

**PERCEPTION OF THE SENIOR SECONDARY SCHOOL  
STUDENTS ABOUT TEACHING OF SEX EDUCATION  
IN SECONDARY SCHOOLS IN KADUNA STATE**

**BY**

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ZARIA, NIGERIA**

**2011**

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M.ED/EDUC/41537/2004/05  
M.ED/EDUC/7305/2009-2010**

**A THESIS SUBMITTED TO THE POST  
GRADUATE SCHOOL AHMADU BELLO  
UNIVERSITY ZARIA**

**IN PARTIAL FULFILMENT FOR THE AWARD OF THE  
DEGREE OF MASTERS OF EDUCATION IN HEALTH  
EDUCATION**

**DEPARTMENT OF PHYSICAL AND HEALTH  
EDUCATION FACULTY OF EDUCATION  
AHMADU BELLO UNIVERSITY ZARIA**

**2011**

## **DECLARATION**

I declare that the work in thesis entitled "Perception of Senior Secondary School Students about the teaching of Sex Education in Secondary Schools in Kaduna State" has been conducted by me in the Department of Physical Health Education. The information derived from the literature has been duly acknowledged in the text and a list of references provided. No part of this thesis was previously presented for another degree or diploma at any university.

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BALOGUN MABEL OMO  
(Student)

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Date

## CERTIFICATION

This thesis entitled "THE PERCEPTION OF SENIOR SECONDARY SCHOOL STUDENTS ABOUT THE TEACHING OF SEX EDUCATION IN SECONDARY SCHOOLS IN KADUNA STATE" by BALOGUN MABEL OMO meets the regulations governing the Award of the degree of Master of Education in Health Education of Ahmadu Bello University Zaria and is approved for its contributions to knowledge and literary presentation.

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## **DEDICATION**

This work is dedicated to Almighty God for His infinite mercies upon my life also for His Knowledge, wisdom and understanding He has given me may His name alone be glorified.

## **ACKNOWLEDGEMENT**

The researcher wishes to appreciate and give gratitude to Almighty God for His abundant grace, guidance and protection throughout the period of this study.

She sincerely acknowledges with profound gratitude about the support, encouragement, cooperation, useful criticism and suggestions of her able supervisors Prof. (Mrs) C.O. Adegbite and Dr. (Mrs.) T.N. Ogwu and all the staff of Physical and Health Education Department.

Sincere appreciation goes to Elder E.O Omoloye who prove to be a tower of strength when all seems bleak thanks for his financial support, love and affection God in His infinite mercies will meet him at his point of need.

The researcher's profound appreciation goes to my Pastor, Mr. Barnabas Adeyanju, Dr. Funke Awujola (my mentor) my friends, Mrs Rebecca Hassan, Mallam Adamu Usman of Kaduna State Education Board May the Almighty God keep them all.

The researcher also appreciate the cooperation of Joy Ajagun, Shola Adeola and Emmanuel Aiyedun may God bless them all. The researcher sincerely appreciates the staff of Innovative Technology Resources for the great job well done. May the Almighty God continue to strengthening them.

## **ABSTRACT**

Adequate knowledge of adolescents about sexual issue will determine their behaviour concerning relationships, inadequate knowledge and misconception of sexuality has been responsible for their risky sexual behaviours. To this end, the researcher investigate on the perception of Senior Secondary School Students on teaching of sex education in Secondary Schools in Kaduna State. To achieve this purpose ex-post facto research design was used. The instrument used for data collection was questionnaire using Likert rating scale. The questionnaire contained (6) sections. Section A contained six (6) statements on personal data of the respondents. Section B contains item related to the teaching of sex education in secondary schools. Section C contains 6 items on students religious and cultural belief in the teaching of sex education, Section D contains 6 statements on perception of students about the contribution of sex education in the enhancement of reproductive health knowledge and Section E contains the 6 items on inclusion of sex education to the secondary school curriculum. The questionnaire thus developed was administered to a total of (500) student from six Local Government Areas which was randomly selected from the three Senatorial Zones in Kaduna State. The data thus collected was statistically analyzed at Institute of Agricultural Research. t- test was used to determine the extent of teaching sex education in secondary schools in Kaduna State. Each hypothesis was tested at an Alpha level

of 0.05. The result of the study revealed that sex education is not taught as a subject of its own in Kaduna State Secondary Schools. The study also showed that the male and female students want sex education to be included into the secondary schools curriculum.

Based on the findings in this study, the researcher recommended that sex education should be made compulsory from junior secondary school up to tertiary level of Nigerian educational system.



## OPERATIONAL DEFINITION OF TERMS

The following terms used in this work are defined to avoid inconsistency in their operational sense.

- i. **Perception:** The way an individual sees and believes something.
- ii. **Reproductive:** A process of producing young ones
- iii. **Adolescent:** A young person who is developing from childhood to adulthood between the ages of 13 to 20.
- iv. **Misconception:** An idea which is wrong or untrue but which people believe because they do not understand it properly.
- v. **Sexuality:** The feelings and activities connected with a person's sexual desires.
- vi. **Abortion:** The deliberate ending of a pregnancy at an early stage.
- vii. **Contraception:** The practice of preventing a woman from becoming pregnant.
- viii. **Infertility:** Inability of an individual to produce children.
- ix. **Teenager:** A young person between ages of 13 to 19 years old

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## **CHAPTER ONE**

### **1.1**

### **INTRODUCTION**

Sex education is the total expression of which we are as human beings; it encompasses our whole psychological development and our entire self-concept. It is also the process of acquiring information and forming attitudes and beliefs of sex, sexual identity, relationship and intimacy. It develops our reproductive health, interpersonal relationship, affections, body image and gender roles. (National Guidelines Task Force, 1996).

Adolescence is the process of gradual transition from childhood to adulthood in which the individual's psychological and physiological process develop. The well being of the adolescent is of great importance (Adeyemo 2001) they need to be informed and guided toward developing positive attitudes on Sexuality. Unfortunately parents who ought to provide the primary sex education to their young ones and communicate to them specific value about sex play the least role as a source of accurate information on sexual matters. (Ogwu, 2001).

The schools, since is the only institution which reaches all children over a prolonged period of time has both a challenging opportunity and obligation to contribute their knowledge and understanding of the roles both

sexes play, as well as to correct the distorted view of life receive from cultural beliefs and moral laws.

In almost every society, pre marital sexual relationship is a taboo, open discussion are suppressed. Consequently, adolescent has to struggle to ensure that his or her behaviour is not at variance with the norms, values and ideas of the society. (Adunola, 2005)

Since taboos are imposed on sexual matters by culture and religion, Secondary school students find it difficult to express their sexual affection to their parents. This creates some problems among adolescents as far as understanding sexual matters are concerned.

Adunola (2005) cited anthropological evidence which shows that individuals in societies which place enormous restraint on their desires to gratify their sexual drives are more susceptible to behavioural problems than those in permissive societies. One would therefore expect to find more deviant sexual problems in rural communities than in the urban centres. But the reverse seems to be the case.

Newton (1993) stated how the incidences of increased rape, prostitution, sexual promiscuity and homosexual practices in Nigeria society have reached alarming proportions.

Most adolescent engage in heterosexual activities which often result in pregnancy and sometimes abortion. Such abortion may lead to death. The unwanted pregnancy may lead to severe disturbances which can affect the adolescents concentration, coping abilities and interpersonal relationship.

Newton also maintained that lack of sex education makes many adolescents engage in sexual relationship which do not only affect interpersonal relationship but could result in some sexually transmitted Infections (STI) including Acquired Immune Deficiency Syndrome (AIDS). These disease conditions may make the adolescents vectors, or lead them to untimely death.

Adolescent sexual activities if not controlled could also lead to pregnancy among immature girls, hence resulting in Vesico Vaginal Fistulae (V.V.F) (Abdullahi, 2003).

Such victims may face expulsion from school which may terminate their school career and most of them may indulge in other social vices in the society such as drug abuse, drunkenness and theft which are part of the society ills today. Viewing these problems the adolescent is going through as a result of improper sex education. (Abdullahi, 2003)

Onyebuchi (1998) as cited by Njoku, (2003) stated that youths are likely to run into serious social and health hazards including teenage

pregnancies, abortion, venereal diseases, disruption of education and social stigma. There seem to exist an obvious need for sex education for the youths in order to live sexual life which is of modest, restraints and relatively safe. (Njoku, 2003)

It is clear from this assertion that sex education in secondary schools is inevitable in order to avert the fear expressed in the above discussion. This study therefore attempts to investigate such needs particularly when Atahari (2006) opined that it is a taboo to discuss sexual modifiers openly in the Islamic dominated areas of Nigeria.

## **1.2 STATEMENT OF THE PROBLEM**

Nigeria today is witnessing, an alarming rate of increase in problems associated with adolescent sexual development among these problems are sexual perversions like homosexuality lesbianism, rape, prostitution and sexual harassment. Incidences of unwanted pregnancies that call for induced abortion, high mortality rate among our girls, premature pregnancy resulting in Vesico Virginal Fistula (VVF) (Njoku, 2003).

Sex education is not properly handled in most of the secondary schools in Kaduna state in order to curb these perversion.

This study therefore investigate the perception of Senior Secondary School Students on the teaching of sex education in secondary schools in Kaduna state.



### **1.3 RESEARCH QUESTIONS**

With the aforementioned statement of the problem, the following questions will be explored and analyzed.

1. Do secondary schools in Kaduna State teach sex education?
2. To what extent does religion and cultural belief accept the teaching of sex education in secondary schools in Kaduna state?
3. What is the role of sex education in adolescent sexual issues
4. Should sex education be included in secondary school curriculum in Kaduna state?

### **1.4 PURPOSE OF THE STUDY**

**The main purposes of this study are:**

1. To find out from senior secondary school students if sex education is taught in theirs schools.
2. To find out from the senior secondary school students the extent to which religion and cultural belief accept the teaching of sex education.
3. To find out from the student about the role of sex education in adolescent sexual issues
4. To find out from students if sex education should be included in the secondary school curriculum in kaduna state.

## 1.5 SIGNIFICANCE OF THE STUDY

Adolescents are everywhere in our society, they need to be observed, studied, educated and guided to become responsible adults. They are the nations richest resources but moral laxity in our society today among adolescents may inhibit the society from tapping from this resources, therefore it is necessary to teach sex education in secondary schools because:

- i. The knowledge of sex education will minimize the problems and improve interpersonal relationship between sexes.
- ii. It would improve state of womanhood, manhood and family life and would reduce the area of sexual impropriety.
- iii. The student's option about sex education will inform the curriculums designers to design a curriculum that can be viewed as appropriate by the beneficiaries.
- iv. The study is to a certain extent widen the teachers horizon in handling the problem associated with adolescent sexual problems and will also help teenagers know more about the physical changes and development that occurs during this period.
- v. It will also encourage those who are already victims of teenage pregnancy not to give up their hope in life.

