response

NS = Not significant

female schools however incidents such as pregnancy and abortion were mostly observed as the girls usually had their boyfriends outside the school.

Who should be responsible for sexual ecucation of children?

Table 18 shows that majority of the teachers, 218 (87.2%), consisting of 101 (80.8%) males and 117 (93.6%) females, thought that, parents, especially the mother, should teach children sex education. This was followed by 190 (76%) respondents consisting of 91 (72.8%) males and 99 (79.2%) females who were of the opinion that teachers could assist parents in teaching sex education to children. Only 3 (1.2%) respondents consisting of 3 (2.4%) males mentioned doctors and nurses.

Analysis of age considered best for sex education of children, by teachers' level of education

Table 19 shows that age group 16 to 20 was considered to be the most ideal for sex education. This view was shared by 83 (69.7%) NCE teachers and 50 (40%) graduates. However 15 (12.2%) NCE and 6 (4.7%) graduate teachers advocated for ages 21 to 25 while some respondents suggested other ages between 1 to 10. A few said they had no idea. There was a significant difference between the responses given by NCE teachers and graduates as ages considered best for sex education of children.

TABLE 18 WHO SHOULD BE RESPONSIBLE FOR SEXUAL EDUCATION OF THE CHILD?*

Responses	n = 125 Male	%	n = 125 Female	%	n = 250 Total	%	Z value**
Parents/ mother especially	101	80.8	117	93.6	218	87.2	NS
Teacher	91	72.8	99	79.2	190	76.0	NS
Religious bodies	15	12.0	14	11.2	29	11.6	NS
Elders relatives - family	15	12.0	6	4.8	21	8.4	P<0.05
Health Education specialists	10	8.0	5	4.0	15	6.0	NS
Guidance counsellors	4	3.2	10	8.0	14	5.6	NS
Peer group	6	4.8	6	4.8	12	4.8	NS
Mass media/ books etc.	4	3.2	7	5.6	11	4.4	NS
Community	4	3.2	1	0.8	5	2.0	NS
Doctors/ Nurses	3	2.4	0	0.0	3	1.2	NS
	253		265		518		

* Multiple answer

NS = Not significant

** Comparison between male and female respondents

TABLE 19 ANALYSIS OF AGE CONSIDERED BEST FOR SEX EDUCATION OF CHILDREN BY TEACHERS' LEVEL OF EDUCATION

AGE	NCE	%	Graduate	%	Total	%
1—5	5	4.1	12	9.4	17	6.8
6-10	4	3.3	18	14.2	22	8.8
11-15	7	5.7	39	30.7	46	18.4
16-20	83	6.5	50	39.4	133	53.2
21-25	15	12.2	6	4.7	21	8.4
Don't know	9	7.3	2	1.6	9	3.6
	123	100.0	127	100.00	248	100.0

x^2 = 16.1725 df = 4 P<0.01

Sex distribution in relation to inspection of materials students read in school/leisure hours

More female 81 (64%) than male 66 (52.8%) teachers claimed they usually inspect the materials that their students read during school and leisure hours. However 59 (47.2%) males and 44 (35.2%) female teachers did not bother (see Table 20).

Type of materials students read

Table 21 shows that about 110 (44%) respondents, usually found students reading pornographic materials/ books. Others however said they usually found students reading romantic books or fashion magazines/comics. However 103 (41.2%) respondents said they never bothered to check on what the students read.

Analysis by sex of respondents on action of the teacher to student when the students are found reading pornographic books/materials in school

Generally many teachers claimed that reading pornographic materials is part of normal adolescent development, and therefore they do not take any action. This view was expressed by 98 (39.2%) respondents consisting of 51 (40.8%) males and 47 (37.6%) females (Table 22). Others 96 (38.4%) claimed that they seize and destroy the materials and in addition such students are punished. This was done so as to correct and guide the students

TABLE 20 SEX DISTRIBUTION IN RELATION TO INSPECTION OF MATERIALS STUDENTS READ IN SCHOOL/ LEISURE HOURS

Response	n = 125 Male	%	n = 125 Female	%	n = 250 Total	%
Yes	66	52.8	81	64.8	147	58.8
No	59	47.2	44	35.2	103	41.2
Total	125	100	125	100	250	100

$x^2 = 3.715$ df = 1 $P = .05 < P < .10$

TABLE 21 TYPE OF MATERIALS STUDENTS READ*

Materials	Frequency	%
Pornographic books/ materials	110	44.0
Romantic books	88	35.2
Fashion magazines/ comics	23	9.2
Don't know	103	41.2
	324	129.6

*Multiple response

TABLE 22 ANALYSIS BY SEX OF RESPONDENTS ON ACTION OF THE TEACHER WHEN STUDENT IS FOUND READING PORNOGRAPHIC BOOKS/MATERIALS

Action	Male	%	Female	%	Total	%
Not concerned	51	40.8	47	37.6	98	39.2
Seize, destroy and/or punish	47	37.6	49	39.2	96	38.4
Advise or counsel	24	19.2	29	23.3	53	21.2
Student is questioned on material	3	2.4	0	0.0	3	1.2
	125	100.0	125	100.0	250	100.0

$x^2 = 0.9764$ df = 2 P = $0.50 < P < 0.70$

TABLE 22a (continued)

Reasons for No 1 on Table 22	Male	%	Female	%	Total	%	Z value
I am not bothered I was like them in my adolescent years	48	38.4	20	16.0	68	27.2	P<0.003
I do not want to be labelled	4	3.2	26	20.8	30	12.0	P<0.0003
They want to learn on their own what parent/shool failed to teach them	12	9.6	6	4.8	18	7.2	NS
I don't want them to feel the aspect of sex is forbidden	12	9.6	0	0.0	12	4.8	NS
Not applicable	66	52.8	81	64.8	127	50.8	NS
No response	0	0.0	11	8.8	11	4.4	NS
	142		144		285		

*Multiple response

NS = Not significant

TABLE 22a (continued)

Reasons for No 1 on Table 22	Male	%	Female	%	Total	%	Z value
I am not bothered I was like them in my adolescent years	48	38.4	20	16.0	68	27.2	P<0.003
I do not want to be labelled	4	3.2	26	20.8	30	12.0	P<0.0003
They want to learn on their own what parent/shool failed to teach them	12	9.6	6	4.8	18	7.2	NS
I don't want them to feel the aspect of sex is forbidden	12	9.6	0	0.0	12	4.8	NS
Not applicable	66	52.8	81	64.8	127	50.8	NS
No response	0	0	11	8.8	11	4.4	NS
	142		144		285		

*Multiple response

NS = Not significant

TABLE 22a (continued)

Reasons for No 1 on Table 22	Male	%	Female	%	Total	%	Z value
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They want to learn on their own what parent/shool failed to teach them	12	9.6	6	4.8	18	7.2	NS
I don't want them to feel the aspect of sex is forbidden	12	9.6	0	0.0	12	4.8	NS
Not applicable	66	52.8	81	64.8	127	50.8	NS
No response	0	0.0	11	8.8	11	4.4	NS
	142		144		285		

*Multiple response

NS = Not significant

because such materials tend to corrupt the child. Questioning the student was the least claimed action, mentioned by 3 (1.2%) of the respondents.

Analysis of the endorsement of sex education in schools by sex and relioion

A very large proportion of respondents, 233 (93.2%), consisting of 115 (92%) males and 118 (94.4%) females, endorsed the teaching of sex education in schools (Table 23).

However religious affiliation did not seem to influence the general endorsement of teaching sex education in schools as majority 150 (73.9%) of christians and 26 (68.4%) muslims agreed to it. The difference between the two groups was not statistically significant (P 0.5).

Willingness to teach sex education

The study showed that more female teachers 101 (80.8%), than males 90 (72%) were willing to teach sex education (Table 24).

According to religion affiliation the teachers were generally willing to teach sex education as 150 (73.9%) Christians and 26 (68.4%) muslims were willing to teach the subject (see Table 25).

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According to religion affiliation the teachers were generally willing to teach sex education as 150 (73.9%) christians and 26 (68.4%) muslims were willing to teach the subject (see Table 25).

TABLE 23 ANALYSIS OF THE ENDORSEMENT OF SEX EDUCATION IN SCHOOLS

Response	n = 125 Male	%	n = 125 Female	%	n = 250 Total	%
Yes	115	92.0	118	94.4	233	93.2
No	10	8.0	7	5.6	17	6.8
	125	100.0	125	100.0	250	100.0

$x = 1.06$ df = 1 $P > 0.30$

TABLE 24 WILLINGNESS TO TEACH SEX EDUCATION IN SCHOOLS

Response	Male	%	Female	%	Total	%
Willing	90	72	101	80.0	191	96.4
Non-willing	35	28	24	19.2	59	23.6
	125	100.0	125	100.0	250	100.0

$x^2 = 12.9263$ df = 1 P<0.01

TABLE 25 WILLINGNESS TO TEACH SEX EDUCATION IN SCHOOLS ON BASIS OF RESPONDENTS RELIGION

Response	Christians	%	Muslims	%	Total	%
Yes	150	73.9	26	68.4	176	73.0
No	53	26.1	12	31.2	65	27.0
N	203	100.0	38	99.6	241	100.0

* 7 Falatism

* 2 Traditional

$x^2 = 0.3753$ df = 1 $.50 \leq P < .70$

Analysis by sex of respondents to the question: do your students discuss their sexual problems with you?

Most teachers 210 (84.0%) claimed that students did not discuss their sexual problems with them (see Table 26).

Reasons why students do not discuss their sexual problems with the teacher

Various reasons were given for lack of communication between the student and the teachers, especially on sexual issues. The most common reason was shyness and/or fear of being exposed by the teacher. This was stated by 89 (35.6%) respondents consisting of 53 (42.4%) females and 36 (28.8%) females.

The second most frequent response was lack of interest on the part of the teacher as expressed by 85 (34%) respondents consisting of 46 (36.8%) males and 39 (31.2%) female teachers.

Other important reasons given were cultural barriers and that the students are already vast in knowledge of sexual issues (Table 27).

TABLE 26 ANALYSIS BY SEX OF RESPONDENTS TO THE QUESTION: DO YOUR STUDENTS DISCUSS THEIR SEXUAL PROBLEMS WITH YOU?

Response	n = 125 Male	%	n = 125 Female	%	n = 125 Total	%
No	108	86.4	102	81.6	210	84.0
Yes	17	13.6	23	18.4	40	16.0
	125	100.0	125	100.0	250	100.0

x^2 = 1.6530 df = 1 P = $10<P<.20$

TABLE 27 ANALYSIS OF REASONS WHY STUDENTS DID NOT DISCUSS OR APPROACH TEACHERS WITH THEIR SEXUAL PROBLEMS*

Reasons	n = 125 Male	%	n = 125 Female	%	n = 250 Total	%	Z value**
Shyness fear of being reported	36	28.8	53	42.4	89	35.6	P 0.03
Teachers are not interested/ lack of avenue	46	36.8	39	31.2	85	34.0	NS
Cultural barrier/ Societal norms	30	24.0	10	8.0	40	16.0	P 0.005
They are vast in knowledge of sexual issues and information	8	6.4	16	12.8	24	9.6	NS
A male teacher in a female schl	12	9.6	0	0.0	12	4.8	NS
Students do not know the importance of teachers/they prefer to discuss with peers	6	4.8	4	3.2	10	4.0	NS
I prefer to teach them the word of God	0	0.0	1	0.8	1	0.4	NS
Not applicable	20	16.0	25	20.0	45	18.0	

*Multiple response

**Comparison between male and female respondents

TABLE 28 REASONS WHY STUDENTS DISCUSSED OR APPROACHED TEACHERS WITH THEIR SEXUAL PROBLEMS*

Reasons why they do	n = 125 Male	%	n = 125 Female	%	n = 250 Total	%
I am friendly with them	7	5.6	9	7.2	16	6.4
They have confidence in me	5	4.0	10	8.0	15	6.0
Teaching subject covers aspects of sex education	5	4.0	8	6.4	13	5.2
No response	5	4.0	2	1.6	7	2.8
	122		29		51	

*Multiple response

The least mentioned response was by 1 (0.8%) female teacher who preferred teaching students the word of God.

