

HEALTH EDUCATION: TEACHERS PERCEPTION TO THE TEACHING OF SEXUALITY EDUCATION IN SECONDARY SCHOOLS IN ENUGU

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Abstract

This survey research study was carried out using only the Health and Physical Education Teachers, Health Science Teachers and Biology Teachers in the twenty-eight (28) government owned Secondary Schools in Enugu Urban. A 21-item questionnaire was the only instrument used for data collection. One hundred and ninety six questionnaires were used for data analysis out of two hundred and fifteen (215) distributed out. The results showed that there is no form of form of sexuality education run in the curricular of these schools. Though, sometimes some topics in sexuality education rear up their heads in some subjects like biology, health science, health and physical education. Because these teachers are not given any training in sexuality education, they feel embarrassed to handle some of these topics when they encounter them. Government coming out to give full support to the recognition of adolescent sexuality and sexual health needs was recommended among others.

Introduction

We, Nigerians share this planet with about six billion persons in about 160 countries. With our estimated population of about 120 million, we are among the top twelve most populous countries of the world. Information technology and the internet have made the world a global village (Guobadia, 2001) from which Nigerian youths learn. It is amazing how we stress educating children and youth in everything in life but feel hesitant (at least some of us do) about giving them sexuality education. Adewole (1997). Vision 2010 Committee (1997) and Action Health Incorporated (AHI, 1997) claimed that the youths constitute almost 60% of Nigerian population. Benjamin Disreal in 1845 said, "the youths of a nation are trustees of prosperity" (Dayan, 1976).

Throughout history, education has been accepted as a necessary tool for the improvement of the human race for an all round development. World Health Organization. (WHO) in 1947 stated that "health is a state of complete physical, mental, social (and of course sexual) well being... of an individual". Kapoor (1993) observed that sexuality is a natural in-born phenomenon like eating food and we do educate the young one in what is good for health and vitality, giving scientific and truthful information. Dept, of Education and Science, London (1966) posited that this presents a challenge to our schools in which they must accept in totality. The state of well-being must be a school's aim for all its students. This demands a policy for health education and not just the course lesson on health science or hygiene.

Health education has never been quite easy to define because it is open to various interpretations depending on what angle one is looking at it and the health concept or understanding of whoever is putting forth the definition. (Institute of Education, University of Ibadan, 1981). For the purpose of this write-up we will look at two definitions. Jones and Moyra (1997) stated that health education is the process of enabling people (young people in this case) increase control over and thereby improve their health (sexual health) based on the knowledge they have acquired in the school. On the other side of the same coin Owe (2000) maintained that health education is a process of persuading people to accept behaviours that are beneficial to their health and reject those that are detrimental using various pedagogical teaching approaches. It then means that health education is the process of providing teaching - learning experiences and activities for the purpose of favourably influencing knowledge, attitudes, practices and behaviours (be they sexual) with regard to individual, family and community health. Health education has a positive influence on the individual in such a way that an individual can take care of his/her own health (sexual health) as well as play a part in promoting community health by practising safer sex.

Institute of Education, University of Ibadan (1981), WHO (1994), AHI (1997) and Morrissey (1998) argue that sexuality education falls under the scope and sequence of (health education) personal health. prevention and control of diseases (be they STDs, HIV/AIDS). The crucial question is why has sexuality

education not taken its proper place in our school health education curricula. And why has health education not been made a compulsory subject in secondary schools in Nigeria in spite of its necessity to the total human development especially in this 21st century with its new health problems.

Udoh (1993) lamented that the way Nigeria is tackling some vital social health issues (like adolescent sexual health problems) which the school stands in vantage position to contribute immensely to their solutions is poor. He advised that comprehensive health education should be made compulsory in schools from nursery through tertiary level of education. The school is an excellent forum for sexuality education programme because it is the only institution that has a large concentration of young people.