## **1.6 HYPOTHESIS**

On the basis of the research questions, the following hypothesis were formulated:

### **1 HYPOTHESIS**

- There is no significant difference between the perception of male and female students about the teaching of sex education in secondary schools in Kaduna state.
- 2 There is no significant difference in the perception of student from different religious background about the teaching of sex education in secondary schools in Kaduna State.
3. There is no significant difference between Male and Female students opinion about the role of sex education in adolescent sexual issues
4. There is no significant difference between Male and Female students in their opinion towards the inclusion of sex education in secondary school curriculum in Kaduna State.

## **1.7 DELIMITATION OF THE STUDY**

This study is concerned with the perception of senior secondary school students about the teaching of sex education in secondary schools in Kaduna State. The study was delimited to the Senior Secondary Schools in Kaduna State. Student at this level was used so that problems of sexuality among adolescents can be minimized.

## **1.8 LIMITATIONS**

Issues of sex are considered confidential by most people, so many were not ready to discuss such issues in the public, some sees the discussion pertaining to sex as immoral. Thus they could not have expressed their true feelings about the variable of investigation. To reduce this effect, the researcher explained to the respondents what the study is all about and solicits for their honest opinion and assured them that their responses would be treated as confidential.

## CHAPTER TWO

### 2.0 INTRODUCTION

Much has been written about the concept of sex education and its importance to the society and beneficiaries. Sexual involvement between male and female is as old as history of mankind, it has been the only practice employed for the reproduction and perpetuation of the human species.

The sexual act itself is restricted in most cultures and religion groups to the post betrothal period and it is supposed to reinforce the relation existing between the partners and their families thus enhancing the formation of stable social bounds and affection within the society.

In the researcher efforts to present the relevant materials and of the vast literature on sex education, the following outline is adopted.

1. Concept of sex education
2. Teaching of sex education in secondary schools.
3. Students religion, cultural belief and teaching of sex education in secondary schools in Kaduna State.
4. The role of sex education in adolescent sexual issues.
5. Inclusion of sex education in secondary schools curriculum in Kaduna State.
6. Summary of chapter two

## **2.1 CONCEPT OF SEX EDUCATION**

The term sex education has been subjected to a series of definitions and explanation, by many writers and individuals conveying individual opinion and biases about the subject matter. Adunola (2005) perceived sex education solely as education in the machining of sexual act. He also described sex education as sinister campaign to create an increasing and dangerous obsession with sex in the minds of the adolescents.

Egbuna (1999) argued that sex education is not simple physiology of the system, nor is it the process of telling the youth the facts of life and cautioning them about possible unpleasant out-come of premarital experimentation. It is not giving information about reproduction; describing the disease transmitted sexually and warning the embarrassment of illegitimate pregnancy and the shame of being discovered rather, sex education is the creation of satisfying interpersonal relationships rather than simply the exercise of sex and it would involve the whole population and the total life span, going far beyond genital sex expression, love and affection.

He explained further that sex education encompasses more than just the mere teaching of this subject in isolation. Sex education indeed rather should be a holistic learning intended towards improving the growth of the young. Thus sex education could be viewed in the same line with Njoku

(2000) as an ecologic ethnical approach involving the biological, psychological, social and ethnical dimensions of sexual attitude standards, values and behaviors.

## **2.2 TEACHING SEX EDUCATION IN SECONDARY SCHOOL**

Indeed sex education will help curb a lot of complication problems faced by adolescents Ibrahim (2003) opined that sex has created and is still creating problems for many of our youths, their parents and the entire society such problems include unplanned marriage, abortion and its resultant consequences such as death of our promising adolescent girls, sexually transmitted infection (STI) and high rate of divorces cases of juvenile delinquency

This is an indication that something is missing in our educational system and that thing is sex education. According to Mecklanbury (1993) cited by Njoku (2000) stated that the implication of this observation is that the prevalence of incidence of unwanted pregnancies, abortion, unplanned marriages and their consequences could be curbed through the introduction of sex educations in schools. The study also found that the adolescent who had taken the course excelled over those who did not in their proficiency towards responses to a sex knowledge test. The need for sex education for youths is further strengthened by the argument put forward by the Centre

For Diseases Control (CDC) of United States of American (1999) that withholding family planning services from adolescents from urban and rural communities does not lead to a decline in the number of adolescents having premarital intercourse rather, the result are many more unwanted pregnancies.

Sex education seeks to reduce the risk of potentially negative outcomes from sexual behaviour like unwanted or un-planned pregnancies and enhance the quality of relationships Selingo (1997). It is also about developing young people's ability to make decision over their entire life time (Olurotimi, 2003). Bernald (1997) in her findings saw the needs to educate the young about sexual hygiene as a way of informing and protecting them from sexually transmitted infections such as HIV/AIDS.

Eduvie (1999) as quoted in Ogwu (2001) stated that sex education involves two main perspectives mostly of impacting knowledge of anatomy and physiology of human body including reproduction, pregnancy, childbirth and behaviour. The other perspective includes true discussion in the concrete experience of everyday life, the role and meaning of sexuality and love in the life of a couple and the society in which they live.

Olurotimi (2003) stated that sex education is a life long process of acquiring information on the biological, socio-cultural, physiological and



spiritual dimension of sexuality, it emphasizes a broad approach to sexuality focusing on the whole person and presenting sexuality as a natural positive part of life. It covers all aspect of becoming a being and sexual gendered person. He explained further that the goal of sex education is to promote reproductive health and enable teenagers to understand why they need to act responsibly in matters of sex. It is wrong therefore to believe that educating teenager about sex is an express way to corrupt them. (Olurotimi, 2003).

Being able to recognize pressures from other people and to resist them deal with and challenge prejudice, seeks help from adults including parents and professionals is another importance of sex education. There are mainly advantage in teaching sex education of which if our student are taught will lead them to live in happiness through out their lives with their partners,

He went further to say that correct and adequate knowledge of adolescents about sexual issues will determine their behaviour concerning reproductive health. In adequate knowledge and misconceptions on sexual issues are not good for the adolescents and this has been responsible for their risky sexual behaviours. Igbanugo (2001) stated that sex education is important for a number of reasons particularly during the turbulent time of adolescence. During adolescence time there are developments, struggles; adolescents have anxieties and fear about their sexual development, natural

factors that can be misunderstood if not properly handled. Sex education according to her will prepare young ones to cope with physical, biological, hormonal and psychological changes of adolescence physical changes such as weight gain in both boys and girls, increase in the size of genital organs and hair in genital areas armpit and faces (for boys) would be understood if somebody at home or at school explains why these changes happens.

Certain biological changes accompany the physical changes in the organ of reproduction. In the same vein chemical substances (hormones) are now produced with direct functions of tissues and organs including sexual organ, (Igbanugo, 2001). Reiss (1995) affirmed that it is of course impossible to maintain complete poise without sufficient knowledge of the subject and this the sex educator must have. An easy familiarity with the fact including the anatomy and physiology of growth and development of both sexes, is imperative as well as an uninhibited use of appropriate terms.

Reiss (1995) stated further also that this advise certainly does not imply that successful sex education requires the training of a physician or a nurse, a college degree in health education or biology augmented by an inquiring mind, wide reading interests, and a basic talent for teaching are the necessary ingredients for sex educator to developed skillfully.

Sex education seek to assist individuals in having a clear and factual view of sexuality, provide them with information and skills about taking care of their sexual health and help them acquire skills to make decision now and in the future. (Reiss 1995)

Igbanugo (2001) stated that in Africa setting, sex is looked upon as dirty words. Issues relating to sex are cultural taboos. Parents and teachers are uncomfortable talking about it. This may be because of the fact that many of them did not receive training in the subject. It is important to realize however that it is only through providing accurate information that we can equip young ones with values and skills. Igbanugo (2001) affirmed that our young ones are continually being bombarded with media messages, some of which are very confusing. There are inaccurate information gathered from peers which have effect on sexuality and on how the young ones perceive themselves as sexual beings. Lack of information or inaccurate information on sexuality can have disastrous consequence on personality and reproductive health. It is only through education that accurate information can be provided to counteract inaccurate and misleading message and this will help adolescent make the right choice.

Ransom-Kuti (1996) as quoted in Ogwu (2001) pointed out that the traditional practice which protects adolescents from receiving education on

sexual matters in the belief that ignorance will encourage chastity has been proved wrong, judging by the high rate of unwanted teenage pregnancies. He supported his assertion by a number of staggering statistics. He stated further that 150 out of every 1,000 women gave birth are 19 years old and under over 60 percent of patients receiving treatment at Nigeria hospitals with abortion complication are adolescent girls, abortion complications account for 72 percent of all deaths among young girls of the age of 19 years and 50 percent of deaths in Nigeria's high maternal mortality rate are adolescent girls due to illegal abortion. This seems an awful destruction of human life and offer compelling reasons for advocating sex education. It is the best option available to give knowledge about sexuality to young people, so that they can take full responsibility for their actions. Allowing them to live in ignorance can lead to self-destruction and will invariably harm society. Sex education will give youths appropriate knowledge, help them clarify and act in accordance with self, family and moral values. Sex education will impart refusal skills which will help the youths ward off sexual abuse and harassment, (Igbanugo, 2001).

Masha (2001) opined that parents should have a thorough knowledge and understanding of who their children are as human beings and why certain behaviour are manifested at different stages of development. This

knowledge will assist the young ones cope effectively with the challenges of life.

Although sexuality is seen around us everyday, sex education is a controversial issue in Nigeria. Parent who ought to be the primary sex educator of their children and communicate to them specific values about sexuality plays the least role in this area. School also provide little or no sexual education for young people, thus children learn from their misinformed peers with undesirable consequences (Action Health 1997) as cited by (Masha, 2001).

Sex education involves helping adolescent have a thorough knowledge and understanding of who they are as boys and girls right from birth. This is to assist adolescent cope effectively with the physical, emotional and social changes at every stage of psychological development. The level of communication in the home will depend greatly on the stage of development of children. Parent and many adults seem to think that access to sex education will encourage adolescent to become sexually active. There is no concrete evidence to prove this assertion (Masha, 2001).

Oyesola (2003) affirmed that adequate and correct knowledge of adolescent about sexual issues will determine their behaviour concerning sexual and reproductive health. Inadequate knowledge and misconceptions

on sexual issues is dangerous for the adolescents and this had been responsible for their risky sexual behaviours. Oyesola (2003) stated further that as a result of often-inaccurate source of information on sexual issues, adolescents are not knowledgeable about puberty changes occurring in their body and the consequences of irresponsible sexual behaviour. This and the low status accorded women has further led to high prevalence of teenage pregnancy and subsequent low school attendance particularly among girls.

Michael Dennis and David (2003) observed that knowledge if generally acknowledged is a great weapon against ignorance. A sound foundation of sexual knowledge helps the individual to dispel sexual myths, superstitions and misinformation that hinder proper understanding or create confusion. Accurate information enable the individual to think critically and make sound decision and also take responsibility for sexual health (Caron and Bethan, (1988) knowing and feeling that we are normal persons can go a long way to increase our sense of personal worth and self esteem.

### **2.3 STUDENTS RELIGION, CULTURAL BELIEF AND THE TEACHING OF SEX EDUCATION**

Interactively complex sets of biological, psychological and socio-cultural issues influence the human sexuality. The way we feel about our worth, the

way we think and our body image play important roles in our sexuality (Ikpe, 2004).

