

**ATTITUDES OF TEACHERS TOWARDS SEXUALITY AND HIV AND AIDS
EDUCATION**

by

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DEDICATION

This work is dedicated to my mother, Olivia Nqoloba, my son Yolo and my daughter Lia who supported me during the course of my studies

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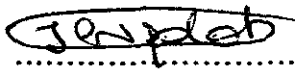
The District Director: Mthatha District, for granting me permission to conduct research in circuit four schools of Mthatha District

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The principal and staff of Mandleni Junieur Secondary School for the and support encouragement they gave me throughout my study period.

DECLARATION

I, **Tembela I. Nqoloba**, hereby declare that this dissertation on : “Attitudes of Teachers towards Sexuality and HIV/AIDS Education” is my own unaided work. It is being submitted in partial fulfillment of the requirements for the degree of Master of Education (Educational Psychology) at the University of Zululand. It has not been submitted before, for any degree at any university or tertiary institution. Sources that were consulted are acknowledged in the text just as the list of references.



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Signed on the 11th of November 2008

ABSTRACT

This study investigated the attitudes of teachers towards sexuality and HIV/AIDS education in Mthatha schools. The objectives were threefold. First, the study intended to determine the attitudes of educators towards the inclusion of sexuality education. Second, it investigated whether the attitude of educators has an impact on their teaching of sexuality education. Third, it wanted to determine if there are gender-related differences in the attitudes of educators towards the inclusion of sexuality education in the curriculum. A purposive sampling method was used and 56 (27 female and 29 male) Mthatha teachers were selected. Permission to conduct the research was requested and obtained from the District Director of the Department of Education in Mthatha. A questionnaire was used to collect data. It was delivered to the targeted respondents together with a request and short briefing about the study. The researcher also provided them with information to ensure that ethical guidelines were followed. The questionnaires were collected after a week for some and two weeks for others. With the help of a statistician the analysis was made. The cases showed mixed feelings and inconsistencies on certain issues, but were generally supportive of the idea of teaching sexuality and related aspects in schools. That is, teachers held positive attitudes. However, while females seemed to have assumed that good courses would be delivered when introduced, men provided a critique based on past experience. The males were concerned that past development programmes did not live up to expectations, they were ineffective but expensive, and did not contain the relevant topics. They suggested that any HIV and AIDS and sexuality education programmes developed should be conducted with more purpose and should be effective.

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CHAPTER 1: INTRODUCTION

1.1 Motivation for the study

In the era of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV and AIDS), other sexually transmitted infections (STIs) and a high prevalence of teenage pregnancies, matters of sexuality education have become issues of social concern globally. In South African schools teenage pregnancy is a historical problem that started in the apartheid and Bantustan era, and does not seem to have subsided. On the other hand, South Africa has experienced accelerated rates of increase in HIV and AIDS infections. In schools these rates are seen to have increased dramatically. The behaviours believed to be the most likely causes of HIV and AIDS infection include unprotected sex and failure to use clean needles when using intravenous drugs (Sprinthall & Collins, 1995). Discussions to curb the rate of spread of HIV and AIDS have implied use of education. Consequently, the notion of introducing sexuality education in schools has been debated to a point where the school curriculum is almost certain to include this topic in all education bands. This notion has caused both anxiety and conflict between educators and communities around the schools. Some adults and teachers are still not comfortable talking about sex with children even though the media encourages them to engage in these talks, especially with adolescents. Adolescence is the stage in the development of youth that entails sexual experimentation involving multiple partners. This behaviour increases the risk of contracting AIDS.

Apparently, African communities do not encourage open debate on sex - related issues among parents and their children. Any talk related to sex is regarded as taboo. Some adults fear that sexuality information may encourage sexual activity. Sprinthall and Collins (1995) suggest that it may be that African parents feel that by not discussing the issues and making clear that sexual activity is wrong, by encouraging ignorance, the problem will disappear. Experience, however, shows that ignorance is not a barrier to sexual activity. Therefore, knowledge about HIV and AIDS is imperative and people cannot understand HIV and AIDS education without life skills. Weeks (1989) argues that sexuality evokes much more anxiety, pleasure, pain, hope and discussion than many other blistering national issues.

Research has shown that over 90% of children obtain information on sex from immature friends, pornographic literature, films, television and videos and less than 10% from parents and teachers (Bhonsle, 2004). Studies on sex education in schools show that it actually encourages children to delay their sexual activity and to practice safer sex once they are active (Evans, Rees, Okagbue and Tripp, 1998).

Frustenburg cited in Sprinthall & Collins (1995) reported research findings that contradict the belief that sexuality education is likely to encourage sexual behaviour. In a national survey conducted in 1981, 400 fifteen and sixteen year olds were questioned confidentially about their sexual behaviour and about how much information they had obtained about sex and from what sources. Of this group, only 17% of those who had had sexuality education courses have had sexual intercourse, whereas 26% of those who had not taken sex education courses had intercourse.

The researcher decided to investigate the attitudes of teachers towards the inclusion of sexuality education in the school curriculum because HIV and AIDS and teenage pregnancy continue to increase despite the inclusion of sexuality education in the curriculum.

1.2 Statement of the problem

The problems of HIV and AIDS and teenage pregnancy in South Africa, which are both caused by unsafe sexual practices and also correlate highly with the lack of sexuality education, have plagued the school environment and have long-term negative results that are related to ill-health and illiteracy. The main concern of the study was to investigate the attitudes of educators towards sexuality and HIV and AIDS education.

1.3 Research questions

The research questions were:

- What are the attitudes of teachers towards the inclusion of sexuality education in the curriculum?
- Do the attitudes of educators have an impact on their teaching of sexuality education?
- Are there any gender differences on the teachers' attitudes towards the inclusion of sexuality education in the curriculum?

1.4. Aims of the study

The aims of this study are:

- To investigate the nature of attitudes of educators towards the inclusion of sexuality education in the curriculum.
- To investigate whether the attitudes of educators has an impact on their teaching of sexuality education.
- To determine if there are gender-related differences in the attitudes of educators towards the inclusion of sexuality education in the curriculum.

1.5 Definition of terms

1.5.1 HIV/AIDS

HIV, which stands for Human Immunodeficiency Virus, is a retrovirus which falls under a group of viruses known as lenti-viruses .They also have a long incubation period and a link to the deterioration of the immune system and severe neurological disorders (Evian, 1993).

AIDS is an acronym for Acquired Immuno Deficiency Syndrome. AIDS is defined as a syndrome of opportunistic diseases, infections and certain cancers in a compromised immune system. It is a syndrome because it is a combination of several signs and symptoms (Evian, 1993). AIDS is caused by HIV.

1.5.2 Sexuality education

Forrest (2004) defines sexuality education as the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy. It is also about developing young people's skills on sex issues in order to enable them to make informed choices about their behaviour and feel confident and competent about acting on their choices.

1.5.3 Attitudes

Attitude in this study is used to refer to a predisposition or orientation or mental state of readiness which may be inferred, and which inclines an individual to make verbal statements that may be positive or negative evaluations, either consciously or unconsciously, which denotes the individual's motivational, perceptual and cognitive processes with regards to the attitude object (Tyson, 1987: 335). The object of this study is sexuality education.