AHI (1996) and Nnabueze (1998) pointed out that other countries of the world like U.S.A., Britain, Germany, Sweden and even Ghana have introduced sexuality education into their school curricular. It then becomes imperative that Nigeria as part of the global village should follow suit for the benefit of their youths and future generation of Nigerians. I think that the guidelines for comprehensive sexuality education in Nigeria: School age to young adulthood by the National Guidelines Task Force in 1996 will serve as a wonderful basis for introducing sexuality education into the school curricula.

Nwana (2000) felt that the content of health education programmes should consist of information and experiences on beneficial measures and information on... promiscuity and its health consequences. On the other hand AHI (1996), Sex Education forum (2000) and others advocated that comprehensive sexuality education curricular should contain such concepts/topics as:

- Sexual negotiation skills;
- Decision making and life planning skills;
- Birth control measures;
- Safer sex practices;
- Self esteem and assertiveness skills;
- Developing health and equal relationship;
- Interpersonal skill communication;
- Moral values related to sexuality and relationship;
- Human growth and development;
- Sexual health;
- Sexual behaviour;
- Society and culture;

Healthlink (1998) observed that traditionally, sex education courses have emphasized reproductive physiology. But teaching practical skills involved in sexuality education needs appropriate teaching approaches and materials on how to negotiate safe sex as research suggests that knowledge alone is not enough to change sexual behaviour. More effective programmes utilise participatory rather than authoritarian styles of teaching, encouraging discussion rather than moralizing. Willgoose (1974), Okafor (1991), Opara (1993), WHO (1994) all stressed the importance of using approaches in teaching health education concepts that will involve children in the learning process and generate responses in terms of feelings and actions. They advocated for approaches such as;

- Class discussion;
- Focus group discussion;
- Field Trips;
- Role playing and group demonstrations;
- Contract or problem solving;
- Library or Independent Study;
- Lecture method;
- Brainstorming;
- Debates;
- Questionnaire & Quizzes'
- Story telling;
- Resource perscn/Guest speakers;

Student leaders (peer teachers);
Music, dance, poetry and fables.

The fact that learning is a reflective activity which enables the learner to draw upon previous experiences to understand and evaluate the present, so as to shape future actions and behaviour, leads some authorities like Okafor (1991), Ogbalu (1997), Sex Education Forum (2000), Willgoose (1974) and Healthlink (1998) to advocate the use of appropriate teaching materials like;

Wall charts;
Flashcards;
Flipcharts;
Flannel graphs;
Pictures;
Posters;
Games;
Models;
Videos/films;
Comic strips;
Cartoons; and Compact
Disc (CD) tapes

in the teaching of sensitive concepts in health education.

Sexuality education can make a positive contribution to children and young people's personal and social development. It can also help prevent the high incidence of unintended and clandestine abortions. Mckey and Barret (1999) warned that for health education teachers to be able to implement sexuality education curricula, they should prepare themselves through a combination of pre-or in - service workshops, conference seminars, and self education. As Nwana (2000) always maintained that health education in this new century requires not just a large set of facts but specific skills for the capacity to solve new health problems by employing new approaches.

This survey study therefore, sought to determine if the Secondary Schools in Enugu urban run any form of curricular in sexuality education; what teachers think the students should know under sexuality education; teaching resources teachers think are best suited for sexuality education; and what can be done to incorporate sexuality education into the health education curricula.

Methods

Sample and Survey Methodology

All the twenty eight (28) government owned secondary schools in Enugu Urban were contacted and permission was sought from the principals to distribute questionnaire to only the health and physical education teachers, health science teachers and biology teachers. This was done with the assumption that these are the teachers who encounter some topic related to sexuality education while teaching their subjects. Two hundred and fifteen (215) questionnaire were distributed but one hundred and ninety six (196) were properly filled, returned and used for data analysis.

A two-page 21-item developed by the author was used. Pre-test was done using some teachers from two private secondary schools in Enugu.

Data was analysed using simple percentage.