Most of the time we judge our looks and behaviour with what our culture dictates, for example the idea of what is attractive with respect to height, weight, hairstyle and skin tone are all socio-cultural ideas (Adepoju, 2005). Society and culture go hand in hand, society can simply be defined as a group of people living in an area regenerating its number through reproduction and sharing the same culture as in knowledge habits, belief and moral law and custom. Both society and culture are dynamic and prone to change. The goal and significance of what could become of the population (that is people) occupy a very vital place in the philosophy and the history of traditional African societies (Nigeria in Particular) hence great emphasis is placed on the importance of life the eternity of human being and the immortality of the community. These are constantly preached and reinforced through family formations, kinship system and initiation ceremonies (Ikpe, 2004).

The perpetuation of each family chain or line of descendants or community is of major concern hence all political, economic culture, spiritual and ideological effects are geared towards this end. Given this scenario it can be judged that sexual issues is one of the major concern of traditional sex and

that the ideology on which traditional sex education was based biological which perfectly corresponded with the then prevailing socio-economic conditions (Adunola, 2005).

Treffer (1995) stated that society and culture control both the biological and psychological components of sexuality in the sense that people acquire and assemble meanings, skills and value from other persons around them, Foucault (1986) stated that indication of how to think, talk, act or comport ourselves begins during the early period of socializing among family members and progress through the circle and network of friends and schools. In this way cultural and social issues consistently affect our thought and action

Sex education debunks ideologies and social constructs that regard certain words as dirty and wrong that certain parts of the body are unmentionable and that sometimes we should hide our feelings and other myths and taboos that influence the human sexuality negatively (Lena, 2000).

(Adunola, 2005) opined that in Nigerian cultural heterogeneity, multiculturalism ethics, social status and other traditions perpetuate rules and norms that affect the perception of parent, teachers and others, and therefore,



serve as catalysis against the successful implementation of sex education in the country.

Greenberg (2000) stated that religion and spiritual beliefs influence feelings about morality, sexual behaviour pre-marital sexual behaviour, adultery, divorce, contraception and abortion. Some of the positive impact of religion on sexuality have been said to include assertiveness, postponement of age of first sexual experience diminished pre and post-marital sexual permissiveness, responsible relationship in marriage and parenthood.

According to Laumann (1994) conservative or traditional beliefs exert strong impact on sexual experience. Fazi (1993) noted that “Islam endorses any form of beneficial knowledge which must be acquired by every Muslim male or female and also recognizes the dynamic of change in human societies as long as human reason is not placed at par or above divine wisdom”. That is God is the source of all knowledge hence any subject of study must be founded in the parameters set by and through revelation. It is also believed that Christianity is the friend of government because it is the only religion that changes the heart. Barnabas (2005) pointed out that parent should train up their children in Godly way so that when they grow up they will not depart from it.

Religion will also help to guide them against various kinds of immorality because the fear of God has been installed in them. The rule governing right and wrong which a child must acquire exist not just for the family but for the society, the community and the nation at large. Barnabas stated further that the spiritual and moral deprivation in the society be changed and improved by fearing God, he also encourages moral instructions and earnest appeal in churches mosques and in community gatherings to assist in the moral development of youth.

Adunola (2005) pointed out that parents should advice the teenagers about their relationship with age mates and other people in the community because adolescents are keenly aware of changes in their bodies that are at once a source of pride to them, sexual emotions are not a new experience to the adolescence but because of the taboo on sexual matters the adolescent is not allowed to express his or her sexual desires as he or she would loved to do (Adunola, 2005).

Njoku (2000) emphasized that our various cultures impose taboos on sexual relationship before marriage despite their maturity such taboos tends to make many adolescents boys and girls experience problems on how to adjust to their sexual maturation desires and urges. The adolescent boys and girls need to be introduced to various topics of sex education. They should

have a fair idea of the processes of human reproduction and considerable information concerning other aspect of human sexual behaviours, they should also have accurate information concerning venereal diseases.

Invariably religion continues to pose a daunting challenge to the successful implementation of sex education in Nigeria. While Christianity is seen as less rigid and highly adaptable to societal change, Islam is very rigid and not receptive to any subject whose content is at variance with its ideas, (Adepoju, 2005).

The idea of intermingling of people of the opposite sex, half naked dressing and female assertiveness is seriously frowned at by Islam. Christianity tolerates the idea of protective sex as a measure of avoiding “sinful” abortions but frowns at masturbation and covetousness, (Laumann, 1994).

The Islam injunction believes that both the Islamic moral philosophy and the social system of Islam have adequately taken care of sex education. It is strongly believed that religious knowledge, be it Islam or Christianity helps children to cultivate religious attitude towards life and orientate them towards self purification, self actualization and socialization. Both Christianity and Islam do not see the need for sex education in Nigeria, (Adunola, 2005).

Ellis (1998) asserts that most of the time the media whether audio print or visual has been blamed for affecting the mind of people negatively with very little potential of creating positive change in them. The media poses a great challenge to sex education in the sense that it does not necessarily complement the tenets of sexuality because sexual messages by the media cannot be devoid of selfish interest and propaganda. Such messages could easily be seen as mere entertainment thereby restraining the potential to impact accurate information about sexual problem.

Young people can be exposed to a wide range of attitude and belief in relation to sexual issues. These sometimes appear contradictory and confusing. For example some health messages emphasize the risks and dangers associated with sexual activity and some media coverage promotes the idea that being sexually active makes a person more attractive and mature because sex and sexuality are sensitive subject. Young people and sex educators can have strong views on what attitudes people should hold and what moral framework should govern peoples behaviour these too can sometime since to be at odds, (Ellis, 1998).

Sexuality information and Education Council of United States (SIECUS) (2005) stated that young people are very interested in the moral and culture frameworks that bind sexual issues. They often welcome

opportunities to talk about issues where people have strong views like abortion, sex before marriage, contraception and birth control. It is important to remember that talking in a balanced way about differences in opinion does not promote one set of views over another, or mean that one agree with a particular view. Part of exploring and understanding cultural religious and moral views in finding out that you can agree to disagree.

According to Bandura (1992) people providing sex education have attitudes and beliefs of their own about sex and it is important not to let these influence negatively the sex education they provide. For example, even if a person believes that young people should not have sex until they are married, this does not imply with holding important information about safer sex and contraception.

In the for-front of sex education and family planning are religious groups, Ayodele (2003) noted that the Christians argued that children are the gift of God; therefore, their coming into the world should not be prevented by anybody. Some Muslims leaders' sees family planning method and sex education as "genocide", they argued that it is a practice which is against Islamic injunction.

Iya (1999) stated that Muslim Ummah (people) for example always wants to see a decent and responsible word and manner being used in

dealing with youths so that they can take the issues with all seriousness. The mere mention of the word “sex” evoke sentiment with regard to teaching the youths in secondary schools. This is because religious generally and African culture regard such word “sex” as taboo and as such they shy away from mentioning them. However, subjects like Biology, Health Science or Health Education are more acceptable and palatable to the vast majority or traditional background, Okeke (2001) reports that parents often say they don’t want to discuss sexuality with their teens because they are afraid that in-depth discussion will appear a license to indulge in sexual behaviour. So if parents have that fear, what more of the situation in a classroom with peers and different persons with different socio-cultural, ethnic and religious background?

Olurotimi (2003) stated that parents who should be primary sex educators to their children often do not do this because of the eronious belief that it will encourage sexual activities. This however is not true as sex education has been found to delay initiation of sexual activities in youths. This parental attitude has not in any way promoted the young over sexual and reproductive health.

Some culture such as Trinidad and Tobago in South America Island encourages sexual practice but provide sexual instruction for their young.

Another culture like that of Sweden offers sex education to its children from pre-school and is on restrictive about sex outside marriage. In Nigeria, sex education and services for adolescent had remained controversial issues. Many adolescent find their parents and teachers ill-equipped or afraid to teach them about sexual issues.

Olurotimi (2003) explained further that, adolescents today are striving to accomplish psycho-social tasks in the social climate that sends conflicting messages. Young people love mass media entertainments, radio, television, music, videos, cinemas and more. The entertainment media love young people too, because much of mass media entertainment is aimed at young adults because people say this is where they learn about sex. However, what young people see and hear about sex in popular entertainment is often misleading incomplete or distorted. From most mass media entertainment, young people learn behaviour that put their health at risk.

Djamba (1997) reflecting differences in cultural and social values, both between and within countries, there is variation in the age at which young men and women begin sexual relations. One of the first duties must therefore be to provide young people with relevant and accurate information and improve their knowledge and understanding of the basic facts about sexuality.

Olurotimi (2003) argued that erosion of traditional Africa values, cultural factors such as early marriage, increased exposure to media information on sexual, harsh socio-economic environment and adoption of western culture which is more permissive to sexual matters have contributed to increased sexual activity among Nigerian youth, though this varies in the geopolitical zones.

Olurotimi stated further that in Lagos study of 5500 urban youths aged 12-24 years 41% had experienced sexual intercourse and of these, 82% of female and 72% of males has had sexual intercourse by age 19. Similar studies have shown that 77% and 79% of female adolescents in Benin city and Port Harcourt respectively has had sexual intercourse.

Oyesola (2003) opined that in the North-West zone tradition and culture encourages early marriage for girls around puberty and pregnancy outside wedlock is culturally not acceptable, thus adolescents that are not married are likely to seek unsafe abortion and due to financial constraints, this is usually from non-medical doctors. Unsafe abortion as stated by Oyesola leaves women with lifetime disabilities, infertility and death. These problem can be traced to lack of sex education.



## **2.4 THE ROLE OF SEX EDUCATION IN ADOLESCENT SEXUAL ISSUES**

In Nigeria, especially in the northern parts, girls marry between the ages of 13 – 15 years, this practice posed great problems for the teenagers, and they reach sexual maturity before they reach physical, emotional, social or economical maturity. This sexual activity at an early age may perhaps lead to infertility and Vesico Virginal Fistula (VVF) (Abdullahi 2003).

According to Abdullahi (2003) about half of the HIV infection world wide now occurs among people younger than age 25. Estimates from the world health organization (WHO), rates sexually transmitted infections (STIS) as higher among adolescent, than for any other age group, all these problem can be brought to under reasonable control through giving sex education knowledge to the adolescents.

Omotunde (2000) averred that sexual maturation and premarital pregnancy are now increasingly becoming more problematic than they were in the decades of the 60s for example, thousand of teenage girls in Nigeria are forced to fend for themselves early in life because of socio economic problems and they take job as waiters in restaurants and petrol stations. These are occupations that expose the young girls to men constantly and they fall victim.

According to Omotunde parents should devote much of their time and resources to the education and health of their children.

The nation stands at benefit where each family has done its duty of rearing well worthy citizens.

Njoku (2000) stressed that some educational programmes should be designed to help parents know how to talk to their own children about growing up, family life and responsible parent hood.

