

**INFLUENCE OF INTEGRATED TEACHING OF SEX EDUCATION
ON MORAL BEHAVIOUR OF SECONDARY SCHOOL STUDENTS
IN KADUNA STATE, NIGERIA**

BY

**Regina, MA'AJI
M.ED/EDUC/18236/2007-2008
P13EDVE8003**

**BEING A DISSERTATION PRESENTED TO THE SCHOOL OF
POSTGRADUATE STUDIES FOR THE AWARD OF MASTERS OF
HOME ECONOMICS DEGREE SUBMITTED TO THE DEPARTMENT
OF VOCATIONAL AND TECHNICAL EDUCATION, AHMADU BELLO
UNIVERSITY ZARIA.**

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DECLARATION

I, Regina, MA'AJI, declare that the work in the Dissertation entitled: Influence of Integrated Teaching of Sex Education on Moral Behaviour of Secondary Schools Students in Kaduna State has been written by me in the Department of Vocational and Technical Education, under the supervision of Prof. A.Z Mohammed and Prof. P. E. Onuigbo. The Information derived from the literature has been duly acknowledged in the text and a list of references provided. No part of this Thesis has been previously presented for another degree or diploma at any university.

Name of Student

Signature

Date

CERTIFICATION

This Thesis entitled Influence of Integrated Teaching of Sex Education on Moral Behaviour of Secondary Schools Students in Kaduna State, meets the regulation governing the award of the degree of Masters of Home Economics Education of Ahmadu Bello University, and is approved for its contribution to knowledge and literary presentation.

.....
Prof. A. Z. Mohammed
Chairman, Supervisory Committee

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DEDICATION

This work is dedicated to Mr. Ma'aji, my late father Mallam Saleh Zaman, my late nephew Mr. Jabez Emmanuel and other loved ones I lost during the course of my studies.

ACKNOWLEDGEMENT

The researcher is most grateful to the Almighty, Merciful and ever-loving Heavenly Father for what He has done for the researcher throughout the struggle to arrive at this stage: He provided for the researcher when was helpless, He gave the researcher the strength when was weak, provided me the wisdom when the researcher was faltering in the reasoning faculty.

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ABSTRACT

This study was carried out to investigate the impact of integrated teaching of sex education amongst secondary schools students in Kaduna State. The study raised four objectives as well as four research questions and four null-hypotheses. A survey method was employed by the study with a population of 20,385 students and a sample of 2,035 drawn from the population using multi-stage random sampling technique. The main method of data collection was through the use of a self designed questionnaire which was structured with 25 items. Pearson Product Moment Correlation Coefficient was used to test the four null-hypotheses formulated. The major findings from the study among others showed that the integrated teaching of sex education was very popular amongst secondary school students in Kaduna and the rate of unwanted pregnancies, change in the immoral behaviour and school dropout level had drastically reduced in Kaduna. Based on the major findings the study therefore recommended that parents should be actively involved in discussing sex related matters with their children and the teaching of sex education should be made compulsory to all students at secondary school level.

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ABBREVIATION

AIDS	Acquired immune deficiency syndrome
HIV	Human immunodeficiency virus
ICPD	International Conference on Population and Development
NGO	Nongovernmental organization
SHEP	School Health Education Program, Tanzania
STD	Sexually transmitted disease
STI	Sexually transmitted infection
UN	United Nations
UNAIDS	United Nations Program on HIV/AIDS
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
YRH	Youth reproductive health
WHO	World Health Organization

OPERATIONAL DEFINITION OF TERMS

- Integrated Teaching:** organization of teaching matter to interrelate or unify subjects frequently taught in separate academic courses or departments in the process of teaching and learning in schools.
- Sex Education:** teaching of students how to take care of themselves in their sexuality, reproductive and hygienic components in their lives.
- Impact:** This means a positive or negative change which can occur on individuals as a result of the teaching and learning process.
- Morality:** Norms of the society, which have been set as a standard for determining what is wrong and what is generally accepted as good. It is also the rules governing each and every individual in the society.
- Sexuality Behaviour:** The Process of acquiring information, attitude, belief, awareness on sex related issues, values, goal and practices that will enable the youth to express their sexual and mating impulses in a manner that is morally accepted by the society,

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Teaching sex education has been in existence from the creation of man when man continues to expand with children. The whole subject has been distorted by teachers, media, parents, Pastors, Imams and even friends have shirked their resistibility by not presenting the many side of the subject, the good, the lies told to exploit others. Increasing number of people across the ideological spectrum believe that our society is in deep moral trouble. The disheartening signs are everywhere. The breakdown of the family, the deterioration of civility in everyday's life, rampant greed, omnipresent sexual activities at very early ages; the enormous betrayal of children through sexual abuse (Taku, 2009).

Sex education is the education that is given to individuals on sexuality behaviour. It is the process of acquiring information, attitude and belief about sex. It is education for awareness especially our adolescents about sex related issues. Sex education does not encourage early initiation of intercourse but instead can delay first intercourse and lead to more consistent and understanding what the concept is all about. It is the process of acquiring information and forming attitudes and beliefs about sex, sex identity relationship and intimacy. It involves developing young people's skills so that they make informed choices about their behaviour. It is widely accepted that young people have right to sex education, partly because it is a means by which they are helped to protect themselves against abuse, exploitation, unintended pregnancies and Sexually Transmitted Disease (STDs) and understand their body mechanism in general, (World Youth, 2000, in Nwahizu, 2006).

Sex and Human Immunodeficiency Virus (HIV) education that are based on a written curriculum and that implemented among group of students in schools setting are a promising type of intervention to reduce adolescent sexual risk behaviours, transmission of various diseases among other things that place students at risk of infectious diseases. However, not all youths ever attend school and not all youth remain in school until they initiate sex. Thus, it is also important to reach youth who are out of school. Curriculum and group-based sex and HIV education programs can be introduced to the students to ensure completion and retention in schools. Throughout the world, they have been implemented in youth-serving agencies, housing projects, faith communities, community centers, juvenile detention centers and elsewhere. Notably, some of the sex and HIV education programs that have been found to reduce sexual risk-taking behaviour should be implemented in both school and community settings with only minor modifications of the curricula. (Jemmott, Jemmott and McKaffree, (1994); St. Lawrence, (1998). Sex and HIV education programs can increase knowledge about how to avoid HIV and STD infection and unintended pregnancy.

Integrated teaching is defined as organization of teaching matter to interrelate or unify subjects frequently taught in separate academic courses or departments. Shoemaker (1989) stated that an integrated curriculum is education that is organized in such a way that it cuts across subject-matter lines, bringing together various aspects of the curriculum into meaningful association to focus upon broad areas of study. It views learning and teaching in a holistic way and reflects the real world, which is interactive. Shoemaker, (1989) opined that using an integrated curriculum to teach is a strategy based on the premise that learning is a series of connections. The integrated curriculum can be beneficial to teachers and students, using team teaching, projects, and units to

cover a variety of material and effectively teach many concepts and skills. This approach allows children to learn in a way that is most natural to them.

Teachers can create a good deal of their curriculum by building webs made up of themes of interest to the children, with benefits for all. These benefits include more adequate coverage of curriculum, use of natural learning, building on children's interests, teaching skills in meaningful contexts, more flexibility, and an organized planning device (Krogh, 1990).

Integrated teaching units work for children and teachers. Different approaches are being explored to "integrate" new ideas with the already effective teaching units. These integrated units allow the opportunity to make sure children are learning relevant information and applying that knowledge to real life scenarios.

Moral behaviour refers to upright, honest, straightforward, open, virtuous, honorable, integrity, standards, morality. Morals, ethics refer to rules and standards of conduct and practice. Morals refer to generally accepted customs of conduct and right living in a society, and to the individual's practice in relation to these: the morals of our civilization. Ethics now implies high standards of honest and honorable dealing, and of methods used, especially in the professions

Moral behaviour is to know the difference between right and wrong and to choose right. Immoral is to know the difference and choose the wrong behaviour. Amoral people cannot discern any difference and just behave as they wish. If one is discussing a moral play, it probably refers to someone who is faced with the dilemma of choosing and ultimately chooses to behave in a moral (right behaviour) fashion. Morals also, are dictated by the society in which one lives and they can be arbitrary to the times and the culture.

Secondary school students are students of post primary school between the ages of ten to eighteen (10 – 18years). The first three years of education are the junior secondary school, while the last three years are the senior secondary school education. The entire secondary school students are expected to spend six years before graduating to higher institution. Secondary education is the education that is received after primary education before tertiary stage. (National Policy on Education, 2004). Sex and Health Education programs are commonly implemented in schools for a variety of reasons in subjects such as Home Economics, Home Management, Health Science, Biology, Integrated Science. Students who attend school, most do so before they initiate sex and some are enrolled in school when they do initiate sex (St. Lawrence, 1998).

Ongwu (2010) pointed out reason why sexuality education should be taken seriously. Since our today has become just a global village events occurring in parts of the world that are previously remote are now becoming instant influence on pattern of behaviour in other parts, that every population are well informed and have involved the appropriate behaviour to cope with life. Peer group influence in sex related issues and discussion can affect the students in schools.

1.2 Statement of the Problem

The researcher observed that a lot of youths in Nigeria in most secondary school students especially in North Central zones of the country are victims of sexual molestation and other vices, some have dropped out due to unwanted pregnancies, stigma from Sexually Transmitted Diseases and infections (Kaduna State Ministry of Education Annual Report, 2010). These might be due to little or no awareness of integrated teaching of sex education in secondary schools in Kaduna State. Sex education is however integrated into other subject such as Civic Education, Health Science, Home

Economic, Home Management and Biology. These have not adequately prevented students from unwanted pregnancies, dropping out of school and high rates of abortion.

Precisely, the National Policy on Education (2004) has no provision for sex education in core, prevocational and non – vocational subjects on the requirements list for junior secondary school syllabus. The introduction of sex education in the schools would prevent social vices such as unwanted pregnancies, spread of Sexually Transmitted Diseases (STDs), students drop out of schools and prevalence of HIV/AIDS being on the increase because of lack of awareness.

There has been a trend of daily media programmes which are loaded with sexual topics and images from where these teens learn things and want to experiment what they have watched without proper guidance. What is trending is that children turn on the television, read newspaper, or surf the internet to find sexual themed media. Often do not provide accurate information. This study therefore intends to investigate how integrated teaching of sex education in secondary schools in Kaduna state can redress these ills amongst secondary school students in the state.

1.3 Objective of the study

The main objective of the study was to assess the impact of integrated teaching of sex education on the moral behaviour of secondary school students in Kaduna State.

Specific objectives of the Study were to:

1. determine the level of secondary school students' awareness of sex education in Kaduna State.
2. examine the extent to which integrated teaching of sex education has helped in the prevention of students from unwanted pregnancy, school dropout, moral behaviour and abortion amongst secondary schools students in Kaduna State.

3. ascertain the impact of sex education on the students' opinion and peer group influence and their moral behaviour in secondary schools in Kaduna State.
4. determine the impact of integrated teaching of sex education on the prevention of Sexually Transmitted Diseases (STD's) among secondary schools students in Kaduna State.

1.4 Research Questions

This study sorts to provide answers to the following research questions.

1. What is the level of awareness of secondary school students on sex education in Kaduna State?
2. To what extent has integrated teaching of sex education helped in the prevention of students from unwanted pregnancy, school dropout, moral behaviour and abortion in secondary schools in Kaduna State?
3. What is the impact of sex education on the students' opinion and peer group influence in secondary schools in Kaduna State?
4. What impact has the integrated teaching of sex education help in the prevention of Sexually Transmitted Diseases (STD's)?

1.5 Research Hypotheses

The following null hypotheses were tested at 0.05 level of significance.

Ho₁ There is no significant relationship between male and female students' opinion on their awareness of sex education among secondary school students in Kaduna State.

Ho₂ There is no significant relationship between the integrated teaching of sex education and prevention of students from unwanted pregnancy, moral behaviour, drop out and abortion in Kaduna State.

Ho₃ There is no significant difference among students' opinion on the impact of sex education and peer group influence in Kaduna State.

Ho₄ There is no significant relationship between the impacts of teaching integrated sex education and prevention of Sexually Transmitted Diseases (STD's) on secondary schools students in Kaduna State.

1.6 Significance of the Study

The study will be of significant in the following ways:

The findings of this thesis will be of significance to the following if published: teachers in secondary schools as well as primary and tertiary institutions, students, curriculum planners and the society.

The teachers will teach the students sex education in schools without fear or favour to enhance young people's knowledge, attitudes and beliefs about sex relationship and intimacy. It will help the teacher to stress the consequences of risky sexual behaviour such as unplanned pregnancies and (STD's). It will also benefit the subject teacher to open channels of communication between students and their teachers concerning the meaning, importance and potential values of sex in human life, so that student will find it easier to seek information from liable sources rather than relying on hear say or misconception. This will be mainly through workshops organized by the ministry of education in collaboration with other stakeholders in education of young girls and boys in the state

The society will be enlightened on healthy students' relationship that can lead to the right kind of enjoyment and give meaning to life and appreciate the significance of sexual difference in girls and boys and male – female sexual roles in our society, through

organization of talks during symposia organized by Non Governmental Organisations and other stakeholders.

The students will be enlightened on the type of television programmes and materials to watch. It will reduce the risks of potentially negative outcomes from sexual behaviour such as unwanted or unplanned pregnancies and infection with Sexually Transmitted Diseases including HIV and drop out of school.

Students will be free and enlightened to answer questions on sex education asked; and also give parents/students opportunity to discuss related issues on sex education if they workshops and paper presentations are organized in secondary schools by school authorities and the Ministry of Education.

It will also enable the curriculum planner to include sex education as a subject in their curricula for effective teaching and also include it in the course of study under the list of courses especially in Home Economics. The knowledge of sex education imparted through schools will go along way to reduce the rate of abortion, unwanted pregnancies, drop out of schools. STD's and transmission of HIV diseases will be minimized if the findings of this study are published in journals, taken to the Ministry of Education at the Federal and State levels.