Table 1: Whether their school runs any form of curricula in Sexuality Education, (n = 196).

| | | Number | % |
|---|--------------------|--------|------|
| Is sexuality education taught in your school? Yes | Yes | 31 | 15.8 |
| | No | 165 | 84.2 |
| Does it cover topics such as sexually transmitted diseases, HIV/A1DS, safer Sex, contraceptions, gender issues, interpersonal communication skills etc. | Yes | 5 | 2.6 |
| | No | 191 | 97.4 |
| Under which subject does some of these sexuality education topics appear in your classes | Health Education | 53 | 27.0 |
| | physical Education | 11 | 5.6 |
| | Health Science | 28 | 14.3 |
| | Biology | 53 | 27.0 |
| | None of the above | 51 | 26.0 |
| At what class does these subjects come up | JSI-JS3 | 44 | 22.4 |
| | SSI-SS3 | 152 | 77.6 |
| Does the school provide additional training for teachers handling any of these sexuality education topics that appear in the subjects they teach? | Yes | 0 | 0 |
| | No | 196 | 100 |

Table 1 shows that 84.2% of the respondents stated that no form of sexuality education is taught in their school. Although 27% stated that some topics that should be covered in sexuality do sometimes appear under subjects like biology. 14.3% of the respondents stated Health Science. Around 77.6% of the respondents stated that some of these subjects come up between SSI to SS3. All the respondents stated that the school does not provide any form of training for teachers who such topics come up in their regular teaching subjects.

Table 2: Teachers' opinion on what students should be taught under Sexuality education (n = 196).

| | | Number | % |
|--|-----|--------|------|
| How contraception works and where to get sexual health services when needed | Yes | 59 | 30.1 |
| | No | 137 | 69.9 |
| Sexually transmitted diseases including HIV/A1DS, Safer Sex, gender issues, interpersonal communication skills | Yes | 164 | 83.7 |
| | No | 32 | 16.3 |
| How risk taking affects sexual health and well being | Yes | 172 | 87.8 |
| | No | 24 | 12.2 |

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|---|-----|-----|------|
| flow alcohol and drug-taking can affect risk-taking | Yes | 184 | 93.9 |
| | No | 12 | 6.1 |
| Self esteem and assertive skill training | Yes | 124 | 63.3 |
| | No | 72 | 36.7 |
| Human growth and Development | Yes | 196 | 100 |
| | No | - | - |
| Moral Values related o sexuality and relationships | Yes | 190 | 96.9 |
| | No | 6 | 3.1 |
| Making responsible decision about sexual behaviour | Yes | 149 | 76.0 |
| | No | 47 | 24.0 |
| Developing healthy and equal relationship | Yes | 111 | 56.6 |
| | No | 85 | 43.0 |

Table 2 revealed that 69.9% of the teachers feel that contraceptive - how it works and wee to get its services should not be taught to students under sexuality education. Around 83.7% strongly feels that students should be taught about STDs, HIV/AIDS Safer Sex practices. The respondents, 87.8% feels students should be taught how risk taking affects sexual health and well-being.

All the respondents feel human growth and development should be taught to students. Although 43% of the respondents feel that they should not be taught how to develop healthy and equal relationship.