1.6 Methodology

1.6.1 Research design

The research design that is used in the present study is a descriptive design. Descriptive design tries to provide a complete and accurate description of a situation. This design was chosen because the

investigator wanted the opinions of educators on sexuality education. It also explores the aspects of phenomena of interest.

1.6.2 Sampling method

The sampling method that was used is a kind of non-probability sampling known as purposive sampling. The basic assumption behind purposive sampling is that with good judgment and an appropriate strategy, we can handpick the cases to be included and thus develop samples that are satisfactory in relation to our needs (Judd et. al., 1991). The researcher selected educators involved in the teaching of sexuality education because they are judged to be typical of the population in which the investigator is interested.

1.6.3 Procedures

The researcher wrote a letter of request to the District Manager of Mthatha District asking for permission to conduct this study. The schools that were included in the sample are the Circuit Four schools of the Mthatha District. There are thirteen schools in Circuit Four. Four Life Orientation teachers from each school were included in the study. The researcher distributed the questionnaires to the chosen educators.

1.6.4 Instrument

The major data collection instrument was a questionnaire. The questionnaire was chosen because it is quick and cost effective. It gives feedback from the point of view of the respondent and the feedback is a trustworthy sample of what one would get from the population. The questionnaire was constructed to

address some specific issues required by the study. The questions were mainly closed-ended, based on a Lickert-scale. The questionnaire was also piloted among five colleagues.

1.6.5 Method of data analysis

Data was analyzed by the use of frequency tables and percentages. The Microsoft Excel program was used to perform all the calculations.

1.7 Value of the study

This study revealed the attitudes of teachers towards sexuality and HIV and AIDS education. The findings of the study may give a clue as to why teenage pregnancy and HIV and AIDS continue to increase despite the inclusion of sexuality education and HIV and AIDS education in the curriculum. People providing sexuality education may have attitudes and beliefs of their own about sex and it is important not to let these attitudes negatively influence the sexuality education that they provide. For example, even if a person believes that young people should not have sex until they are married, this does not imply withholding information about safer sex and contraception. At the same time the wishes that adults have for the youth do not always materialise. Children engage in sexual practices without their parents or teachers knowledge. It is best to enlighten learners before they get into danger.

1.8 Summary

Chapter 1 provides the motivation for this study; the problem statement; research questions; aims and objectives; methodology covering the research design; methods used, procedure followed, research instrument used and data analysis. The next chapter deals with the review of related literature.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

The previous chapter dealt with the orientation of the study. This chapter deals with a review of literature on: sexuality education, value of sexuality education, HIV prevention education and attitudes of teachers towards sexuality education.

2.2 Sexuality education

2.2.1 Some statistical evidence relating to sexual education

The HIV and AIDS epidemic is currently one of the biggest challenges facing South Africa and many other Southern African countries. The HIV sero-prevalence surveys conducted in South Africa reveal a consistent increase in prevalence from less than 1% in 1990 to more than 25% in 2001 (Mbananga, 2004). This epidemic has a socio-economic impact that affects all sectors.

Sexual behaviour of young people has been a cause for concern, and the past twenty years have seen increased attention from the public health and political communities, due to rising levels of reported sexually transmitted infections, the earlier onset of puberty and continuing high levels of teenage pregnancies (Pilcher, as cited in Selwyn and Powell). In the United Kingdom, young people's sexual health was formally recognized as an area of concern. Providing children and young people with access to services and education about sexual health is now considered to be a pressing public health priority. Health professionals consider schools to be the main site for the provision of sex and relationships education for young people (Kirby as cited in Selwyn and Powell, 2006).

An increasing number of schools are trying to assume a major responsibility in sexuality education. A national study on sexuality education at all grade levels in large school districts of the United States

revealed that 75% of those districts with junior high schools and 76% of those with senior high schools provided some education to some portion of their students. Of those secondary districts offering sex education, 73% of junior highs and 89% of senior highs provided six or more hours of instruction. However, of those offering sex educations, only 11% of junior high and 16% of senior high districts offered sex education courses (Rice, 1995).

A study by Forrest in (Rice, 1995) revealed a gap between what teachers thought should be taught at different grade levels and what was actually being taught. All teachers thought that sexuality education should cover sexual decision making, abstinence, birth control methods, prevention of pregnancy and AIDS. Over 82% of the school covered these topics, but generally not until the ninth or the tenth grade. Teachers thought that the topics should be covered by grade seven, or eight at the latest. Only about half of the schools provided information about the services of birth control. The major problem teachers faced was negative pressure from parents, the community or the school administration (Rice, 1995).

Sexuality education starts before young people reach puberty and before they have developed established patterns of behaviour. The exact age at which information should be provided depends on the physical, emotional and intellectual development as well as their level of understanding. School based sexuality education can be an important and effective way of improving young people's knowledge, attitudes and behaviour. In many countries of sub-Saharan Africa, the AIDS epidemic has spread to the general population, with up to half of all new HIV infections occurring among youth under 25 (James-Traore, Finger, Ruland & Savarioud, 2004). Since most youth attend school, school based programmes are a logical place to reach young people.

Sexuality and HIV and AIDS education are often controversial because some individuals believe that talking about sexuality in schools may increase sexual activity. However, according to two reviews of studies by the World Health Organization (WHO) and the United States (US) National Campaign to prevent teenage pregnancy, sexuality educational programmes do not lead to an increase in sexual activity among young people. The reviews found that effective sexuality education in schools can result

in delaying first intercourse or, if young people are already sexually active, increasing the use of contraception (James-Traore et al., 2004).

There is evidence that sexually active teenage girls who have taken sex education courses are less likely to be pregnant. Mauldon in (Kaplan, 1998) states that students who receive school based contraceptive education are more likely to talk to their parents (Zelnik, as cited in Gormly & Brodzinsky, 1989).

Health education for young people has the potential to reduce unwanted outcomes of coital activity. A study conducted not only show that behaviour may be modified by HIV and AIDS and sexuality education, but that changes that occur are in the desired direction. The argument that these types of education encourage promiscuity or heightens coital activity is not supported. A number of successful programmes have achieved delays in the initiation of intercourse, reduction in unwanted pregnancies, birth and abortion rates, and increased use of contraception and condoms (Grunseit & Aggleton, 1998).

An evaluation of four effective sex education programmes found that the role of teenage sexual initiation fell by as much as 1% during the year or two following participation in such a programme (Frost, as cited in Kaplan, 1998). Programmes that emphasize delay are more effective with younger adolescents than among older adolescents. The programmes are seen to be increasing the percentage of sexually active adolescents who consistently use contraceptives. Effective programmes are focused on reducing sexual risk taking behaviours that lead to HIV and other sexually transmitted diseases (STDs) as the best way to avoid unintended pregnancies and STDs, or urge adolescents to delay intercourse. Others emphasize specific methods of contraception and how to obtain them.

All successful programmes emphasize life skills, which involves helping students to set goals for their lives, to learn to say no to sex and most importantly to negotiate and communicate within relationships (Zabin, as cited in Kaplan, 1998). They also teach resistance skills, which are associated with delayed coital activity. They use engaging methods such as small group discussions, role playing and brainstorming and address the social or media influence on sexual behaviour, including the social pressure to have sex.