1.7 Basic Assumptions of the Study

The study assumed that:

1. the students did not have a complete knowledge of sex education as in other subject areas.
2. it is also assumed that the introduction of integrated teaching of sex education made dialogue between children and parents more unique and eloquent. It brought about sanity in the moral behaviour of students.

3. the teaching of sex education reduced the rate of students getting pregnant and contacting STD's.
4. the teaching of sex education also encouraged students to avoid peers influence.

1.8 Delimitations of the Study

The study covered the influence of integrated teaching sex education on the moral behaviour of secondary School students in Kaduna State. The study focused on 411 public secondary schools in Kaduna state, and was delimited to a sample of 40 secondary schools in eight Local Government Areas in both rural and urban areas. It was delimited to students in secondary schools in eight Local Government Areas because these students are more vulnerable to sexual temptation and have little or some have no knowledge of how to take care of themselves when it comes to sex related issues.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This chapter reviewed on the Influence of integrated teaching sex education among secondary school students in Kaduna state and how it was related to the research work. It was organized into the following sub-heading:

- 2.1 Theoretical Framework
- 2.2 Conceptual Framework
 - 2.2.1 Concept of Sex Education
 - 2.2.2 Concept of Sex Education
 - 2.2.3 Concept of Moral Behaviour
- 2.3 Awareness of Sex Education among Secondary School Students
- 2.4 Integrated Teaching of Sex Education and Morality among Students
 - 2.4.1 Importance of Teaching sex education as a subjects
 - 2.4.2 Importance of teaching sex education
 - 2.4.3 Problems of Sex Education
 - 2.4.4 Students' Opinion and Peer group Influence on Sex Education
- 2.5 Impact of Integrated Teaching and Skills of Sex Education
 - 2.5.1 Impact of Sex Education on Secondary Schools Students
- 2.6 Empirical studies
- 2.7 Summary

2.1 Theoretical Framework

The theory that informed this study is McClelland's Need Achievement Theory. McClelland (1962) theory emphasizes that there are some needs that are learned and socially acquired as the individual interacts with his environment. In other words he

believes that some needs are acquired from culture and others may be learned through training.

The Need Achievement Theory focuses on three needs:

the need for achievement which is the desire for desirable goals. This is that people want to take personal responsibility for solving problems. Need affiliation was defined as the desire for positive relationship with others;
it is the desire to interact socially with people, where people seek to establish and maintain friendships and close emotional relationship with others;
they want to enjoy parties and social activities and they seek a sense of belonging by joining organizations. McClelland (1962)

McClelland's theory was used for the present study because it deals with students' achievement needs. Students, most especially secondary school students attend schools which are not isolated from the societal norms and daily activities. In schools students interact with each other and there are tendencies that they are bound to learn certain things from one another, apart from what is being taught in the classroom. Secondary school students as social beings desire to achieve certain goals in their lives and as such they also take personal responsibilities for certain actions they engage themselves in trying to solve certain problems. In due course of trying to solve the problems they are engaged in social interactions which have certain consequences as well as establishing friendship and close emotional contacts. During this social interaction between male and female students, there are tendencies that they will be involved in uncontrolled sexual activities, which is detrimental to their health and schooling.

2.2 Conceptual Framework

2.2.1 Concept of Sex Education

Sexuality education came into being in different countries at various times. It is an ongoing lifetime process of acquiring information about culture beliefs, values and perception of our bodies, emotions, attitude, gender identities and sexual orientation. (Nzeribe, 2002)

Sex education is a broad term used to describe education about human sexual anatomy, sexual reproduction, sexual intercourse, reproductive health, emotional relations, reproductive rights and responsibilities, abstinence, contraception and other aspects of human sexual behaviour. Common avenues for sex education are parents or caregivers, school programs, and public health campaigns (The Guardian, 11 May, 2004).

Yahaya (2003) postulated that sexuality education program deals with biological, moral, emotional, social issues, and the challenges that the young, youth and unmarried individual face about sex. Sex education is a planned process of education that foster the acquisition of factual information, the information of positive attitude, beliefs, and values as well as biological, psychological, socio cultural and spiritual aspects of human sexuality (Action Health, 2003).

Action health also stated the main goals of sexuality education as the promotion of sexual health or providing individual with the opportunities to:

- i. Develop positive and factual view of sexuality
- ii. Acquire the information and skill they need to take care of their sexual health diseases and HIV/Aids
- iii. Respect an values themselves and others

- iv. Acquire the skills needed to make healthy decision about their health and behaviour.

Raul and Melgosa (2002) said that sex education will enlighten our youth and prevent them from developing a sense of guilt, horror, disgusting fear of sex especially when they perform sex act at the right time and with the right partner. It will enable our youth to have self respect and self control with due consideration for the spouses.

Sexuality education in Nwahizu (2006) stated that adult who expressed concern that knowledge will promote promiscuity among adolescent has long hampered sexuality education. He lamented by saying sexuality education does not encourage early initiative of intercourse, and lead to more consistence and understanding what the concept is all about. The concept of Sex Education (2005) lamented that it will familiarized the youth with their future roles as husband and wives, prevent unwanted pregnancies, to understand that true love waits, to have a general knowledge of their body system, growth and functions.

Sex Education Review (2005) stated that sexuality education is a process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationship and intimacy. It is also about developing young people's skills so that they make informed choices about their behaviour. It is widely accepted that young people have right to sex education, because it is the means which they are helped to protect themselves against exploitation, unintended pregnancies, sexually transmitted diseases (STDs) and HIV/AIDS.

Clabough and Rozycki (1990) pointed out that the existence of AIDs has given a sense or urgency to the topic of sex education which is seen by most scientists as a vital public health strategy. Their review of several studies shows that abstinence only

program did not reduce the likelihood of pregnancy of women who participated in the programs but rather increase it.

Sex education is a broad term used to describe education about human sexual anatomy, sexual reproduction, sexual intercourse and other aspects of human sexual behaviour. Common avenues for sex education are parents or caregivers, school programs and public health campaigns (retrieved 2009).

Ikpe (2004) postulated that sexuality education defines the humanity including one's self image, being a male or a female, physical looks and reproduction capacity; in the natural part of life, it is about the way we are made, how we feel, what roles we play in the society and how we procreate.

2.2.2 Concept of Sex Education

Apart from the topics embedded on some of the subjects taught in our schools. Young people get information about sex and sexuality from a wide range of sources including each other, through the media including advertising, television and magazines, as well as leaflets, books and websites (such as www.avert.org) which are intended to be sources of information about sex and sexuality. Some of this will be accurate and some inaccurate. Providing information through sex education is therefore about finding out what young people already know and adding to their existing knowledge and correcting any misinformation they may have. For example, young people may have heard that condoms are not effective against HIV or that there is a cure for AIDS. It is important to provide information which corrects mistaken beliefs; without correct information young people can put themselves at greater risk. Information is also important as the basis on which young people can develop well-informed attitudes and views about sex and sexuality. Young people need to have information on all the following topics:

- Sexual development and reproduction – the physical and emotional changes associated with puberty and sexual reproduction, including fertilization and conception, as well as sexually transmitted disease and HIV.
- Contraception and birth control – what contraceptives there are, how they work, how people use them, how they decide what to use or not, and how they can be obtained.
- Relationships – what kinds of relationships there are, love and commitment, marriage and partnership and the law relating to sexual behaviour and relationships as well as the range of religious and cultural views on sex and sexuality and sexual diversity.

In addition, young people should be provided with information about abortion, sexuality and confidentiality, as well as about the range of sources of advice and support that is available in the community and nationally (2011).

2.2.3 Concept of Morality Behaviour

Greenberg and Bussele, (2000) stated that religious and spiritual beliefs influence feelings about morality, sexual behaviour, premarital sexual behaviour, adultery (zina), divorce, contraception, abortion, and masturbation.

Comprehensive sex education programs retrieved from internet (2009) stated that morality of sex education is to view it as necessary to reduce risk behaviour, such as unprotected sex, proponents of comprehensive sex education contend the education about homosexuality encourages tolerance and understanding that homosexuality is not something that is wrong.

Another view pointed on sex education historically inspired by sexologists like Wilhelm and psychologist like Freud and Presscott. (2009), held that is at stake in sex education control over the body and liberation from social control proponent of this view

tense to see the political question as whether society or the individual should teach sexual morals. Sexual education may thus be seen as providing individuals with the knowledge necessary to liberate themselves from socially organized sexual oppression and to make up their own minds. In addition sexual oppression may be viewed as socially harmful.

According to information gathered from the World Wide Web, it was pointed out that moral education cuts across the curriculum and is appropriately integrated into all courses as well as into the extracurricular activities and echoes of schools. Moral socialization or training is the task of nurturing in children those virtue and value that makes them good people. Good people can make bad judgments and it is often not easy to know what is morally right. Another task is to provide students with the intellectual resources that enable them to make informed and responsible judgment about different matters of moral importance.

Another way according to the internet (2010) is to provide them with a little technological know-how regarding birth control and condoms. Not surprisingly many parents (including many religious conservatives) view condoms approach as legitimating of sexual promiscuity and favour “abstinence only”. It is to guide students’ behaviour towards addressing major social problems such as unwanted pregnancies, and the spread of sexually transmitted diseases (STDs). Proponents of this view also argue that sexual behaviour after puberty is a given, and it is therefore crucial to provide information about the risk and they can be minimized.

Sandhu (2000) emphasized that violence in school has become an all too real tragedy. An underdevelopment or seriously damaged moral conscience and spiritual emptiness have been found in youth with violence behaviour. Misbehaviour in terms of unhealthy life style leading to unwanted pregnancy is related to moral deficiency in

individual or in system. Sex education has subdued the pace with which promiscuity was spreading among adolescents.

Preaching isn't teaching, sex education and America's view Summer (2003), organizations within the "religious right" frequently attack comprehensive sex education, arguing that only the acceptable approach is to teach "abstinence". A conservative majority, with support from the then newly appointed Crew, adopted a high school curriculum that requires health education teachers to continually stress that teenagers should not engage in sexual intercourse. The board also prohibited classroom demonstrations of condom use as a protection against HIV/AIDS infection and unwanted pregnancies. The Quran and Holy Bible teaches on Adultery (AL0Isral Q17:32) and (Exodus 20:14). They are against committing adultery (Zina).

2.3 Awareness of Sex Education among Secondary School Students

Sex education is a broad term used to describe education about human sexual anatomy, sexual reproduction, sexual intercourse, reproductive health, emotional relations, reproductive rights and responsibilities, abstinence, contraception and other aspects of human sexual behaviour. Common avenues for sex education are parents or caregivers, school programs, and public health campaigns (The Guardian, 2004).

Collins, (2008) opined that sex education may also be described as sexuality education which means it encompasses education about all aspects of sexuality including information about family planning, reproduction, body image, sexual orientation, sexual pleasure, values, decision making, communication, dating, relationships, sexually transmitted infections and how to avoid them, and birth control methods.

Sexuality education may be taught informally and formally. The informal means include receiving information through conversation with parents, friends, religious leaders or the media. It could also be delivered through self-help authors, sex columnists

or through sex education website. Formal sex education occurs when schools or health care providers offer sex education. It could be a full course of the curriculum in junior high school or high school. Other times, it is only one unit within a broader Biology class, Health class, Home Economics class or Physical Education class. Sex education in Africa has focused on stemming the growing AIDS epidemics. Most governments in this region have established AIDS education programs in partnership with WHO and international NGOs (www.archive.org 2007)

In Asia, the state of sex education program is at various stages of development. Indonesia, Mongolia and South Korea have a systematic policy framework for teaching about sex within schools. But in China and Sri Lanka, traditional education consists of reading the reproduction section of Biology textbooks. In Japan, sex education is mandatory from 10 years of age, covering biological topics such as menstruation and ejaculation. In Finland, sexual education is usually incorporated into Biology lessons in lower grades and later in a course related to general health issues. In Germany, sex education has been part of curricula since 1970 and covers all subjects concerning the growing up process, body changes during puberty, emotions, biological process of reproduction, sexual activity, homosexuality, unwanted pregnancies, complications, and abortions, the dangers of sexual violence, child abuse and sexually transmitted diseases. (www.cdc.gov 2005)

In France, it has been part of school curricular since 1973 and schools are expected to provide 30 to 40 h of sex education to students in grades 8 and 9. Adolescents in changing times: Issues and perspectives for adolescents' reproductive health in the ESCAP Region In North America, only 2 forms of sex education are taught, "Abstinence plus" and "Abstinence – only". The youths of today are the nation's human kind's future. (www.unescap.org 2010)

Sustainable development requires full participation and integration of the youths, so that their sexual and reproductive lives can be managed responsibly. This can be achieved through education which has remained the only visible vaccine currently available for warding off the risks of sexual infections. The problems of adolescence which are sexuality and reproductive health are compounded by poor knowledge, ignorance and powerlessness. To this end, sexuality problems are passed from one generation to the next. The major factors contributing to this include: Opposition from parents, religious leaders and peer group influence.

The present educational system has ignored the introduction of reproductive health and sexuality education in the school curricula and neglected sexuality education among adolescent students even in the content of health and family life education. The needs and rights of adolescents in this area have been largely ignored by the existing programmes in the educational systems and the society at large. This goes to say that, the reproductive education available to adolescent students in secondary schools is primarily the inaccurate and inadequate information from their peers and friends (GHART, 1999). To achieve these, there is the need to know how equipped the secondary school Biology teachers are in terms of knowledge, attitude and willingness to provide sexuality education to adolescent students, the barriers contributing to students not receiving information on sexuality education.

Greenberg, and Bussele, (2000) says that religious and spiritual beliefs influence feelings about morality, sexual behaviour, premarital sexual behaviour, adultery (zina), divorce, contraception, abortion, and masturbation. It can also be seen as another religion which is not necessarily different from what already is obtained. Another point of view on sex education has been historically inspired by sexologists, and psychologist like Freud and Presscott. Freud and Presscott (2001), held that there was something at stake

in sex education control over the body and liberation from social control proponent of this view tense to see the political question as whether society or the individual should teach sexual morals. Sexual education may thus be seen as providing individuals with the knowledge necessary to liberate themselves from socially organized sexual oppression and to make up their own minds. In addition sexual oppression may be viewed as socially harmful. Moral education cuts across the curriculum and is appropriately integrated into all courses as well as into the extracurricular activities and echoes of schools. Moral socialization or training is the task of nurturing in children those virtue and value that makes them good people. Good people can make bad judgments and its often not easy to know what is morally right. Another task is to provide students with the intellectual resources that enable them to make informed and responsible judgment about different matters of moral importance.