Reasons why students discussed their sexual problems with the teacher

Very few teachers 40 (16.0%) claimed that their students discussed their sexual problems with them (see Table 28). Majority of these teachers claimed that students discussed with them because they were friendly with the students. This was stated by 16 (6.4%) respondents consisting of 7 (5.6%) males and 9 (7.2%) females. The second most frequent reason was that the student had confidence in the teachers. This was mentioned by 15 (6%) respondents consisting of 5 (4%) males and 10 (8%) female teachers.

Sexual problems students discussed with their teachers

Relationships with the opposite sex and choosing a partner were the most frequently expressed problem as this was mentioned by 18 (7.2%) respondents consisting of 8 (6.4%) males and 10 (8%) females. This was followed by the incessant approach from males for sexual intercouse, mentioned by 13 (5.2%) respondents, consisting of 1 (0.8%) males and 12 (9.6%) females. The least mentioned response however was ignorance on sexual issues (see Table 29).

TABLE 29 SEXUAL PROBLEMS STUDENTS DISCUSS WITH TEACHERS*

Problem discussed	Male n = 125	%	Female n = 125	%	Total n = 250	%
Relationship with the opposite sexes and choosing partners	8	6.4	10	8.0	18	7.2
**Incessant approach from males for sexual intercourse	1	0.8	12	9.6	13	5.2
Use of contraceptives, safe and unsafe periods	3	2.4	7	5.6	10	4.0
Prevention and treatment of STD	0	0.0	8	6.4	8	3.2
love, sexual life	0	0.0	6	4.8	6	2.4
Size of penis. sexual urge/wet dreams, how to control it	6	4.8	0	0.0	6	2.4
Financial problems leading to giving in to men	1	0.8	0	0.0	1	0.4
Body composition and menstrual cycle	1	0.8	0	0.0	1	0.4
Ignorance of sexual issues	1	0.8	0	0.0	1	0.4
Total	21		43		34	

* Multiple response

** Difference between male and female respondents is significant

Z = P<0.0002

Analysis of reasons given by respondents on the need for sex education by respondents' educational level

Nearly half of the total number of teachers expressed the need for sex education in schools. The major reason being to prevent sexual problems such as abortion, drug abuse and sexual promiscuity among the students. This was the most frequent response given by 107 (42.8%) respondents consisting of 55 (43.3%) graduates and 52 (42.3%) NCE teachers. Another reason why sex education should be taught in schools was to provide correct and constructive information on sexual issues and provide solutions to sexually oritneted Problems. This was expressed by 75 (30%) respondents consisting of 39 (31.7%) NCE and 36 (28.3%) graduate teachers. Sex education being of help to children if illiterate parents was the least frequent reason mentioned by respondents, 4 (1.6%) teachers (Table 30).

Aspects of sex education the teacher would like to teach

Most respondents said they did not know the subject contents of sex education and therefore did not know what they could teach. This was mentioned by 87 (34.8%) respondents consisting of 55 (44%) males and 32 (25.6%) females followed by 65 (26%) respondents who said they could teach reproduction and motherhodd. This consisted of 41 (32.8%) females and 24 (19.2%) males. However

just three female teachers would like to teach christian principles regarding sexual relationship (Table 31).

What teachers think an adolescent should know on sex education vs. age of Teacher

Two groups of responses ranked highest on what the teachers would want the adolescent student to know. First is self control and discipline concerning the sexual urge. This was the view of 56 (22.4%) respondents consisting of 53 (31.4%) within the 25 to 39 year age group and 3 (3.7%) within the 40 - 59 year age group. Teaching on reproduction and motherhood was advocated by 56 (22.4%) respondents consisting of 39 (23.1%) within the 25 to 39 year age group and 17 (21%) within the 40 to 59 year age group.

Personal hygiene was the least frequent subject advocated by 12 (4.8%) respondents consisting of 7 (4.1%) within the 25 to 39 year age group and 5 (6.1%) within the 40 to 59 year age group (Table 32).

TABLE 30 REASONS FOR NEED FOR SEX EDUCATION BY LEVEL OF EDUCATION OF RESPONDENTS*

Reason	n = 125 NCE	%	n = 125 Graduate	%	a = 250 Total	%
Prevention of sexual problems e.g. abortion, unwanted pregnancy	52	42.3	55	43.3	107	42.8
For correct and constructive information on sexual issues, encourage sexual discipline and tackling of sexual oriented problems	39	31.7	36	28.3	75	30.0
For positive influence on students attitude to parenthood, sex education and to discourage negative cultural sexual behaviour	12	9.8	18	14.2	30	12.0
Necessary for full maturity	16	13.0	12	9.4	28	11.2
Early interest in and knowledge of sexual matters, leading to poor reception when corrected - is a source of anxiety	7	5.7	9	7.1	16	6.4
It will help children of illiterate parents	3	2.4	1	0.7	4	1.6
Total	129		131		260	

*Multiple response

TABLE 31 ASPECT OF SEX EDUCATION THAT TEACHER WOULD LIKE TO TEACH*

Aspect	n = 125 Male	%	n = 125 Female	%	n = 250 Total	%	Z value**
Reproduction in Man - Adulthood, motherhood, Human Anatomy and Physiology	24	19.2	41	32.8	65	26.0	P<0.02
Preventive aspect of sex education e.g. Family Planning	17	13.6	35	28.0	52	20.8	P<0.005
Moral and self discipline	17	13.6	28	22.4	45	18.0	NS
Drug abuse and the sexually active adolescent	10	8.0	25	20.0	35	14.0	NS
Timing of sexual intercourse advantages and disadvantages	11	8.8	21	16.8	32	12.8	P<0.05
Societal norms concerning sexual activities	9	7.2	18	14.4	27	10.8	NS
Sexual and economic implications of sexual promiscuity	9	7.2	3	2.4	12	4.8	NS
Religious principles regarding sexual relationship	0	0.0	3	2.4	3	1.2	NS
Don't know	55	44.0	32	25.6	87	34.8	P<0.002
Total	152		206		358		

*Multiple response

NS = Not significant

**Comparison between male and female respondents.

TABLE 32 WHAT TEACHERS THINK AN ADOLESCENT SHOULD KNOW ON SEX EDUCATION VS. AGE OF TEACHER*

Response	n = 169 25-39	%	n = 81 40-60	%	n = 250 Total	%	Z value
Reproduction/ Motherhood	39	23.0	17	21.0	56	22.4	NS
Self control and discipline concerning sexual urge	53	31.4	3	3.7	56	22.4	P<0.01
Preventive sex education especially use of contraceptive	40	23.7	11	13.6	51	20.4	P<0.05
Human anatomy and physiology	27	14.8	7	8.6	34	13.6	NS
They know too much already therefore everything that would help should be taught	21	12.4	14	16.0	35	14.0	NS.
Relationship with the opposite sex	25	14.8	7	8.6	32	12.8	NS
Cultural norms	19	11.2	4	4.9	23	9.2	NS
Human development	18	10.7	3	3.7	21	8.4	P<0.03
Personal hygiene during menstruation	7	4.1	5	6.1	12	4.8	NS
Total	249		71		320		

* Multiple response

NS = Not significant

A total of 101 (i.e. 28.8%) of the selected target population of 351 were classified as non-respondents on the following grounds (1) complete refusal to be interviewed; (2) failure to complete the interview by opting out of the interview after answering a few questions which were considered inadequate for meaningful analysis vis-a-vis the objectives of the study. Two types of persons were identified in the latter category (i) those who in spite of previous explanation by the researcher and her team expressed a definite disinclination to participate further because they considered the subject of sex education inappropriate for discussion as put forward in the study and (ii) those who deliberately made themselves unavailable for interview without specifically voicing any objectsions but whose general attitude and demeanour indicated lack of interest in the subject.

It was considered important to study the demographic and other characteristics of the non-respondents since not only did they represent a substantial proportion of the study groups but could be deemed to be a significant pool of teachers unlikely to wish to participate in any school based on sex education programmes. Such teachers would thereofre have to be considered important and special targets in any plan for introducing sex education in schools.

CHARACTERISTICS OF NON-RESPONDENTS

Sex distribution by marital status

Table 33 shows that a total of 68 (67.3%) female teachers consisting of 7 (10.3%) single and 61 (89.7%) married teachers and 33 (32.7%) male teachers consisting of 4 (12.1%) non-married and 29 (87.9%) married did not complete the questionnaire. The difference between the married and non-married is significant ($P<0.01$).

Sex distribution by age of non-respondents

Analysis of age distribution of non-respondents showed that 55 (54.5%), consisting of 39 (57.6%) males and 36 (52.9%) females of them were over 40 years old while 46 (45.5%) consisting of 14 (42.4%) males and 32 (47.1%) females, were below 40 years (see Table 34).

Type of family

The majority of the non-respondents, 85 (84.2%), consisting of 59 (86.8%) females and 26 (78.8%) males who came from the extended type of family, while only 16 (15.8%) were from nuolear families consisting of 7 (21.2%) males and 9 (13.2%) female (see Table 35).

TABLE 33 SEX DISTRIBUTION BY MARITAL STATUS OF NON-RESPONDENTS

Marital Status	Male	%	Female	%	Total	%
Married	29	87.9	61	89.7	90	89.1
Single	4	12.1	7	10.3	11	10.9
Total	33	100	68	100	101	100

x^2 = 14.4451 df = 1 P<0.01

TABLE 34 AGE AND SEX DISTRIBUTION OF NON-RESPONDENTS

Age	Male	%	Female	%	Total	%
40	19	57.6	36	52.9	35	54.5
40	14	42.4	32	47.1	46	45.5
Total	33	100	68	100	101	100

x^2 = 0.1941 df = 1 P>0.50

TABLE 35

DISTRIBUTION OF NON-RESPONDENTS BY SEX AND TYPE OF FAMILY

Type of Family	Male	%	Female	%	Total	%
Extended	26	78.8	59	86.8	85	84.2
Nuclear	7	21.2	9	13.2	16	15.8
Total	33	100	68	100	101	100

$x^2 = 1.06$ df = 1 = P>0.30

Sex distribution by religion

A total of 57 (56.4%) non-respondents consisting of 20 (60.6%) males and 37 (54.4%) females were christians, while 36 (35.6%), consisting of 7 (21.2%) males and 29 (42.6%) females who were muslims (see Table 36). The difference in the distribution is significant P 0.01.

Sex distribution according to educational qualification

Table 37 shows that majority of the non-respondents 76 (75.2%), consisting of 24 (72.7%) males and 52 (76.5%) females were non-graduates. Only 25 (24.8%) graduates consisting of 9 (27.3%) males and 16 (23.5%) females did not complete the questionnaire.

Subject taught by Sex distribution of the non-respondents

The distribution of non-respondents by subject taught (see Table 38) showed that the majority 30 (29.7) of non-respondents consisting of 1 (3.0%) male and 29 (42.6%) female who taught English. This was followed by 28 (27.7%) respondents, consisting of 17 (51.5%) males and 11 (16.1%) females, teaching mathematics. The least frequent subject was French, mentioned by only 1 (1%) female respondent.