2.2.2 Value of sexuality education

Sexuality education aims to develop in the students the knowledge and skills needed for healthy human relationships, effective communication, and responsible decision making behaviour that will protect themselves and others from HIV and sexually transmitted infections and optimize health. Sexuality education promotes behaviour that prevents the transmission of HIV and sexually transmitted disease. It should foster attitudes and behaviour that will prevent discrimination against those who are infected with HIV and AIDS and promote solidarity with them.

The problems of preventing HIV and AIDS infection and fighting discrimination are faced by the community as a whole, and school activities to prevent transmission of the virus also help promote ideas and values that are conducive to social concern, willingness to co-operate and respect for human rights (World Health Organisation, 1992).

Sexuality education therefore aims at reducing the risks of sexual behaviour like unwanted pregnancies and infection with sexually transmitted diseases. It is also about developing young people's ability to make decisions over their entire lifetime. It should include opportunities for young people to develop life skills. Some of the life skills include being able to communicate, listen, negotiate, ask for and identify sources of help, advice and assertion. Other important skills include being able to recognize pressures from other people, to resist them, deal with the challenge of prejudice and seek help from adults. It also equips young people with the skills to be able to differentiate between accurate and inaccurate information.

Sexuality education is a way of 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 and AIDS or that there is a cure for AIDS. Without the correct information young people themselves are at a greater risk.

It is now increasingly acknowledged that apart from having the right information and knowledge base, young people also need to develop healthy attitudes and values, and the necessary social skills to put these into practice. The new Sex and Relationships Education (SRE) guidelines for England and Wales drew upon attitudes and values, personal and social skills, as well as knowledge and understanding to promote young people's sexual and emotional health and well-being (Sieg, 2003, p. 35).

2.2.3 HIV prevention education

Peltzer and Promtussananon (2003) recommended school-based HIV prevention education as a major strategy for increasing adolescents HIV related knowledge and prevention behaviours.

The year 2000 saw the largest annual number of newly diagnosed HIV infections in the United Kingdom (UK) since the start of the epidemic, with sexually transmitted infections (STIs) and HIV infections currently increasing most rapidly for the 16-24 year olds. Furthermore, since 1999 the number of heterosexually acquired HIV infections have outnumbered the infections acquired through sex between men. Between a third and a half of all UK teenagers do not use contraception at first intercourse. An alarming one in four young people in the UK reportedly believe that the pill will protect them from STIs. Sexuality education, even though it is an issue that has been of concern for several decades now, cannot afford to lose anything of its urgent character (Sieg, 2003, p.34).

Wight (1997) argues that children are entitled to an education which gives them accurate information and an opportunity to explore attitudes, feelings, emotions and values around their and others' sexuality.

The National Department of Education has developed an HIV and AIDS policy for schools covering HIV and AIDS, sexually transmitted diseases, drugs, sexual abuse, violence and life skills development. It provides a framework on how to educate learners about HIV and AIDS and includes life skills. It also emphasizes the provision of information and encourages the parents of learners to become informed

about the school programme. The policy recommends that parents be invited to participate in parental guidance sessions and be made aware of their role as sexuality educators and the values thereof (Mbananga, 2004, p. 152).

The goals of the life skills and HIV and AIDS education learning programme for Grades 8-12 is to increase knowledge, develop skills, promote positive and responsible attitudes and provide motivational support. Expected outcomes are that students will be able to demonstrate a clear and accurate understanding of sex, sexuality, gender and sexually transmitted diseases, critically identify ways in which HIV and STDs can and cannot be transmitted, identify and evaluate the effectiveness of HIV and AIDS prevention methods, identify, access and mobilize sources of assistance within a community, critically evaluate reasons for delaying sexual intercourse or practicing abstinence; respond assertively to pressures for unprotected sex; critically evaluate reasons and methods for having protected sex if sexually active, accept, cope and live positively with the knowledge of being HIV-positive, show compassion, empathy, and solidarity towards persons with HIV and AIDS and those affected, recognize the need to provide basic care for people with AIDS in the family and community and those affected; understand the grieving process and cope with loss (Peltzer et. al, 2003).

The Department of Education has agreed that in a society where sex is used to sell everything from food to fast cars, not talking to children about sex and relationships is unacceptable, as it leaves young people to learn from less accurate, more confusing and possibly more frightening sources (Sieg, 2003). Research conducted showed that quality Sex and Relationship Education (SRE) delays the start of sex activity by promoting a more responsible and mature attitude towards sex and sexual relationships. SRE in schools should be regarded as important as it can provide young people with a safe environment in which they can clarify their knowledge, values, attitudes and skills in relation to sexuality, love and sexual relationships. Research surveys have repeatedly indicated that schools play an essential part in the provision of SRE to young people because parents do not feel confident in their abilities to talk to their children about sex and relationships (Sieg, 2003).

In 2001 Soul City distributed life-skills material for Grade nine learners to all secondary schools in the country. The material aimed at: providing relevant information on the emotional and physical changes of puberty, including contraception and pregnancy; improve HIV and AIDS related knowledge and promote practices that effectively prevent the transmission of HIV and AIDS and other sexually transmitted diseases, develop skills that will enable young people to develop safe sexual behaviours or change risky behaviour and make healthy choices for their lives, build young people's capacity to develop healthy relationships, and promote positive values and attitudes towards people living with HIV and AIDS (Peltzer et. al, 2003). This material was intended to assist teachers who are responsible for sexuality and HIV and AIDS education.

2.3 Attitudes of teachers towards sexuality education

2.3.1 United Nations scheme

This section explains the thoughts and plans of the United Nations (UN) regarding the Sexuality Education (SE) programme management, the deliverables required and the timelines for attaining the various deliverables. The 2001 United National General Assembly Special Session on AIDS sought to ensure that by 2005, at least 90% of the world's youth have access to information and education necessary to reduce their vulnerability to AIDS. Teachers are a crucial link in providing valuable information about reproductive health and HIV and AIDS to youth. However, in order to do this effectively, the teachers need to understand the subject, acquire good teaching techniques, and understand what is developmentally and culturally appropriate. Teacher attitudes and experiences affect their comfort with, and capacity to teach about reproductive health and HIV and AIDS (James-Traore et al., 2004). The next subsections present the developments in selected countries regarding SE in schools.

2.3.2 Nigeria

Bello (2004) identifies three reasons why sexuality education is necessary for schools in Nigeria. First, the resolution and programmes of actions of the 1994 international conference of population and development made it imperative that emphasis should be on reproductive health including family planning and sexual health among other issues of human population. The second reason is the global concern about the HIV and AIDS epidemic in Nigeria. According to the draft curriculum in 1998, 60% of all reported cases of HIV and AIDS came from the age group of 15-24 years who constitute more than 50% of the national population. Sexuality education was therefore accepted as critical to helping young people with the acquisition of adequate knowledge, skills and the responsible attitude in order to prevent and reduce sexually transmitted infections including HIV and AIDS. The third motive for sexuality education is that, at the 46th session of the National Council on Education in March 1999, approval was given for the incorporation of sexuality education into the national school curriculum.