The hold that conventional or conservation moralizing will only alienate students and thus weaken the message. Sandhu et al (2000) emphasized that violence in school has become an all too real tragedy. Misbehaviour in terms of unhealthy life style leading to unwanted pregnancy is related to moral deficiency in individual or in system.

2.4 Integrated Teaching of Sex Education and Morality in Secondary Schools.

Integrated teaching of sex education is a way of infusing sex education indirectly through another related subject in which sex and health education can be taught to students for their benefit and the society at large. It is the incorporation of sex education into the school programme with the aim of creating awareness among students of the consequences of unprotected, premature engagement in sexual activities. Advocates worldwide recognize the need to address the political and social context in which young people make decisions about sex and reproduction. Globally, commitment to meeting

YRH needs has never been higher. International conferences and agreements such as the 1989 Convention on the Rights of the Child, the 1994 International Conference on Population and Development (ICPD), the U.N. World Program of Action for Youth to the Year 2000 and Beyond, and the 2001 U.N. General Assembly Special Session on HIV/AIDS have affirmed the needs of young people for information, counseling, and high quality sexual and reproductive health services.

First established on a national scale in Europe in the 1960s, developing countries introduced school-based sexuality education in the 1980s. The emergence of HIV/AIDS gave many governments the impetus to strengthen and expand sexuality education efforts and, currently, more than 100 countries have such programs, including almost every country in sub-Saharan Africa (McCauley and Salter, 1995; Smith, Kippax, and Aggleton, 2000; Rosen and Conly, 1998). U.N. organizations such as UNFPA, UNESCO, and UNICEF have traditionally been the leading international supporters of sexuality education. The World Bank, through its intensified efforts to help countries fight HIV/AIDS, has also become a major funder (World Bank, 2002b).

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(http://www.cdc.gov/healthyouth/YRBS/pdf/trends/2005_YRBS_sexual_behaviours.)

In Finland, sexual education is usually incorporated into Biology lessons in lower grades and later in a course related to general health issues. In Germany, sex education has been part of curricula since 1970 and covers all subjects concerning the growing up

process, body changes during puberty, emotions, biological process of reproduction, sexual activity, homosexuality, unwanted pregnancies, complications, and abortions, the dangers of sexual violence, child abuse and sexually transmitted diseases. In France, it has been part of school curricular since 1973 and schools are expected to provide 30 to 40 hours of sex education to students in grades 8 and 9. Adolescents in changing times: Issues and perspectives for adolescents' reproductive health in the ESCAP Region (<http://www.unescap.org/esid/psis/population/icpd/sec7.asp>)

In North America, only 2 forms of sex education are taught, “Abstinence plus” and “Abstinence – only”. The youths of today are the nation’s human kind’s future. Sustainable development requires full participation and integration of the youths, so that their sexual and reproductive lives can be managed responsibly. This can be achieved through education which has remained the only visible vaccine currently available for warding off the risks of sexual infections. The problems of adolescence which are sexuality and reproductive health are compounded by poor knowledge, ignorance and powerlessness. To this end, sexuality problems are passed from one generation to the next. The major factors contributing to this include: Opposition from parents, religious leaders and peer group influence. (<http://web.archive.org/web/20070926084225/>)

Many other bilateral donors and private foundations and organizations support and promote sexuality education worldwide. An integrated school and clinic program in Benin City, Nigeria, was carried out in 1998 to teach students about STIs and encourage them to receive treatment for STIs from trained, private medical doctors. Adolescents in four schools received both formal and peer education on STIs. Eight schools served as a control group. Adolescents in the intervention schools learned about the symptoms and ways to recognize various STIs; the complications arising from non-treatment or delayed treatment; the need for early and effective treatment; the need to inform sexual partners

and to treat them for STIs; and the effective methods for preventing STIs, especially correct use of condoms. Additionally, private doctors, pharmacists, and patent medicine distributors in the neighborhood of the intervention schools received training in youth-friendly services and in the World Health Organization (WHO) approach to syndrome management of STIs. Peer educators received a list of trained providers to whom they could refer their peers for appropriate services. An evaluation after one year yielded the following findings:

- *The intervention improved knowledge:* Students in intervention schools had significant increases in knowledge of STIs, use of condoms, and knowledge of the correct treatment-seeking behaviour for STIs compared with students in the control schools.
- *The program appeared to lower STIs:* The self-reported symptoms of STIs in the six months after the intervention were lower in the intervention group as compared with the control schools.
- *The program improved health-seeking behaviour:* The in-school activities and the physician training significantly increased students' use of private physicians, where they received more effective and comprehensive treatment of their STIs compared with the care received through patent medicine providers and pharmacies.

Based on these and other findings, the FOCUS (2001) review strongly endorses school-based sexuality and reproductive health education as a means to improve YRH. Specifically, the review recommends the following:

Where school enrollment is fairly high, a comprehensive approach should include school-wide reproductive health education to reach large numbers of young people. Ideally, governments should scale up these efforts to be national in scope; should begin them, with age-appropriate information, in primary school; and should adequately train and support teachers to impart reproductive health education. Further research is needed

to determine how to strengthen connections among school programs and commercial sources as well as among other nonclinical sources of reproductive health care. (FOCUS, 2001)

Despite the above mentioned successes recorded on the integrated teaching of sex education, some teachers and school administrators find sexuality education personally objectionable or lack sufficient understanding of the subject and thus are reluctant or refuse to go along with such programs (Smith, Kippax, and Aggleton, 2000). For instance, such opposition from teachers and teacher organizations is a problem in South Africa (Department of Education, 2002). Other school officials may have no personal objection but resist sexuality education because they fear overcrowding the existing curriculum, taking on increased responsibilities with no increase in compensation, or complaints from irate parents (McCauley and Salter, 1995).

According to Chisholm (2010) the teaching in the classroom sex-education is not of the saints, it places secondary school children in the proximate occasion of negative behaviours. Secondary schools assist parents in the formation of children in purity of morals. Although, schools and their teachers act only delegates of parents (who are the principal authorities in the education of their offspring) they are obliged, in harmony with certain societal norms to raise their children accordingly.

Furthermore, it should be reminded that no teacher has the authority to place school children in a proximate occasion of negative behaviour – which is exactly what classroom sex-eddoes—or to commandeer the parents’ authority. Some of the conditions which govern public and classroom instruction in sexual morality are:

- a. Classroom and public instruction in sexual morality may not necessarily descend to details, or provide explicit information or dwell on sexual matters, but rather gives adequate formation using abstract norms and definitions.

- b. Classroom and public instruction in sexual morality does not isolate what is permissible into be taught from a religious point of view however, it could sometimes infuse its course into separate programs.
- c. Classroom and public instruction in sexual morality reserves for private instruction anything else which might be necessary and opportune. A basic objective of sex-education is to make public and open what is private and intimate.
- d. Classroom and public instruction in sexual morality above all leads youths to the means of attaining sanctity and purity of heart and morals

The first Director of the World Health Organization (WHO), Brock believed the barrier into civilized life was the notion of right and wrong, and wanted children to be freed from such prejudices through introducing sex education from the age of nine. Our political and professional elites persist in believing that the horrendous rates of teenage pregnancy and sexuality transmitted disease are the result of ignorance among young people of facts of life.

The real point about the sex education morality is that it teaches an extremely moral, Calvinistic value that disapproves of teenage pregnancies resulting to babies born outside settled adult relationships. Hence, morality of sex education can be used to stigmatize teenage motherhood as a source of irresponsibility, and shame rather than ignorance.

Sexual morality in this present age must address these factors underlying teen-age behaviour. Sexual morality needs to offer a clear articulation of the meaning of interpersonal love and the need for justice in all aspects of human life. Youth need to that sex does not need to be the determinant force in human life.

2.4.1 Importance of Teaching of Sex Education as a Subject

Recently, a group of doctors, teachers and clergy produced a report for the public and recommended that children should be taught sex education when they are aged nine or ten year old because at this age, no sexual; emotions are stirred and they are very interested in how the body works (Chanter 1966) retrieved 2009).

An adequate sex education curricular should be age appropriate lessons and course for young children should adopt the character education model and must take great care to ensure that we don't encourage premature sexual behaviour. Many educator respond that it is naïve to teach abstinence only because adolescents will inevitable engage in sexual behaviours and they must learn how to protect themselves and other. Health, home economics and sex education texts and materials often use the language of values rather than that of morality.

Raul and Melgosa (2002) pointed out that teaching of sex education involve imparting knowledge of anatomy and physiology of human body including reproductive systems pregnancy, child birth, physical aspect of sexual behaviour and knowledge, knowledge of human representation. The father determines the sex of the child. It will enlighten our youths and prevent then developing a sense of guide, horror, fear of sex and will enable our youth to have self respect and self control.

Sex education is taught in England and it is not compulsory in schools as parents can refuse to let children take part in the lesson. The curriculum focuses on the reproductive systems, foetal development, and the physical and emotional change of adolescence (Risk behaviour, 2002). In Germany, sex education has been part of school curricula since 1970. It covers all subjects concerning the growing up process, the changing of the body emotions, the biological process of reproduction, sexual activity, and partnership.

In Sweden, (2009), sex education has been a mandatory part of school education since 1956. In Asia teaching of sex education is various stages of development. Indonesia, Mongolia, south Korea has a systematic policy framework for teaching about sex within schools. Malaysia, the Philippines and Thailand have assessed adolescent reproductive health needs with a view to developing adolescent-specific training materials and materials. India has programs that specifically aim at school children at age groups of nine to sixteen years. These are included as subjects in the curriculum and generally involve open and frank interactions with the teachers.

In Egypt sex education teaches knowledge about male and female reproductive systems, sexual organs, contraception and STDs in public schools at the second and third year of the middle-preparatory phase (when students are aged 12-14). There is currently a coordinated program UNDP, UNICEF, and the ministries of health and education to promote sexual education at a large scale in rural area and spread awareness of the danger of female curriculum.

According to Jill the National Children Bureau, “there are four main reasons why girls in Britain become pregnant. We don’t give children enough information, we give them mixed messages about sex and relationships, social deprivation, means girls are more likely to become pregnant; and girls whose mother were teenage mother are more likely to do the same.

Chanter stress that it is generally accepted that instruction in school on sex education is best introduced to groups or individuals within a set scheme, and preferably before the children are involved in the emotional problems of puberty and adolescence. Many years experience of teaching children of all ages, as well as dealing, hoping that parents will welcome this scheme in its entirety and encourage it to be taught in school.

Internet (2009), mentioned that ministers would prefer prevention to cure, so far however, they are running into stiff opposition. One of the central recommendations was to extend the teaching of sex education in primary schools. But it did not take long to backtrack, saying that he did not want children under ten to have their “age of innocence” taken away from them. While in principle, primary school students learn about how a baby is conceived and born.

A report observed that thousands of ten and eleven year olds receives no information about periods, despite the fact that one in ten girls start menstruating before finishing primary school. Secondary school students as well, cannot rest on their laurels (on what they have achieved that they don't want to do any more. Lack sex education is an important contributing factor in individuals getting pregnant. Francis says, sex education is compulsory in secondary school, but parents have the right to withdraw their children from lessons. The curriculum chiefly focuses on the reproductive systems and how the fetal develops in the uterus, along with the physical and emotional changes that take place during adolescence.

2.4.2 Importance of Teaching Sex Education

Richard (1999) viewed sex education as important to reduce the risk of behaviour such as unprotected sex, and individuals to make informed decision about their personal activities. It may also be seen as providing individuals with the knowledge necessary to liberate the youth from socially organized sexual oppression and in addition, sexual oppression may be viewed as socially harmful. Howard (1999) emphasized that preschool children should be given the chance to know how the process of having a baby begins and at all level of the development children think they can also become pregnant and have a baby. It is important they know how babies grow inside mothers, not inside boys and girls or even daddies. The important thing is to bring awareness.

Sometime when children ask questions about their sexual organs and even about sexual act indicates a signal that they are ready for sexuality education. Parent or teachers should take advantage and teach them and give correct answers.

Wilson (1999) stated that education can prevent youth from acquiring wrong and misleading information on sex. Sexuality education will enlighten our youths and prevent them from developing a sense of guilt, horror, disgusting fear of sex. They also need to be equipped with what to do under given circumstances for instance, instead of indulging in masturbation, fornication or adultery, it will familiarize youth with their future roles as husband and wives.

Sex education is to start when they are young. It enables young children to be informed on how they grow and develop generally. It explains how to focus on reducing risky behaviour. It will provide accurate information about the risks associated with sexual activities about contraception and birth control and method of avoiding or deferring intercourse.

School health program according to Healthy youths (2008), can also reduce the prevalence of health risk behaviour among young people and can also have a positive impact on academic performance. It pointed out six priority health risk behaviour which contributes to the leading causes of death, disability, and social problems to include:

- Tobacco use,
- Unhealthy dietary behaviours,
- Inadequate physical activities,
- Alcohol and other drugs,
- HIV infection
- Other sexually transmitted diseases
- Unintended pregnancies and

- Behaviour that contribute to unintentional injuries and violence.

These behaviours are often established during childhood and early adolescence. Sex education in Africa has focused on stemming the growing AIDS epidemic. Most governments in the region have established AIDS education programs in partnership with the World Health Organization and international NGOs. These programs were undercut significantly by the Global Gag Rule, an initiative put in place by President Ronald Reagan, suspended by President Bill Clinton, and re-instated by President George W. Bush. The Global Gag Rule (2010) states that:

Non-governmental organizations to agree as a condition of their receipt of Federal funds that such organizations would neither perform nor actively promote abortion as a method of family planning in other nations....”

The Global Gag Rule was again suspended as one of the first official acts by United States President Barack Obama. The incidences of new HIV transmissions in Uganda decreased dramatically when Clinton supported a comprehensive sex education approach (including information about contraception and abortion). According to Ugandan AIDS activists, the Global Gag Rule undermined community efforts to reduce HIV prevalence and HIV transmission.