Sexually transmitted infections (STIS) is a compound term which embraces all diseases contacted chiefly through sexual intercourse with an infected person (Adeyanju, 2001) quoting (Abdullhai, 1988). It is otherwise known as venereal diseases which originally comprised five traditional infections such as gonorrhea, syphilis, cancroids lymphogranuloma, venereum and granuloma inguinale (Osoba and Benette, 1988) as cited by (Adeyanju, 2001).

Human sexuality has intricate meaning for both individuals and societies; it is a complex mixture of biological response, psychological meaning and cultural overlays (Abdullahi, 2003). Sexually transmitted infections (STIS) include HIV/AIDS are major consequence of unprotected sexual intercourse and have assumed frightening dimensions in this era of HIV/AIDS, (Olurotimi, 2003).

In a 5 years study conducted by World Health Organization (WHO) (1990) shows that eleven African countries: Nigeria, Burkinafaso, Kenya, Cote-Divore, Malawi, Senegal, Togo, Tanzania, Uganda, Zambia and Zimbabwe. 20% of 13,000 adolescents accepted that they had contacted STDs thereby indicating increase sexual activity among this group of people and WHO further estimates that worldwide, 1 out 20 adolescents contacts STDs each year.

Olurotimi (2003) pointed out that unsafe abortion remains a big problem in Africa and in Nigeria. This is due to the high prevalence of unwanted pregnancy among women who are mostly adolescent. Unsafe abortion leaves women with life time disabilities infertilities and death. These problems can be traced to lack of sex education and services for adolescents and is a measure of the magnitude of their problems.

Olurotimi, (2003) also of the opinion that adolescents however acquire most of their information from sources without scientific basis, these include peers magazine, audiovisual media, and these may not provide adequate and correct information that will enhance informed decision by Adolescent.

9.1% and 3.9% wrongly ascribed AIDS transmission to casual kissing and sharing of utensils with AIDS patient respectively (Abdullahi, 2003). More

than 77% of the girls were sexually active, Booth (1999) noted some of the Adolescent Reproductive Health (ARH) problems faced by many adolescent such as premature intercourse which result in undesired pregnancies and unsafe abortion, increased high risk of sexually transmitted diseases (STDs) including Human Immune Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS). According to Crane (2005) as reported by Booth, (1999) a study conducted in Ibadan had shown that 16 years of age was the mean for initial sexual experience. Mabler (1987) has reported a study that was conducted in a small town in South- Eastern Nigeria which indicated that nearly half of the teenage girls under the age of 17 years were sexually active and by the age of 20 years 80% of them had experienced sexual-intercourse. With regard to this figure, 24% had sexually transmitted infections.

There has been an alarming increase in the incidence of Sexually Transmitted infections (STDs) in recent years; everywhere, everyday, more and more people are being infected by STDs. The current high rise in the number of reported occurrence of STDs among the young ones is really not unanticipated.

The Nigeria society itself in many aspects is “Sick” sexual liberation as it is called and its resultant promiscuity, general permissiveness of society

that allowing the showing of films with all types and manners of sexual exploits are contributory factors (Adeyanju, 2001) Human behaviour has influenced the incidence, prevalence and pathogenesis of various diseases. The risk factors for sexually Transmitted Diseases are directly related to patterns of sexual behaviour in the community.

Folashade (2003) stated that adolescent is at high risk of unintended pregnancy and STDs because of their sexual behaviour lack of information, lack of access to sex education and reproductive health services. About 12 million babies are born to adolescent mother each year which are high risk birth in terms of the health of both the mother and child (Folashade, 2003). Several health surveys and social studies have shown that many Africans countries, adolescent (60-70%) are sexually active and many as 70% of girls have been pregnant at-least once by the time they are 18 years old. Sexual activity at an early age is associated with several serious risk and complications, the majority of sexually active adolescent are unaware of these risks or are dangerously misinformed about the potential consequences of their behaviour (Arkutu, 1995).

Describing the effects of STDs (Achal, 1993) explained that they can lead to pains, organ damage, seriously disabilities such as blindness infertility, insanity or mental disorder such as paralysis and even death. With

the ravaging effect of HIV/AIDS worldwide, STDs are talked about more frequently and probably feared more than any other diseases. But as the diseases ravages on, we must endure the grief and pervasive sense of injury within us and strive to combat the menace. With no vaccine available for the curing of HIV/AIDS for a number of years, sex education represents our best chance of reducing the dreadful toil of this disease (Olurotimi, 2003).

“We need to inform, inspire and mobilize the young people through an awareness campaign such as the world has never seen using radio, television and professional marketing techniques as well as conventional tools of education. That campaign must reach girls as well as boys. At present, in Sub-Saharan African adolescents girls are six times more likely to be infected with HIV than boys, that is something which should make all Africans deeply ashamed and angry”.

Says the former UN Secretary General Mr. Kofi Anan at all African summit on HIV/AIDS in Abuja-Nigeria in April 2001, the health of the young people all over the world, including Nigeria represent a common future for many years, the health of young people has been neglected because they are generally less vulnerable to diseases than children of the very old. Young people are however, highly vulnerable to the radical changes in social conditions that have occurred in recent times and which can have a profound

effect on their health. In many societies changes in social and sexual behaviours have increased, the risk of unwanted pregnancies, STDs, including the pandemic disease of our time HIV/AIDS. Many teenage in Nigeria lack information to help them achieve their life goals. Sex education is the only way of prevent and preserving the future of the young ones. (Osoba & Benette,1988).

As children enter puberty and begin the task of incorporating their emergent sexual selves into their development towards adulthood, they become increasingly 'on line' to receive the messages that any given society is putting out about the dangers of sexuality even the most rigid of regimes that strenuously protect the young from worldly knowledge is giving out a message that at this time will be received to help make sense of the nature of sexuality and how it should be regarded (Olurotimi, 2003).

Cohen (1990) noted that the debate about sex education for young people has been a long one, at time bitterly fought. History abounds with pronouncements about the rights and wrongs of such an enterprise, its potential to deflower innocence before time or to doom to ignorance and danger generations of young people approaching the marriage bed, Obi (1992) State that, Sex education and adolescent sexuality were among the most controversial and debated issues during the 1994, International

Conference on Population and Development in Cairo. The general question was that, is sex education a solution or license to practice sex? Mahmud (2003) described sex education as the teaching of youth about their bodies, how to respect each other, how to abstain from sex and how to protect them if they decide to have sex. Despite the growing threat sexuality problems pose to the health of more than half of the world's population, most countries fail to provide young people with the information and services they need to prevent pregnancy and sexuality transmitted diseases. Numerous studies by Nigerian experts have concluded that the majority of young people including those who are sexually active lack basic information about reproductive health. More regrettably, much of what they think they know is incorrect (Mahmud, 2003)

Adinma, (1999) was of the opinion that young people cannot be expected to develop positive attitudes towards sex and sexual relationships and behave responsibly without access to basic sex education. 'One of our first duties must therefore, be to provide young people with relevant and accurate information and improve their knowledge and understanding of the basic facts about reproductive health' says professor Andrew Arkutu, at the National Conference on Adolescent Reproductive Health in Abuja-Nigeria in January 1999.



Olurotimi (2003) in his findings noted that sex education is more than reproductive anatomy and physiology. It must include specific information on contraception, the identification and prevention of HIV and other sexually transmitted disease. It must also include information on available reproductive health services, where to find them and how to use them.

Basso (1997) argued that among health and educational professionals in Nigeria the feeling is widespread that the health of the adolescent is at risk. These burgeoning adolescent group who constitute more than 12 percent of the population of Nigeria and whose number are expected to rise sharply over the years are often prone to unplanned sex, unwanted sex, unsafe abortion, sexual coercions, sexual violence sexually transmitted infections and even HIV because they are uninformed or poorly informed about the implications of their reproductive behaviour and health risks especially from under-age sexual practices and other anti-social practices.

Basso (1997) explained further that the success of the effects to prevent the spread of HIV/AIDS in Nigeria lies in strong political support and skillfulness of prevention team of donor agencies, non governmental organization (NGOs), and projects such as the vision project and the African Regional Sexuality Resource Centre housed under the Action health Incorporated in Nigeria.

Similarly, Basso was also of the view that in recent times, the Action Health Incorporated (AHI) has been in the frontline of NGOs complementing government's efforts in raising awareness about adolescent health issues and setting new directions for adolescent sexuality in Nigeria by building on lessons from the past success and constraint and appreciating the present potentials of sex education in strengthening national development efforts for a brighter future. Action Health Incorporated (AHI) according to Basso has viewed sex education as an educational process which provides for an articulated and practical study of the aim of developing in the individual or more rotational attitude and responsible behaviour towards improving the quality of life of the individual now and in the future.

Nwaeke (2006) expressed concern over the increasing rate of teenage pregnancy in the country and warned that more than forty percent of the affected young ladies risked future infertility and if the trend was not reversed, young mothers stand the risk of endangering their health and also not being able to pregnant.

Nwaeke (2006) stated further that teenage pregnancy occurs between the ages of twelve and eighteen years, stressing that such young adults usually have reproductive organs that are not yet matured for child bearing

also teenage pregnancy involves unhealthy situations in the life of a teenager which often affect her psychologically and mentally. A teenager who indulges in an unprotected sex stands the risk of contracting sexually transmitted disease such as Vesico-Vaginal Fistula (VVF), Pelvic Inflammatory Diseases (PID) Gonorrhoea, Trichomoniasis and HIV infection. Sexually Transmitted Diseases (STDs) often block fallopian tube resulting in infertility and sometimes VVF which causes the victims to urinate uncontrollably. Ample research by World Health Organization (WHO, 1995) in John Hopkins University Centre for Communication Programmes and other similar organization have demonstrated that women are more vulnerable biologically, culturally and socio-economically to majority of sexually transmitted diseases (STDs) including HIV/AIDS.

Adepoju (2005) mentioned that one third of 600,000 women who obtain abortions each year in Nigeria hospitals are adolescents, also 13% of women and over 27% of men reported exchanging money, gift or favour for sex within a fiscal year. These are threats to women lives and over all national development.

Seba (1996) recommended sex education for adolescent to increase their awareness and knowledge of reproductive related issues.

Benald (1997) stated that lack of information put adolescents at risk of unplanned pregnancy and there is need for sexual health education to prevent these problems and help their future reproductive health challenges.

Kurioti Mwateba & Padachy (1997) as cited by Adeniyi (2001) concluded that it is clear from their analysis that teenagers engaged in premarital sex at an early age when they are ignorant about the health consequences of sexuality. Nevertheless these adverse effects of premarital sex could be prevented by educating and increasing awareness through a well structured sex education at an early age.

## **2.5 INCLUSION OF SEX EDUCATION IN SECONDARY SCHOOL CURRICULUM**

Traditionally, sex education drew its content from social demography, human ecology, and family life. Details of these contents and the areas between and sometimes within countries in response to the particular requirement of individual cultures and population situation. In most cases sexually concepts were basically meant to prevent early pregnancy and diseases. (Ikpe, 2004).

Foucault (1985) in his findings stated that at the beginning there were difficulties in determining the content of sex education, the way it could be adopted and how it could be taught. Selection and presentation of content

relating to sexual behavior posed great problem. Foucault (1985) stated further that although sex education is generally considered as important, a number of its content areas were highly controversial and turbulent whenever they were associated with cultural and religions issues.