TABLE 36 RELIGION BY SEX DISTRIBUTION OF NON-RESPONDENTS

Religion	Male	%	Female	%	Total	%
Christian	20	60.6	37	54.4	57	56.4
Muslims	7	21.2	29	42.6	36	35.6
Traditional and others	6	18.2	2	3.0	8	8.0
Total	33	100	68	100	101	100

x^2 = 10.6111 df = 1 P<0.01

TABLE 37

EDUCATIONAL QUALIFICATION BY SEX DISTRIBUTION

	Male	%	Female	%	Total	%
Graduates	9	27.3	16	23.5	25	24.8
NCE/non-graduates	24	72.7	52	76.5	76	75.2
Total	33	100.0	68	100.0	101	100.0

$x^2 = 0.1675$ df = 1 P = $0.50<P<0.70$

TABLE 38 SUBJECT TAUGHT BY SEX DISTRIBUTION OF NON-RESPONDENTS*

Subject	Male n = 33	%	Female n = 68	%	Total n = 101	%	Z value**
English/Literature	1	3.0	29	42.6	30	29.7	P<0.04
Mathematics	17	51.5	11	16.1	28	27.7	P<0.03
Bible Knowledge	3	9.1	19	27.9	22	21.8	P<0.01
Geography	9	27.2	11	16.1	20	19.8	NS
Physics	14	42.4	2	2.9	16	15.8	P 0.01
History	1	3.0	12	17.6	13	12.8	NS
Accounting	11	33.3	1	1.4	12	11.9	P<0.01
Yoruba	4	12.1	6	8.8	10	9.9	NS
Biology	3	9.1	5	7.4	8	7.9	NS
Economics	2	6.1	3	4.4	5	5.0	NS
Music	0	0.0	2	2.9	2	1.9	NS
French	0	0.0	1	1.4	1	1.0	NS
	65		102		167		

* Multiple answer

NS = Not significant

**Comparison between male and female non-respondents

Sex distribution on basis of how non-respondents learnt about sex education

Personal experience appeared to be the most frequent way the non-respondents learnt about sex education. This was mentioned by 90 (89.1%) non-respondents consisting of 34 (103.3%) males and 56 (67.8%) females. This was followed by peers and friends, mentioned by 75 (74.3%) non-respondents consisting of 43 (130.3%) males and 32 (97%) females. The least frequently mentioned response was religious bodies mentioned by 18 (17.2%) non-respondents consisting of 3 (9.1%) males and 15 (22.1%) females (see Table 39).

Sex distribution of men respondent by previous exposure to sex education

Table 40 shows that majority of the non-respondents 74 (73.3%) consisting of 27 (81.8%) males and 47 (69.1%) females have never studied sex education formally. While 27 (26.7%) non-respondents consisting of 6 (18.2%) males and 21 (30.9%) females claimed to have studied an aspect of sex education. This is shown on Table 41.

Sex distribution of non-respondents on the basis of aspect of sex education studied

Motherhood/mothercraft appeared to be the most frequent aspect studied. This was mentioned by 18 (17.8%) non-respondents who were all females. This was followed by

TABLE 39 SEX DISTRIBUTION ON THE BASIS OF HOW NON-RESPONDENTS LEARNT ABOUT SEX EDUCATION*

Response	n = 33 Male	%	n = 68 Female	%	n = 101 Total	%	Z value**
Personal experience	34	103.3	56	67.8	90	89.1	P<0.002
Peers/friends	43	130.3	32	97.0	75	74.3	P<0.003
School	9	27.3	17	25.0	26	25.7	NS
Mass media	14	42.2	9	13.2	23	22.8	P<0.002
Societal interaction	4	12.1	18	26.5	22	21.8	NS
Church/Religion	3	9.1	15	22.1	18	17.2	NS
Total	107		147		254		

*Multiple response

**Comparison between male and female non-respondents

NS = Not significant

TABLE 40 SEX DISTRIBUTION ON THE BASIS OF HOW NON-RESPONDENTS LEARNT ABOUT SEX EDUCATION

Response	Male	%	Female	%	Total	%
No	27	81.8	47	69.1	74	73.3
Yes	6	18.2	21	30.9	27	26.7
Total	33	100	68	100	101	100

x^2 = 1.8031 df = P = 0.10<R<0.20

reproduction in biology mentioned by 11 (10.9%) non-respondents consisting of 6 (18.1%) males and 5 (17.3%) females. The least mentioned aspect studied was the relationship between adolescents of opposite sexes, mentioned by 5 (5.0%) respondents, who were all females (see Table 41).

Sex distribution of non-respondents who wished they had sex education ealier

Altogether 71 (70.3%) non-respondents consisting of 59 (86.8%) females and 12 (36.4%) males wished they had received sex education earlier. This was followed by 26 (25.7%) non-respondents consisting of 18 (54.5%) males and 8 (11.8%) females who did not respond. While only 4 (4%) non-respondents consisting of 3 (9.1%) males and 1 (1.4%) famale said no (see Table 42).

Sex distribution of non-respondents on the basis of should adolescents be taught sex education?

Table 43 shows that majority of the non-respondents 62 (61.4%) consisting of 49 (72.1%) females and 13 (39.4%) males said yes. While 21 (20.8%) consisting of 15 (45.5%) males and 6 (8.8%) females did not respond to the question. Eighteen 18 (17.8%) non-respondents consisting of 13 (19.1%) females and 5 (15.1%) males said no to the question.

TABLE 41 SEX DISTRIBUTION OF NON-RESPONDENTS ON THE BASIS OF ASPECTS OF SEX EDUCATION STUDIED*

	Male	%	Female	%	Total	%	Z value**
Mother/Mothercraft	0	0.0	18	26.5	18	17.8	NS
Reproduction	6	18.1	5	7.3	11	10.9	NS
Family living and societal norms	2	6.0	7	10.3	9	8.9	NS
Family planning advantages/ disadvantages	1	3.0	7	10.3	8	7.9	NS
Relationship between adolescent of opposite sex	0	0.0	5	7.4	5	5.0	NS
Not applicable	27	81.8	47	69.1	74	73.2	NS
Total	36		89		125		

*Multiple response

**Comparisons between male and female non-respondents

NS = Not significant.

TABLE 42 SEX DISTRIBUTION OF NON-RESPONDENTS WHO WISHED THEY HAD SEX EDUCATION EARLIER

Response	Male	%	Female	%%	Total	%
Yes	12	36.4	59	86.8	71	70.3
No	3	9.1	1	1.4	4	4.0
No response	18	54.5	8	11.8	26	25.7
Total	33	100.0	68	100.0	101	100.0

x^2 = 26.5701 df = 1 P<0.01

TABLE 43 SEX DISTRIBUTION OF NON-RESPONDENTS ON THE BASIS OF SHOULD ADOLESCENTS BE TAUGHT SEX EDUCATION

Response	Male	%	Female	%	Total	%
Yes	13	39.4	49	72.1	62	61.4
No	5	15.1	13	19.1	18	17.8
No response	15	45.5	6	8.8	21	20.8
Total	33	100.0	68	100.0	101	100.0

x^2 = 18.7661 df = 2 P<0.01

Distribution by sex on the basis of who should be responsible for teaching adolescent student sex education

Majority of the non-respondents 87 (86.1%) consisting of 78 (114.0%) females and 9 (27.3%) males, stated that parents especially mothers should bear the responsibility of teaching their children sex education. This was followed by 20 (19.8%), consisting of 18 (54.5%) males and 2 (3.0%) females, who said both the parent and the teacher should be responsible for the task. While only 8 (7.9%) non-respondents consisting of 6 (18.2%) males and 2 (3%) females said teachers alone should be responsible for teaching sex education (see Table 44).

Distribution by sex on the basis of what age should a child be given sex education?

Table 45 shows that majority of the non-respondents 37 (36.6%) consisting of 27 (39.7%) females and 10 (30.3%) males did not respond to this question. This was followed by 35 (34.7%) non-respondents who said they did not know. However of the majority of those who answered the question, 14 (13.9%) of them consisting of 9 (13.2%) females and 5 (15.1%) males, considered ages 16 to 20 years to be the ideal time for teaching sex education to the student. While 11 (10.9%) non-respondents consisting of 9 (13.2%) females and 2 (6.1%) males considered ages 11 to 15 years the ideal time for sex educating the child.

Distribution by sex to the question
Is sex education taught in your school?

Table 46 shows that majority 54 (53.5%) respondents consisting of 13 (39.4%) males and 41 (60.3%) females did not respond to this question.

This was followed by 22 (21.8%) respondents consisting of 13 (19.1%) females and 9 (27.3%) males claimed that it was not taught. While 11 (10.9%) respondents consisting of 5 (7.4%) females and 6 (18.2%) males said they did not know if sex education is taught or not.

TABLE 44 DISTRIBUTION BY SEX ON THE BASIS OF WHO SHOULD BE FOR TEACHING STUDENT SEX EDUCATION?*

	n = 33 Male	%	n = 68 Female	%	n = 101 Total	%	Z value**
Parents (especially mothers)	9	27.3	36	80.0	45	60.8	P<0.01
Teachers - women	6	18.2	2	3.0	8	7.9	P<0.035
Teachers/Parents	18	54.4	2	3.0	20	19.8	P<0.014
No response	6	18.2	5	7.4	11	10.9	NS
	39		45		74		

*Multiple answer

**Comparison between male and female non-respondents

TABLE 44 DISTRIBUTION BY SEX ON THE BASIS OF WHO SHOULD BE FOR TEACHING STUDENT SEX EDUCATION?*

	n = 33 Male	%	n = 68 Female	%	n = 101 Total	%	Z value**
Parents (especially mothers)	9	27.3	36	80.0	45	60.8	P<0.01
Teachers - women	6	18.2	2	3.0	8	7.9	P<0.035
Teachers/Parents	18	54.4	2	3.0	20	19.8	P<0.014
No response	6	18.2	5	7.4	11	10.9	NS
	39		45		74		

*Multiple answer

**Comparison between male and female non-respondents

TABLE 45 DISTRIBUTION BY SEX ON THE BASIS OF WHAT AGE SHOULD A CHILD BE GIVEN SEX EDUCATION

Age	Male	%	Female	%	Total	%
1 - 5	0	0.0	0	0.0	0	0.0
6 - 10	1	3.0	2	3.0	3	2.9
11 - 15	2	6.1	9	13.2	11	10.9
16 - 20	5	15.1	9	13.2	14	13.9
21 - 25	0	0.0	1	1.5	1	1.0
Don't know	15	45.5	20	29.4	35	34.7
No response	10	30.3	27	39.7	37	36.6
Total	33	100.0	68	100.0	101	100.0

$x^2 = 2.5367$ df = 3 $P > 0.30$

TABLE 46

DISTIBUTION BY SEX TO THE QUESTION:
IS SEX EDUCATION TAUGHT IN YOUR SCHOOL?

Response	Male	%	Female	%	Total	%
Yes	5	15.1	9	13.2	14	13.8
No	9	27.3	13	19.1	22	21.8
Don't know	6	18.2	5	7.4	11	10.9
No response	13	39.4	41	60.3	54	53.5
Total	33	100.0	68	100.0	101	100.0

$x^2 = 4.9254$ df = 3 P = $0.05 < P < .10$

Nature of sex education as stated by non-respondents

Sexual relationships between adolescents of opposite sexes was the most frequently stated nature of sex education. This was mentioned by 63 (62.4%) non-respondents, consisting of 49 (72.1%) females and 14 (42.4%) males. This was followed by 60 (59.4%) non-respondents consisting of 44 (64.7%) females and 16 (48.5%) males who described it as reproduction in man as it is taught in the biology class. While education on the correct attitude towards sexual life and the attitude of the child during teenage years were the two responses least frequently mentioned (see Table 47).