Egypt teaches knowledge about male and female reproductive systems, sexual organs, contraception and STDs in public schools at the second and third years of the middle-preparatory phase (when students are aged 12–14). A coordinated program between UNDP, UNICEF, and the ministries of health and education promotes sexual education at a larger scale in rural areas and spreads awareness of the dangers of female genital cutting.

2.4.3 Problems of Sex Education

There are a lot of problems in sex education. Young people do not simply memorize their school lessons and apply perfectly. They have always cabled together their own understanding of their (and others) bodies out of their personal experience and an accidental agglomeration of official (retrieved 2009). Ongwu (2003) retrieved (2009) elaborated on the youth towards the use of contraceptives can lead to sexual experimentation. Abortion will be rampant especially among adolescents. Problems of unwanted pregnancies and children out of marriage, HIV/AIDs infection, STDs and STIs will be common among secondary school students

2.4.4 Students' Opinion and Peer group Influence on Sex Education

Young people today are socially pressured to be sexually active long before they have been prepared educationally and psychologically to cope with the deeply personal and highly charged nature of sexuality. The mass media are filled with romantic images of male-female relationships, and the myth prevails that “to be carried away” by one’s sexual urges is a sure sign of; love, which justifies sexual interaction. A teen-age boy faces the social pressure to “score” and, in so doing, he reduces his partner to a sexual object. And a teenage girl absorbs the idea that a woman is someone who is sexually desirable to a man; her worth lies in her value as a sexual commodity and her ability to control the male with the sexual favors she provides.

Children, according to studies carried out by Egbochuku and Obiunu (2001), rarely receive information on sexual matters from their parents This situation leaves the adolescents curious and ill-prepared to contend with their blossoming interest in sexuality and sex and leads them to seek information from their peers. There appears to be a consensus among Nigerian researchers and observers that many traditional values

are changing rapidly and for the worse (Naswen, 2001; Ezeh, 2001; Arumala, 2005 and Eruesegbefe, 2005). One area of life in which the decline of traditional values is obvious is in the area of sexuality. One major change has been the acceptance of pre-marital sex in a loving relationship.

Osioma (1998) lamented that in Nigeria, culture no longer has a grip on the youth as our society seems to be plagued with decayed moral codes and values and so the sense of right and wrong is eroded. This seems to affect the youth, adolescents' inclusive, more than any other group as this is manifested in the acceptance of sex before marriage, homosexual behaviour, lesbianism, abortion, drug addiction and indecent dressing. Apart from the blame apportioned to parents for their negligence as earlier mentioned, some people are of the opinion that adolescents are naturally open to the normal sex drive while this drive is incensed by the impact of permissive Western culture transmitted through the sexual stimuli conveyed by the mass media. Denga (1983) pointed out that sexually explicit movies expose young people to adult issues at an "impressionable age." Others opine that the use of pornographic materials as well as knowledge and use of contraceptives, especially the condom that has been excessively advertised, has contributed immensely to the involvement of adolescents in sexual practices (Onuzulike, 2002). These and other evidence in the literature show that a real problem exists.

Nnachi (2003) observed that in terms of behavioural problems, sex abuse appeared to be one of the most serious offences committed by children and adolescents. Obiekezie-Ali (2003) supported this Attitude of Nigerian Secondary School Adolescents toward Sexual Practices: Implications for Counselling Practices stance with a United Nation's (2000) information on reproductive health, which shows that many Nigerian girls are known to start involvement in active sex at the early age of thirteen years.

Okonkwo and Eze (2000) observed that today's situation shows a sharp contrast to the traditional Nigerian societal context in which girls avoided pre-marital sexual experiences for fear of social punishments usually meted out to girls who lost their virginity before marriage.

The traditional Nigerian society, however, is quite conservative on matters of sex. Consequently, parent-child discussion on sexual matters is beclouded by parental inhibitions and inter-generational tensions. Most Nigerian parents shy away from such discussions because it is generally believed that it will make the adolescent attempt to experiment on what they have been told. Okonkwo and Eze (2000) observed that in most African homes, parents are not fully equipped to answer questions on sexual matters usefully. Even those who try to, pass on faulty information to their children, the whole subject thus becomes surrounded by secrecy and the children now become too embarrassed to discuss these matters with their parents.

2.5 Impact of Integrated Teaching and Skills of Sex Education

If sex education is going to be effective it needs to include opportunities for young people to develop skills, as it can be hard for them to act on the basis of only having information.

The skills young people develop as part of sex education are linked to more general life-skills. Being able to communicate, listen, negotiate with others, ask for and identify sources of help and advice, are useful life-skills in negotiation, decision-making, assertion and listening. Other important skills include being able to recognize pressures from other people and to resist them, dealing with and challenging prejudice and being able to seek help from adults – including parents, careers and professionals – through the family, community and health and welfare services.

Sex education that works also helps equip young people with the skills to be able to differentiate between accurate and inaccurate information, and to discuss a range of moral and social issues and perspectives on sex and sexuality, including different cultural attitudes and sensitive issues like sexuality, abortion and contraception.

Chislom (2012), identify predictors of comprehensive sex education in public schools came up using three-stage design, 335 sex education teachers from a probability of 201 schools in 112, Illinois school districts were surveyed regarding the 2003 – 2004 school year. Coverage of at least all of the following topics constituted “comprehensive” abstinence, human immunodeficiency virus (HIV) acquired human immunodeficiency syndrome (AIDS) other sexually transmitted diseases (STDs) and contraception. A logistic regression model identified predictors of comprehensiveness representing 91.3% of samples schools. Copy result on page one and two and conclusion.

Representing 91.3% of sampled schools, the teacher survey response rate was 62.4%. The most frequently taught topics included HIV/AIDS (97%), STDs (96%), and abstinence – until – marriage (89%). The least frequently taught topics were emergency contraception (31%), sexual orientation (33%), condom (34%) and other contraceptive (37%) use, and abortion (39%). Abstinence only curricula were used by 74% of teachers, but 33% of these teachers supplemented with “other” curricula. Overall, two thirds met comprehensiveness criteria based on topics taught. Curricular material availability was most commonly cited as having a “great deal” of influence on topics taught. Thirty percent had no training in sex education; training was the only significant predictor of providing comprehensive sex education in multivariable analysis.

Illinois public school-based sex education emphasizes abstinence and STDs and is heavily influenced by the available curricular materials. Nearly one in three sex education teachers were not trained. Obstetrician – gynecologists caring for adolescents

may need to fill gaps in adolescent knowledge and skills due to deficits in content, quality, and teacher training in sex education.

2.5.1 Impact of Sex Education in Secondary Schools

According to Family Health International (2005) says sixty percent of women and 52 percent of men now in their 20s took a sex education course by age 19, according to the 1984 National Longitudinal Survey of Work Experience of Youth. Whites are more likely than either blacks or Hispanics to have had a course by that age – 57 percent compared with 53 percent and 48 percent, respectively. The survey also shows that large proportions of teenagers initiate coitus before they have taken a sex education course. Among young women who first have sex at age 15, for example, only 48 percent have already taken a course (i.e. have taken it at a younger age or at the same age); and among young women who first have intercourse at age 18, the proportion is 61 percent. Young men are even less likely than young women to take a course before they begin coitus – at age 15, the figure is 26 percent, and at age 18, 52 percent. Adolescent women who have previously taken a sex education course are somewhat more likely than those who have not to initiate sexual activity at ages 15 and 16 (though they are no more likely to do so at ages 17 and 18). However, the effect of prior sex education is small, and is weaker than that of virtually every other variable found to have significant relationship with first intercourse at ages 15 – 16. Among the strongest determinants of first coitus at those ages are infrequent church attendance, parental education of fewer than 12 years and black race.

Older sexually active girls who have previously had a course are significantly more likely to use an effective contraceptive method (73 percent) than are those who have never taken a course (64 percent). This relationship may offset any effect that a sex education course may have in raising the likelihood of early first coitus, since no

significant association can be found between taking a sex education course and subsequently becoming premarital pregnant before age 20. 60% of women and 52% of men now in their 20s took a sex education course by age 19, according to the 1984 National Longitudinal Survey of Work Experience of Youth. Whites are more likely than either Blacks or Hispanics to had course by that age – 57% compared with 53% and 48%, respectively. The survey also shows that large proportions of teenagers initiate coitus before they have taken a sex education course. Among young women who 1st have sex at age 15, for example, only 48% have already taken a course (i.e. have taken it at a younger age or at the same age); and among young women who 1st have intercourse at age 18, the proportion is 61%. Young men are even less likely than young women to take a course before they begin coitus – at age 15, the figure is 26%, and at age 18, 52%.

Adolescent women who have previously taken sex education courses are somewhat more likely than those who have not to initiate sexual activity at ages 15 and 16 (though they are no more likely to do so at ages 17 and 18). However, the effect of prior sex education is small, and is weaker than of virtually every other variable found to have a significant relationship with 1st intercourse at ages 15 – 16. Among the strongest determinants of 1st coitus at those ages are infrequent church attendance, parental education of 12years and black race. Older sexually active girls who have previously had a course are significantly more likely to use an effective contraceptive method (73%) than are those who have never taken a course (64%). This relationship may offset any effect that a sex education course may have in raising the likelihood of early 1st coitus, since no significant association can be found between taking a sex education course and subsequently becoming premaritally pregnant before age 20 (retrieved from internet 2011). The 83 studies generally reported on one or more of six aspects of sexual behaviour: initiation of sex, frequency of sex, number of sexual partners, condom use,

contraceptive use in general, and composite measures of sexual risk-taking (e.g. frequency of sex without condoms). A few studies reported on pregnancy and STI rates.

Initiation of Sex; Of the 52 studies that measured impact on this behaviour, 22 (42 percent) found that the programs significantly delayed the initiation of sex among one or more groups for at least six months, 29(55 percent) found no significant impact, and one (in the United States) found the program hastened the initiation of sex. Sexually Transmitted Infection of the 10 studies that measured impact on STI rates, two found a positive impact, six found no significant impact, and two found a negative impact. Overall, these results strongly indicate that these programs were far more likely to have a positive impact on behaviour than a negative impact. Two – thirds (65percent) of the studies found a significant positive impact on one or more of these sexual behaviours or outcomes, whole only seven percent found a significant negative impact. One – third (33 percent) of the programs had a positive impact on two or more behaviours or outcomes.

In general, the patterns of findings for all the studies were similar in both developed and developing countries. They were effective with both low and middle income youth, in both rural and urban areas, with girls and boys, with different age groups, and in school, clinic and community settings.

A review of replication studies of four different curricula in the United States revealed that curricula did have similar positive behavioural effects when they were replicated, provided all activities were implemented as designed in the same type of setting and with similar populations of youth. When many activities were omitted or the setting was changed, the curricula were less likely to have a positive effect.

2.6 Empirical Studies

Some empirical studies relating to the present study were reviewed, which include the followings

Egbochuku (2008) carried out a study on “Attitude of Nigerian Secondary School Adolescents towards Sexual Practices: Implications for Counselling Practices”. This study was a survey aimed at ascertaining whether the attitude of secondary school adolescents in Uyo, towards sexual practices, was in consonance with information reported of adolescents elsewhere in literature. A sample of 500 adolescents drawn from JSS 3 – SS 3 classes of five mixed public secondary schools was used. Five research hypotheses were formulated. The findings showed that there is prevalence of a permissive attitude toward sexual practices. There was no difference in terms of age and sex. Boys showed more inclination towards sexual activity than girls, while involvement in sexual activity increased with age. Of the factors influencing adolescents’ attitude toward sexual practices, exposure to pornographic films exerted 65.1% of the influence followed by peer pressure with 61.2%. Use of contraceptives exerted 59.2% and parental indifference 43%. The null hypothesis was rejected in all cases except where there was no significant difference in terms of class. The dangers of this situation for the adolescents were highlighted. Recommendations were made for provision of relevant sexuality and reproductive health information to adolescents through joint effort by parents, counselors and educators beginning with de-mystifying sexuality.

The study relates to the present study in the sense that it dealt with secondary school sexual practices and it was a survey study which was very relevant to the present study in the sense that this present study was a survey study and it used similar data collection instruments (the questionnaire). The method used in analyzing the data was of

immense assistance in determining the most appropriate method of data analysis by this present study.

Joseph (2010) also carried out a study titled “Assessment of Students' Awareness level of HIV/AIDS and Its impact on their Sexual Behaviour: A Case of Selected Secondary Schools in Othaya Division, Nyeri District, Kenya”. The main purpose of this study was to investigate the students' awareness level of HIV/AIDS and how this influences their sexual behaviour. The study was carried out in Othaya Division, Nyeri district. *Ex-post facto* design was used. The target population of about 5000 students was used and was drawn from seven schools for: boys only, girls only and mixed schools. A sample of 310 students was selected through proportional stratified and simple random sampling methods. Data was collected by use of questionnaires. The data was analysed using descriptive statistics and to be precise frequency tables and percentages. The Statistical Package for Social Sciences (SPSS) version 9.0 was used to aid in data analysis. An analysis of the results indicated that there are many students that had low awareness level of HIV/AIDS related facts. This study found that a large number of students don't have correct facts about HIV/AIDS. It was further noted that teenage premarital sex is common among high school students with 38% of all respondents being sexually active. Owing to incorrect facts that students have, it is evident that the students engaged in unprotected or casual sex considering that 83% revealed that they have never used a condom and are therefore prone to HIV infections. The study recommended that precise and simplified HIV/AIDS information sources should be made available to high school students. These may include wall charts, brochures and HIV/AIDS information updates from the Ministry of Health. The study further recommended that peer group directed programmes on sexual behaviour and the spread of HIV/AIDS should be introduced and strengthened in schools. The findings and recommendations of this study

were therefore, helpful in improving and reinventing the HIV/AIDS awareness campaign strategies. This study is related to this present study in that it investigated students' awareness of HIV/AIDS and its impact on their sexual behaviour, which of course was also related to the present study in that the study were set finding out ways of integrating the teaching of sexuality education to secondary school students although this study was looking at it from the HIV/AIDS perspective but it is geared at finding a solution to sexuality behaviour of secondary school students. This study was also related to this present study in that data was analysed using descriptive statistics, frequency tables and percentages which was the intent of this present study to apply this method of statistical analysis, so that the necessary data was gathered to elicit answers to the research question raised by this present study.