Sex education included in the school curriculum would help the students to understand the nature of the sex problem which will equip them to cope with problems associated with sex.

This may not necessarily lead to immorality in fact one tends to learn what he or she doesn't know so if our adolescents are not equipped to handle effectively sexual problems, they may embark on immorality to know what the adult is hiding from them. (Adunola 2005).

In order to apply the most useful concept of sex education to school curriculum, some countries embraces the participatory approaches other choose rotary methods whereby learners were expected to memories the fact in the hope that it would in some ways lead to behavioral change. Conscious efforts were made to exclude sexual matters hence the concept of sexual issues was used as a broad knowledge base to provide contents for sex education. Issues such as homosexuality contraception and abortion were potentially inflammatory and were kept away Foucault (1985).

The practical experience countries have had in introducing sex education is leading to a new way of perceiving sexual content and their appropriateness just as the upsurge of adolescents health problems in Nigeria has led to a new way of perceiving adolescent reproductive health information in the country (Eniola, 2002).

Adunola (2005) stated that given the interactive nature to the subject of sexual issues, its content ranges from:

- Human growth and development
- Relationships
- Life skills
- Sexual attitude and behaviour
- Sexual health
- Society and culture

Each of these content areas has its various sub-divisions. It is worth while to note that although other intervention programmes such as population education, environmental education and family life education share some important contents (as in sex education).

Faucault (1985) was of the opinion that sex education is a different field. Its conceptualization corresponds to sex issues and problem and it is meant to contribute to their solution. Therefore the content of sex education responds

to the specific sexuality need that emerges from population. Issues such as the adolescent sexual health problem and problem of socio-cultural that are plaguing Nigeria today, sex education in Nigeria is as a huge task, through it has many prospect it also faces many challenges.

Faucault (1985) explained further that the major challenges were that what form sex education should take and at what class should it be introduced in the schools and there was also the problem of methodology. Faucault emphasized that sex education should be introduced at Senior Secondary School level because greater maturity is reached, selection of mates and engagement period is in this stage of adolescents.

Abdullahi (2003) stated that sex education was seen as the gospel of the flesh that could lead to sexual espionage, egoism and revelry among the young. The young recipients of sex education were therefore referred to as “victims”. Notwithstanding serious advocates of sex education insisted on driving home the potentials of sex education such as building new standards and removing deceptions between people and by the down of the 1900s several events had occurred which changed the way people perceived sexuality hence sex education was introduced in Swedish schools Abdullahi (2003).

Adepoju (2005) reported that education as a liberating influence is also an indicator of sexual behaviour according to him people with at-least some school education in general tend to have more sexual partners than those who have not been to school and this lead to obstruction of success due to unwanted and unexpected pregnancy and ill prepared parenthood. This happened to be the case even among secondary school students and had been known to affect status by creating a sense of self-worthlessness and personality conflict among adolescents.

Michael, Denis and David (1996) stated that in recent times, the idea of how to engage in safer sex depends on how much accurate and up to date sexual knowledge we have. Safer sex has been identified to mean achieving satisfaction and personal control through getting more pleasure with less risk hence the things we need to consider when thinking about safer sex will include:

- Types of activities that can lead to the transmission of sexually transmitted diseases (STDs).
- Whether an individual belongs to a high risk of group.
- What can be done to reduce the risk of transmitted sexually transmitted infection (STIs).



- Whether the two people involved shared the same common opinion concerning STDs

Access to factual knowledge as offered by sex education enhance understanding of socio-cultural traditions, rules, norms, inventions and systems that concerned our personality (Ikpe, 2004).

Olurotimi (2003) in his findings stated that in the school most activities concerning sexuality is limited to the reproductive aspect of formal health science and biology classroom teaching. The religious leader's talks about the need to avoid sexual immorality during their religious teaching but these stakeholders tend to neglect the cultural, societal and gender roles. Attempt to address these problems by the government through Federal Ministry of Health (FMOH) led to institution and revision of policies which includes:

- National policy on population for sustainable development (Drafted, 2001).
- National Reproductive Health Policy and Strategy (July, 2001)
- National Adolescent Policy (1995).
- National HIV/AIDS Policy (2002).

The Federal Ministry of Education through National Council on Education also approved the National Sexuality. Education Curriculum in Nigeria in August, 2001 towards teaching of sex education in all educational institution in Nigeria (Olurotimi, 2003).

Olurotimi (2003) was also of view that these policies were formulated to enhance the sexual and reproductive life of Nigerians. However, non involvement of youths and community members in programmes meant for them, non availability of skilled personnel for the planning, implementation and evaluation of activities, non-availability of resource, financial, material and lack of political commitment are some of the barriers to the effective implementation of these policies in Nigeria (Mahmud, 2003).

Eniola (2002) stated that the adoption of the sex education curriculum however has been trailed with controversy but it should be developed around a child's own age, interest and experiences as far as schools are concerned.

## **2.6 SUMMARY**

In this chapter, various literature on sex education have shown how controversial and tacid the issues of sex education has been. After the introduction, this chapter dealt with the concept of sex education, the need of sex education, religious and cultural belief towards sex education. Perception of student about the contribution of sex education to the enhancement of reproductive health knowledge and sex education in secondary curriculum.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 INTRODUCTION**

The purpose of this chapter is to present a step by step description of the research design and procedure used in collection and analyzing the data for this study.

#### **3.2 RESEARCH DESIGN**

The Research design adopted in this study is the ex-post facto (after the fact) design. This design is used when a researcher intends to describe conditions that already exist, and attempts to determine reasons for the existing differences in behaviour or status of groups of individuals (Gay, 1992).

#### **3.3 POPULATION OF THE STUDY**

The population for this study comprised of all the senior secondary school students in Kaduna State. As at the time of this study, the number of Senior Secondary School Students selected for the study was sixteen thousand seven hundred (16,700). (Kaduna State Ministry of Education 2008).

#### **3.4 SAMPLE AND SAMPLING TECHNIQUES**

The researcher used stratified random sampling techniques to draw sample from the population. The state was divided into three senatorial zones of

which five hundred (500) students were randomly selected from the population of sixteen thousand seven hundred. In sampling from population Abdullahi (2003) method was used in this study it stated that if representativeness is to ensured 20% from a population of 1000 to 3000, 10% from a population of 4000 to 7000, 3% from a population of 17000 to 20000 are recommended.

**TABLE: 3.1**

**LOCAL GOVERNMENT OF EACH SENATORIAL ZONE**

<b>North Senatorial Zone</b>	<b>Central Senatorial Zone</b>	<b>South Senatorial Zone</b>
Lere	Chukun	Jaba
Kuba'u	Birni Gwari	Jama'a
Ikara	Kujama	Sanga
Soba	Giwa	Kaura
Makarfi	Igabi	Kauru
Kudan	Kaduna North	Zango
Sabon gari	Kaduna South	Kachia
Zaria		Kagarko

## **THE SIX LOCAL GOVERNMENTS SELECTED AND THE SCHOOLS INVOLVED.**

### **North Senatorial Zone**

- **Zaria Local Government Area**  
Government Girls Secondary School Zaria  
Alhuda-Huda College Zaria
- **Sabon Gari Local Government Area**  
Government Day Secondary School Kwangila  
Government Day Secondary School Bassawa

### **Central Senatorial Zone**

- **Igabi Local Government Area**  
Government Day Secondary School Rigasa  
Government Day Secondary School Rigachikun
- **Kaduna South Local Government Area**  
Government Girls Secondary School Tudun Wada  
Government Day Secondary School Kakuri

### **South Senatorial Zone**

- **Kachia Local Government Area**  
Government Day Secondary School Kachia  
Government Day Secondary School Katari
- **Jama'a Local Government Area**  
Government Girls Secondary School Kafanchan  
Government Day Secondary School Kafanchan

In selecting the local government areas above the names of all the local Government Areas in each zone were written on pieces of papers, squeezed and mixed. Two Local Government Areas was picked blindfoldedly bringing the number of local government area involved in this study to six. Two Secondary Schools were also randomly selected by writing the names of all the Senior Secondary School Students from each local government area selected on pieces of paper, squeezed and mixed, two were picked blindfoldedly. The same were applicable to all the local government selected from each zone bringing the number of secondary schools used to twelve (12). In selecting the sample, the selection was based on casting of lots methods. Piece of papers were cut equal to the number of SSS<sup>I</sup>, SSS<sup>II</sup> and SSS<sup>III</sup> of each secondary schools selected for this study. The researcher has chosen to sample five hundred (500) from the population of sixteen thousand seven hundred (16,700) according to Abdullahi (2003) method. This number was shared according to the number of secondary school involved in the study.

In each school, forty two (42) out of the piece of the paper cut according to the number of Senior Secondary School Students were marked “S” to represent sample, the papers were squeezed and mixed, and students were

requested to pick one. Those who picked paper marked “S” formed the sample.

### **3.5 INSTRUMENTATION**

The instrument used in this study is the questionnaire. The investigator studied literature on sex education. Based on this, thirty (30) questionnaire items were prepared which was organized in five (5) different sections namely;

Section ‘A’ contained six (6) statement on personal data of respondents.

Section B contained six (6) statements on teaching of sex education. Section C contained six (6) statements on religion and cultural belief towards teaching of sex education.

Section D contained the role of sex education in adolescent sexual issues.

And section E contained six(6) statement on sex education in secondary school curriculum.

The five point Likert Scale which is an interval scale of measurement i.e. Strongly Agree, Agreed, Undecided, Disagreed and Strongly Disagreed was used to stratify responses of the respondents. The score for responses were interpreted as follows:

5      Points for Strongly Agreed

4      Points for Agreed

3      Points for Undecided

2 Points for Disagreed

1 Point for Strongly Disagreed

The Likert Scale was chosen because it is appropriate for determining what an individual believes, feels or perceives about phenomenon. It can also measure self perception and a variety of activities, institution and situations, (Asika, 2001).

### **3.6 VALIDATION OF RESEARCH INSTRUMENTS**

Copies of the questionnaire prepared by the researcher were given to five experts in PHE Department to vet it. On the basis of the suggestion that were made by these experts, the questionnaire was prepared for this study.

### **3.7 ADMINISTRATION OF THE INSTRUMENT**

The questionnaire was administered to the selected students; trained research assistants assisted the administration of the questionnaire and Data Collection. They explained to respondents the purpose of the study and reassured them of the confidentiality of information collected.

### **3.8 DATA COLLECTION**

The researcher and two (2) research assistants after obtaining permission from the relevant authorities visited the selected schools and gave copies of the questionnaire to the students randomly selected as samples for the study one (1) week was given to the researcher to collect back the information by most schools because it was during examination period.



### **3.9 STATISTICAL TECHNIQUES**

The information collected through the questionnaires were statistically analyzed at the Institute for Agricultural Research (IAR), Ahmadu Bello University, Zaria. The responses collected were coded and recorded on data coding sheets. Likert Scale format were used in determining the scores, the most favourable responses were given the highest point. A t-test for related measures was used to ascertain the significance difference between the mean scores.