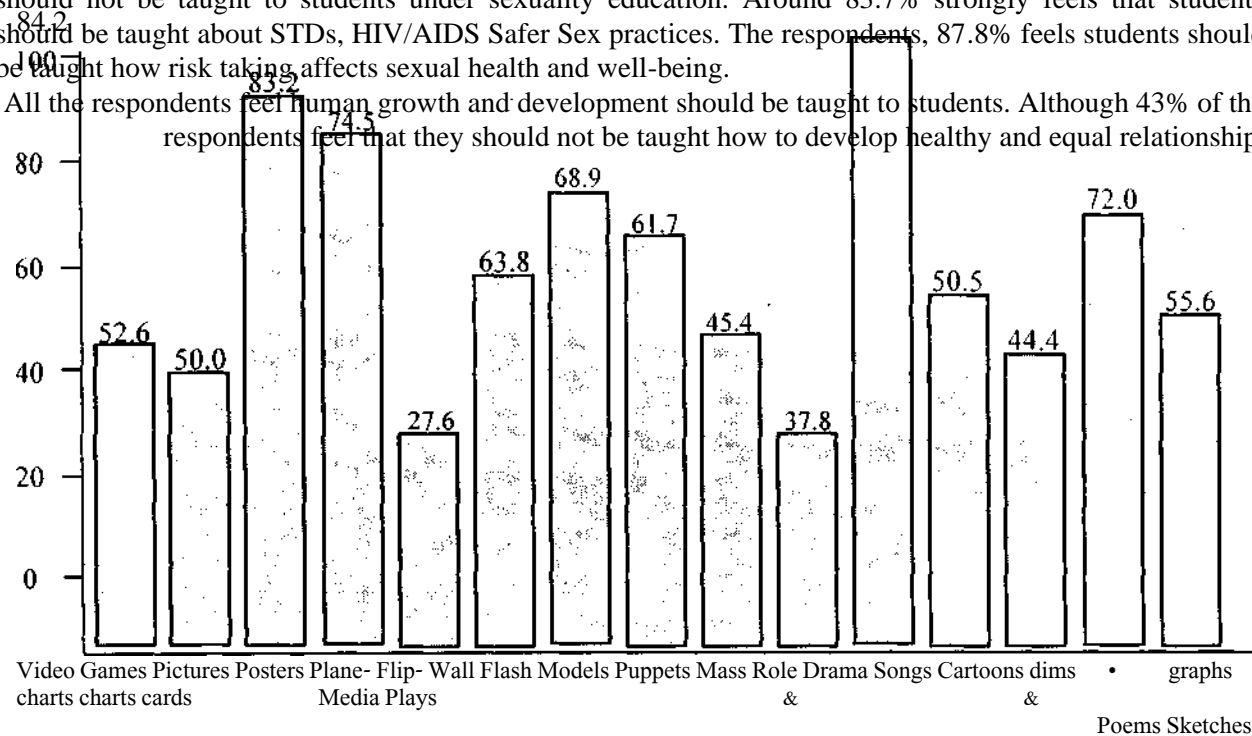


Figure 1 showed that 84.2% of the respondents felt that the mass media will be a good teaching resource for sexuality education. Another 74.5% of them think that posters will be a good teaching resource. Another 83.2% recommended pictures. Around 68.8% favoured wall charts. The respondents, 27.6% only taught that flannelgraphs will be good. And 37.8% stated that puppets will also be a good teaching resource for sexuality education.

Figure: Teaching resources best suited for teaching sexuality education (n = 196).

Figure 2: Teaching approaches best suited for teaching sexuality education (n = 196)