Iwu, Onoja, Ijioma, Ngumah, and Egeruoh (2011) carried out a study titled 'The integration of sexuality education in secondary school Biology curriculum for sustainable development: Teachers perception'. Three research questions guided the formulation of 30 item questionnaire. One hundred and two teachers from Owerri, Orlu and Okigwe educational zones of Imo state formed the sample population. The data generated was analyzed using percentage. Research findings support an association between high knowledge and positive attitude to sexuality education. 58.6% had adequate knowledge of the subject matter. However, 55.8% were willing to teach sexuality education while 37.2 and 24.5% indicated that, the possible barrier to the integration of sexuality education into the curriculum were parents and religious leaders respectively. The study recommends that, parents be sensitized on the benefits of sexuality education likewise religious leaders and curriculum planners should prepare a

quality and comprehensive programme on sexuality education at the secondary school level.

The study was carried out on the premise of establishing how teachers of three educational zones perceived the integration of sex education into the secondary school curriculum. This study was very relevant to this present study because it was also out to investigate the impact of integrated teaching of sex education in secondary schools in Kaduna state. The purpose of the study was well stated and it has some relationship to the topic. The literature reviewed was rich and its content well related to the study. Population of the study was adequate, but the writers did not mention the sampling technique that was used in arriving at the sample population for the study. The instrument used in gathering data was very adequate and simple to be understood. The researchers stated the method of analyzing the collected data but there were no hypotheses stated in order to test the answers collected for the research questions. The result showed that most of the respondents who are teachers of the southern part of the country had a positive perception towards integration of sex education into the school curriculum while teachers of the northern Nigeria origin opposed to the inclusion of sex education into the curriculum of the schools. Recommendations were also made by the researcher which was in line with the objectives of the study. The study stated the limitations as well as drew some conclusions. This study applied percentages in analyzing the data, which the present study intends to apply. Although the study was well conducted, the researchers did not explain the technique which was used in arriving at the sample. Also, the study did not make use of hypotheses to test the answers to the research questions.

Chislom (2012) carried out a study to Identify predictors of comprehensive sex education in public schools, came up using three-stage design, 335 sex education

teachers from a probability of 201 schools in 112, Illinois school districts were surveyed regarding the 2003 – 2004 school year. Coverage of at least all of the following topics constituted “comprehensive” abstinence, human immunodeficiency virus (HIV) acquired human immunodeficiency syndrome (AIDS) other sexually transmitted diseases (STDs) and contraception. A logistic regression model identified predictors of comprehensiveness representing 91.3% of samples schools. Copy result on page one and two and conclusion. Representing 91.3% of sampled schools, the teacher survey response rate was 62.4%. The most frequently taught topics included HIV/AIDS (97%), STDs (96%), and abstinence – until – marriage (89%). The least frequently taught topics were emergency contraception (31%), sexual orientation (33%), condom (34%) and other contraceptive (37%) use, and abortion (39%). Abstinence only curricula were used by 74% of teachers, but 33% of these teachers supplemented with “other” curricula. Overall, two thirds met comprehensiveness criteria based on topics taught. Curricular material availability was most commonly cited as having a “great deal” of influence on topics taught. Thirty percent had no training in sex education; training was the only significant predictor of providing comprehensive sex education in multivariable analysis.

2.7 Summary of the Reviewed Literature

The components of comprehensive sex education were concrete and useful for individuals with any moral view about sexual morality. It does no harm to anyone who plans to remain abstinent until marriage to learn about the biology of sexually transmitted diseases and how to prevent them. It helps every teenager to learn how to stick by their guns about a decision, because most teens will feel social pressure to engage in some activity that it may be hard to say no to – whether that activity is sexual, tobacco related, or something else entirely. Moral education often engages in the very

dangerous practice of telling people what to do. Good sex education, on the other hand, explicitly avoids telling anyone what to do. Instead, it provides individuals with the tools they need to make, and enforce, those decisions themselves. Although sex education directs people on what to do, it is also right for people, most especially teens to understand at an early stage in life, the dangers of what sexual life is all about.

From the literature so far reviewed, it has been observed that many studies have been carried out but to some extent, it did not involve secondary school students, who are still not yet enlightened in the area of sex education and this present study intends to investigate the impact of integrated teaching of sex education on these students (secondary school students) and how it can ameliorate the morale decadence in the society amongst secondary school students. The existing gap in the reviewed literature has revealed that not much has been touched or investigated upon when it came to integrating sex education and its positive impact on the sexual life of the secondary school students in Kaduna state and the Nigeria as a whole. As such it is the intend of this present study to bridge this gap by carrying out an investigation on the influence of integrated teaching of sex education in secondary schools in Kaduna State which previous studies did not cover.

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter described the methodology for conducting the study and it is discussed under the following sub-headings:

- 3.1 Research Design
- 3.2 Population for the Study
- 3.3 Sample Size and Sampling procedure
- 3.4 Instrument for Data Collection
 - 3.4.1 Pilot Study
 - 3.4.2 Validity and Reliability of the Instrument
- 3.5 Procedure for Data Collection
- 3.6 Procedure for Data Analysis

3.1 Research Design

Descriptive survey design was used in this study to investigate the Impact of Integrated teaching of Sex Education on moral behaviour of Secondary Schools students in Kaduna State. According to Mugenda and Mugenda (2003) survey research design seeks to obtain information that discloses existing phenomenon by asking individuals students about their perception, attitude, and behaviour or beliefs. The research is qualitative, in that the knowledge and viewpoints of the secondary school students were put into investigation; to examine the impact of sex education, in terms of school enrollment, retention and completion, prevention of teenage pregnancies and prevention of sexually transmitted diseases.

3.2 Population of the Study

The target population of the study was 20,385 drawn from the 8 Local Government Areas, mainly from all the public secondary schools students in Kaduna State: the state has 411 public secondary schools, at the Junior and Senior levels with an average of 5 schools per Local Government. The total population for the study consisted of students in public secondary schools in all the Local Government Areas of Kaduna State, with enrolment figures as indicated in Table 3.1

Table 3.1: Population of Students in Public Schools for twenty-four Local Governments Councils in Kaduna State

S/NO	LGEA	No. of schools	JS I	SSII	TOTAL
1	BIRNIN GWARI	10(4)	432	578	1,010
2.	GIWA	6(3)	536	605	1,141
3.	KADUNA SOUTH	7(8)	1,426	1,304	2,730
4.	LERE	16(7)	1,423	2,004	3,427
5.	MAKARFI	9(4)	948	888	1,836
6.	SABON GARI	10(8)	2,514	2,978	5,492
7.	KUDAN	21(18)	254	492	746
8.	ZANGON KATAF	11(9)	1,799	2,204	4,003
	Total	90(61)	9,332	11,053	20,385

(Kaduna State School Census Report for 2010/2011 academic session)

(N.B. Schools in bracket are senior secondary schools while those outside the bracket are junior secondary school)

The schools are mixed day schools, mixed boarding, mixed boarding/day schools, girls' day and boys' day. The accessible population was from forms J 1 – SS II. And the total population for the study is 90,305. Due to the large population secondary schools students in Kaduna State, the researcher randomly picked 8 Local Governments from all the senatorial districts of the state which gave a total population of 20,385 students to be used as the population for the study.

3.3 Sample Size and Sampling Procedure

The sample size for the study was 2,039 secondary school students drawn from 40 schools from the eight Local Government Areas. The first stage researcher was used a systematic sampling procedure to select the students from each schools based on their local government areas which was 10% of the population, which is in line with Gay (1980) and Odekunle (2005) who suggested that if the population is over 2500 for descriptive study 10% is enough to establish the existence or non-existence of a relationship. In The second stage, a multi-stage sampling technique was used to select the sample size for the study and proportionate sampling was applied to get the sample size for the study. The sample drawn is presented in Table 3.2 as seen below:

Table 3.2: Sample of Students from Selected Public Schools in Eight Local Government Councils in Kaduna State

S/n	Local Government	School	Sample size
1	Birnin Gwari	GJSS Dawakin Bassa	23
		GJSS Bagoma	17
		GJSS Kungi	19
		GSS Birnin Gwari	30
		GSS Bagoma	12
2	Giwa	GJSS Maraban Guga	22
		Yusuf Aboki GJSS Shika	22
		Yusuf Aboki GSS Shika	22
		GSS (Junior and senior) Giwa	48
3	Kaduna South	GGSS Banarwa (Senior)	55
		Kakuri GSS (Senior)	55
		GSS Boys Banarwa (Junior)	54
		GSS Television Garage (senior)	55
		GJSS Makera	54
4.	Lere	GJSS Garun Kurama	68
		GJSS Gure	69
		GJSS Saminaka	69
		GSS Damakasuwa	68
		Government College Saminaka	69
5.	Makarfi	GJSS Makarfi Jnr.	38
		GJSS Dorayi	36
		GJSS Tafida	36
		GSS Makarfi	38
		GSS Gubuchi Senior	36
6.	Sabon Gari	GGSS Junior Chindit Barrack	110
		GSS Chindit	110
		GSS Muchiya	110
		GSS Zaria	110
		GSS Junior, Kaura	109
7.	Kudan	GSS Kudan	15
		GSS Hunkuyi Junior and Senior	15
		GJSS Doka Kudan	15
		GSS (senior) Likoro.	15
8.	Zango Kataf	GGJSS Zonkwa	80
		GGSS Zonkwa	80
		GGC Zonkwa	80
		GSS Madakiya	80
		GSS Fadan Kamanton	80
	Total		2039

Based on this the researcher folded papers with numbers written on it ‘yes’ and ‘no’ well mixed in a container. In any school that is chosen to participate in the exercise, any student that picks the paper written on it “yes” is eligible to fill the questionnaire and those students who pick papers written “no” are not eligible to participate in the exercise. This is done to make sure that the researcher was assured that all sub-groups in the population were equally represented in the sample. A sample of 10% was drawn. The 10% is in accordance with Ball and Gall (1980), (that is 2,039) from 40 schools and used for the administration of the questionnaire to students. The pieces of papers were squeezed according to the number of students per school in each selected local government area.

The selected schools were used based on the target population or sampling frame from which the students were randomly selected for the fillings of the questionnaires. Oyejola (2003) describes random sampling as a probabilistic procedure where every member/element was having an equal chance of being represented and used mostly in a homogeneous population. Thus the sample size for this study is selected proportionately based on the population of each school selected for the study.

3.4 Instrument for Data Collection

For the purpose of this research work, the questionnaire was employed for the achievement of the research hypotheses. The instrument was a self designed–structured, questionnaire and administered to the respondents. The respondents were expected to tick the most appropriate options to the question. The questionnaire consisted of five sections, sections A, B, C, D and E.

Section A consisted of questions drawn to elicit relevant information on the personal data of each respondent. Section B consisted of ten (10) questionnaire items which were designed to seek answers on students’ awareness of sex education in schools.

Section C consisted of 5 questionnaire items which answered questions on the extent to which integrated teaching of sex education has helped in preventing unwanted pregnancies. Section D consisted of questionnaire items that answered questions on the impact of sex education on students' opinion and peer group influence in secondary schools and Section E, solicited answers on the impact of integrated teaching of sex education and the prevention of sexually transmitted diseases among secondary school students in Kaduna State.

3.4.1 Pilot Study

To improve face/content reliability of the instruments, a pilot study was conducted in ten public secondary schools in Plateau State in five local governments. This was to ensure that there was no contamination during the administration of the instrument in the research region. The piloted questionnaire was scrutinized to identify items that seemed unclear or ambiguous to the students. Such items were reviewed and reworked, thereby improving the content validity of the instrument. According to Borg and Gall (1989), content validity of an instrument is improved through expert judgment.

The researcher established the reliability of the instrument by using of Pearson Product Moment correlation Coefficient method for determining the reliability of an instrument for research. Reliability coefficient was established at 0.7. This was after piloting the instruments and modifying some of the items.

3.4.2 Validation of the instrument

The drafted questionnaire was vetted three by the specialists in Education and in Vocational and Technical Education Department, ABU Zaria to determine the validity of the instruments. After the pilot study, corrections were made on framing the questionnaire items spellings, to ascertain the validity and reliability of the instrument for the study.

Test-re-test method was used to determine the reliability of the instrument before administering to respondents. Ten (10) respondents (five students and five staff) were used. The coefficient of the internal consistency was found to be significant at 0.78. Afolabi (1998) held that a coefficient of 0.75 for any pilot study conducted is significant enough to the reliability of the instrument for gathering data.

3.5 Procedure for Data Collection

The researcher and two trained research assistants visited the forty participating schools to administer the two-thousand and thirty-nine copies of the approved questionnaire in the forty schools chosen as sample for this study. After filling the questionnaires the researcher and the two trained research assistants retrieved the questionnaire in order to determine those that were usable for the study. The whole exercise lasted for eight weeks (that is one week in each Local Government Area).

3.6 Procedure for Data Analysis

Percentages were used in analyzing the bio-data. Descriptive frequency counts and mean were used to analyze the data collected through the questionnaire. The equivalent mean of the raw data was used to answer the five research questions in chapter one. The mean rating on the scale is 2.50 (that is $4+3+2+1/4 = 2.50$). Any response that has a mean rating of 2.50 or above was considered as agreed and any response that has a mean rating of less than 2.50 was considered as disagreed in trying to establish whether integrated teaching of sex education had any impact on the moral behaviour of the secondary school students in Kaduna State. Whereas inferential statistic; t-test was used to test hypothesis (hypothesis three), Pearson Product Moment Correlation Coefficient was used to test the three null-hypotheses (hypotheses one, two and four).

CHAPTER FOUR
PRESENTATION AND ANALYSIS OF DATA.