## CHAPTER FOUR

### DATA ANALYSIS AND DISCUSSION

#### 4.0 INTRODUCTION

In furtherance of the investigation of the perception of the senior secondary school students on the teaching of sex education within the Kaduna State secondary school, the data collected were statistically analyzed in this chapter. The chapter presents the demographic characteristics of the respondents in one single table of frequencies and percentages. Other sections of the chapter relating to teaching sex education in secondary schools, parents belief in relation to sex education, the perception of Senior Secondary School Students about the contribution of sex education towards the enhancement of reproductive health knowledge and the associated perceived inclusion of sex education in the school curriculum are analyzed in mean and standard deviations along the research questions raised in the study. The hypotheses raised in the study were tested within the chapter and a discussion of the findings is then presented at the end of the chapter. The mean scores were based on the five point scale with the highest score for agreement as 3.5 and the highest score for disagreement as 3.4. Thus mean score of 3.5 and above are considered as agreement since 3.5 could be approximated to 4 which stand for agreement in the five point interval scale.

#### 4.1 THE DEMOGRAPHIC CHARACTERISTICS OF THE STUDENTS

A total of four hundred and twenty (420) respondents made up of senior secondary school students from six local government area of Kaduna state were involved in the study. Among their demographic characteristics included in the study were sex, age, and class and religious affiliation. These variables are presented in frequencies and percentages in Table 4.1

**Table 4.1: Classification of the respondents by their demographic characteristics**

<b>Variables</b>	<b>Variable options</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Sex</b>	Male	219	52.1
	Female	201	47.9
	<b>Total</b>	<b>420</b>	<b>100.0</b>
<b>Age</b>	11-14years	19	4.5
	15-18years	297	70.7
	19-22years	104	24.8
	<b>Total</b>	<b>420</b>	<b>100.0</b>
<b>Class</b>	SS1	136	32.4
	SS2	148	35.2
	SS3	136	32.4
	<b>Total</b>	<b>420</b>	<b>100.0</b>
<b>Religion</b>	Christianity	208	49.5
	Islam	210	50.0
	Tradition	2	0.5
	<b>Total</b>	<b>420</b>	<b>100.0</b>

The table 4:1 revealed a proportionate selection of the respondents with regards to sex. This is important to eliminate bias in the expressed opinion of

the respondents in the items. The age distribution is skewed towards the 15 and 18years age range. This is the actual characteristics of the senior secondary school and represent the major group or target of the investigation.. The three arms of the classes in the senior secondary school are proportionately represented as indicated in the table. Equality was also maintained as indicated in the table as it affects the selection of the religious affiliation of the students. The two major religions (Islam and Christianity) accounted for 50.0% and 49.5% respectively with only 0.5 representing the traditional religion. By this classification, the demographic variables associated with the issue of sex education could be said to be fairly represented in the study.

Among the major objectives of this study were determination of students' knowledge of sex education, the effect of religious and cultural belief and perceptions of student about the contribution of sex education towards the enhancement of the reproductive health knowledge and the students' perception of sex education in the secondary school curriculum. The questions are:

## 4.2 ARE SENIOR SECONDARY SCHOOL STUDENTS IN KADUNA STATE TAUGHT SEX EDUCATION

The main issue here is whether the students were taught sex education in their schools. In Table 4.2 the opinion of the students on the teaching of sex education is scored in means and standard deviations along the five point scale.

**Table 4.2: Mean and standard deviation of the students on teaching of sex education**

<b>Teaching of sex education</b>	<b>Mean</b>	<b>S. D</b>
1. Sex education is taught in my school	1.0548	0.2380
2. Sex education is not taught in my school	3.8119	0.7727
3. Sex education is not taught as a subject but incorporated in to biology	4.0286	0.5690
4. Knowledge of sex education will expose me to sexual activities	2.1357	1.4568
5. Knowledge of sex education will delay sexual activities	3.1452	1.3110
6. Adolescents in secondary school should be sexually educated	2.9095	1.3719
<b>Average Mean Score</b>	<b>2.84766</b>	<b>0.9532</b>

From the response in items on table 4.2, the students were unanimous about the fact that sex education was not taught in the selected school. This means

that the students were aware of the rudiment of sex education as a subject. If there any thing the students could be said to have be emphatic about in the table, it is the fact that sex education is not taught in the selected schools. This is indicated in item 3 with a mean score of 4.0286 which imply that the students agreed that sex education is not taught as a subject but incorporated in part of biology. On the impact sex education could have on them, they did not agree that such knowledge would likely expose them to sexual activities but at the same time they were not sure whether such knowledge would delay their sexual activities. These indicated in the mean scores for items 4 and 5 respectively. Ironically, the students did not agree that adolescents in secondary school should be sexually educated. This is indicated with a mean score of 2.9095 for item6 in the table.

#### **4.3 TO WHAT EXTENT DO RELIGION AND CULTURAL BELIEF AFFECT THE ACCEPTANCE OF THE TEACHING OF SEX EDUCATION IN KADUNA STATE SECONDARY SCHOOLS?**

The assessment here is not mainly based on the students' attitudinal disposition but on the perceived attitude of the parents as well as that of the larger society where the students live. The religious consideration both by the individual students, the parents and that of the society were all considered in this section. The opinion of the students on how their parent

attitude and belief affect the acceptance of the teaching of sex education in the selected secondary schools are expressed in mean and standard deviation (SD) in Table 4.3. In the table, a mean score of 3.5 and above was indicate agreement while a mean score of 3.4 and below signify disagreement with the suggested opinion of the item.

**Table 4.3: Mean score and standard deviation of students on effect of parents belief on acceptance of sex education in the selected secondary schools.**

<b>Parent belief and sex education</b>	<b>Mean</b>	<b>S. D</b>
1. My parents used to discuss about sex with me	1.8619	1.0880
2. My parents do not discuss about sex with me	3.8333	.9896
3. My religion do not permit the discussion of sex education	3.9857	.3906
4. My religion see the discussion of sex education as immoral	3.9643	.4216
5. My religion permits the teaching of sex education	1.2738	.5974
6. It is our cultural belief that sex education will hasten sexual activities	3.9810	.6099
<b>Average Mean Score</b>	<b>3.1566</b>	<b>0.6785</b>

From table 4.3 above the mean score of item 1 in the table, there was unanimous agreement among the students on the fact that their parents do not discuss with them about sex. On the contrary, the students presented a

consensus opinion which clearly indicated that the parents do not discuss with them any thing relating to sex. This is indicated with a mean score of 3.833 for item 2 in the table. Religion is another barrier to the issue of sex as indicated with the mean scores for items 3, 4 and 5 in the table. In item 3, for example, the students were unanimous about the restriction of their religions on matters relating to sex and in item 4, the students were of the opinion that their respective religions regards any discussion on sex education as immoral. The general opinion of the students is that their respective religions do not permit the teaching of sex education. This opinion was further affirmed by the cultural belief indicated in item 6 which the students agreed present a pessimistic posture to sex education. In the item, the students were in agreement with the notion that their respective cultural belief was that sex education will hasten sexual activities among the school children. This means that cultural belief play a major role in the acceptance of the teaching of sex education in Kaduna State Secondary Schools.

#### **4.4 WHAT IS THE PERCEPTION OF STUDENTS ABOUT THE CONTRIBUTION OF SEX EDUCATION ON THE ENHANCEMENT OF REPRODUCTIVE HEALTH KNOWLEDGE?**

This question dwelt on the students' awareness of the role sex education could play on the enhancement of reproductive health knowledge. The opinion of the students is presented in mean and standard deviation in the Table 4.4. Mean



score for agreement is expected to be above 3.4 in the table. Mean score lower than 3.5 is therefore regarded as disagreement with the suggested item.

**Table 4.4: Mean score and standard deviation of students on their perception about the contribution of sex education towards the enhancement of reproductive health knowledge.**

<b>Students perception about the contribution of sex education towards the enhancement of reproductive health knowledge.</b>	<b>Mean</b>	<b>S. D</b>
1. Teaching sex education in secondary school will go along way in preventing sexually transmitted diseases including HIV/AIDS	2.6167	1.0894
2. Sex education cannot reduce the problems of sexually transmitted diseases among adolescents	3.0667	1.5434
3. Sex education in secondary school would reduce the problem of vasico vaginal fistula (VVF) in our society	3.3452	1.2291
4. Sex education in secondary school will help adolescents in the area of unwanted pregnancy and illegal abortion	2.3381	1.1226
5. Unwanted pregnancy and illegal abortion cannot be reduce by teaching of sex education in the secondary school	4.0286	1.1029
6. Sex education in secondary school will reduce adolescents sexual health problem	2.8119	1.2961
<b>Average Mean</b>	<b>3.3463</b>	<b>1.3058</b>

The students did not agree that teaching of sex education in the selected secondary schools could enhance reproductive health knowledge. In item 1, the mean score is 2.6167. This means that the students disagreed with the suggested notion that the teaching of sex education in secondary school will go along way in preventing sexually transmitted diseases including HIV/AIDS. In the same vein, the students did not agree that the teaching of sex education can reduce the problem of sexually transmitted diseases among adolescents in the study area. This is indicated with a mean score of 3.0667 which means that the students were undecided about the opinion that sex education cannot reduce the problems of sexually transmitted diseases among adolescents. This uncertainty of the students is further reflected in item 3 with a mean score of 3.3452 on the problem of Vasio Vaginal Fistula (VVF). In item 3, the students were not sure that the teaching of sex education could in any way reduce the problem of VVF among young female girls in the society. In item 4, the students completely disagreed with the suggested opinion that the teaching of sex education in secondary school will help adolescents in the area of reducing the problem of unwanted pregnancy and illegal abortions. The mean score for the item (4) is 2.3381. Thus in item 5, the students agreed that unwanted pregnancy and illegal abortion cannot be reduced by teaching of sex education in the selected secondary schools the mean score for the item (5) is 4.0236. The students response as indicated with a mean score of 2.8119 in

item 6 of the table did not agree that the teaching of sex education in secondary school will reduce adolescents' sexual health problem in the area.

#### **4.5 What Is The Perception Of The Senior Secondary School Students On The Inclusion Of Sex Education Into The Kaduna State Secondary School Curriculum?**

The opinion of the students on the inclusion of sex education as a subject in the school curriculum was assessed with five items as indicated in Table 4.5.

The opinions of the students on the items was presented in mean and standard deviations along the five point scale used in the study.