Personal problems discussed by non-respondents according to sex distribution

As mentioned earlier those who did not complete the questionnaire were more interested in their own martital Problems than in the sexual health of the adolescent student.

Table 48 shows that majority of the non-respondents 51 (50.5%) consisting of 46 (67.6%) females and 5 (15.2%) males discussed problems of family planning in the home as it is usually opposed by the husband and the in-laws. This was followed by discussion of the problem of a second wife being brought into the home situation if the wife refused to have more children. This was mentioned

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As mentioned earlier those who did not complete the questionnaire were more interested in their own martial problems than in the sexual health of the adolescent student.

Table 48 shows that majority of the non-respondents 51 (50.5%) consisting of 46 (67.6%) females and 5 (15.5%) males discussed problems of family planning in the home as it is usually opposed by the husband and the in-laws. This was followed by discussion of the problem of a second wife being brought into the home situation if the wife refused to have more children. This was mentioned

TABLE 47 NATURE OF SEX EDUCATION AS STATED BY NON-RESPONDENTS*

Response	Male	%	Female	%	Total	%	Z value**
Sexual relationship between adolescents of opposite sex	14	42.4	49	72.1	63	62.4	P 0.05
Reproduction	16	48.5	44	64.7	60	59.4	NS
Ideal relationship between adolescents of opposite sex	8	24.2	17	25.0	25	24.8	NS
Education on human physiology and sexual self control	14	42.4	2	2.9	16	15.8	P 0.01
Preventive education on teenage sexual problems	1	3.0	3	4.4	4	3.9	NS
Respect for ones body/correct attitude towards sexual life	0	0.0	2	2.9	2	2.0	NS
Attitude, behaviour of teenage during the adolescent period	0	0.0	2	2.9	2	2.0	NS
Total	53		119		172		
N	33		68		101		

*Multiple answer

**Comparison between male and female non-respondents.

NS = Not significant

by 50 (49.5%) non-respondents consisting of 43 (63.2%) females and 7 (21.2%) males. The least frequently mentioned problem was discussed by only 12 (11.9%) non-respondents consisting of 5 (7.4%) females and 7 (21.2%) males and was the sexual incompatibility between husbands and wives, which could be solved through sexual health education.

TABLE 48 PERSONAL PROBLEMS DISCUSSED BY NON-RESPONDENTS ACCORDING TO SEX DISTRIBUTION

Problems discussed	n = 33 Male	%	n = 68 Female	%	n = 101 Total	%	Z value
Family planning - husbands inlaw/family do not understand/support. After having 4–5 children the grandparents on both sides still press for more	5	15.2	46	67.6	51	50.5	P<0.002
If wife refused to have more children a second wife is brought in	7	21.2	43	63.2	50	49.5	P<0.001
Promiscuity in men	7	21.2	32	47.1	39	38.6	P<0.001
Problems due to infertility e.g. another wife, divorces	9	27.3	25	36.8	34	33.7	NS
He is not interested in sex education, I prefer family education	21	63.6	14	20.6	35	34.7	P<0.001
Women should be doing this kind of thing	29	87.9	0	0.0	29	19.8	P<0.002
Problem of double standard that women face in our society	0	0 0	21	30.9	21	20.8	NS
Many marriages need sexual health counselling than you can imagine not these kids who already know more than their mothers	2	6.1	18	26.5	20	19.8	P<0.002
Husbands should be sex educated on sexual intercourse, family planning advantages/ disadvantages			18	26.5	18	17.8	NS
Sexual incompatibility between husbands and wife - lack of sex educ.	7	21.2	5	7.4	12	11.9	NS
Total	87		218		335		

TABLE 48 PERSONAL PROBLEMS DISCUSSED BY NON-RESPONDENTS ACCORDING TO SEX DISTRIBUTION*

Problems discussed	n = 33 Male	%	n = 68 Female	%	n = 101 Total	%	Z value
Family planning - husbands inlaw/family do not understand/support. After having 4-5 children the grandparents on both sides still press for more	5	15.2	46	67.6	51	50.5	P<0.002
If wife refused to have more children a second wife is brought in	7	21.2	43	63.2	50	49.5	P<0.001
Promiscuity in men	7	21.2	32	47.1	39	38.6	P<0.001
Problems due to infertility e.g. another wife, divorces	9	27.3	25	36.8	34	33.7	NS
He is not interested in her education, I prefer family education	21	63.6	14	20.6	35	34.7	P<0.001
Women should be doing this kind of thing	29	87.9	0	0.0	29	19.8	P<0.002
Problem of double standard that women face in our society	0	0 0	21	30.9	21	20.8	NS
Many marriages need sexual health counselling than you can imagine not these kids who already know more than their mothers	2	6.1	18	26.5	20	19.8	P<0.002
Husbands should be sex educated on sexual intercourse, family planning advantages/ disadvantages			18	26.5	18	17.8	NS
Sexual incompatibility between husbands and wife - lack of sex educ.			5	7.4	12	11.9	NS
Total	7 87	21.2	218		335		

*Multiple answer

The analysis that follow aim at identifying those characteristics of the non-respondents that are significantly different from those of respondents.

COMPARISON OF CHARACTERISTICS OF RESPONDENTS AND NON-RESPONDENTS

Sex distribution of respondents and non-respondents

Table 49 shows that there was a significantly higher proportion of females among the non-respondents as compared to respondents than there were males $X^2 = 8.0$, $p<0.1$.

Marital status of respondents and non-respondents

Tables 50 shows that there was a significantly higher propertion of married than single teachers among the non-respondents than respondents, $X^2 = 15.05$; p 0.01.

Relioious distribution of respondents and non-respondents

Table 51 shows that a significantly higher proportion of non-christians did respond; while 47 (51.6%) of the non-christians did not respond only 57 (21.9%) of christians did not respond $X^2 = 21.70$ $P<0.01$.

Age distribution of respondents and non-respondents

Comparisons in the age distribution of respondents and non-respondents (Table 52) indicated that older teachers i.e. those age 40 years and above were not favourably disposed to the subject of sex education in schools, as measured by their response rate, than younger teachers $X^2 = 13.8$ $P<0.01$.

TABLE 49 SEX DISTRIBUTION OF RESPONDENTS AND NON-RESPONDENTS

	Male	%	Female	%	Total	%
Respondents	125	79.1	125	64.8	250	71.2
Non-respondents	33	20.9	68	35.2	101	28.8
Total	158	100.0	193	100.0	351	100.0

x^2 = 8.0 df = 1 P<0.01

TABLE 50 MARITAL STATUS OF RESPONDENTS AND NON?RESPONDENTS

	Single	%	Married	%	Total	%
Respondents	74	87.1	173	65.8	247	71
Non-respondents	11	12.9	90	34.2	101	29
	85	100.0	263	100.0	348	100.0

1 male divorced
1 female divorced
1 female widowed

$x^2 = 15.05$ df = 1 $P<0.01$

TABLE 51 RELIGIOUS DISTRIBUTION OF RESPONDENTS AND NON-RESPONDENTS

	Christian	%	Muslim	%	Total	%
Respondents	203	78.1	47	51.6	250	71.2
Non-respondents	57	21.9	44	48.4	101	28.8
	260	100.0	91	100.0	351	100.0

$x^2 = 21.70$ df = 1 P<0.01

TABLE 52 AGE DISTRIBUTION OF RESPONDENTS AND NON-RESPONDENTS

	40	%	40+	%	Total	%
Respondents	109	70.3	81	59.6	190	65.3
Non-respondents	46	29.7	55	40.4	101	34.7
	155	100.0	136	100.0	291	100.0

x^2 = 10.6 df = 1 P<0.01

Educational status of respondents and non-respondents

Table 53 shows that a higher proportion of graduates, 127 (83.6%), responded to the questionnaire as against 123 (61.8%) of non-graduates. The difference is statistically significant $X^2 = 19.74$; $P<0.01$.

TABLE 53 EDUCATIONAL DISTRIBUTION BETWEEN RESPONDENTS AND NON-RESPONDENTS

	Non-Graduates	%	Graduates	%	Total	%
Respondents	123	61.8	127	83.6	250	71.2
Non-respondents	76	38.2	25	16.4	101	28.8
TOTAL	199	100.0	152	100.0	351	100.0

$x^2 = 19.7366$ df = 1 P<0.01

CHAPTER FIVE

DISCUSSION

A large number of people, especially the adolescents and youths, suffer unduly in the developing countries from sex related problems and diseases, mostly as a result of urbanization and development, and these problems are usually carried into adulthood (Friedman 1985). Sex education has a major role in arresting sex-associated diseases and problems which are spreading at an alarming rate. The existing behavioural, educational, social and economic status of sex education programmes in secondary schools in Ibadan were identified and analysed in this study.

In this chapter, the findings are discussed on the basis of seven considerations discerned from the literature review, the objectives and results.

1. Demographic characteristics of the respondents as it may affect sex education.
2. Knowledge of sex education, its uses, timing and needs.
3. Behavioural diagnosis of existing sex education activities in schools studied.

4. Teachers' perception and attitudes regarding sex education and the school child.
5. Sex education activities in schools, teachers' awareness, interest and involvement in the sexual life of the student.
6. Socio-economic factors as they affect the willingness and position of the teachers in the schools, to introduce sex education into the school's curriculum.
7. Comparisons between the characteristics of those who responded and those who did not respond to the questionnaire.

Health education has been described by Green et al (1980) as an activity designed to facilitate voluntary adaptations of behaviour conducive to health. As a result health professionals regardless of what they do have a long term goal viz to improve the health and quality of life of the people they serve. In order to achieve this goal a number of things have to be carried out such as: identification of health problems or risks (with respect to this study efforts at solving sexual health problems among adolescents), diagnosis of variables such as behaviour, education (Knowledge) attitude, perception, beliefs and values, leading to assessing health actions.

The Precede framework by Green et al (1980) is considered in discussing the study findings. The diagram of the framework is on page 168. Phases 1, 2, and 3 of the framework, the Epidemiological and social diagnosis as well as the behavioural causes of the problem under study, have been discussed in chapters one and two of the study.

The next step of the study is discussed using the three factors which have been identified as influencing health behaviour under phase 4, educational diagnosis, of the framework. The three factors are predisposing, enabling and reinforcing factors.

PREDISPOSING FACTORS

Predisposing factors include knowledge, attitude, beliefs, values and perceptions, it relates to the motivation of an individual or group to act. In a general sense, predisposing factors can be said to be "personal" preferences that an individual or group brings to an educational experience. These preferences may either support or inhibit health behaviour, whichever way they are influential. However a variety of demographic factors such as age, gender, marital status present family size or type are also important as predisposing factors, though they are beyond the direct influence of a health education programme.