This chapter presents the data analysis including its discussion of results. A total of 1600 responses representing 78% of the total sample respondents whose responses form the data analysis of this study using the SPSS statistical package. The first section presents the bio data variables analysis by means of frequencies and percentages, while the second section answers the research questions. The third section presents and interprets the null research hypotheses by means of inferential statistical techniques of Pearson Product Moment Correlation (PPMC) statistics at 0.05 alpha level of significance. The fourth section outlined the major findings of the study and the last section discussed the findings of the study.

4.1 ANALYSIS OF BIO DATA VARIABLES

Table 4.1.1 Distribution of Respondents According to Sex

Sex of respondents	Frequencies	Percentages
Male	516	32.2
Female	1084	67.8
Total	1600	100.0

Source: Field Survey, 2012

The data presented in Table 4.1.1 shows that out of the total 1600 respondents, 516 representing 32.2% of the total respondents were males while the rest 1084 representing 67.8% of the total respondents were females. This shows that most of the respondents that were involved in the study and learned much about integrated teaching of sex education were female students, since they are of a higher percentage than males

Table 4.1.2: Distribution of Respondents According to Age

Age of Respondents	Frequencies	Percentages
10 – 15 yrs	1009	63.1
15 – 20 yrs	515	32.2
20 – 25 yrs	56	3.5
26 and above	20	1.3
Total	1600	100.0

Source: Field Survey, 2012

Details of Table 4.1.2 revealed that majority of the respondents numbering 1009 (63.1%) were between 10-15 years, as against 515 (32.2%) that are between 15 – 20 years, while another 56 representing 3.5% were between 20 – 25 years and the rest 20 (1.3%) were from 26 years and above.

Table 4.1.3: Distribution of Respondents According to Type of School

Type of school of Respondents	Frequencies	Percentages
Unisex	491	30.7
Boys only	586	36.6
Girls only	523	32.7
Total	1600	100.0

Source: Field Survey, 2012

According to the data presented in Table 4.1.3 above, 491 of them representing 30.7% of the total responses were from unisex schools, 586 respondents representing 36.6% of the total responses were from boys only school and the rest 523 respondents representing 32.7% of the total responses attends girls school.

Table 4.1.4: Distribution of Respondents According to Class in School

Class of respondents	Frequencies	Percentages
JSS 1 – 3	1116	69.8
SSS 1 – 3	484	30.2
Total	1600	100.0

Source: Field Survey, 2012

Table 4.1.4 above showed that 1116 of the respondents representing 69.8% of the total responses were JSS 1 to 3 students as against 484 respondents representing 30.2% of the total responses were from classes SSS 1 to 3 students. The number of students from the junior classes were the ones who had a greater percentage of respondents for the study.

4.2 Answering of Research Questions:

Research question one: *What is the level of awareness of secondary school students on sex education in Kaduna state?*

To answer this research question, questionnaire item 1 to 10 were designed to provide answers to this research questions.

Table 4.2.1: Opinion of respondents on the level of awareness on sex education of secondary school students in Kaduna state:

s/n o	Items	Response categories				MEA N	Std.dev	Std .Err
		SA	A	D	SD			
1	Students in our school are aware of a subject called sex education	598	412	277	313	2.81	1.137	.028
2	The school authorities have been trying to enlighten students on the importance of sex education	693	492	290	125	3.10	.958	.024
3	Schools in Kaduna state are aware of sex education as a topic under certain subjects	444	645	318	193	2.84	.966	.024
4	Students in your school have been introduced to sex education	334	631	359	276	2.64	.997	.025
5	Sex education curriculum is newly integrated into some subjects in sec schools in Kaduna State, thus student not aware of such a subject	430	678	3146	176	2.85	.941	.024
6	Sex education is fast gaining a lot of popularity amongst sec schools students in kaduna state	525	658	261	156	2.97	.939	.023
7	Since the introduction of sex education in sec schools in kaduna State, students prefer it to Biology	567	542	269	222	2.91	1.034	.026
8	Teachers of secondary schools in kaduna State have introduced the students to sex education, thus creating enough awareness	415	711	348	126	2.88	.883	.022
9	Intensive campaigns have been launched by the state Min of Education to create awareness of sex education amongst	442	597	385	176	2.82	.961	.024
10	Students of sec schools are aware of sex education through their peers and further enlightened thru introduction of it in integrated teaching	710	574	188	128	3.17	.924	.023

Source: Field Survey, 2012

A careful study of the response level of respondents on the level of awareness of sex education by secondary school students in Kaduna State revealed that Students of secondary schools were aware of sex education through their peers and further enlightened through introduction of it in integrated teaching. This opinion attracted the highest mean responses of 3.17 with details showing that a total of 1284 respondents representing 80% of the total responses agreed while only 316 respondents representing 20% of the total responses disagreed.

In the same vein, the school authorities have been trying to enlighten students on the importance of sex education. This opinion attracted the second highest mean

response of 3.10 with details showing that 1185 respondents representing 74% of the total responses agreed while 415 respondents representing 26% of the total responses disagreed.

Research Question Two: *To what extent has integrated teaching of sex education helped in the prevention of students from unwanted pregnancy, drop out and abortion in Kaduna state?*

To answer this research question, questionnaire items 11 to 15 were designed to provide answers to this research question.

Table 4.2.2: Opinion of respondents on the extent integrated teaching of sex education has helped in the prevention of students from unwanted pregnancy, drop out and abortion in Kaduna state

s/n o	Items	Response categories				MEAN	Std.de v	Std. Err
		SA	A	D	SD			
11	Female students rate of unwanted pregnancy has drastically declined because of introduction of sex education in kaduna State	518	575	360	147	2.92	.954	.024
12	Rate of abortions among sec school girls has been on the decline in kaduna state	491	643	309	157	2.92	.941	.024
13	with the introduction of sex education in kaduna state, the rate of female drop out from school has reduced	530	714	228	128	3.03	.891	.022
14	Death rate among young girls due to abortion have been drastically reduced since the introduction of sex education in kaduna State secondary schools	505	727	237	111	3.04	.867	.022
15	secondary school student especially females are now very conscious of themselves in sexual matters thus preventing a lot of immoralities	630	659	206	105	3.13	.876	.022

Source: Field Survey, 2012

Table 4.2.2 above revealed the response level of respondents on the extent to which integrated teaching of sex education helped in the prevention of students from unwanted pregnancy, drop out and abortion in Kaduna state. Accordingly, the highest

mean response of 3.13 is that secondary school student especially females are now very conscious of themselves in sexual matters thus preventing a lot of immoralities. The detail response on this item showed that 1289 respondents representing 81% of the total responses agreed to this view while 311 respondents representing 19% of the total responses disagreed.

Research Question Three: *What is the impact of sex education on the students opinion and peer group influence in secondary schools in Kaduna state?*

To answer research question three, questionnaire items 16 to 20 were designed to provide answers to this research question and the summary of the responses is presented in Table 4.2.3 as seen below

Table 4.2.3: Opinion of respondents on the impact of sex education on the students opinion and peer group influence in secondary schools in Kaduna state

s/n	Items	Response categories				MEAN	Std.dev	Std. Err
		SA	A	D	SD			
16	with the introduction of sex education in secondary schools in kaduna State the peer have less influences on students attitude towards sex	444	750	254	152	2.93	.901	.023
17	Peer group influence is still very great on students attitude towards sex education	395	762	308	135	2.89	.874	.022
18	Despite the introduction of sex education in sec schools in Kaduna State, most peers are still having an overbearing negative influence on students sex behaviour.	386	657	311	246	2.74	.992	.025
19	Our cultural values and parental influences have an overpowering impact on secondary students	641	527	249	183	3.02	1.007	.025
20	The introduction of sex education has not change the attitude of males and females in their peer group	463	620	247	270	2.80	1.038	.026

Source: Field Survey, 2012

The statistics presented in Table 4.2.3 above revealed the response level on the impact of sex education on the students opinion and peer group influence in secondary schools in Kaduna state The highest mean response of 3.02 is that Our cultural values and parental influences have an overpowering impact on secondary students. The detail

response on this item showed that 1168 respondents representing 73% of the total responses agreed to this view while 432 respondents representing 27% of the total responses disagreed.

Research question Four: To what extent has the integrated teaching of sex education helped in the prevention of Sexually Transmitted Diseases (STDs) in secondary schools in Kaduna state?

Table 4.2.4: Opinion of respondents on the extent to which integrated teaching of sex education helped in the prevention of Sexually Transmitted Diseases (STDs) in secondary schools in Kaduna state.

s/n o	Items	Response categories				MEAN	Std.dev	Std. Err
		SA	A	D	SD			
21	Students awareness of sex education has drastically reduced the prevalence of sexually transmitted diseases among secondary school students in Kaduna State	642	663	203	92	3.16	.856	.021
22	Integrated teaching of sex education has reduced the level of immorality among secondary schools students in kaduna State.	492	668	305	135	2.95	.913	.023
23	The level of awareness among students on sex matters and HIV/AIDS prevention has been on the decline.	690	558	234	118	3.14	.924	.021
24	The introduction of sex education in secondary schools in kaduna State has reduced the level of immorality among secondary school students	445	725	281	149	2.92	.905	.025
25	The students have changed their behaviour in terms of morality and sexuality among secondary school students as a result of integrated teaching of sex education	446	646	299	209	2.83	.980	.024

Source: Field Survey, 2012

The results in Table 4.2.4 revealed the level of respondents' response on the extent the integrated teaching of sex education has helped in the prevention of Sexually Transmitted Diseases (STDs) in secondary schools in Kaduna state. The highest mean response of 3.16 is that Students awareness of sex education has drastically reduced the prevalence of sexually transmitted diseases among secondary school students in Kaduna State. The detail responses on this item revealed that a total of 1305 respondents representing 82% of the total response agreed with this item while 295 respondents representing 18% of the total responses were in disagreement with this item.

Test of Research Hypotheses

Hypothesis One: *There is no significant relationship between the impact of integrated teaching of sex education on secondary school and the level of awareness of sex education among secondary school students in Kaduna state.*

Justification for statistical technique: *The dependent variable which is impact of integrated teaching of sex education on secondary school is a quantitative variable while the independent variable is correlated against the independent variable of awareness of sex education among secondary school students in Kaduna state.*

Table 4.3.1: *Pearson Product Moment Correlation (PPMC) statistics on the relationship between the impact integrated teaching of sex education on secondary school and the level of awareness of sex education among secondary school students in Kaduna state.*

VARIABLES	N	MEAN	S.D	CORRELATION INDEX R	DF	SIG (P)
impact integrated teaching of sex awareness of sex education among secondary school students in Kaduna state.	1600	70.4894	26.0938	.766**	1598	0.000

*Source: Field Survey, 2012 **.* **Correlation is significant at the 0.05 level (2-tailed).**

The correlation statistics presented in Table 4.3.1 revealed that significant relationship exist between the impact integrated teaching of sex education on secondary school and the level of awareness of sex education among secondary school students in Kaduna state.

This is because the calculated value is significant (p) value of 0.000 is less than the 0.05 alpha level of significance at a correlation index r level of 0.766 at df 1598. Hence, the null hypothesis which states that there is no significant relationship between the impact of integrated teaching of sex education on secondary school and the level of awareness of sex education among secondary school students in Kaduna State is hereby rejected.

Hypothesis Two: *There is no significant relationship between the impact of integrated teaching of sex education on secondary school and the level of Extent sex education has helped in preventing student unwanted pregnancy in Kaduna state.*

Justification for statistical technique: The dependent variable impact integrated teaching of sex education on secondary school is a quantitative variable while the independent variable is correlated against the independent variable of Extent sex education has helped in preventing student unwanted pregnancy in Kaduna state.

Table 4.3.2: Pearson Product Moment Correlation (PPMC) statistics on the relationship between the impact integrated teaching of sex education on secondary school and the Extent sex education has helped in preventing student unwanted pregnancy in Kaduna state.

VARIABLES	N	MEAN	S.D	CORRELATION INDEX R	DF	SIG (P)
Impact integrated teaching of sex	1600	70.4894	26.0938			
Extent sex education has helped in preventing student unwanted pregnancy	1600	15.0363	2.8548	.740**	1598	0.000

Source: Field Survey, 2012 ****.** *Correlation is significant at the 0.05 level (2-tailed).*

Table 4.3.2 above correlation statistics revealed that significant relationship exist between the impact of integrated teaching of sex education on secondary school and the Extent sex education has helped in preventing student unwanted pregnancy. This is because the calculated significant (p) value of 0.000 is less than the 0.05 alpha level of significance at a correlation index r level of 0.740 at df 1598. Hence, the null hypothesis which state that there is no significant relationship between the impact integrated teaching of sex education on secondary school and the Extent sex education has helped in preventing student unwanted pregnancy in Kaduna state, is hereby rejected.

Hypothesis Three: *There is no significant difference between the impact of integrated teaching of sex education on secondary school and the level of impact of peer group influence of sex education in Kaduna State.*

Justification for statistical technique: The dependent variable impact integrated teaching of sex education on secondary school is a quantitative variable while the independent variable is correlated against the independent variable of impact of peer group influence of sex education in Kaduna stat.

Table 4.3.3: *T-test statistics on the difference between the impact of integrated teaching of sex education on secondary school and the Extent sex education has helped in preventing student unwanted pregnancy in Kaduna state.*

VARIABLES	N	MEAN	S.D	CORRELATION INDEX R	DF	SIG (P)
impact integrated teaching of sex	1600	70.4894	26.0938			
Extent sex education has helped in preventing student unwanted pregnancy	1600	15.0363	2.8548	.740**	1598	0.000

Source: Field Survey, 2012 ****.** *Correlation is significant at the 0.05 level (2-tailed).*

Table 4.3.3 correlation statistics revealed that significant difference exist between the impact of integrated teaching of sex education on secondary school and the Extent sex education has helped in preventing student unwanted pregnancy. This is because the calculated significant (p) value of 0.000 is less than the 0.05 alpha level of significance at a correlation index r level of 0.740 at df 1598. Hence, the null hypothesis which state that there is no significant difference between the impact of integrated teaching of sex education on secondary school and the extent sex education has helped in preventing student unwanted pregnancy in Kaduna state, is hereby rejected.