Burton (1995) states that it is important that gay and lesbian issues are integrated in sexuality education. Nigerian schools which fail to tackle gay and lesbian issues are considered to be neglecting their duties which require them to address the needs of all pupils. There is no legal bar preventing teachers discussing lesbian and gay issues in schools. Many lesbians and gays begin to realize sexuality while at secondary school and the educational needs of some young people will be neglected if schools fail to address lesbian and gay issues. Some people decide to postpone the real discussions about homosexuality because they believe that gays and lesbians constitute a minority of the population. Homophobia inflicts psychological damage not only on gays and lesbians, but also on their friends and family. It is morally damaging to society to foster intolerance and victimization. On the other hand, a school which has integrated lesbian and gay issues will be able to have more rounded discussions on issues ranging from the nature of sexuality and how to deal with pressure and confusion, to a consideration of different types of relationships and the diversity of family life.

There is evidence that many young homosexuals in Nigeria have a difficult time at school. A survey carried out by Trenchard and Warren in 1984 found that, of the 416 young gay and lesbians they

interviewed in Nigeria, 19% had attempted suicide as a direct result of stigmatization for being gay or lesbian. Many of them were still at school at the time (Burton, 1995).

Young homosexuals very rarely have any positive images of their sexuality. As a result schools ought to play a part in ending the silence and countering the negative messages that make it so difficult for young homosexuals to integrate their sexuality successfully within their personality while maintaining a positive sense of self and self-worth.

It is therefore important to encourage teachers to empathize with the sense of isolation and anxiety which may accompany a young person's discovery of his or her homosexuality. It is also important to stress that it is not being gay or lesbian that causes problems, but the attitudes and actions of others.

Some teachers claim that they do not know how to tackle the homophobia they encounter in young people. Homophobia is the fear of homosexuals. It is important that schools should be honest and open about sexuality because we live in the era of HIV and AIDS. A proper consideration of sexuality and safer sex ought to be part of every school's sex education curriculum. Every school is legally obliged to teach about HIV and AIDS. Figures on the incidence of the new HIV infections indicate that it is the younger gay men, particularly those who are still at school, who are missing out vital information about safer sex. Young gay men at school depend on their teachers for accurate information.

2.3.3 India

In India, school teachers impart knowledge on HIV and AIDS amongst students by implementing the Adolescence Education programme (AEP). The basic idea behind implementing the programme is to help fight the HIV epidemic and change people's attitude towards those living with HIV. The objective was to provide adequate and accurate knowledge about HIV in the context of life skills. The programme aimed at educating young people about themselves, their sexuality and adolescence. The programme

also encapsulates facts on HIV and other sexually transmitted infections, enabling the youth to protect themselves, dispel myths and clarify misconceptions. Emphasis was also laid on the life skill approach programme, where the focus is on ways to contribute to the well being of the young people and empower them to meet many challenges of life.

The programme is positioned by the Department of Education and the National AIDS Control Organisation as a key intervention in preventing new HIV infections and reducing social vulnerability to the infection. It was implemented in all states in India through the Department of Education in collaboration with the State AIDS Control Societies. The attitudes of teachers are positive and the programme is successful (UNICEF, 2006).

2.3.4 Great Britain

2.3.4.1 Scotland

In 1994, a two-year, 20 lesson sex education course for third and fourth year secondary schools was introduced in Scotland. The course was called Sexual Health and Relationships (SHARE). Teachers had five days of training to equip them for teaching the SHARE programme. The teachers teach this programme and have positive attitudes towards it (Wight, 1997).

2.3.4.2 England

The A PAUSE programme was designed by the research team from the Department of Child Health in the University of Exeter in Britain (Evans, Rees, Okagbue & Tripp, 1998). The goals of A PAUSE programme are to promote the positive emotional and physical aspects of relationships and to empower young people, to improve their ability to manage relationships and to reduce the risk taking sexual behaviour. By aiming to postpone first sexual intercourse and improving the contraceptive use of the minority who are already sexually active, the programme identified the objectives of increasing tolerance, respect and mutual understanding, enhancing knowledge of risks and counteracting common myths and misunderstandings, improving effective contraceptive use by teenagers already sexually

active, and providing effective skills to those who wish to resist unwelcome pressure (Evans et al., 1998:221). Teachers showed interest and willingness to teach the programme.

2.3.5 Thailand

Teacher training on sexuality and HIV and AIDS education can positively affect teacher attitudes towards sexuality education. In Thailand, 35 teachers received training that emphasized a better understanding of young people and their environment, the teachers' own attitudes and values, HIV and AIDS and sexuality, and learning and practicing key skills in facilitating HIV and AIDS and sexuality training. Using pre- and post tests and interviews, researchers found that following the training, the teachers had more knowledge and understanding of HIV and AIDS, a more positive attitude towards young people living with HIV and AIDS, an increased willingness to use participatory methods, stronger facilitation skills, increased communication and better relationships with students, and a greater commitment towards teaching about sexuality and HIV and AIDS (James-Traore et. al., 2004).

The training sessions need to focus as much on the teacher's own agendas as on the presentation and the methodology of the lessons. Sexuality education can only be effective if the teacher's delivering it feel at ease with themselves, which is not always the case. The training has to address teachers' concerns, and the teachers are required to experience the lessons from the perspectives of both adults and pupils. The need to achieve the aims of sexuality education through group work, discussion and role playing has to be understood (Anthony & Williams, 1994:26).

2.3.6 Uganda

Research has revealed that teacher training incorporated into a broader school intervention can influence students' behaviour (James-Traore et al., 2004). A project in the Soroti district of Uganda with students aged 13 to 14 years included teacher training on reproductive health and HIV and AIDS in the existing structures of the school district. Two years after the baseline survey, students whose teachers had

received the training reported a significant decline in both having sexual intercourse in the past month and in the average number of sexual partners. The control group did not have similar reductions. The quality of delivery of the curriculum and teaching strategies must therefore be of sufficient quality and intensity to have an impact on behaviour.

Teacher training in the context of sexuality and HIV and AIDS education often challenges existing norms for educational institutions and the community. As communities take a greater interest in the topics, some may want to include only limited information, for example, eliminating any discussions of condoms from the curriculum. Teachers need preparation, skills and support in dealing with all of these issues. James-Traore et al. (2004) argue that there is a need for policies and programmes to impart requisite skills so that teachers may feel confident to teach about HIV and AIDS and issues of sexuality. The ultimate goal of teachers training for sexuality and HIV and AIDS education is to improve students' knowledge, attitudes and behaviour regarding reproductive health and HIV and AIDS. Effective training has to have an impact on the teachers themselves, helping them to examine their own attitudes towards sexuality and behaviours regarding HIV prevention, understand the content they are teaching, learn participatory teaching skills and gain confidence to discuss sensitive and controversial topics. Teachers need training to use a variety of materials that appeal to youth. Teacher training should not be viewed in isolation from the larger community. The WHO together with Educational International, a membership group of nearly 300 national unions of teachers and workers in Education produced a manual emphasizing how teacher training fits into the broader framework of teachers lives.

Teachers are encouraged to adopt active learning methods, such as role plays, quizzes and drama work that encourage an active involvement by all pupils. However, working with such interactional teaching methods can require skills that go beyond the traditional educational roles expected of teachers and is often experienced as personally challenging. Teachers need additional training to build up their knowledge of sex and relationship issues and to increase their confidence in talking about these to young people (Sieg, 2003).