THE PRECEDE FRAMEWORK

Phase 6

Administrative diagnosis

Phases 4-5

Educational diagnosis

Phase 3

Behavioural diagnosis

Phases 1-

Epidemiologic social diagno

Predisposing factors:
- Knowledge
- Beliefs
- Values
- Attitudes
- Perceptions

(Selected demographic variables)

Non-health factors

Health Education Components of Health Programme

Enabling factors:

Availability of health resources
Accessibility of health resources
Community/government priority and commitment to health
Health related skills

Non-behavioural causes

Health Problems

Behavioural causes

Reinforcing factors:

attitudes and behaviour of Family, Peers, Teachers, Employers Health provider

Demographic characteristics of Respondents

Demographic analysis showed that majority of the respondents, both male and female, were in the 25 to 39 year age group. Next in number were the elderly (aged 55-59) who were nearing retirement age and in the higher positions such as head teacher. It is note worthy that it is from the younger age group (25-29) that the most positive attitude towards sex education was elicited in this study. This may be a question of the generation gap as the older teachers grew up when the society was less open to sex education and therefore may be more conservative and less inclined to sex education (Table 2).

At least three quarters of the teachers were married. However the study showed that young teachers are more likely to want to teach sex education. This augurs well for the future of sex education in schools in view of the finding that students prefered or tended to discuss their sexual problems more with young teachers than married ones.

A little over half, 127 (50.7%), of the respondents were graduates. This cadre could be presumed to be more enlightened and to have a better comprehension of the issues related to sex education in schools. They should also be easier to train in sexual health education.

The study did not reveal any significant difference in the attitude of graduates and non-graduates to sex education among the respondents. However the majority of the non-respondents 76 (75.2%) were non-graduates. This shows overall that graduates are more inclined to the teaching of sex education than non-graduates.

A larger number of the respondents specialised in art subjects and very few specialised in teacher education. This means that many of the respondents in this study were not professional teachers and therefore may lack the basic skills which would be expected to facilitate the teaching of sex education.

Most of the respondents 203 (81.2%) were christians, and only 38 (15.2%) were muslims. However there was a larger proportion of non-christians among the non-respondents than of christian. Religion seemed to have little or no influence on the perception or opinion of the teachers as far as sexual issues are concerned. The answers given by all respondents did not reflect partisan religious views. This is an important finding since it could be assumed that the attitude of teachers towards sex education would be objective and not distorted by parochial religious prejudices.

Knowledge of sex education, needs, uses and timing

It is note worthy that generally male teachers opinioned that female teachers or women should handle sex education in schools since girls are the group at risk and not male students (See lable 18).

According to Green et al (1980) an increase in knowledge does not always cause behaviour to change, but positive association between the two have been reported by Cartwright (1940) and Farquhar et al (1977).

It is however necessary to have some measure of health knowledge before a Personal health action will occur. Furthermore the desired health action will probably not occur unless a person received a cue strong enough to motivate him or her to act on the knowledge he or she has. However the appropriate perspective to keep is an intermediate one, that knowledge is a necessary but not sufficient factor in changing health behaviour.

The study revealed that the majority of the teachers never had formal sex education which may explain why many of the subjects' knowledge of sex education was quite limited (see Table 7). However a few studied aspects of sex education, such as reproduction, in biology class and or in mothercraft in the home economics course in secondary school (see Table 8). A large number of the teachers 241 (85.0%) actually learnt about sexual issues

through personal experience and peers when they were young. This is in line with reports from studies conducted which reported that adolescent sources of sexual knowledge is grossly inadequate and full of wrong information.

It is informative that 189 (75.6%) of the respondents expressed the wish that they had had formal sex education when they were younger. Quite clearly therefore although some of these teachers would themselves not to be keen on teaching sex education they nevertheless from their personal experiences realise the value of teaching sex education to adolescents in schools.

Sex education can be regarded as a process of making the individual develop a positive and wholesome attitude towards sex. This is a process that will enable the individual to lead a full and enjoyable life, as a responsible member of the society to which he or she belongs. It would also make him a good producer in the economy as well as a good consumer (Fakunle 1986).

Not a single respondent was able to give a response that indicated a wholesome comprehension of sex education (See Table 11). Some refused outright to give any definition because they claimed not to know.

Analysis of the study revealed that the subject specialised in (see Table 11) did not influence the

respondents knowledge of sex education or its nature. Findings did not show any relationship between the nature of sex education and the subject specialised in by teachers and their comprehension of sex education. Most of the teachers 168 (67.2%) described sex education as being centred on sexual relationships between adolescents of opposite sexes, while another 75 (30%) described it as an ideal relationship between adolescents of opposite sexes.

On the issue of the appropriate age at which a child should be given sex education, most respondents (see Table 19) considered the 16 to 20 year age group as ideal. But at that age most children are already mature and are at risk of the untoward consequences of uncontrolled sexual activities. This response underlines the lack of comprehension by most of the respondents on the nature and purpose of sex education. Researchers such as Ekemide (1978), Masland (1978) Windokun (1979), said sex education ought to start as early as possible, even from the mother's knees.

The majority of the teachers (see Table 16) at least know that most of the students obtain sexual information from such sources as pornographic materials (as they have caught students reading them). Other sources are peers, lovers and films (mass media), which some

(see Table 16b) felt was alright as they themselves learnt through similar source. According to Lancet et al (1978) in almost all the studies conducted on sex education, adolescents and youths have been found to lack appropriate and adequate knowledge of sex education. Therefore the sources mentioned above and identified by the teachers may not be alright as some teachers have indicated.

However when asked who should actually take care of sex education of the adolescent, the majority 218 (87.2%) mentioned parents. Others said it should be undertaken by both parents and the teacher.

Further findings on the teachers' comprehension of sex education revealed that though sex education is not taught as a subject in schools, in the view of teachers some ten or more subjects cover different aspects of sex education albeit not in depth (see Tables 22/23). Three subjects were most frequently mentioned: biology covering such aspects as reproduction in man, sexually transmitted diseases (STD), family planning; health sciences was also mentioned as covering hygiene and reproduction in man. Home economics the third subject mentioned covered, in their opinion, family planning, motherhood, puberty, family living. This suggests that though teachers cannot give a wholesome

definition of sex education, they at least have an idea of its components.

However if these subjects cover aspects of sex education as mentioned above, why then does the society still have adolescent sexual problems? In the opinion of Green et al (1980) this may be due to the fact that knowledge is a necessary but not significant factor in changing health behaviour; there has to be a cue to action.

Teachers, however observed that at the rate at which adolescent sexual problems are occurring sex education is greatly needed. Although for some students it may already be too late, the introduction of sex education for adolescents of the future is necessary. Furthermore the older students can still make use of sex education in future. The urgent need for sex education has also been acknowledged by other researchers such as Lancet et al, (1978), Friedman (1985), Fakunle (1986).

Beliefs, values and attitudes

Beliefs, values and attitudes are independent constructs, yet the differences between them are often fine and complex (Kelman 1974).

Beliefs: A belief is a conviction that a phenomenon or object is true or real. Faith, trust, and truth are words used to express or imply belief. Health oriented belief statement include such statements as: "I don't believe that medication can work". "If this diet won't work for him it sure won't work for me" (Green et al 1980). Similar statements were made by the subjects of this study which revealed their beliefs. Such statements as:

"Ah! these children, they know more than their mothers, so what can I teach them"

"These children, they know more than enough, they can even teach me. You see their generation is loose, sexually corrupt, rotten beyond what you can imagine. They do all sorts of things so what more can sex education do for them".

Such statements as those given above were made by other respondents, which showed that some teachers believe that the sexual situation of the adolescent student cannot be helped because it had gotten out of hand.

If beliefs such as these are strongly held, the question now is to what extent will they interfere with good health? Can they be changed? Will change facilitate health promoting behaviour?

Attitude:

Attitude is one of the vaguest yet most frequently used word in behavioural sciences. According to Green et al (1980) Mucchielli describes attitudes as "a tendency of mind or of relatively constant feeling toward a certain category of objects, persons or situations". Kirscht (1974) indicated that attitude represents a collection of beliefs that always include an evaluative aspect; that is, attitude can always be assessed in terms of good and bad or positive and negative.

Green et al (1980) however said health educators should keep in mind these two key concepts: Attitude is a rather constant feeling that is directed towards an object (be it a person, an action or an ideal) and inherent in the structure of an attitude is evaluation, a good/bad dimension.

The attitude of the teachers to sex education, sexual health and behaviour of the student varied from a negative to positive feeling. Positive in the sense that some teachers were quite eager and excited about sex education, while others especially the older ones were not interested.

The study revealed from observation that generally the teachers especially the male teachers were eager to discuss anything on "sex". At the onset of the interview in each staff room there was excitement and laughter and snide remarks, such as:

> "We do not teach how to become pregnant o" or "Ah! sex education: kissing and rubbing. Me I don't know o, it is Bola (a male teacher) that is an expert in that area".

The older women were more reserved while the younger females usually joined in the banter before settling down to individual interviews. On settling down however it became difficult to concentrate the discussion on the student. They seemed not to be really interested in the sexual health of the student, as long as the student does not become pregnant.

Most of the teachers however felt that females (girls) rather than males (boys) should be taught or need sex education. A large number actually said they do not know much about boys.

Most of the teachers 233 (93.2%) endorsed sex education in school, (see Table 23) and agreed that it is greatly needed and they would like to teach it if they could be adequately informed on what to teach.

Although most of the respondents endorsed sex education in schools, they did not feel they are directly concerned with the process of educating the students about it. Most referred to the parents as directly concerned and should be assisted by the science teachers. According to most of the respondents, as the saying goes "Charity begins at home" especially as sex is a sensitive and usually privately discussed and treated issue in our society. More importantly it is the responsibility of parents to educate their children on sexual matters.

In the opinion of most male teachers, women are in a better position to handle the subject since girls are directly concerned and males might be suspected of ~~immoral~~ behaviour if involved in such issues as sex.

However science teachers especially biology teachers are suggested as next best to the parent because sex education is viewed as reproductive education. Another reason may be that sex education is viewed as a science subject.

Respondents who were willing to teach sex education were not interested in the guidance and counselling aspect of the work, because they did not realise the importance of guidance and counselling as part of sex education. Moreover, teachers see their teaching

of sex education as doing the student a favour, where the parent has defaulted, and also there were time constraints.

Some of the teachers believed that the student is "sexually corrupt". This may be interpreted to mean that the student possesses incorrect information on sexual health which Lancet, Masland (1978) and Furstenberg (1985) report as gross lack of sex education in adolescents which is common to reports of studies on sex education.

Perception of respondents

Most of the respondents saw "sex education" as education on sexual intercourse between two people of the opposite sex. It is therefore not surprising that they perceived the appropriate time for giving sex education to the child as during ages 16 to 20 years, when they are considered mature enough to receive it. They forget that the child might have received such informal "education" through personal experience, reading, the mass media, or peer group.

This perception reveals the influence of culture and the society on the teachers. This is because our culture dictates that only adults should know about or discuss sexual issues. Some respondents see sex education as a delicate issue which might be made difficult to handle as a result of societal and cultural

norms, for example a male teacher teaching a female student sexual health.

Some are not bothered with how the student is actually educated about sex because according to some respondents, when they were students nobody taught them.

Most male teachers, especially those in girls-only schools, saw the work as the responsibility of female teachers or women in general because they felt that only females need sex education. Moreover they may not want to be labelled as morally loose by getting themselves involved in teaching sex education to the female students, as any relationship between the male teacher and the female student is always looked at with suspicion by the female teachers.

A major finding however is that teachers did not think boys need any form of sex education. This is a very wrong perception. Granted girls are the population or group at primary risk, yet boys need a measure of sex education. As a result male sexual problems, for example gonorrhea, were not mentioned at all by the teachers. They seemed to have forgotten that men too do have them especially since the sexual problems of the man complicates that of the woman at times.

ENABLING FACTORS

Enabling factors are the skills and resources necessary to perform a health behaviour. Such resources include health care facilities, personnel, schools, outreach clinics or any similar resource. Funds, distance, available transportation, hours open for use, and so forth, are enabling factors of this sort. Also involved are personal health "skills" (Green et al 1980).