Hypothesis Four: *There is no significant relationship between the impact of integrated teaching of sex education on secondary school and the prevention of sexually Transmitted Disease (STD) among secondary schools students in Kaduna state.*

Justification for statistical technique: The dependent variable which is impact integrated teaching of sex education on secondary school is a quantitative variable while the independent variable is correlated against the independent variable of prevention of sexually Transmitted Disease (STD) among secondary schools students in Kaduna state.

Table 4.3.4: Pearson Product Moment Correlation (PPMC) statistics on the relationship between the impact of integrated teaching of sex education on secondary school and the prevention of sexually Transmitted Disease (STD) among secondary schools students in Kaduna state in Kaduna state.

VARIABLES	N	MEAN	S.D	CORRELATION INDEX R	DF	SIG (P)
impact integrated teaching of sex prevention of sexually Transmitted Disease (STD) among secondary schools students in Kaduna state.	1600	70.4894	26.0938			
	1600	14.9919	3.0494	.703**	1598	0.008

*Source: Field Survey, 2012 **. Correlation is significant at the 0.05 level (2-tailed).*

From Table 4.3.4 the correlation statistics revealed that significant relationship exist between the impact of integrated teaching of sex education on secondary school and the prevention of sexually Transmitted Disease (STD) among secondary schools students in Kaduna state. This is because the calculated significant (p) value of 0.006 is less than the 0.05 alpha level of significance at a correlation index r level of 0.703 at df 1598. Hence, the null hypothesis which states that there is no significant relationship between the prevention of sexually Transmitted Disease (STD) among secondary schools students in Kaduna State is hereby rejected.

4.4 Discussion

The discussion of findings of this study were based on the objectives of the study which follow thus:

The first objective of the study was to determine the level of secondary school students' awareness of sex education in Kaduna State. The findings of the study revealed that students of secondary schools are aware of sex education through enlightenment of the introduction of integrated teaching of sex education as it is seen in Table 4.2.1, which attracted the highest number of responses. This is in line with the findings of an assessment of students' awareness level of HIV/AIDS and its impact on their sexual behaviour in selected secondary schools in Othaya, Kenya. It revealed that those students

who had very good facts about HIV/AIDS were fully aware of the dangers of wanton sexually activities.

The second objective of the study was to examine the extent to which integrated teaching of sex education has helped in the prevention of students from unwanted pregnancies, school dropout and abortion amongst secondary school students in Kaduna State. The finding revealed that secondary school students, especially female students are now very conscious of themselves in sexual matters thus preventing a lot of immoralities with highest mean response of 3.13. The detailed responses to this item revealed that 1289 respondents representing 81% of the total responses agreed to this view while 311 respondents representing 19% of the total responses disagreed, as it is seen in Table 4.2.2. This is in line with the findings of the study carried out by Richard (1999) who carried a study and found out that sex education has reduced the risk of behaviour such as unprotected sex, and individuals to make informed decision about their personal activities. The study also revealed that sex education has liberated the youth from socially organized sexual oppression which was deemed very harmful to the youth.

The third objective of the study was to ascertain the impact of integrated teaching of sex education on students' opinion and peer group influences in secondary schools in Kaduna State. The finding as seen in Table 4.2.3 revealed that our cultural values and parental influences have an overpowering impact on secondary school students over peer group influence. This is supported with mean response of 3.02 with 1168 respondents representing 73% of the total responses who agreed to this view as against 432 respondents representing 27% of the total responses who disagreed. This finding is in contrary to the findings of a study carried out by Osioma (1998) who lamented that in Nigeria, culture no longer has a grip on the youth as our society seems to be plagued

with decayed moral codes and values and so the sense of right and wrong is eroded. This seems to affect the youth, adolescents' inclusive, more than any other group as this is manifested in the acceptance of sex before marriage, homosexual behaviour, lesbianism, abortion, drug addiction and indecent dressing which is influenced by their peer group activities. Egbochuku and Obiunu (2001) in their study stated that children who rarely receive information on sexual matters from their parents leaves them in curious and ill-prepared to contend with their blossoming interest in sexuality and sex leads them to seek information from their peers.

The last objective of the study was to determine the impact of integrated teaching of sex education on the prevention of sexually transmitted diseases (STDs) among secondary school students in Kaduna State. The finding as seen in Table 4.2.4 item 21 finding revealed that students' awareness of sex education has drastically reduced the prevalence of sexually transmitted diseases among secondary students in Kaduna State, with a response mean of 3.16. The detailed responses revealed that a total of 1305 respondents representing 82% of the total responses agreed while 295 respondents representing 18% of the total responses disagreed. This is supported by the findings of a study carried out by Obstet (2008) which revealed that the introduction of comprehensive sex education in public schools in Illinois schools drastically reduced sexually transmitted diseases (STDs) by 96%, abstinence until marriage by 89% in sampled schools.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter was discussed under the following sub-headings:

- 5.1 summary
- 5.2 conclusion
- 5.3 recommendations
- 5.4 limitations of the study
- 5.5 Suggestions for further studies

5.1 Summary

The study started with an introduction, statement of the research problem and the main objective was to find the relationship between impact of integrated teaching of sex education on secondary schools students, variables of awareness of secondary school students on sex education, extent to which sex education helps in prevention of students from unwanted pregnancy, drop out and abortion, peer group influence in secondary schools and prevention of sexually transmitted diseases (STD). Four research questions were stated as well as four research hypotheses to be tested. Literatures were reviewed under the subheadings like: the concept of sex education, content of sex education, concept of moral behaviour, awareness of sex education, importance of teaching sex education, impact of integrated teaching and skills of sex education and empirical studies were extensively.

The descriptive survey design was used in the study. A structured questionnaire was used as a tool for gathering the data from the respondents. The sampling technique adopted was the random sampling technique to select 2039 respondents from the secondary schools students in Kaduna state. In addition the reliability as well as pilot study was discussed. The results revealed that:

- students in secondary schools were aware of sex education through enlightenment of the introduction of integrated teaching of sex education.
- secondary school students, especially female students were now very conscious of themselves in sexual matters thus preventing a lot of immoralities, such as unwanted pregnancies, abortion.
- cultural values and parental influences had an overpowering impact on secondary school students over peer group influence.
- students' awareness of sex education had drastically reduced the prevalence of sexually transmitted diseases among secondary students in Kaduna State.

5.2 Conclusion

Based on the outcome of the study, the following conclusion can be deduced.

Secondary school students, especially female students were now very conscious of themselves in sexual matters through integrated teaching of sex education in secondary schools in Kaduna State.

There was a drastic drop in unwanted pregnancies, school dropout and abortion amongst secondary school students in Kaduna due to the integration of sex education in the school curriculum in secondary schools in Kaduna State. The introduction of integrated teaching of sex education had drastically reduced the prevalence of sexually transmitted diseases.

Peer group influence and some aspects of the culture of the Kaduna State people had a greater influence on the students' behaviour. The influence of foreign culture was overwhelming on the students who engage in pre-marital sex, taking of drugs which were against the cultural norms of the society.

Integrated teaching of sex education influences the moral behaviour of senior secondary school students in Kaduna State as it enables them to determine what is right from what is wrong, thus reducing immoral behaviours to the bearest minimum amongst them.

5.3 Recommendations.

The following recommendations were made for the improvement of integrated teaching of sex education in the secondary schools in Kaduna state in particular, and in Nigeria in general.

1. Since students in secondary schools were aware of sex education through enlightenment of the introduction of integrated teaching of sex education, the subject should be intensified and emphasized by the various secondary school authorities.
2. The introduction of integrated teaching of sex education should be made compulsory by education policy makers at all levels of the education system since it has made students in secondary schools aware of sex education especially female students who are now very conscious of themselves in sexual matters thus preventing a lot of immoralities.
3. Parents should as a matter of urgency teach their children and wards the cultural values, most especially when it comes to sexuality matters since they have overbearing and overpowering influences on secondary school students over peer group influence.
4. Parents should as a matter of fact be incorporated in the integrated teaching of sex education in secondary schools where they could be called upon from time to time to give talks on sexuality matters to students.

5. Secondary school teachers should encourage the Integrated teaching of sex education since its awareness would drastically reduced the prevalence of sexually transmitted diseases among secondary students in Kaduna State.
6. Parents should be incorporated into integrated teaching of sex education. This could be done through giving talks to students from time to time either during normal classes, seminar and symposia.
7. New strategies and comprehensive curriculum on sex education should be produced by the State as well as the Federal Ministry of Education.

5.4 Suggestions for Further Research.

The following are suggestions for further research:

1. The Factors hindering the effectiveness of integrated teaching of sex education in secondary schools in Kaduna state.
2. Effect of Socio-Cultural variables on the teaching of sex education in secondary schools.

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Appendix I

Appendix II
Research questionnaire for Secondary schools students in Kaduna State

Dear Sir/ Mr./ Madam/ Miss

The researcher is a student in Home Economics Section, Department of Vocational and Technical Education, Ahmadu Bello University, Zaria of Nigeria, conducting a research on: “Impact of Integrated Teaching of Sex Education on Secondary School Students in Kaduna State”.

Kindly assist in filling the questionnaire with necessary information. The information will be held CONFIDENTIAL and strictly used only for the purpose of this research.

I will appreciate your sincere and candid response to all the questions in the questionnaire.

Thank you

Regina Ma’aji

SECTION A

Personal data of respondents

INSTRUCTIONS: (Please tick as appropriate)

- 1.a) Gender: Male Female
 2) Age: 10-15 15-20 20-25 and above
 3) School: Unisex Boys Only Girls only
 4) Class in school: JSS 1- 3 SSS 1-3

Indicate your level of agreement with the following statements;- **SA=Strongly agreed, A=Agreed, =Disagreed, SD=Strongly Disagreed.**

SECTION B:

Students' awareness of sex education among secondary school students in Kaduna State

		SA	A	D	SD
1	Students in our school are aware of a subject called sex education.				
2	The school authorities have been trying to enlighten students on the importance of sex education.				
3	Schools in Kaduna state are aware of sex education as a topic under certain subjects.				
4	Students in your school have been introduced to sex education.				
5	Sex education curriculum is newly integrated into some subjects in secondary schools in Kaduna state, thus most students are not fully aware of such a subject.				
6.	Sex education is fast gaining a lot of popularity amongst secondary school students in Kaduna State				
7.	Since the introduction of sex education in secondary schools in Kaduna State, students prefer it to Biology.				
8.	Teachers of secondary schools in Kaduna State have introduced the students to sex education, thus creating enough awareness.				
9.	Intensive campaigns have launched by the State Ministry of Education to create awareness of sex education amongst secondary schools students in Kaduna State.				
10.	Students of secondary schools are aware of sex education through their peers and further enlightened through the introduction of it in integrated teaching.				

SECTION C:

Extent to which integrated teaching of sex education has helped in preventing students from unwanted pregnancy, drop out and abortion

11.	Female students' rate of unwanted pregnancy has drastically declined because of the introduction of sex education in Kaduna state.				
12.	Rate of abortions among secondary school girls has been on the decline in Kaduna State.				

13.	With the introduction of sex education in Kaduna State, the rate of female drop out from school has reduced.				
14.	Death rate among young girls due to abortion have been drastically reduced since the introduction of sex education in Kaduna State secondary schools.				
15.	Secondary school students especially the females are now very conscious of themselves especially in sexual matters thus preventing a lot of immoralities.				

SECTION D:

Impact of sex education on students' opinion and peer group influence in secondary schools in Kaduna State

16.	With the introduction of sex education in secondary schools in Kaduna the peer have less influence on students' attitude towards Sex.				
17.	Peer group influence is still very great on students' attitude towards sex education.				
18.	Despite the introduction of sex education in secondary schools in Kaduna State, most peers are still having an overbearing negative influence on students' sexual behaviour.				
19.	Our cultural values and parental influences have an overpowering impact on secondary school students.				
20.	The introduction of sex education has not change the attitude of males and females in their peer group.				

SECTION E:

Impact of integrated teaching of sex education and the prevention of sexually transmitted diseases on secondary school students in Kaduna State

21.	Students' awareness of sex education has drastically reduced the prevalence of sexually transmitted diseases among secondary school students in Kaduna State.				
22.	Integrated teaching of sex education has reduced the level of immorality among secondary school students in Kaduna State.				
23.	The level of awareness among students on sex matters and HIV/AIDS prevention has been on the decline.				
24.	The introduction of Sex education in secondary schools in Kaduna has reduced the level of immorality among secondary students.				
25.	The students have changed their behaviour in terms of morality and sexuality among secondary school students as a result of integrated teaching of sex education..				