The school is therefore the only social institution that reaches all youth. It has a unique opportunity to reach all youth who need sex education the most (Rice, 1995). Parents also support formal sex education classes in schools because of the rise of teenage pregnancies and the dangers associated with sexually transmitted diseases such as AIDS (Gormly & Broadzinsky, 1989). Parents who are uneducated themselves cannot teach their children, the children can only be exposed to programmes of sex education at schools.

Selwyn and Powell (2006) investigated how young people are using school based sources of Sex and Relationship Education (SRE) to obtain information and advice. Anonymous self completion questionnaires were administered to young people aged between 12 and 19 years in three secondary schools and 6 out of school youth settings. Follow-up focus group interviews were conducted on 12 groups of the young people from the school and out-of school settings. The results of the study suggest that school lessons were the most frequent source of sex and relationship information for many young people. Lessons were reported to be the most useful for students who were male, younger and more educationally engaged. School lessons were widely criticized by young people as predominantly focusing on biological aspects of sex and relationships and lacking participatory element. Young people perceived a diminishing commitment to sex and relationship education by teachers as they progressed into later years.

Teachers play a critical role of being a source of accurate information and a person with whom young people can raise sensitive and complicated issues about sexuality. Teacher attitudes affect their comfort with and capacity to teach about sexuality and HIV/AIDS education.

A recent UNICEF review of projects in East and Southern Africa concluded that life skills programmes are more effective when teachers explore their attitudes and values, establish a positive value system, and nurture an open, positive classroom climate. Sexuality education can only be effective if the teachers delivering it feel of ease with themselves (Anthony & Williams, 1994).

2.3.7 South Africa

Many African countries offer school based HIV and AIDS prevention programmes in schools. However, Kachingwe, Norr, Kaponda, Noor, Mbweza and Magai (2005) enlighten that little is known with regard to how teachers feel about being part of these programmes. Several studies were conducted in an effort to investigate the attitudes of teachers towards sexuality and HIV and AIDS education.

A study conducted by Lokotwayo in 1997 revealed that the attitudes of teacher trainees are positive towards sexuality education. Seventy-seven percent of the sample believed that sexuality education empowers children to deal effectively with sexual matters. Eighty-three percent of the sample was of the opinion that sexuality education minimizes unwanted pregnancies. Sixty-five percent was positive about the inclusion of sexuality education in the primary school curriculum. The study revealed that most subjects were comfortable in dealing with various topics of sexuality education. However, a relatively high percentage of the subjects indicated that they would be uncomfortable with the topic of masturbation. Thirty percent of the respondents indicated that they would be uncomfortable with “sexual intercourse” and “erection” (Lokotwayo, 1997).

A study was conducted to assess secondary teachers' comfort in teaching adolescents about sexuality and HIV and AIDS behavioural control and teacher knowledge about HIV and AIDS. The sample consisted of 54 male and 96 female secondary school teachers who were mostly life skills teachers, from 150 schools across South Africa. Findings of the study suggests that most secondary school teachers are knowledgeable about AIDS, feel moderately comfortable teaching students about AIDS related topics, have the knowledge and ability to teach about HIV and AIDS, but lack some material and community support. Teacher in-service training was found to have a significant impact on perceived behavioural control of HIV and AIDS education and HIV and AIDS knowledge (Peltzer, Karl, Promtussananon & Supa, 2003).

2.3.7.1 A case in KwaZulu Natal Province in South Africa

A study was conducted by Ntuli, Mkhwanazi and Harrison (2000) in rural KwaZulu Natal high schools. The objectives of the study were to document and review sexuality in secondary schools and to assess

teachers', principals' and parents' attitudes towards sexuality, and their understanding of youth sexual health risk. The results of the studies suggest that teachers and principals are generally well informed about youth and sexuality risk. However, teachers perceive that learners are better informed and have been saturated with information about HIV. Teachers feel they are also young and need better sexual knowledge. Pregnancy is a more visible problem in schools than HIV and AIDS. The life skills programme is pervasive but poorly implemented. Teachers, principals and parents are concerned about HIV and AIDS but there was also a lack of skills and poor prospects for the future.

2.3.7.2 A case in the Eastern Cape Province in South Africa

A study conducted by Mbananga (2004) aimed at improving the integration of culture in the development of Reproductive Health Information (RHI) and to assess the dissemination, acceptability of and perceptions about RHI among teachers and learners was conducted among learners and teachers living in Mthatha in the Eastern Cape Province of South Africa.

The findings of the study suggested that teachers believe that education around the HIV and AIDS epidemic and reproductive health were perceived as an ethical issue since it involved talking to children about sexual intercourse. They reported that they could not talk about sexual intercourse particularly to young children, as the children's parents would question the children if they started talking about sexual intercourse at home. In contrast, the teachers could talk easily about other ways in which HIV and AIDS is spread. The teachers felt that communities could not follow everything that is Western. According to Mbananga (2004), the teachers considered that even if there were no taboos about a certain topic in Western culture, it did not mean that there were no taboos in African cultures.

The teachers reported that even though they were educated, they found it difficult to talk to their own children about sexuality. They said the reason for this is that they had not been brought up in the same way that they were expected to bring up their children. Women highlighted the difficulty, which they experience in disseminating or discussing reproductive health with their children and at school. This difficulty was associated with the conflict, which exists between their socialization process around reproductive health issues and the current paradigm shift in socialization. Teachers argued that education

which compelled them as teachers to discuss sexual topics with learners impacted upon their value system and they found it uncomfortable.

Although there is an Abortion Act in South Africa, which allows people to make choices about terminating pregnancy, the teachers reported that they were not sure what to advise girls. The teachers explained that in their language, Xhosa, genital organs are not called by their real names and explicit words related to sexual intercourse are not used (i.e. the use of real names is prohibited by culture). They explained that it was not their culture to use direct language.

Teachers felt that if they were to teach the children about HIV and AIDS, sexuality, STDs, and abortion, they themselves needed to attend courses related to these topics. The women reported that they did not have an in-depth knowledge about such topics. The discomfort, with talking about sexual intercourse, reported by the teachers reveals the inherent silence surrounding sexuality and sexual intercourse among the teachers. Although sex has become a matter of open discussion in South African society, it appears that this is not universally accepted among certain communities in the country (Mbananga, 2004).

The teachers reported a lack of knowledge about the education policy and the Abortion Act passed in parliament. The inadequate knowledge about the HIV and AIDS education policy for schools among teachers is a problem since it has serious implications for the control of the disease. It suggests a lack of full implementation of policies at grassroots level. The Abortion Act cannot be implemented at lower levels owing to incompatibility with local values and reflects democratic centralism. The teachers felt that HIV and AIDS information should be part of the subject matter of Biology, especially for older children. Teachers therefore accept sexual discourse for older children at school, but believe that this should be contained within the accepted medium of Biology (Mbananga, 2004).