Availability of health resources

Accessibility of health resources

Community/government priority and commitment to health

Health related skills

In this study the professional health educator, or as a substitute, the guidance counsellor, is the appropriate resource person for sex education. In all the 16 schools studied there was not a single professional health educator except for those who visited for health talks once a school session. Only 9 schools had guidance counsellors who were not functioning in their professional capacity but just as class teachers teaching other subjects. It is therefore apparent that adolescent students do not

have access to sexual health resources. The teachers who can also help out with their problems do not have the time or interest, and more importantly there is a communication gap between the teachers and the students. Also as has been observed (Windokun 1979 and Furstenberg 1985) parents who have been identified as the ideal persons to do the job have shelved the responsibility.

In the Nigerian Society as in other parts of the world the issue of sex education has been controversial, though not much has been done about it in this country. It is only recently that sex education has stood to gain Prominence with individuals who spoke through the mass media/community, the Government has not however actually taken up the issue as a priority and commitment to health.

Furthermore to enable availability of health related skills more health educators need to be trained.

Nature and extent of sex education activities in schools, teachers awareness, interest and involvement

There are some resources and factors needed to enhance good health behaviour in order to establish it in the school. Such resources include health care facilities.

In this study it is viewed that the facilities and skills needed for sexual health education are an informed and adequate source of knowledge, objectivity in the

education, a cordial relationship between the teacher and the student and guidance and counselling facilities, in teaching of sex education and sexual issues. Of utmost importance also is a well planned and functional sex education programme and activities within the school health programme.

Out of the 19 schools used in this study, none had a sex education programme or incorporated it as a subject on their time table. Only one school had a home economics scheme of work which concentrates on teaching of sex education, guidance and counselling/ information. Five schools had a home economics teacher, nine had guidance/counsellors and twelve schools had physical and health educators. However most of these teachers did not operate in their professional capacities, but concentrated on their subsidiary subjects such as english, history, economics and many others as usually required by the schools' authority.

None of the respondents was a professional health educator, therefore they were not in a position to provide appropriate professional advice on sex education. Those whose speciality is allied to sex education had not made themselves available or accessible to the students. Generally teachers were

aware of what goes on amongst the students, mostly through observation, such as what the students read for leisure, sexual activities and how they get their sexual information (see Table 27). They have observed that most students read pornographic materials and were involved in ordinary sexual relationships with each other. They knew which of their female students were pregnant and aborted the pregnancies and why the students dropped out of school for some time or permanently. However such information very often never officially reach the schools' authorities.

The study revealed that the majority of the teachers were not interested in sex educational activities with the adolescent (see Table 27) and therefore were not ready to become involved. This may be because in their own school days sex education was not emphasised or considered important. It is therefore a matter of history repeating itself. The student is therefore expected to find a way of taking care of herself/himself. Moreso as it is seen as the duty of the parents rather than the teacher. Another reason is that most teachers feel that students are capable of taking care of themselves because they know too much too soon, already. It may also be because sexual issues in our culture are delicate and

involve a lot of hard work. For example to a sexually active adolescent, should family planning be suggested or offered, while the society frowns on it? Meanwhile parents would rather pretend they do not know what is going on. Or in the case of a pregnant student from a poor home, should she be advised to carry it to term and add to the burden of the family with the prospects that the baby might end up in a gutter, or should she undergo an abortion which is dangerous and illegal in this country?

It is observed by the present author that sexual issues in this society are long, complicated and difficult subjects. As a result sexual health is poor, especially amongst the young people.

Teachers attitude to the inclusion of sex education in the schools' curriculum, type and mode of sex education programme needed

In order for healthful actions to take Place and bring about an improved health status and/or behaviour a change in knowledge, attitude and practice is required.

The study revealed that the attitude and behaviour of teachers with regards to sex education in schools, such as counselling is undermined by lack of interest and non-involvement, inadequate knowledge, and uncertain perception and attitude. These may bd due to cultural influence as a result of which they do not know which

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stand to really take, whether to be in favour or against sexual issues being discussed with adolescents. This is stated because most of the teachers favoured the inclusion of sex education into the schools' curriculum (see Table 23). However with further investigation most of the teachers claimed that the situation of a sex education programme in schools is due to lack of interest and time on the side of the teacher and that students do not know the importance of teachers in this field of education (see Table 27).

Reasons given for favouring the inclusion of sex education into the schools' curriculum include prevention of unwanted pregnancies, abortion and premature deaths amongst girls. The majority however indicated that they would need further health education and information before they could handle the aspect of adolescent sex education. The techniques and methods of teaching sex education and the course content are two major aspects the teachers would want to be informed about. This showed the teachers are actually concerned with how to put the information across to the student without ending up in an embarrassing situation.

The study revealed that many do not know what aspects of sex education they could handle successfully, as they did know what sex education for the adolescent is all

about. However, of those who knew what they would like to teach, the teaching of reproduction significantly rated highest on the list. This may be expected as health education is a special field and sex education is a specific aspect of health education. Reproduction in human beings, may therefore seem the easiest thing to teach.

REINFORCING FACTORS

These are factors that determine whether health actions are supported. The source of reinforcement varies, depending on the objective and type of programme. Also whether the reinforcement is positive or negative will depend on the attitudes and behaviour of people of importance some of whom would be more influential than others in affecting behaviour. Which people are important may vary according to the setting and perhaps by growth, developmental stages, interest, beliefs, attitudes and practice as well. For example in patient education settings, reinforcement may come from Nurses, Physicians, fellow patients and family. In the school health programme directly concerned in this study, reinforcement may come from peers, teachers, school administrators. This study on sex education has identified peer group or friends' opinion or ideas as most influential on the teenager.

Furthermore parental attitudes, beliefs and practices, especially those of the mother, are extremely influential in affecting the health status of their children.

In this case parental attitudes, beliefs and practices on sexual health when forthcoming are usually opposite or negative to that of the adolescent and therefore result in conflict between parent and child. Mainly because the adolescent wants to know about sexuality but parents are usually not willing to provide information.

Teachers too are not forthcoming because of lack of time and interst though they did agree that sex education is needed by the adolescents.

The professional health educator on the other hand is willing to give sex education to the adolescents but there is not anough manpower and the government seems to have more important things on hand leaving the peer group or friends to have prominence over the family, teacher and the health provider.

Level of communication and interpersonal relationship between the teacher and the student

Communication is an important aspect of behavioural change. As stated by Adamuwagun (1976), communication has as its central interest those behavioural situations in which a source transmits a message to a receiver

with conscious intent to affect the latter's behaviour. He stated further that behavioural responses to communication situations are dependent on the totality of cultural, social, and personality factors in interactions. This aspect, if functioning properly, could be a reinforcing factor that could give teachers an advantage over their peers.

However this study revealed a communication gap between the teachers and the students, especially with regard to discussing sexual problems or issues. This may be due to social and cultural factors which have influenced and shaped the personality of both the teachers' and the students as far as sexual issues are concerend.

The teachers however attributed this problem to the lack of teacehrs' interst and presence of fear, shyness or lack of trust in the teacher on the part of the student (Table 27).

The lack of interest in discussing sexual issues with the students may be due to lack of confidence in the teachers to handle students' sexual probelsm without difficulty. Som e teachers even stated that they avoided making themselves available for such discussions as sexual problems because "the students could defame them or one and their reaction was never predictable.

Teachers have observed that most students prefer to discuss sexual problems with peers or people outside the school. Reasons for this include the observed negative attitude of the teachers to students' sexual issues resulting in students' lack of eagerness to discuss their problems with the teacher. It is probable that students fear being reported to the schools' authority or being made the object of discussion in the staff common rooms. The attitude of the teacher has reduced the reinforcing influence of the teacher on the adolescent sex issues.

More important is that this gap in communication may be due to the supposed cultural restraint on sexual activities and open disucsäion of it. This is an important constraint even amongst adults how much more among adolescents, who would be reluctant to own up to the teacher as being sexually active. As pointed out by some home economics teachers, most students want the teacher to think they are morally sound and would therefore not discuss any subject that would make the teacher suspicious of them. In other words the students put up a front of innocence. It therefore becomes difficult for the teacher to break down the barrier put up by the student.

A catholic school reported a case of a male literature teacher discussing a love scene in the literature book in class, the result was that the students reported to their parents at home that he wanted to corrupt them, in return, the parents wrote to the principal and the teacher was censured on his actions. A biology teacher who was said to have taught students about sexually transmitted diseases received similar treatment as described above. These episodes highlight why the teachers prefer to keep away from the subject of sex education.

The society may be responsible for the situation in which sexual issues are seen as a subject to be discussed behind closed doors and only amongst adults. Many people try to ignore the existence of sexuality so that they would not be seen as being morally loose. However times have changed and sexual issues are being discussed more and more in the open though with careful choice in the use of words.

A very small number of teachers however still communicate with their students (see Tables 26/27) even on sexual problems. Such teachers claimed they were friendly with the students, who have therefore developed trust and confidence in them. Such communication is further enhanced because the subject being taught by the teacher touched on sexual aspects such as in home economics and biology.

Discussion on findings in the comparisons between respondents and non-respondents

The study revealed that not all teachers are interested in sex education in schools as a total of 101 teachers, consisting of 68 (67.3%) females and 33 (32.7%) males die not respond to the interview guide. They, especially the women, were more interested in their own marital sexual problems. This supports the view by 85 (34%) respondents that teachers are not interested in the sexual health of the students though they endorse sex education in schools.

The 101 non-respondents stated or made it quite clear that they were not interested in the sex education of their students.

Fifty-five (40.4%) of non-respondents were above 40 years of age while majority 109 (70.3%) of respondents were below 40 years. This revealed that the older generation may not be inclined to the teaching of sex education in schools. This is contrary to the assumption that the older and more experienced teachers should be able to handle sex education better than the young people.

The attitude of the non-respondents according to Kirsch: (1974) may be assumed as a negative attitude or feeling which would not enable the success of sex

education in schools. Further more as attitude is a rather constant feeling that is directed toward an object (which may be a person, an action or an idea) (Green et al 1980) a change towards acceptance on the part and the like of non-respondents may be a difficult task for health educators.

The study also revealod that there were more married non-respondents 90 (34.2%) compared to the 11 (12.0%) sincles who did not respond to the interview guide. This is contrary to the idea that married people, since they have children, at home might be more interested in sexual education of the adolescent student. This finding however may be in line with reports from other research findings (Recent report on sex education 1979) that parents shy away from sexual education of their children. It may therefore be concluded that their roles as parents have more influence on their attitude than their roles as teachers. It definitely shows that their roles as married persons comes before that of being a teacher.

CHAPTER SIX

HEALTH EDUCATION IMPLICATIONS ON WHICH STRATEGIES COULD BE USED

It is clear from this study that, teachers have a role to play in the promotion of the adolescent student sexual health and prevention of sexual problems. What are the health education implication of the present roles played by the teacher?

The study has identified some areas which require health education input in order to increase the quality of sexual health in the school/community through the assistance of the teacher. Also methods of health education that can be used in making these input are mentioned: They are

(1) Lack of knowledge on human sexuality: this can be improved through use of health education workshops based on lectures, discusstion etc.

(2) Reorientation of teachers' perception and attitude through organization of group process sessions for teachers.

(3) Communication gap - this could be bridged through the introduction of methods of communication by lectures, role playing, skills development and group process sessions in health education.

(4) Lack of interpersonal relationships between the teacher and the student: this can be helped through health education training process in group sessions between teachers and students.