APPENDIX III

Frequency Table

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	516	32.3	32.3	32.3
	Female	1084	67.8	67.8	100.0
	Total	1600	100.0	100.0	

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	10-15 yrs	1009	63.1	63.1	63.1
	15-20 yrs	515	32.2	32.2	95.3
	20-25 yrs	56	3.5	3.5	98.8
	26 and above	20	1.3	1.3	100.0
	Total	1600	100.0	100.0	

School

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Unisex	491	30.7	30.7	30.7
	boys only	586	36.6	36.6	67.3
	girls only	523	32.7	32.7	100.0
	Total	1600	100.0	100.0	

Class in school

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	JSS 1-3	1116	69.8	69.8	69.8
	SSS 1-3	484	30.3	30.3	100.0
	Total	1600	100.0	100.0	

Frequencies

Statistics

	Students in our school are aware of a subject called sex education	The school authorities have been trying to enlighten students on the importance of sex education	Schools in Kaduna state are aware of sex education as a topic under certain subjects	Students in your school have been introduced to sex education	Sex education curriculum is newly integrated into some subjects in sec schs in kad st, thus student not aware of such a subject	Sex education is fast gaining a lot of popularity amongst sec schs students in kad state	Since the introduction of sex educ in sec schs in kad state, students prefer it to Biology	Teachers of sec schs in kaduna state have introduced the students to sex educ, thus creating enough awareness	Intensive campaigns have been launched by the state Min of Educ to create awareness of sex educ amongst	Students of sec schs are aware of sex education through their peers and further enlightened thru introduction of it in integrated teaching	
N	1600	1600	1600	1600	1600	1600	1600	1600		1600	1600
	0	0	0	0	0	0	0	0		0	0
Mean	2.81	3.10	2.84	2.64	2.85	2.97	2.91	2.88		2.82	3.17
Std. Error of Mean	.028	.024	.024	.025	.024	.023	.026	.022		.024	.023
Std. Deviation	1.137	.958	.966	.997	.941	.939	1.034	.883		.961	.924

Frequency Table

Students in our school are aware of a subject called sex education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	313	19.6	19.6	19.6
	Disagree	277	17.3	17.3	36.9
	Agree	412	25.8	25.8	62.6
	Strongly Agree	598	37.4	37.4	100.0
	Total	1600	100.0	100.0	

The school authorities have been trying to enlighten students on the importance of sex education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	125	7.8	7.8	7.8
	Disagree	290	18.1	18.1	25.9
	Agree	492	30.8	30.8	56.7
	Strongly Agree	693	43.3	43.3	100.0
	Total	1600	100.0	100.0	

Schools in Kaduna state are aware of sex education as a topic under certain subjects

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	193	12.1	12.1	12.1
Disagree	318	19.9	19.9	31.9
Agree	645	40.3	40.3	72.3
Strongly Agree	444	27.8	27.8	100.0
Total	1600	100.0	100.0	

Students in your school have been introduced to sex education

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	276	17.3	17.3	17.3
Disagree	359	22.4	22.4	39.7
Agree	631	39.4	39.4	79.1
Strongly Agree	334	20.9	20.9	100.0
Total	1600	100.0	100.0	

Sex education curriculum is newly integrated into some subjects in sec schs in kad st, thus student not aware of such a subject

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	176	11.0	11.0	11.0
Disagree	316	19.8	19.8	30.8
Agree	678	42.4	42.4	73.1
Strongly Agree	430	26.9	26.9	100.0
Total	1600	100.0	100.0	

Sex education is fast gaining a lot of popularity amongst sec schs students in kad state

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	156	9.8	9.8	9.8
Disagree	261	16.3	16.3	26.1
Agree	658	41.1	41.1	67.2
Strongly Agree	525	32.8	32.8	100.0
Total	1600	100.0	100.0	

Since the introduction of sex educ in sec schs in kad state, students prefer it to Biology

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	222	13.9	13.9	13.9
Disagree	269	16.8	16.8	30.7
Agree	542	33.9	33.9	64.6
Strongly Agree	567	35.4	35.4	100.0
Total	1600	100.0	100.0	

Teachers of sec schs in kaduna state have introduced the students to sex educ, thus creating enough awareness

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	126	7.9	7.9	7.9
Disagree	348	21.8	21.8	29.6
Agree	711	44.4	44.4	74.1
Strongly Agree	415	25.9	25.9	100.0
Total	1600	100.0	100.0	

Intensive campaigns have been launched by the state Min of Educ to create awareness of sex educ amongst

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	176	11.0	11.0	11.0
Disagree	385	24.1	24.1	35.1
Agree	597	37.3	37.3	72.4
Strongly Agree	442	27.6	27.6	100.0
Total	1600	100.0	100.0	

Students of sec schs are aware of sex education through their peers and further enlightened thru introduction of it in integrated teaching

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	128	8.0	8.0	8.0
Disagree	188	11.8	11.8	19.8
Agree	574	35.9	35.9	55.6
Strongly Agree	710	44.4	44.4	100.0
Total	1600	100.0	100.0	

2

Frequencies

Statistics

		Female students rate of unwanted pregnancy has drastically declined becoss of introduction of sex educ in kaduna state	Rate of abortions among sec sch girls has been on the decline in kaduna state	with the introduction of sex educ in kaduna state, the rate of female drop out from school has reduced	Death rate among young girls due to abortion have been drastically reduced since the introduction of sex educ in kad state sec schools	secondary sch student especially females are now very conscious of themselves in sexual maters thus preventing a lot of imoralities
N	Valid	1600	1600	1600	1600	1600
	Missing	0	0	0	0	0
Mean		2.92	2.92	3.03	3.04	3.13
Std. Error of Mean		.024	.024	.022	.022	.022
Std. Deviation		.954	.941	.891	.867	.876

Frequency Table

Female students rate of unwanted pregnancy has drastically declined becoss of introduction of sex educ in kaduna state

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	147	9.2	9.2	9.2
	Disagree	360	22.5	22.5	31.7
	Agree	575	35.9	35.9	67.6
	Strongly Agree	518	32.4	32.4	100.0
	Total	1600	100.0	100.0	

Rate of abortions among sec sch girls has been on the decline in kaduna state

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	157	9.8	9.8	9.8
	Disagree	309	19.3	19.3	29.1
	Agree	643	40.2	40.2	69.3
	Strongly Agree	491	30.7	30.7	100.0
	Total	1600	100.0	100.0	

with the introduction of sex educ in kaduna state, the rate of female drop out from school has reduced

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	128	8.0	8.0	8.0
Disagree	228	14.3	14.3	22.3
Agree	714	44.6	44.6	66.9
Strongly Agree	530	33.1	33.1	100.0
Total	1600	100.0	100.0	

Death rate among young girls due to abortion have been drastically reduced since the introduction of sex educ in kad state sec schools

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	111	6.9	6.9	6.9
Disagree	237	14.8	14.8	21.8
Agree	727	45.4	45.4	67.2
Strongly Agree	525	32.8	32.8	100.0
Total	1600	100.0	100.0	

secondary sch student especially females are now very conscious of themselves in sexual matters thus preventing a lot of imoralities

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	105	6.6	6.6	6.6
Disagree	206	12.9	12.9	19.4
Agree	659	41.2	41.2	60.6
Strongly Agree	630	39.4	39.4	100.0
Total	1600	100.0	100.0	

Frequencies

3

Statistics

		with the introduction of sex education in secondary schools in kad state the peer have less influences on students attitude towards sex	Peer group influence is still very great on students attitude towards sex education	Despite the introduction of sex educ in sec schs in kad state, most peers are still having an overbearing negative influence on students sex behaviour	Our cultural values and parental influences have an overpowering impact on secondary students	The introduction of sex educ has not change the attitude of males and females in their peer group
N	Valid	1600	1600	1600	1600	1600
	Missing	0	0	0	0	0
Mean		2.93	2.89	2.74	3.02	2.80
Std. Error of Mean		.023	.022	.025	.025	.026
Std. Deviation		.901	.874	.992	1.007	1.038

frequency Table

with the introduction of sex education in secondary schools in kad state the peer have less influences on students attitude towards sex

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	152	9.5	9.5	9.5
	Disagree	254	15.9	15.9	25.4
	Agree	750	46.9	46.9	72.3
	Strongly Agree	444	27.8	27.8	100.0
	Total	1600	100.0	100.0	

Peer group influence is still very great on students attitude towards sex education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	135	8.4	8.4	8.4
	Disagree	308	19.3	19.3	27.7
	Agree	762	47.6	47.6	75.3
	Strongly Agree	395	24.7	24.7	100.0
	Total	1600	100.0	100.0	

Despite the introduction of sex educ in sec schs in kad state, most peers are still having an overbearing negative influence on students sex behaviour

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	246	15.4	15.4	15.4
Disagree	311	19.4	19.4	34.8
Agree	657	41.1	41.1	75.9
Strongly Agree	386	24.1	24.1	100.0
Total	1600	100.0	100.0	

Our cultural values and parental influences have an overpowering impact on secondary students

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	183	11.4	11.4	11.4
Disagree	249	15.6	15.6	27.0
Agree	527	32.9	32.9	59.9
Strongly Agree	641	40.1	40.1	100.0
Total	1600	100.0	100.0	

The introduction of sex educ has not change the attitude of males and females in their peer group

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	270	16.9	16.9	16.9
Disagree	247	15.4	15.4	32.3
Agree	620	38.8	38.8	71.1
Strongly Agree	463	28.9	28.9	100.0
Total	1600	100.0	100.0	

Frequencies

4

Statistics

		Students awareness of sex educ has drastically reduced the prevalence of sexually transmitted diseases among sec ch students in kad state	Integrated teaching of sex educ has reduced the level of imorality among sec sch students in kad state	The level of awareness among students on sex matters and HIV/AIDS prevention has been on the decline	The introduction of sex educ in sec schools in kad state has reduced the level of imorality among secondary sch students	The students have changed their behaviour in terms of morality and sexuality among sec sch students as a result of integrated teaching of sex education
N	Valid	1600	1600	1600	1600	1600
	Missing	0	0	0	0	0
Mean		3.16	2.95	3.14	2.92	2.83
Std. Error of Mean		.021	.023	.023	.023	.024
Std. Deviation		.856	.913	.924	.905	.980

Frequency Table

Students awareness of sex educ has drastically reduced the prevalence of sexually transmitted diseases among sec ch students in kad state

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	92	5.8	5.8	5.8
	Disagree	203	12.7	12.7	18.4
	Agree	663	41.4	41.4	59.9
	Strongly Agree	642	40.1	40.1	100.0
	Total	1600	100.0	100.0	

Integrated teaching of sex educ has reduced the level of imorality among sec sch students in kad state

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	135	8.4	8.4	8.4
	Disagree	305	19.1	19.1	27.5
	Agree	668	41.8	41.8	69.3
	Strongly Agree	492	30.8	30.8	100.0
	Total	1600	100.0	100.0	

The level of awareness among students on sex matters and HIV/AIDS prevention has been on the decline

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	118	7.4	7.4	7.4
Disagree	234	14.6	14.6	22.0
Agree	558	34.9	34.9	56.9
Strongly Agree	690	43.1	43.1	100.0
Total	1600	100.0	100.0	

The introduction of sex educ in sec schools in kad state has reduced the level of imorality among secondary sch students

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	149	9.3	9.3	9.3
Disagree	281	17.6	17.6	26.9
Agree	725	45.3	45.3	72.2
Strongly Agree	445	27.8	27.8	100.0
Total	1600	100.0	100.0	

The students have changed their behaviour in terms of morality and sexuality among sec sch students as a result of integrated teaching of sex education

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly disagree	209	13.1	13.1	13.1
Disagree	299	18.7	18.7	31.8
Agree	646	40.4	40.4	72.1
Strongly Agree	446	27.9	27.9	100.0
Total	1600	100.0	100.0	

HYPOTHESIS 1

Correlations

Descriptive Statistics

	Mean	Std. Deviation	N
INTEGRATED_TEACHING_OF_SEX_EDUC_ON_SEC_SCH_STUDENTS_IN_KAD_STATE	70.4894	9.56541	1600
Awareness_of_sex_educ_among_sec_sch_student	26.0938	4.59314	1600

Correlations

	INTEGRATED_TEACHING_OF_SEX_EDUC_ON_SEC_SCH_STUDENTS_IN_KAD_STATE	Awareness_of_sex_educ_among_sec_sch_student
INTEGRATED_TEACHING_OF_SEX_EDUC_ON_SEC_SCH_STUDENTS_IN_KAD_STATE	Pearson Correlation Sig. (2-tailed) N	1 .766** 1600
Awareness_of_sex_educ_among_sec_sch_student	Pearson Correlation Sig. (2-tailed) N	.766** 1 1600

** . Correlation is significant at the 0.01 level (2-tailed).

HYPOTHESIS 2

Correlations

Descriptive Statistics

	Mean	Std. Deviation	N
INTEGRATED_TEACHING_OF_SEX_EDUC_ON_SEC_SCH_STUDENTS_IN_KAD_STAT E	70.4894	9.56541	1600
Extent_sex_educ_helped_in_preventing_stud_unwanted_pregnancy	15.0363	2.85483	1600

Correlations

	INTEGRATED_TEACHING_OF_SEX_EDUC_ON_SEC_SCH_STUDENTS_IN_KAD_STAT E	Extent_sex_educ_helped_in_preventing_stud_unwanted_pregnancy
INTEGRATED_TEACHING_OF_SEX_EDUC_ON_SEC_SCH_STUDENTS_IN_KAD_STAT E	Pearson Correlation Sig. (2-tailed) N	1 .740** 1600
Extent_sex_educ_helped_in_preventing_stud_unwanted_pregnancy	Pearson Correlation Sig. (2-tailed) N	.740** .000 1600

** . Correlation is significant at the 0.01 level (2-tailed).

HYPOTHESIS 3

Correlations

Descriptive Statistics

	Mean	Std. Deviation	N
INTEGRATED_TEACHING_OF_SEX_EDUC_ON_SEC_SCH_STUDENTS_IN_KAD_STATE	70.4894	9.56541	1600
impact_of_peer_grup_influence_of_sex_educ	14.3675	2.66728	1600

Correlations

	INTEGRATED_TEACHING_OF_SEX_EDUC_ON_SEC_SCH_STUDENTS_IN_KAD_STATE	impact_of_peer_grup_influence_of_sex_educ
INTEGRATED_TEACHING_OF_SEX_EDUC_ON_SEC_SCH_STUDENTS_IN_KAD_STATE	Pearson Correlation Sig. (2-tailed) N	1 .671** .000 1600
impact_of_peer_grup_influence_of_sex_educ	Pearson Correlation Sig. (2-tailed) N	.671** 1 .000 1600

** . Correlation is significant at the 0.01 level (2-tailed).

HYPOTHESIS 4
Correlations

Descriptive Statistics

	Mean	Std. Deviation	N
INTEGRATED_TEACHING_OF_SEX_EDUC_ON_SEC_SCH_STUDENTS_IN_KAD_STATE	70.4894	9.56541	1600
impact_of_sex_educ_preventing_STD_on_sec_sch_students	14.9919	3.04940	1600

Correlations

	INTEGRATED_TEACHING_OF_SEX_EDUC_ON_SEC_SCH_STUDENTS_IN_KAD_STATE	impact_of_sex_educ_preventing_STD_on_sec_sch_students
INTEGRATED_TEACHING_OF_SEX_EDUC_ON_SEC_SCH_STUDENTS_IN_KAD_STATE	Pearson Correlation Sig. (2-tailed) N	1 .703** .000 1600
impact_of_sex_educ_preventing_STD_on_sec_sch_students	Pearson Correlation Sig. (2-tailed) N	.703** 1 .000 1600

** . Correlation is significant at the 0.01 level (2-tailed).