**Table 4.5: Mean and Standard Deviation Score of Senior Secondary School Students Opinion on inclusion of sex education in the secondary school curriculum**

<b>Sex education in the secondary school curriculum</b>	<b>Mean</b>	<b>S. D</b>
1. Sex education is not one of the important school subject	4.1857	.94920
2. Sex education should be included in school curriculum as a subject of its own	4.9143	.31249
3. Sex education should be integrated in to other subject in secondary school curriculum	2.6571	1.0480
4. Sex education should be placed with other health related subject in school curriculum	3.6357	1.2177
5. There are no qualified teachers to teach this subject in my school	1.6381	1.0647
6. Sex education should be introduced in to senior secondary school certificate examination	3.9667	1.2940
<b>Average Mean</b>	<b>3.4996</b>	<b>0.9540</b>

The male and female students did not see sex education as an important subject in the secondary school curriculum as indicated with a mean score of 4.1857 for item 1 in the table. They were of the opinion that sex education is not one of the important school subjects. However, they unanimously agreed as indicated with a mean score of 4.9143 that sex education should be included in the school curriculum as a subject of its own. The male and female students did not really agreed with the opinion that sex education should be integrated into other subjects in the secondary school curriculum. This is indicated with a mean score of 2.6571 for item 3 in the table. In support of this notion, the students were of the opinion in item 4 that sex education should be placed with other health related subject in the school curriculum. They did not agree as indicated in the mean score (1.6381) for item 5 that there are no qualified teachers to teach the subject if introduced into their respective schools. The students therefore agreed with the notion that sex education should be introduced in to senior secondary school certificate examination.

### **Test of Hypotheses**

Some null hypotheses were raised to provide statistical conclusions to the findings of this study. They consisted of one major hypothesis and three sub-hypotheses, the hypotheses are:

**Major Hypothesis:** There is no significant difference between male and female students perception about the teaching of sex education in Kaduna State secondary schools.

To test this hypothesis, all the components of the sex education assessed in the study were combined and tested with the level of the students' classes. The one way analysis of variance (ANOVA) was used in the test because of the multiple levels of the independent variable. The analysis of variance model is presented in Table 4.6

**Table 4.6: Mean and Standard Deviation scores by classes of students**

<b>Classes</b>	<b>N</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>Std. Error</b>
SSS 1	136	3.1271	.27014	.02316
SSS 2	148	3.1011	.27381	.02251
SSS 3	136	3.1219	.25538	.02190
<b>Total</b>	420	3.1163	.26638	.01300

The result of the test in Table 4.6 revealed no significant difference between the students in their opinion on the issue of sex education in the secondary schools. The observed f-value is 0.386 it is lower than the critical value of 3.00 at the same degree of freedom and the level of significance observed in the test is 0.681 ( $P > 0.05$ ). This means that the null hypothesis stated

showed that there is no significant difference between male and female students on the issues of sex education in Kaduna State secondary schools could not be rejected.

The mean scores of the different classes on the sex education in the selected secondary schools are presented in Table 4.7.

**Table 4.7: Analysis of variance on sex education by classes of senior secondary school students**

<b>Source of Variations</b>	<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
Between Groups	.055	2	.027	.384	.681
Within Groups	29.677	417	.071		
<b>Total</b>	<b>29.732</b>	<b>419</b>			

The mean scores by the students from the different classes in the table could be approximated into the same magnitude. This accounted for the no significant difference observed in the test. The mean clearly indicated that the students were undecided about most of the issues raised in relation to sex education in the selected schools.

**Sub-hypothesis I:** There is no significant difference in the perception of male and female students towards the teaching of sex education in Kaduna State secondary schools.

This hypothesis was tested with the two sample t-test because of the two independent groups (males and Female) involved in the test. The overall opinion of the students on the issues relating to sex education in the selected schools were compared here by sex of the students as indicated in Table 4.8.

**Table 4.8: Two sample t-text on teaching of sex education by sex of students**

Sex	n	Mean	Std. Deviation	Std. Error	t-value	df	P
Male	219	3.0791	.26721	.01806	3.010	418	.003
Female	201	3.1567	.26015	.01835			

t-critical = 1.96 at 0.05 level of significance

The result in the table revealed significant difference between the male and female students on the teaching of sex education in the selected secondary schools. The observed t-value is 3.010 while the critical value is 1.96 at the same degree of freedom (df). The observed level of significance (P) is 0.000 ( $P < 0.05$ ). This means that the null hypothesis stated showed that there is no significant difference in the perception of male and female students towards the teaching of sex education in Kaduna State secondary schools could be rejected. The female differs from the male on the teaching of sex education in the selected schools. Going by the mean scores, the female tended to be more positive on the teaching of sex education than the male students.

**Sub-hypothesis II:** There is no significant difference in the perception of students from different religious background on the teaching of sex education in Kaduna State secondary schools.

This hypothesis was tested with the religious affiliations of the respective students involved in the study as the independent variable while their expressed opinion was used as the dependent variable.

**Table 4.10: Mean and Standard Deviation scores by religion of students on the teaching of sex education in the selected schools**

<b>Religious belief</b>	<b>N</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>Std. Error</b>
Christianity	208	3.1130	.25338	.01757
Islam	210	3.1183	.28004	.01932
Traditional	2	3.2500	.11785	.08333
<b>Total</b>	420	3.1163	.26638	.01300

Indications in the table are that the opinion of the students from the different religious background on the teaching of sex education in the selected secondary schools is basically the same. And from the mean scores, the different religions did not encourage the teaching of sex education in the different schools.



**Sub-hypothesis III:** There is no significant difference between Male and female students about their perception on the contribution of sex education toward the enhancement of reproductive health knowledge in Kaduna State.

The sex of the students was used as the independent variable in the test of this hypothesis. The mean scores of the students on the enhancement of reproductive health knowledge in table 4.4 were used as the dependent variable. The two sample test was used in the test because of the two levels of the independent variable as indicated in Table 4.11.

**Table 4.11: Two sample t-text on the perception of students about the contribution of sex education towards enhancement of reproductive health knowledge.**

Sex	N	Mean	Std. Deviation	Std. Error	t-value	df	P
Male	219	2.9916	.53597	.03622	1.668	418	.096
Female	201	3.0813	.56547	.03988			

t-critical = 1.96 at 0.05 level of significance

The result in the table did not reveal significant difference in the opinion of the male and female students on the contribution of sex education on the enhancement of reproductive health knowledge in the selected secondary schools. The observed t-value (1.668) is lower than the critical value of 1.96 and the observed level of significance (0.096) is higher than 0.05 ( $P > 0.05$ ).

This means that the null hypothesis that there is no significant difference in between male and female students on about contribution of sex education towards the enhancement of reproductive health knowledge among adolescents in Kaduna State could not be rejected.

**Sub-hypothesis IV:** There is no significant difference in between the senior secondary school students on the inclusion of sex education into the secondary school curriculum in Kaduna State.

The students' opinion on the inclusion of sex education into the secondary school curriculum as a subject was assessed in Table 4.5. In the test of this hypothesis, the ages of the students was used as the dependent variable to determine possible differences in the opinion of the students on the inclusion of sex education as one of the subjects in the secondary schools. The one way analysis of variance was used in the test as presented in Table 4.12.

**Table 4.12: Analysis of variance on inclusion of sex education into secondary school curriculum by ages of students**

Source of variations	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	.812	2	.406	2.575	.077
Within Groups	65.716	417	.158		
<b>Total</b>	66.528	419			

No significant difference was established between the students of the different age groups involved in the test. The observed f-value is lower than

the critical value of 3.00 and the observed significant level in the test is 0.077 ( $P > 0.05$ ). This means that the null hypothesis that there is no significant difference in between the senior secondary school students on the inclusion of sex education into the secondary school curriculum in Kaduna State could not be rejected.

#### **4.7 DISCUSSIONS**

One of the major objectives of this study was to investigate students' perception on teaching of sex education as a subject in Kaduna state secondary schools. With the forgoing analysis of the collected data within this chapter, it was observed that students in the selected secondary school do not have adequate knowledge of sex education. From the observation in Table 4.2, the students were unanimous about the fact that sex education was not taught in the selected school. With this observation, the students could be said to have some rudiment awareness of sex education as a subject. But this knowledge was not adequate. One reason that could be advanced for this observation is that the students did not seem to know the impact sex education could have on them they did not agree that such knowledge would likely expose them to sexual activities. At the same time they were not sure whether such knowledge would delay their sexual activities. This finding is consistent with Njoku (2000), where it was opined that something is missing

in our educational system and that is sex education. In relating that of knowledge of sex education, Ibrahim (2003), stated that the lack of such knowledge is creating problems for many of our youths, their parents and the entire society. Such problems it was opined in the report included unplanned marriage, abortion and its resultant consequences.

The lack of the knowledge of sex education by the students in this study is not only due to the non-inclusion of the teaching as a subject but also partly due to the attitude of the parents who do not think it fit to discuss such issues with their children. This observation in line with Ogwu (2001) quoting Ransom-Kuti (1996), where it was pointed out that the traditional practices which protect adolescents from receiving education on sexual matters in the belief that ignorance will encourage chastity. In a similar report, Igbanugo (2001), reported that in the African setting, sex is looked upon as a taboo and that parents are uncomfortable talking about it in the presence of their children. This attitude of the parents helps to perpetuate the ignorance about sex education among children.

Religious and cultural beliefs are other factors that tended to have contributed to the observed ignorance of the students about sex education in the selected schools. In the analysis of Table 4.3, it was observed that apart from the inability of the parents to discuss sexual matters with their children,

most students were of the view that their religions do not permit such matters to be discussed. There was a consensus among the students their different religion did not encouraged to discuss issue relating to sex and they were unanimous about the restriction of their religions on matters relating to sex. From the expressed opinion of the students, their respective religions do not permit the teaching of sex education. Further affirmation was given in their opinion on the restriction of the parents beliefs on sexual matters which clearly indicated that cultural belief play a major role in the acceptance of the teaching of sex education in the selected secondary schools. This observation is consistent with Trefer (1995) where it was opined that society and culture control both the biological and psychological components of sexuality. This observation is in line with Adunola (2005) where it was reported that in Nigeria, cultural heterogeneity, multi-culturalism, ethics social status and other traditions perpetuate rules and norms that affects the perceptions of parents. That this serves as the catalysis against the successful implementation of sex education in the country.

The role of sex education in the enhancement of reproductive health knowledge was another area where the knowledge of the students on the benefit of sex education was not clearly indicated. The students did not agree that teaching of sex education in the selected secondary schools will in any way help in the prevention of sexually transmitted diseases. This could be attributed

to lack of awareness of the components of sex education by the students. Exhibiting the lack of awareness, the students did not agree that the teaching of sex education can reduce the problem of Vaginal Vaginal Fistula (VVF). The students completely disagreed with the suggested opinion that the teaching of sex education in secondary school will help adolescents in the area to reduce the problem of unwanted pregnancy and illegal abortions and reduce adolescents' sexual health problem in the area. This finding is consistent with Folashade (2003), where it was reported that adolescents were at high risk of unwanted pregnancies and sexually transmitted diseases because of their lack of information and access to sex education.

It was observed that most of the students were of the opinion that sex education should be included in the school curriculum. This is actually a positive development on the part of the students. This is because from the observations in this study, there are many constraints to the teaching of sex education from the students' perspectives. These included among others religious restrictions parents beliefs and attitude of parents towards such subject. This finding is consistent with Foucault (1985), where it was reported that sex education is generally considered as important but with a number of its components highly controversial whenever they are associated with cultural and religious issues.