(5) Developing the interest and increasing the involvement of the teacher in the students' sexual health, which can be achieved through lectures, group sessions/discussions simulations and games.

(6) Acquiring skills in the technique and methods in teaching sex education. The teacher can be trained in this area through organizing health education training workshop on skills development, using modelling and behaviour modification methods.

(7) Determining who should teach sex education, when and where. Teachers can be enlightened through lectures and programmed learning, giving information and enlightenment, as to the kind of person who can be involved in sexual health services. This may be useful for policy makers and school health providers and planners.

(8) Health education implications of findings from observation.

The reaction of teachers to sex education as observed may not be conducive to teaching it in the schools at present. There is need to educate teachers on the issue, as the subject induces excitement as well as negative comments and discussions from the teachers.

The school atmosphere or environment needs to be improved if it is going to be conducive to sex education, for example provision of smaller staff rooms and health clinics.

Most important is the development of teachers' confidence in their ability to handle sex education.

Lack of knowledge about human sexuality

Human sexuality is a vast and complicated subject that covers the period from conception to birth through infancy, childhood to adolescence - youth - middle age through old age, it is therefore a subject that one may have to learn about throughout life. This is what sex education deals with on a narrower spectrum.

The respondents knowledge of sex education was found to be limited, because the majority lacked formal sex education in their educational background, therefore any knowledge they had was through personal experience. They had therefore presented themselves as not interested in the sexual health and welfare of the students. Many

felt that the students should also learn through self experience, since or if help was not forthcoming from adults or teachers. This could help in the systematic selection of goals, content, teaching methods and materials and evaluation procedures.

Despite the view of the t3achers that most student are sexually corrupt no matter their age, the majority still felt that sex education should be given between the ages of 16 and 20. This kind of idea needs to be changed through health education workshops using lectures, group discussions, inquiry learning, modelling and behaviour modification.

Also apparent in this study is that there was a constant poor knowledge about sex education or its components. From observation, teachers tried to avoid questions on knowledge, which covered about half of the questionnaire.

If teachers are strongly motivated they could help promote the sexual be health and welfare of the student. Health education training and movitational workshops for teachers who are interested could be arranged on a regular basis from time to time.

Reorientation of teachers perception attitude, beliefs and values

The study revealed a need for reorientation of teachers' perception, attitude, values and so on. The teachers did not have a definite opinion or idea of what sexual health education should be. This could therefore be capitalised upon for a health education intervention programme. The programme would however need to be comprehensive and may be on a long term basis as things such as beliefs and attitudes are not the easiest to change.

Educational strategies which were separated into three broad categories by Green et al (1980) could be used:

Communication methods: Lecture - discussion, individual counselling or instruction, audio visual aids, programmed learning etc.

Training methods including skills development, simulations and games, inquiry learning small group discussions, modelling and behaviour modifications; and on a larger scale for community development social action and development, and use of organizational methods can be employed.

Communication gap

Communication between two individuals is essential if they are to get along. The manner in which a message is communicated also has much influence on the reaction of the recipient. Therefore a communication gap between persons usually result in a strained relationship, which further discourages or prevents their being each other's confidant, when a problem arises, especially problems of a sexual nature since enough closeness has not been developed in order to know who is to be trusted and who to not to be trusted.

The study revealed a communication gap between the student and the teacher especially on sexual health. The student according to the teacher sees the teacher as someone who cannot be trusted with private secrets, someone who would condemn or punish the student for sexual misbehaviour. They see the teacher as any other adult who might disapprove if they reveal that they know anything about sex. They prefer to discuss with their peers who would not punish or condemn them. Teachers also indicated that students do not know the importance of the teacher's role in sex education. A peer group, that is, youth to youth programmes can be developed to solve the above problems. The programme will involve

student from age 11 to 18. Several methods of health education can be used such as individual aids, educational television, programmed learning, small group discussions, individual counselling or instruction, simulations and games, modelling and behaviour modification. These would help to bring the teacher and the student closer.

Separate programmes might first be needed. Then joint programmes making use of group process sessions can be planned on developing trust, in respect for, and confidence in each other which might be able to solve the problem. Both the teacher and the student ought to know the roles to play towards successful health of the student.

Lack of interpersonal relationship

The study revealed that the gap in communication between the teacher and the student has hindered the development of interpersonal relationship, between them. The student is shy and afraid of the teacher, because the teacher represents discipline and authority. On the other hand the teacher sees the student as having vast sexual knowledge and experience.

A change in perception through health education Programmes focussing on the point that teachers are helpers and students need the help of their teachers in developing and moulding themselves rather than being

judged by the teachers without prior training. Health education methods, such as lectures, small group discussions, individual counselling or instruction, skills development can be employed in solving the above mentioned problem.

Teachers do not seem to have the interest, time or opportunity to know the student better, unless trouble crops up and the student has to be cross-examined. The students according to the teacher avoid or have an outright dislike for some teachers, such as the mathematics teacher, because many students hate mathematics and it is compulsory for them. Therefore if a guidance counselling or physical and health educator teaches mathematics, it would be a gross misfortune. Teachers may need to be reminded constantly of the important role they play in moulding and shaping the student.

Health education programmes utilizing group process sessions focussing on developing inter-personal relationships between the teacher and the student can be used, in an informal setting. Others that could be involved are health educators, and government officials who can report back to curriculum planners.

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Interest and involvement of teachers in sex education activities

There is need for a "cue to action" before a person feels the need to take action (Becker et al 1974). The study revealed that 85 (34%), respondents were really not interested in sexual health counselling and therefore are not involved in any sex education activities. Many do not take any action to correct or advise the student on sexual issues as they do not wish to be involved or see it as of any importance.

According to Green et al (1980) health education can provide the "cue to action" if the predisposing factors (such as knowledge, attitudes, values and perception) represented by the health beliefs are correctly diagnosed.

Acquiring skills in the technique and methods in teaching sex education

A major point expressed by the teachers is that if they are trained they would be more involved and interested in sex education, more so in teaching one aspect or the other. However knowledge of techniques and methods of teaching sex education and exactly what to teach is generally wished for by the teachers. This could be effectively used for health education intervention and further studies on sexual health in schools.

The intervention could involve teaching of communcation methods, training methods involving development of sex education teaching skills, behaviour modification, individual counselling and instruction skills, and small group trainings.

The health education intervention would focus on teachers who are willing to be trained. This would involve pre- and post-tests of two groups of teachers, a training period of about three months and a comprehensive evaluation at the end of it.

Determining who should teach sex education in the school

The study revealed that a trained person should handle sex education in schools, so as not to add or further complicate the problem. Unlike mathematics that a physics teacher can take over or history that can be handled by an English teacher and vice versa; sex education involves the use of specific professional skills in health education. A professional health educator is therefore the best person to teach sex education.

However as professional health educators are few in number in numerous fields, comprehensive health education training workshop programme for guidance counsellors,

home economics teachers, health science and physical education teachers could be organised on a regular basis for a specific period of time that would cover a training programme. Moreso as the study revealed that teachers are willing to be trained in techniques and methods of teaching sex education in order to be able to handle some aspects of sex education.

CHAPTER SEVEN

CONCLUSION AND RECOMMENDATIONS

Conclusion

An attempt has been made to identify the present role of secondary school teachers concerning sex education in relation to the student. Their attitude, knowledge and perception on the subject were explored.

Two methods of data collection were adopted. These are interviewing with an interview guide, and observation using an observation check list.

A total of 351 teachers were interviewed, consisting of 250 teachers who responded fully and 101 teachers who were not interested in the subject and therefore did not responde fully to the interview guide. The total population of respondents consisted of 125 male and 125 female teachers while the 101 non-respondents consisted of 33 male and 68 female teachers. The majority of the non-respondents were non-graduates.

The findings showed that teachers were not playing any definite role in sex education since it is not in the schools' curriculum. However 40 (18%) of the study

population who were interested in the subject played some part in the sexual health of the student by discussing and giving advice to the students on sexual matters, on an informal basis.

One hundred and forty nine (59.6%) teachers had never studied sex education formally. Majority, 146 (58.4%), learnt about sex education through personal experience and would like to have further education on it, if they are to teach it.

The findings showed that though teachers endorsed the teaching of sex education in schools, teachers claimed that they are not interested in being involved in the sexual problems of the students.

The study revealed that 161 (64.4%) teachers had observed that students prefer to consult their peers or pornographic books on sexual matters and information.

It emerged in the study that students are very shy towards their teachers especially when it comes to discussing sexual issues. This was also observed by 89 (35.6%) teachers. Furthermore 85 (34%) teachers stated that they do not make themselves available for discussing sexual issues with their students, thus indicating a communication gap between the teacher and the student.

Two hundred and eighteen (87.2%) of the respondents said parents should be mainly responsible for sex education, assisted by science teachers. Most male respondents opined that female teachers would be best choice for teaching it.

The majority of the respondents were not able to give a wholesome explanation on the nature of sex education, as 168 (67.2%) said it is education on sexual relationships between adolescents of opposite sexes.

It was observed that sexual issues are sources of excitement among the teachers and usually led to a great deal of interesting discussion ranging from sexual marital problems to that of the adolescent student.

The study also revealed that out of the 101 (28.8%) non-respondents the 68 (67.3%) women involved discussed their own sexual health marital problems and were infact not interested in the sexual problems of the adolescent student.

The findings also showed that respondents below the age of 40 were more inclined to teaching sex education. The study revealed that the few teachers who communicated with the students on sexual issues were those below 40 years of age.

Seventy-six (38.2%), of those who did not respond to the interview guide were non-University graduates and of the older generation.

It was observed that the size of the staff room is a factor which may determine the movement of students as most of them were found in the small or medium sized staff rooms interacting with the teachers. Whereas students were hardly found in the large staff rooms, which may be due to smaller rooms being more conducive to private and intimate discussions. In all the schools visited only two schools, Adekile Grammar School, Aperin, founded in 1964 and St. Anne's School, Molete, founded in 1949, had small staff rooms in which students were found interacting with teachers.

RECOMMENDATIONS

The following recommendations are suggested on the basis of the findings in this study.

1. The introduction of a comprehensive sexual health education syllabus into the programmes of Institutes or Departments of Education, Physical and Health Education, Colleges of Education and all Teacher Training institutions.

   Special Training programmes in the form of sex health education for teachers will be of great assistance to the already qualified teachers. These would predispose the success of sex education programmes in schools.

2. Organisation of Workshops specially on communication processes and group sessions interactions for both teachers and students will help to promote better interpersonal relationships between the teacher and student.

3. Provision of facilities that would enable the success of sex education programmes in the school.

4. Availability of resource persons for teachers.

5. Accessibility of health resources such as clinics for adolescents.

6. Involvement of the all communities in promoting sex education or family life education or community

organisation towards commitment to sexual health which may push it further up on their priority list.

7. Development of sexual health-related skills among teachers, school children and members of the community.

8. Encouragement of support, positive attitude and behaviour from sources such as family, peers, teachers, government and community which would reinforce the success of sex education and sexual health programmes for the school child.

9. Provision of a conducive school environment to the teaching for sex education, such as smaller staff rooms of about four to five teachers that would provide some privacy and encourage the student to approach the teacher.

10. The enlightenment of the general public especially parents on the importance of sexual health education for the growing child rather than their acquisition of desctructive information.

11. An indepth study on a larger scale will be necessary throughout the nation in order to ascertain in greater detail what obtains in schools in other states.

12. The enlistment of support from the mass media, in promoting properly planned sexual health education programmes for teachers is important.