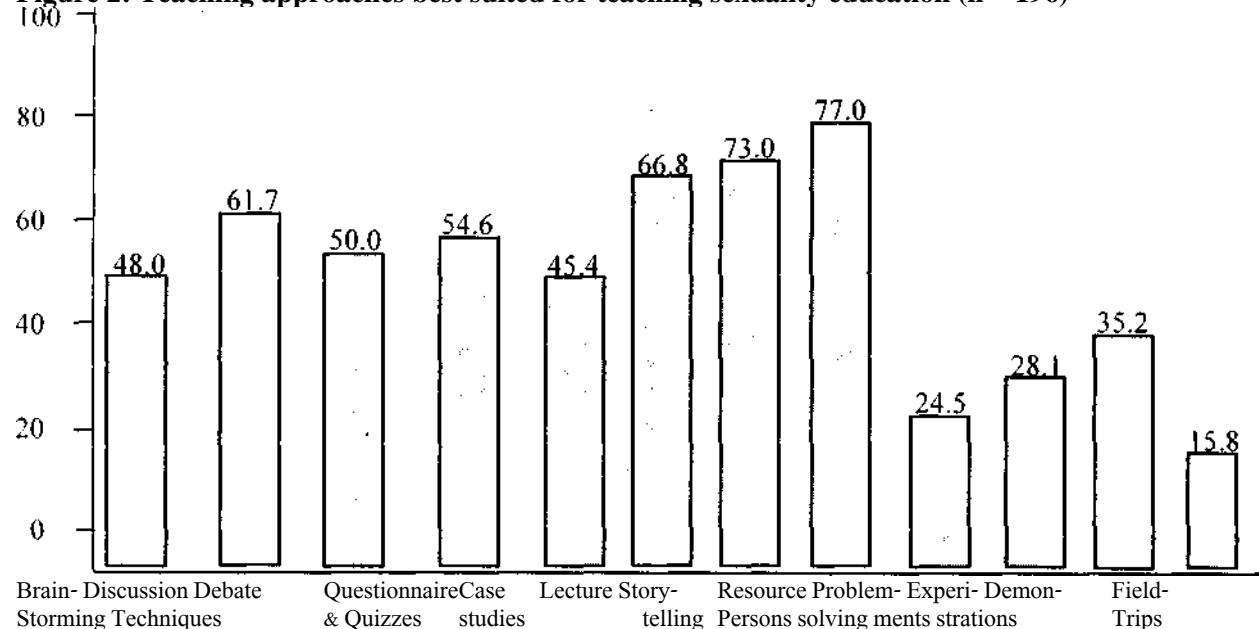


Figure 2 revealed that 77% of the respondents felt that resource persons will be the best teaching approach for sexuality education. Another 73% thinks that story telling will also be good teaching approach. Around 66.8% of the respondents recommended the lecture approach. Why 15.8% of the respondents stated that field trips as a teaching approach should be used. Another 24.5 felt that problem solving teaching approach should be used.

Table 3: Teachers opinion on what can be done to get sexuality education incorporated into the health education curricula in Secondary Schools.

| | | Number | % |
|---|-----|--------|------|
| Government should support and increase fund for sexuality education programmes | Yes | 126 | 64.2 |
| | No | 70 | 35.7 |
| Change law and policies clamping down on adolescents access to sexual health information and services | Yes | 101 | 51.5 |
| | No | 95 | 48.5 |
| Encourage Non Governmental Organizations (NGOs) working on adolescents sexual health to collaborate with the schools in their areas | Yes | 148 | 75.5 |
| | No | 48 | 24.5 |
| Rising public awareness as to the need to recognising adolescent sexuality | Yes | 171 | 87.2 |
| | No | 25 | 12.8 |

Table 3 portrayed the teachers' opinion on what can be done to get sexuality education incorporated into the health education curricula in Secondary schools. Around 64.2% of the respondents advocated for government support and funds increased to support the programme. Another 51.5% felt that changing laws and policies clamping down on adolescents access to sexual health information and services. The respondents 75.5% felt that NGOs working on adolescent reproductive health should

collaborate with schools in their vicinity for this work. Another, 87.2% posited that rising public awareness as to the need to recognizing and acknowledging adolescent sexuality.

Discussion

Going by the findings of this study that sexuality education does not appear in Secondary School Curricular is no news, being in line with what WHO (1994) Alll (1996) and Nnabueze (1998) lamented about. That it does not even appear in the health education curricula as Udoh (1993) observed. (See table

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On what the content of sexuality education should be, some of the topics suggested by the respondents are in line with what was proposed by Nwana (2000), AHI (1997) and sexual Education Forum (2000). (See table2).

Most of the teaching approaches and materials to be used for this sensitive concept in health education as proposed by the respondents are also in line with what has been proposed by some authorities like Willgoose (1974), Okafor (1991), Sexual Education Forum (2000), WHO (1994), Opara (1993) and a host of others. (See Figures 1 & 2).

As to what has be to done to get sexuality education engrained into the health education curricula and at the same time making sure that health education is made a compulsory subject, what the result showed was in line with what Udoh (1993) posited.

Conclusion

My vision for health education (with sexuality education included) is one of strong political commitment to adolescent sexuality education which will take account of health inequalities and determinants of health (like) age, gender, economic disadvantages. Health education must involve young people in assessing their sexual health needs and setting priorities for health education.