2.3.8 Malawi

Kachingwe, Norr, Kaponda, Norr, Mbweza & Magai (2005) investigated the views of primary school teachers in Malawi regarding their potential role in HIV and AIDS prevention. Data came from two focus groups with 12 male and 12 female primary school teachers attending a teacher training college

for certification. Teachers were deeply concerned about the impact of the epidemic on themselves, their families and the nation. Teachers expressed willingness to be HIV and AIDS prevention leaders for young people and for their communities. However, they identified many personal and system barriers, including: risky personal behaviours which made some teachers poor role models, negative societal attitudes of stigmatization, denial and reluctance to discuss sex with young people, and inadequate teacher training and ongoing support.

Cook and Dickens (in Sieg, 2003) argue that teachers feel overburdened by the expectation of delivering good sex education since their traditional role is one of teaching and assessing knowledge. The role of the teachers might make it difficult for teachers to establish a relationship with the pupils that would allow for more open communication about sex and relationships to take place. Teachers are warned to make sensible decisions about when to avoid the answering of personal and sensitive questions within the whole class setting (Sieg, 2003). Teachers therefore do not feel comfortable and confident about teaching sex and relationship issues. Teachers perceived sex education as a high risk task because it has the potential to cause trouble for the educator and to pose strong personal challenges and demands. The subject has the potential to bring the educators into conflict with the parents, schools and even the law.

2.3.9 USA

Gingiss and Basen-Engquist in (Peltzer et al., 2003) conducted a survey among secondary school teachers in Texas to determine the scope of HIV education provided and training needs and found that lessons were predominantly self-developed. Most teachers were self-taught with no formal training, relied primarily on traditional teacher-centered instructional methods, felt uncomfortable and ineffective using peer leaders and role plays and wanted traditional training in all subject areas. Boscarino and Diclemente (in Peltzer et al, 2003) conducted a state wide survey of teachers in California and found that generally teachers were knowledgeable about AIDS, felt comfortable presenting AIDS prevention information to students, and supported AIDS education in school.

A study in the January issue of the *Journal of School Health* (2001) examined high school teachers' attitudes related to HIV and AIDS prevention education. Data was collected from 141 high school

teachers. Teachers were also asked questions regarding their teaching experience and academic disciplines. Respondents included teachers of health and physical education, humanities, industrial arts, mathematics and science. The findings of the study suggest that teachers' attitudes towards HIV and AIDS education were generally positive. Results indicated a direct relationship between teachers' knowledge of HIV and AIDS and a supportive attitude towards HIV and AIDS. Female teachers hold more positive attitudes towards HIV and AIDS education than male teachers. The study found nearly universal support for AIDS education, with almost all respondents stating they would support AIDS education at their schools.

2.4 Summary

This chapter reviewed literature in sexuality education and the attitudes of teachers towards sexuality education in various countries around the world. The topics covered are sexuality education and teacher attitudes towards sexuality education, evidence of sexuality education, the value of sexuality education and HIV prevention education. The section on teacher attitudes discussed the UN's expectations and findings obtained from studies about the attitudes of teachers. The next chapter will focus on the research methodology.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

The previous chapter presented literature review. In this chapter the researcher gives an overall picture of how the research was conducted in terms of the research design, sampling method, instrumentation, data collection and data analysis procedures. Explanations and clarifications are given where necessary, and the justifications for the various options followed are also provided.

3.2 Research design

Research design refers to the plan or blueprint of conducting a research. In order to achieve the intended objectives it is vital that the design be decided on because the resources need to be prepared beforehand. A research without preplanning cannot be judged objectively in the end. Various authors and researchers (Denzin & Lincoln, 1994; Lee, 1999; Miles & Huberman, 1994; Swanborn, 1996; Verschuren, 2001) accept the categorization of research into qualitative and quantitative types. In general if in research a study requires responses that require numeric responses, it is called a quantitative study while that which requires non-numeric responses is called a qualitative study (Clarke & Dawson, 1999; Hatton, 2004; Smith, 1990; Winter & Munn-Giddings, 2001). The answers required in this research were mainly of a descriptive nature and issues of nominal form were required to understand the feelings and attitudes of teachers towards sexuality education (SE) in school. Thus, this study required a qualitative approach attempting to provide a description of the attitudes of teachers towards sexuality and HIV and AIDS education.

3.3 Sample

The study population refers to the entire group of people or subjects who would be available to provide the responses required in the study, i.e. the entire group of objects which the researcher is interested in (Chia, 1995; Eden & Huxham, 1996; Hand, 1997; Hassard, 1991; Putnam, 1999; Stanton & Rogelberg,

2001). In many cases the population is too large and cannot be used due to inability of a researcher to handle it due to limited resources. In this case some subset of the population is used for the study. A subset of the population that is used for the study is called a sample (Crombie & Davies, 1996). It is quite common in research that a useful sample is studied because the population could be too large that it may be difficult to study it, or it may be inaccessible. On the other hand a sample is usually convenient, easy to handle and can be made available for the study with relative ease as compared to a population.

Initially, teachers in the Eastern Cape schools served as possible research units for inclusion in the sample for this study. However, the study focused more on SE in South Africa, and required attitude and feeling issues. Of all the possibilities, the Mthatha schools were selected and researched. Also, not every teacher in Mthatha had the required information for this study. Only selected teachers in Mthatha would be useful in the provision of information for this study. The Mthatha teachers formed a sampling frame, which is that portion of the population from which the sample is to be selected (Daymon & Holloway, 2002; Haslam & McGarthy, 2003; Johnson & Cassell, 2001; Simsek & Veiga, 2000). The research sample was selected from the sample frame. A sample size of 56 was selected for the study.

The sampling method that was used is a kind of non-probability sampling known as purposive sampling (Grubbs, 2001). In purposive sampling, the researchers handpick the cases to be included on the basis of their judgment of typicality. In this way, they build up a sample that is typical of specific needs. The researcher selected Life Orientation educators because they are typical of the population in which the researcher was interested. The Life Orientation teachers of Circuit 4 of sub-region D (Mthatha District) of the Eastern Cape was selected for the study. Circuit 4 schools are all rural schools.

The sample consisted of 56 teachers of which 29 were male and 27 female. Two principal reasons accounted for the researcher's choice of the sample. Firstly, the educators were readily accessible to the researcher since they were working in the same circuit. Secondly, the Life Orientation educators are the one's responsible for teaching sexuality and HIV and AIDS education.

3.4 Instrument

The main research tool used to collect data was a questionnaire that the researcher constructed. The questionnaire consisted of 34 items. The first 30 items were closed-ended in the form of a five-point Likert Scale. In a Likert Scale, statements that express an opinion or feeling about an object are written. The statements are listed and to the right of each statement is a space for the respondent to indicate the degree of agreement or disagreement. The Likert Scale was therefore used to provide an attitude continuum for each statement ranging from strongly agree (SA), agree (A), undecided (U), disagree (D) and strongly disagree (SD). The respondents had to indicate their responses to the particular items by means of a cross. The Likert scale gives a wider range of responses than the yes/no or agree/disagree types of responses. The advantage of the Likert Scale is that it provides precise information about the respondent's degree of agreement or disagreement to the detail that the researcher requires.

The last four of the 34 items were open-ended questions. The respondents were free to express their own views about sexuality and HIV/AIDS education in these items. The questionnaire was piloted on four colleagues who were not among the respondents. It was then finalized after receiving feedback from the pilot sample. The supervisor assisted with expert validation of the questionnaire.