The expressed opinion of the students in the study could be attributed to the lack of proper awareness of the main component of sex education as a subject. In the first place, the students \have not been exposed to sex education and their parents hardly expose them to matters relating to sex. There knowledge is therefore limited to what they were able to pick up from peers and other sources of information.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION AND RECOMMENDATION**

#### **5.1 SUMMARY**

This study investigated the perception of students on teaching of sex education in secondary schools within Kaduna State. Among the major variables investigated were teaching sex education in secondary, effect of Religious and cultural beliefs, student perception on the role of sex education in adolescent sexual issue and their views on the inclusion of sex education as a subject in the secondary school curriculum. A structured questionnaire was administered to the students. The students' opinions were assessed on a five point scale. To effectively carry out the investigation, the study was divided into five chapters.

Chapter one gave the background to the study, the statement of the problem, research questions the purpose, basic assumptions and hypotheses of the study. The significance, scope or delimitation of the study were all given in the chapter.

Chapter two reviewed the related literature on sex education it started with introduction, concept of sex education teaching sex education in secondary school, parent's belief, and sex education. Other relevant review literatures were those on the role of sex education in the enhancement of



reproductive health knowledge and sex education in the secondary school curriculum. The chapter was concluded with a summary of the reviewed literatures.

Chapter 3 was the methodology of the study which include the research design, the population of the study the sampling procedure used in collecting the data was given in it. The chapter gives a description of the research instrument, the validity of the instrument. The method of data collection and the statistical procedures used in the analysis of the data were specified within the chapter.

Chapter four presented the statistical analysis of the collected data from the students and interpretation of the findings from the analyzed data was presented in chapter four. It is also made up of the description of the demographic variables of the respondents as well as the analysis of the variables in relation to sex education in the selected secondary schools. One major null hypothesis was raised along with three null sub-hypotheses. The hypotheses raised in the study and tested in the chapter are:

- (a) The major hypothesis tested for significant difference between the students' opinion on the teaching of sex education in the selected secondary schools. The classes of the students constituted the independent variable in the analysis of variance used in the test. The

result did not reveal significant difference between the students on the teaching of sex education. The hypothesis was therefore retained.

- (b) Hypothesis I tested for significant difference in the perceptions of the male and female students on the teaching of sex education in the secondary schools. The result revealed significant difference between the male and female students in the selected schools. The female were more favorably disposed towards the teaching of sex education than the male students. The hypothesis was therefore rejected.
- (c) Hypothesis II tested for significant difference in the opinion of the students from different religious background. The analysis of variance was used in the test. The result did not reveal significant difference in the opinion of the students from the different religions. The hypothesis was therefore retained.
- (d) Hypothesis III tested for significant differences between male and female students in their opinion about the role of sex education in adolescent sexual issue among youths in the study area. The two sample t-test procedure was used in the test. The result did not reveal significant difference. The hypothesis was therefore retained.
- (e) Hypothesis IV tested for significant differences in opinion between students of different ages on the inclusion of sex education as a subject

into the secondary school curriculum. The analysis of variance procedure was used for the test. The result did not reveal significant difference in the opinion of the students. It was observed that the students were in favour of including sex education as a subject into the curriculum. The hypothesis was therefore retained.

## **5.2 SUMMARY OF FINDINGS**

Some of the major findings observed in the study are as follows:

1. That sex education is not taught as a subject in the selected secondary schools.
2. That religious and cultural belief have negative impact on the teaching of sex education in the selected secondary schools.
3. That there is no significant difference between male and female student in their opinion about the role of sex education in the sexual issues.
4. That the male and female students want sex education to be included into the secondary school curriculum

## **5.3 CONCLUSION**

This study presented the perception of students towards the teaching of sex education in some selected secondary schools within Kaduna state. The analysis of the data collected in relation to the subject revealed that

- (a) The students have very limited knowledge of sex education. Among the constraints encouraging this limited knowledge were religious restriction, cultural belief and parents' attitudes towards issues pertaining to sexual matters.
- (b) Students from different religious background had the same opinion on the restriction of their religion on matters relating to sex and sexuality among adolescents.
- (c) No significant difference was observed between the male and female students from the different classes in the selected schools in their opinion on the teaching of sex education in the selected schools. Though the students did not really have adequate knowledge of the subject, they were in favour of its inclusion into the secondary school curriculum in the state.
- (d) The age of the students did not have significant impact on their opinion about the teaching of sex education in the selected schools. It was observed that the male and female students did not really know the role sex education could play in the adolescent sexual issues and other health related problems as they relate to youths in the study area.
- (e) Significant difference was not observed between the male and the female students on this role that sex education could play. This limited

knowledge of the students was attributed to the low awareness of sex education and the accompanied constraints of religious and parent's cultural beliefs.

### **5.3 RECOMMENDATIONS**

Based On the findings in this study, the researcher recommends as follows:

1. That sex education should be made compulsory from junior secondary school up to tertiary level of Nigerian educational systems
2. That the structure of the subject should be done in such a way that the religious and cultural beliefs of the people are protected.
3. That such a syllabus should not be devoid of the religious connotations that will endear it to both parents and students of the different religious groups.
4. That teachers should take into consideration the different religious and socio-cultural views of students when discussing matters of adolescents' sexuality.

### **5.4 RECOMMENDATIONS FOR FURTHER RESEARCH**

Sex education is not solely about sex but incorporate the health related issues in adolescent behaviours as they affect and relate to sexual activities.

It would be of academic interest and contribution to the enhancement of adolescent wellbeing if modalities of sex education in the secondary schools

could be investigated. This could include assessing the opinion of the education officials as well as that of the parents.

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# APPENDIX A

Faculty of Education  
Department of Physical and  
Health Education  
Ahmadu Bello University,  
Zaria.  
June 2011

Prof. J.A. Gwain  
Prof. C.I. Dikki  
Dr. (Mrs.) T.N. Ogwu  
Dr. (Mrs.) M.A. Suleiman  
Dr. E.I. Chom.

Dear Sir/Madam

**REQUEST TO VET QUESTIONNAIRE ON PERCEPTION OF SENIOR  
SECONDARY SCHOOL STUDENTS ABOUT THE TEACHING OF SEX  
EDUCATION IN SECONDARY SCHOOLS IN KADUNA STATE**

Balogun Mabel Omo is a postgraduate student of this department. In partial fulfillment of the requirement of her programme, she is conducting research on “Perception of Senior Secondary School Students about the teaching of sex education in secondary schools in Kaduna”. In this regard, she has prepared a questionnaire.

On the basis of your professional expertise, you have been selected as one of the judges to critically examine the questionnaire and make necessary corrections for its improvement.

Thanking you.

Yours faithfully

Prof. (Mrs.) C.O. Adegbite  
Major supervisor

## APPENDIX B

Faculty of Education  
Department of Physical and  
Health Education  
Ahmadu Bello University  
Zaria.  
June 2011

TO WHOM IT MAY CONCERN/SENIOR SECONDARY SCHOOL

Dear Sir/Madam

### **LETTER OF INTRO FOR PERMISSION TO CONDUCT RESEARCH IN YOUR SCHOOL**

Balogun Mabel O. is one of my M.Ed. Students in Health Education.

In partial fulfillment of the requirement of her M.Ed. Programme, she is conducting research on perception of Senior Secondary School Students about teaching of sex education in secondary schools in Kaduna State”.

In this regard, she has prepared a questionnaire to be administered in your school. I therefore request your kind permission to allow her administer the questionnaire on all senior students in your school.

Thanking you

Your sincerely

(Sgd)  
Prof. (Mrs.) C.O. Adegbite  
Department of Physical and  
Health Education  
(Major Supervisor).

**FACULTY OF EDUCATION  
DEPARTMENT OF PHYSICAL AND HEALTH EDUCATION  
AHMADU BELLO UNIVERSITY, ZARIA.**

This research work intends to investigate the perception of Senior Secondary School Students on teaching of sex education in secondary schools in Kaduna State. Please endeavour to respond in the column that best describes your opinion. The information obtained from the questionnaires will be kept strictly confidential and will be used only for research purpose.

**DEMOGRAPHIC DATA**

**SECTION A**

1. Sex            Male        [     ]                          Female        [     ]
2. Age:            11 – 14     [     ]  
                      15 – 18     [     ]  
                      19 – 22     [     ]  
                      23 and above [     ]
3. Class: SS<sup>1</sup> [     ]     SS<sup>11</sup> [     ]     SS<sup>111</sup> [     ]
4. Name of your school .....
5. Local Government in which your schools is located .....
6. Your religion            Christianity     [     ]  
                                  Muslim           [     ]  
                                  Tradition       [     ]  
                                  Others (Specify) [     ]

Below are the statements in which you are to tick the column that best represent your opinion. The columns include Strongly Agree (SA), Agree (A), Undecided (UD), Strongly Disagree (SD), Disagree (D).

**SECTION B**

**TEACHING SEX EDUCATION IN THE SECONDARY SCHOOL**

		<b>SA</b>	<b>A</b>	<b>UD</b>	<b>SD</b>	<b>D</b>
7.	Sex education is taught in my school					
8.	Sex education is not taught in my school					
9.	Sex education is not taught as a subject but incorporated into biology.					
10.	Knowledge of sex education will expose me to sexual activities.					
11.	Knowledge of sex education will delay sexual activities					
12.	Adolescents in secondary school should be sexually educated.					

**SECTION C**

**RELIGION AND CULTURAL BELIEF TOWARDS SEX EDUCATION**

		<b>SA</b>	<b>A</b>	<b>UD</b>	<b>SD</b>	<b>D</b>
13.	My parents used to discuss about sex with me					
14.	My parents do not discuss about sex with me					
15.	My religion do not permit the discussion of sex education					
16.	My religion see the discussion of sex education as immoral					
17.	My religion permits the teaching of sex education					
18.	It is our cultural belief that sex education will hasten sexual activities.					



## **SECTION D**

### **THE ROLE OF SEX EDUCATION IN ADOLESCENT SEXUAL ISSUES**

		<b>SA</b>	<b>A</b>	<b>UD</b>	<b>SD</b>	<b>D</b>
19.	Teaching sex education in secondary school will go along in preventing sexually transmitted diseases including HIV / AIDS.					
20.	Sex education cannot reduce the problems of sexually transmitted diseases among adolescents.					
21.	Sex education in secondary school would reduce the problem of Vaso Vaginal Fistula (VVF) in our society.					
22.	Sex education in secondary school will help adolescents in the area of unwanted pregnancy and illegal abortion.					
23.	Unwanted pregnancy and illegal abortion cannot be reduce by teaching of sex education in the secondary school.					
24.	Sex education in secondary school will reduce adolescents sexual health problems.					

**SECTION E:****SEX EDUCATION IN SECONDARY SCHOOL CURRICULUM**

		<b>SA</b>	<b>A</b>	<b>UD</b>	<b>SD</b>	<b>D</b>
25.	Sex education is not one of the important school subject					
26.	Sex education should be included in school curriculum as a subject of its own.					
27.	Sex education should be integrated into their subject in secondary school curriculum.					
28.	Sex education should be placed with other health related subject in school curriculum					
29.	There are no qualified teachers to teach this subject in my school.					
30.	Sex education should be introduced into senior secondary school certificate exam.					