There is need for a clear national strategy and political commitment on the part of government to address the sexual health needs to this large chunk of the Nigerian population (the youths). By developing appropriate and favourable policies to improve and promote adolescent sexual health. The academic basis for sexuality health education needs further development to provide a link between research, policy and educational activities. A compulsory and comprehensive sexuality health education has an important role to play in the optimal well being of young people. Health is academic. Health is not all a medical matter - Health is about prevention, promotion and maintenance of good health habits and all these could be achieved through practical health education.

Recommendations

There is an urgent need to reach out to adolescents and channel their energies, their appetite for sexual information and their curiosity into creative and productive uses. Government, teachers, parents and other social institutions can assist the adolescent in a variety of ways, such as making sure that health education which includes information on sexuality and reproductive health is made a compulsory subject from nursery to tertiary levels of the Nigerian educational system. It will enable the youths take responsible decisions about their sexual health. This can also be made possible by accompanying the sexuality health education curricula with adequate and appropriate teaching materials and well re-trained teachers to handle this all-important subject.

References

Action Health Incorporated (AFII), 1996. Guidelines for Sexuality Education Released. Growing Up 4 (4) 1 -4.

Action Health Incorporated (AHI, 1997), Reproductive Health And Rights. Growing Up 5 (3) I - 5. Adewale 1. (1997), The Neglected Youths: A Critique of Vision 2010 Lagos: Central Educational Service.

Dayan M. (1976), Story of My Life. London: Sphere Books.

Department of Education and Science (1966), Health in Education. London: Her Majesty's

Stationary Office.

Guobadia, A. I. (2001), Contemporary Issues in Nigerian National Development. *The Guardian* 13 6.

Healthlink (1998), Making Clear Messages. *AIDS ACTION* 40 I - 16.

Institute of Education, University of Ibadan (1981). Physical And Health Ibadan: Heinemann Education Books.

Jones, L. and Moyra, S. (1997), The Challenge of Promoting Health: Exploration and Action. London: Macmillan Press.

Kapoor, I. (1993), Sexual And Reproductive Health is Our Business. London: Planned Parenthood Challenges.

Mckey, A. and Barret, M. (1999), Pre-Service Sexual Health Education Training of Elementary, Secondary, and Physical Health Education Teachers in Canadian Faculties of Education. *The Canadian Journal on Human Sexuality* 8 (2) 19 - 101.

Morrissey, M. (1998), Sexuality and Healthcare: A Human Dilemma. Wilshire: Mark and Allen.

Nnabueze, U. C. E. (1998), Adolescent Sexuality and Sexual Rights: A Nigerian Overview. *Nigerian Journal of Health Education* 1 (1)67 - 79.

Nwana, O.C. (2000), Health Education and Promotion in Nigeria By the year 2010. Being a paper presented at the 9th Annual National Conference of National Association of Health Education Teachers. At Federal College of Education Obudu, Cross River. 7th- 10th June 2000.

Ogbalu, A. I. (1997), Public Health Education Onitsha: University Publishing.

Okafor, J. O. (1991), A Functional Approach to School Health Education. Awka; Meks Unique Publishers.

Opara, J. S. (1993), Methodology For Primary School Health Education: some practical Consideration. *Nigerian School Health Journal* 8 (1) 89-95.

Owie, I. (2000), Health Education in Nigeria: A Ten year prospective being a paper presented at the 9th Annual Conference of Nigerian Association of Health Education Teachers. At Federal College. Of Education, Obudu, Cross River State. 7th - 10th June, 2000.

Sex Education Forum (2000), Taking the Initiative: Positive Guidance on Sex and Relationship Education for Secondary School London: Sex Education Matters.

Udoh, C.O. (1993), Nigerian School Health Association. Its Objectives, its Successes; its handicaps. *Nigerian School Health Journal*. 8 (1)1-6.

Vision 2010 Committee (1997), Main Report. Abuja: Wordsmithes Printing and Packaging. World Health Organization (WHO, 1994), School Health Education To Prevent AIDS And STDs. Resource Package For Curriculum Planners. Teacher's Guide Geneva: WHO/UNESCO.

Willgoose C. E. (1974). Health Education in the Elementary School. Philadelphia: W. B. Saunders.