Questionnaires have some disadvantages like a low response rate. The researcher depends on the mercies of the respondents. Another disadvantage is that questions had to be simple and straightforward enough to be understood with the help of printed instructions and definitions. Lastly, questionnaires lack probing, some answers tend to be superficial. In this study the respondent rate problem was addressed when the researcher approached the sampling units and requested them to respond. They were fully informed about the aim and objectives of the study. They were informed of their right of refusing to respond when they liked. The other right that they were informed about was of not completing items that they felt to be sensitive or too personal. The other initiative to enhance more responses was to make the questionnaire simple and straightforward. The pilot phase was intended for this.

The fact that questionnaires could be given to a large number of respondents, and that the respondents would have to respond to the same set of items was the greatest advantage of questionnaires for this research.

3.5 Administration procedure

The researcher wrote a letter to the District Director of the Mthatha District requesting permission to conduct research at the Circuit Four schools of the Mthatha District. Permission was granted and the researcher explained the nature of the research to the targeted schools, distributed the questionnaire to the life orientation teachers which were then collected the following week. Follow up contacts were made through phone calls to the targeted respondents to encourage them to respond and to remind them to make the questionnaires ready for collection.

Even though the researcher spoke to the targeted respondents and made follow ups, not all the questionnaires were returned. This is because some educators were on study leave writing their end-of-year examinations. The response rate was therefore affected by the time of administration, which was examination time for most South African institutions.

3.6 Data

3.6.1 The issues regarding data

This section explains how data collected will be used. The method used to gather data is explained in the next section, and justified. The analysis methods are then discussed and the one used in this research is explained, also with motivation. The issue of data handling and preliminary analysis are also explained. The use of preliminary analysis in this study is also pointed out.

3.6.2 Data gathering management

Management of the data gathering process is an important activity in research because relevant data are needed to produce useful results. For example, literature review on SE was limited to recent sources

because issues in HIV/AIDS transform very quickly. Yin (1994) provides three data gathering management principles. These are use of multiple sources to gather evidence, create a database, and maintain a chain of evidence. This study used one source of evidence employed to gather information coupled with multiple support. The research questionnaires were delivered to the teachers in the respective schools. Follow ups were made by making phone calls to the respondents after questionnaire delivery.

3.6.3 Data handling

Data handling starts with data organization, which involves putting data in a form that is appropriate for data analysis and also fitting the study objectives (Crombie & Davies, 1996). Dennett (2001) informed that assessment sheets may be used for data handling. This includes data checking, data editing such as reduction (if required) and data coding and graph plotting. For this study, data handling involved arranging of facts from the various sources according to the themes in line with the literature review. The main purpose was to enable comparison of the current situation of feelings and attitudes of teachers regarding the teaching of SE in schools. The data were edited and reduction of data was not necessary.

3.6.4 Preliminary analysis

Preliminary data analysis refers to the initial stages of data analysis that involves finding out the indications of what the main findings would entail. It may start in an informal pattern, and this makes a research 'reflective' diary necessary to establish and use (Kemp, 2001: 90). The reflective diary is usually used to record personal assessment, feelings, reflection and interpretations. Preliminary data analysis assists in determining the optimal approach to undertake the main data analysis. After the final main data analysis, the records from preliminary data analysis would then be incorporated in, and consolidated with the main data analysis records to compile a complete report.

The worth of preliminary data analysis was evident in this study. When the initial questionnaires were returned, preliminary analysis indicated some differences between the data of female and male respondents that had been collected. This led to the decision to analyze the two genders separately and

then compare them. The phase of analyzing the consolidated version was the original intention because the idea was to understand the feelings and attitudes of teachers towards SE.

3.6.5 Data analysis methods

Analyzing data consists of examining, categorizing, tabulating or recombining the evidence to address the initial proposition of a study (Yin, 1994). Winter and Munn-Giddings (2001) pointed out that in action research, data analysis takes the open-ended critical reflection form which involves questioning the spontaneous interpretations of events, sharing and then comparing interpretations and questions to create the maximum opportunity for challenge, surprise and mutual learning. Holland, Daymon and Holloway (2002) enlightened that data analysis does not take place in a single stage after data collection. In their description, it is a continuous, systematic process which runs simultaneously with data collection. It is in this sense that data analysis for this study started as preliminary stages since idea generation, advanced more during literature review and reached its formal form when the empirical study was conducted.

3.7 Summary

This chapter described and justified the research methodology used in the study. It started by explaining the research design, then the sample was discussed, covering the study population, sampling methods and the sample used. This was followed by the discussion of the research instrument, explaining the questionnaire formulation, piloting, finalization and validation. The administration procedure explained how the researcher requested permission to undertake this research, and how the questionnaires were distributed and follow ups were made. The topic on data covered data gathering, data analysis, data handling and the way preliminary analysis was done and helped the main analysis. The next chapter presents the research findings for the study.

CHAPTER 4: DATA ANALYSIS AND INTERPRETATION OF FINDINGS

4.1 Introduction

The previous chapter discussed research methodology, which included collection of data using the research questionnaire. This one presents the findings of the study. The approach used is to first regroup the items according to emerging common themes. The themes found are safe sex equipment (Item 10), fertilization (Item 21), learner exposure to sex education (SE) (Items 1, 2), learner lack of exposure to SE (Items 3, 4), teacher willingness to participate in SE (Item 5), teachers' thought about teaching SE in schools (Items 6–9, 11–15, 18, 20, 22–24), lack of teacher training in SE (Item 25), teacher impressions about sex discussions with children (Item 26, 28–30), vicious cycle of silence (Item 27) and teachers thoughts about learner encouragement to discuss sex issues (Items 16, 17, 19).

4.2 Results of the study.

Table 4.1 Frequency distribution according to the respondents' responses to close-ended questions.

STATEMENT	AGREE		DISAGREE		UNDECIDED		TOTAL	
	M	F	M	F	M	F	M	F
Condoms should be made available in schools.	19	13	8	13	2	1	29	27
	65.51	48.15	27.59	48.15%	6.95%	3.7%		
	%	%	%					

Children should be shown videos that show the process of fertilization.	10 34.48 %	6 24%	14 48.27 %	19 78%	5 17.24 %	0 0	29	25
Learners who have had sexuality education are less likely to be pregnant.	17 58.62 %	22 84.61 %	12 41.38 %	2 7.69%	0 0%	2 7.69%	29	26
Sexuality education encourages sexual activity among children.	3 10.35 %	4 15.38 %	23 79.31 %	22 84.62%	3 10.34 %	0 0%	29	26
Children become victims of sexuality related problems due to lack of proper guidance on sexual matters.	21 72.41 %	25 96.16 %	7 24.14 %	1 3.85%	1 3.45%	0 0%	29	26
Lack of SE education leads to children believing misleading information from peers.	20 68.96 %	25 90.59 %	9 31.04 %	2 7.41%	0 0%	0 0%	29	27
I am willing to be involved in the sexuality education programme.	22 75.86 %	26 92.3%	2 6.0%	0 0%	5 17.24 %	1 3.7%	29	27
Learners should be taught about wet dreams.	21 74.21 %	26 100%	5 17.24 %	0 0%	3 10.34 %	0 0%	29	26
Learners should be taught about erection.	20 68.97 %	24 92.31 %	8 27.59 %	0 0%	1 3.45%	2 7.69%	29	26
Learners should be taught about menstruation.	25 86.2%	25 98.15 %	4 13.79 %	0 0%	0 0%	1 3.85%	29	26
Learners should be taught	21	16	7	6	1	3	29	25