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APPENDIX I

THE INTERVIEW GUIDE IS FROM AFRICAN REGIONAL HEALTH EDUCATION CENTRE, DEPARTMENT OF PREVENTIVE AND SOCIAL MEDICINE, COLLEGE OF MEDICINE, UNIVERSITY OF IBADAN, IBADAN.

Interview guide on sexual health in Schools for Teachers in Secondary Schools in Ibadan.

1. Sex: Male ---------- Female ----------

2. Marital Status (A) Single------ (B) Married---------
   (C) Separated---------- (D) Divorced---------
   (E) Widow---------- (F) Others (specify)

   ----

3. Who are the type of people living with you?----------

   Nuclear ----------
   Extended ----------

4. Religion (specify sect) ----------

5. Age ---------- yrs.

6. State of Origin----------

7. Level of Education----------
   Subject(s) specialised in ----------
   ----

8. Parent Education Mother ---------- Father----------
   Parent Occupation Mother ---------- Father----------
   Parent Religion Father ---------- Mother----------

9. How did you learn about the facts of life ----------
   ----

10. How long have you been teaching? .....yrs.

APPENDIX I

THE INTERVIEW GUIDE IS FROM AFRICAN REGIONAL HEALTH EDUCATION CENTRE, DEPARTMENT OF PREVENTIVE AND SOCIAL MEDICINE, COLLEGE OF MEDICINE, UNIVERSITY OF IBADAN, IBADAN.

Interview guide on sexual health in Schools for Teachers in Secondary Schools in Ibadan.

1. Sex: Male ---------- Female ----------

2. Marital Status (A) Single------ (B) Married----------
(C) Separated---------- (D) Divorced---------
(E) Widow---------- (F) Others (specify)

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3. Who are the type of people living with you?----------
---.----------
Nuclear ----------
Extended ----------

4. Religion (specify sect) ----------

5. Age ---------- yrs.

6. State of Origin----------

7. Level of Education----------
Subject(s) specialised in ----------
----

8. Parent Education Mother ---------- Father----------
Parent Occupation Mother ---------- Father----------
Parent Religion Father ---------- Mother----------

9. How did you learn about the facts of life ----------
----

10. How long have you been teaching? .....yrs.

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10. How long have you been teaching? .....yrs.

Appendix 1 (contd.)

11. Which subjects do you teach in your present school?

Subject	Class	Subject	Class

12. What do you understand by sex education?----------

13a Did you ever study any aspects of sex education during your school days?

Or schooling period?----------

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b) If yes what aspects of sex education did you study as a pupile?(specify)

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c) If no do you wish you had sex education in your school days?

14a Should adolescents be given sex education?----------

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b) Who should be responsible for teaching the student about growing up and how to cope with sexuality and its various problems? (Write in order of importance)

Appendix I (contd.)

15. From your observation from where or from whom do most of your students obtain sex information? (List in order of importance)

16a At what age should a person be given sex education?---

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b) In what class? ----------

17a Is sex education taught in your school? ----------

b) Do other subjects taught in your school cover aspects of sex education?

Subject	Aspects covered
1.	
2.	
3.	
4.	

18a Is there a need for sex education now in our schools?

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b) Give reason(s) for your answer ----------

19a Would you like to teach your students sex education?

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b) Give reason(s) for your answer----------

---

c) What aspects would like to teach? ----------

---

d) Do you think you need further or special learning in teaching sex education?

Specify what ----------

Appendix I (contd.)

20a Do your students discuss their sexual problems with you?

---

b) Give reason(s) for your answer ----------

---

c) What problems do they discuss? ----------

---

d) How do you tackle the problems?----------

21a What specific sexual behaviour or activities you you observed to be common among adolescent students in your school? e.g. boyfriend/girlfriend, kissing.

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b) Do you think the student's parents know of their children's sexual problems/activities?

(a) Yes (b) No (c) Don't know (d)Others

(d) Others (specify)

Are these activities known to the school? --------

22a Do you inspect the materials your students read as novels or Magazines?

---

b) If yes what have you found out that they read (tick as many as possible)

---

c) What type of actions do you take when you find them reading sex or pornographic books?

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d) Give reasons for your action in 22c above --------

23a Have there been reports on the following in your school in the last 3 years?

Rape	Abortion	Pregnancy
Yes No Other (specify)	Yes No Other (specify)	Yes No Other (specify)

b) Yes, how many cases were reported?

Rape-------cases, Abortion----------cases

Pregnancy---------cases.

24 What are the signs of adolescent maturation?

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25. In the area of sex education what do you expect an adolescent to know?

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26. Which of these aspects in 25 should be included in the schools curriculum?

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27. General Comments: ---

APPENDIX II

TYPES OF SCHOOLS SELECTED FOR THE STUDY

AREA	SCHOOLS	Type of School		
		MIXED	BOYS ONLY	GIRLS ONLY
Suburban Periphery	Methodist Grammar School, Bodija.			
	Onireke High School Onireke.			
	Polytechnic High School Ijokodo.			
	Eleyele Grammar School Eleyele.			
	Urban Day Grammar School, Ring Road.			
	Oluyole Estate Grammar School, Oluyole.			
Transi-tional Area	St Annes School Molete.			
	St Teresa's College Oke-Ado.			
	Ibadan Boys High School, Oke Bola.			
	Government College Apata.			
	Apata Community High School, Apata.			
	Bashorun High School Bashorun.			
	St Gabriel's Sec. School, Mokola.			
	Loyol College Old Ife Road.			

AREA	SCHOOL	Type of School: MIXED	BOYS ONLY	GIRLS ONL
Traditional (inner core) Area	Adekile Grammar School, Aperin.	X		
	Olubi Grammar School Kudeti.	X		
	Queen of Apostles Olwyoro.			X
	United Missionary School, Agugu.	X		
	Ibadan City Academy Eleta.	X		

Suburban Periphery	Girls only	Boys only	Mixed Boys and Girls	Year Founded
1. Mount Olivet Grammar School, Bodija.			X	1965
2. Eleyele Grammar School, Eleyele.			X	1980
3. Anglican Grammar School, Oritamefa			X	1949
4. Polytechnic High School, Ijokodo.			X	1980
5. Bishop Onabanjo High School, Kongi.			X	1980
6. Ikolaba Grammar School, Agodi GRA.			X	1980
7. Progressive Grammar School, Bodija			X	1980
8. Ikolaba High School, Agodi GRA.			X	1980
9. Methodist Grammar School, Bodija.			X	1978
10. Answar-U-Islam Grammar School, Eloyele.			X	1955
11. Baptist Grammar School, Idi Ishin.			X	1966
12. Eleyele High School, Eleyele.			X	1980
13. Ijokodo High School, Ijokodo.			X	1980
14. Jericho High School, Jericho.			X	1980
15. Eleyele Grammar School, Eleycle.			X	1980
16. Urban Day Grammar School, Jericho.			X	1980
17. Onireke High School, Onireke.			X	1980
18. Orogun High School, Onireke.			X	1980
19. Sango High School, Sango.			X	1978
20. Oluyole High School, Ring Road.			X	1980
21. Community Grammer School, Ring Road.			X	1980
22. Urban Day Grammar School, Ring Road.			X	1978
23. Oluyole Estate Grammar School. Oluyole.			X	1981
24. Methodist High School, Expressway.			X	1977
25. Abadina College, U I.			X	1980
26. Cheshire High School, Poly Rd Sango.			X	1980
27. Emmanuel College, U I.			X	1980
28. United Grammar School, Ijokodo.			X	1980

Transitional Area	Girls only	Boys only	Mixed boys and Girls	Year Founded
1. St Michael's Grammar School Owode, Estate, Owode.				1980
2. Queen School, Apata.	X			1952
3. Out Lady Maryway, Ago Taylor.	X			1957
4. Odo-Ona Girls Grammar School, Odo Ona.	X			1978
5. Government College, Apata.		X		1929
6. Adifase High School, Apata.			X	1980
7. Apata Grammar School, Apata.			X	1980
8. Apata Community Grammar School, Apata.			X	1980
9. African Church Grammar School Apata.			X	1971
10. Peoples Grmmar School, Oke Ado.	X			1965
11. St Teresa's College, Oke-Ado.	X			1933
12. Baptist Sec. School, Oke-Ado.			X	1980
13. IMG Grammar School, Oke-Ado.			X	1980
14. Bashorun Ogunshola High Schl. Bashorun.			X	1980
15. Celestial Church of Christ Grammar School, Oke-Bola.			X	1980
16. Oke-Bola Comprehensive High School, Oke Bola.			X	1980
17. Oke-Ado High School, Oke-Ado.			X	1980
18. Ibadan Boys High School, Ibadan.		X		1938
19. St Patricks Gram. School, Bashorun.		X		1962
20. Estate High School, Bashorun.			X	1980
21. Oba Akinbiyi Memorial Gram. School Bashorun.			X	1979
22. Islamic High School, Bashorun.			X	1957
23. Isabatudeen Gram. School, Bashorun.			X	1980
24. Bashorun/Ojoo High School, Bashorun.			X	1980
25. Bashorun High School, Bashorun.			X	1965
26. Community Grammar School. Challenge.			X	1980
27. St Anne's School, Molete.	X			1949
28. Molete High School, Molete.			X	1980
29. Eyini High School, Old Lagos Road.			X	1966
30. Community Grammar School, Mokola.			X	1982
31. St Louis Grammar School, Mokola.	X			1962
32. St Gabriel's Sec. School, Mokola.	X			
33. Oba Akinbiyi High School, Molete.			X	1980
34. Yejide Girls Grammar School, Olorunsogo.	X			1956
35. Zumratul Hujal High Schl, Iwo Rd.			X	1980
36. Army Barracks Grammar School, Iwo Road.			X	1980
37. Bishop Phillips Academy, Iwo Road.			X	1964
38. Loyola College, Old Ife Road.		X		1954
39. Holy Trinity Gram. School, Old Ife, Road.			X	1960

Traditional Area	Girls only	Boys only	Mixed Boys and Girls	Year Founded
40. Urban Day Grammar School Old Ife Road.			X	198
41. Anglican Grammar School, Molete.			X	194

	Traditional Inner Core	Girls only	Boys only	Mixed Boys and Girls	Year Founded
1.	Renascent High School, Aremo			X	1964
2.	Ogbere High School, Agugu.			X	1981
3.	United Secondary School, Agugu.			X	1980
4.	Lagelu Grammar School, Agugu.			X	1958
5.	Oba Akinbiyi High School.			X	1980
6.	Ibadan City Academy, Eleta.			X	1946
7.	Adelagun Memorial School, Odinjo.			X	1967
8.	Urban Day Grammar School, Elekuro.			X	1980
9.	Oba Alesinloye High School, Elcta			X	1980
10.	Olubadan High School, Aperin.			X	1979
11.	Methodist Secondary School, Elekuro			X	1980
12.	I.M.G. Grammar School, Aperin			X	1980
13.	Elekuro High School, Elekuro			X	1980
14.	C.A.C. Grammar School, Aperin			X	1960
15.	Aperin Oniyere School, Aperin			X	1960
16.	Adekile Goodwill Grammar School Kudeti			X	1964
17.	Queen of Apostles, Oluyoro	X			1965
18.	Oke Ibadan High School, Oluyoro			X	1960
19.	Olubi Memorial HGrammar School, Kudeti			X	1980
20.	Community Grammar School, Kudeti.			X	1980
21.	Ibadan Grammar School, Kudoti.			X	1913
22.	St. Luke's Grammes School, Kudeti.			X	
23.	Monatan High School, Monatan			X	1980
24.	St David's Grammar School, Kudeti.			X	1980