about masturbation.	72.41 %	64%	24.13 %	24%	3.45%	12%		
Learners should be taught about methods of contraception.	25 86.21 %	18 72%	3 10.35 %	5 20%	1 3.45	2 8%	29	25
Learners should be taught about sexual intercourse.	17 60.72 %	16 61.54	9 32.14 %	8 30.77	2 7.14	2 7.69%	28	26
Learners should be taught about sexual abuse.	25 86.21 %	24 96%	2 6.9%	0 0%	2 7.14%	1 4%	29	25
Dating should be taught in schools.	12 42.86 %	14 53.84 %	11 39.28 %	9 34.62%	5 17.86 %	3 11.54%	28	26
Learners should be taught about how babies are made.	17 58.62 %	20 76.92 %	4 13.79 %	6 23.08%	8 27.59 %	0 0%	29	26
Learners should be taught about puberty changes.	21 72.41 %	20 76.92 %	4 13.79 %	6 23.08%	4 13.79 %	0 0%	29	26
Learners should only be taught abstinence as a form of birth control and prevention of sexually transmitted diseases.	22 75.86 %	20 83.33 %	5 17.24 %	4 16.67%	2 6.9%	0 0%	29	26
Learners should be taught about abortion act.	10 34.48 %	4 15.39 %	15 51.72 %	19 73.07%	4 13.79 %	3 11.54%	29	26
Learners should be taught about STD's.	27 93.11 %	23 95.83 %	0 0%	0 0%	2 6.9%	1 4.17%	29	24

Learners should be taught about homosexuality.	14 48.27 %	12 50.09 %	7 24.14 %	13 54.17%	8 27.59 %	1 4.17%	29	26
Teachers believe they are not properly trained in sexuality and HIV and AIDS education .	18 62.07 %	8 30.77 %	8 27.58 %	18 69.23%	3 10.34 %	0 0%	29	26
Teacher's belief that sex is a personal topic which cannot be discussed openly with somebody else.	13 44.82 %	5 20%	15 51.72 %	20 80%	1 3.45%	0 0%	29	25
Sexuality education is immoral.	3 10.35 %	1 4%	23 79.31 %	24 96%	3 10.34 %	0 0%	29	25
Teaching sexual topics impacts on our value system.	11 37.93 %	6 23.08 %	13 44.83 %	20 76.93%	5 17.24 %	0 0%	29	26
Sex issues are a taboo subject in African culture.	16 57.14 %	15 62.5%	9 32.14 %	9 37.5%	3 10.71 %	0 0%	28	24
Teacher's belief that talking about sex related issues to children is difficult because their parents and teachers never talked with them about sexual issues.	14 48.27 %	8 33.33 %	12 41.37 %	16 66.66%	3 10.34 %	0 0%	29	24
Children should be encouraged to use real names for body parts.	14 48.72 %	18 75%	11 37.93 %	2 8.33%	4 13.79 %	4 16.67%	29	24
Learners should talk to adults about sex.	24 82.76	22 88%	1 3.45%	3 12%	4 13.79	0 0%	29	25

	%				%			
Sexually active learners should be encouraged to use condoms.	24	19	4	6	1	0	29	25
	82.76	76%	13.79	24%	3.45%	0%		
	%		%					

4.3 Close-ended question

Rating for condom availability in schools. The majority of the respondents agree that condoms should be made available in schools. The percentage of males who agree (66%) is higher than that of females who agree (48%).

Rating for learner exposure to fertilization videos. The majority of the respondents are against the idea of showing fertilization videos to learners. The percentage of females who disagree (78%) is higher than that of males who disagree (48%).

Teacher perception about learner exposure to SE. More than seventy percent (70%) of the respondents in the research agreed that learners who have SE knowledge are less likely to fall pregnant. This concurs with the findings of James-Traore et.al. (2004) who argues that effective SE in schools can result in delaying first intercourse or, if young people are already sexually active, increasing the use of contraception. Zelnik cited in(Gormly & Brodzinsky ,1989) states that sexually active teenage girls who have taken SE courses are less likely to be pregnant.

Teachers' impression about learners lacking exposure to SE. More than eighty percent (80%) of the respondents believe that children become victims of sexuality related problems due to lack of proper guidance on sexual matters. Again, more than eighty percent (80%) of the respondents believe that the lack of SE leads to children believing misleading information from peers.

Teacher willingness to participate in SE. More than eighty-five (85%) percent of the respondents stated that they are willing to be involved in SE programmes. The percentage of females who agree (92%) is more than the percentage of males who agree (76%).

Teacher perceptions about teaching SE in schools. The majority of the respondents (80%) believed that learners should be taught about wet dreams. However, the percentage of females who agree (100%) is higher than that of males who agree (72%).

Eighty percent (80%) of the respondents believed that learners should be taught about erection. The percentage of females who agree (92%) is higher than the percentage of males who agree (69%).

Ninety –one percent of the respondents believed that learners should be taught about menstruation. The percentage of females who agree (96%) is higher than that of males who agree (86%).

The majority of the respondents (69%) believe that learners should be taught about masturbation. The percentage of males (72%) who agree is higher than that of females who agree (64%).

Eighty percent (80%) of the respondents believe that learners should be taught about contraception methods.

The majority of the respondents (61%) believed that learners should be taught about sexual intercourse. The percentage of females who agree (62%) that learners should be taught about sexual intercourse is a little higher than that of males who also agree (60%).

The majority of the respondents (91%) believed that learners should be taught about sexual abuse. The percentage of females who agree (96%) that learners should be taught about sexual abuse is higher than that of males who agree (86%).

Forty-eight percent (48%) of the respondents believed that learners should be taught about dating in schools. Fourteen percent (14%) of the respondents are undecided. The percentage of females who agree (53%) is higher than that of males who also agree (43%).

The majority of the respondents (67%) believed that learners should be taught about baby making. However, the percentage of females who agree (77%) is higher than that of males who agree (59%).

More than seventy-four percent (74%) of the respondents believed that learners should be taught about puberty changes. The percentage of females who agree (77%) that learners should be taught about puberty changes is higher than that of males who agree (72%).

The majority of the respondents (79%) believed that abstinence should be taught as the only birth control measure and prevention of STDs. The percentage of females who agree (83%) is higher than that of males who agree (76%).

The majority of the respondents (64%) disagree with the idea of teaching learners about abortion. This concurs with the findings of Mbananga (2004), who states that teachers reported a lack of adequate knowledge about the abortion act passed in parliament. The teachers stated that they were not sure what to advise girls.

More than ninety-four percent (94%) of the respondents believed that learners should be taught about STDs including HIV and AIDS. The percentage of females who agree (96%) is slightly higher than the percentage of males who agree (93%).

Forty-nine percent (49%) of the respondents believe that the respondents believe that learners should be taught about homosexuality. Respondents seem to have mixed feelings about teaching homosexuality. This is in line with the findings of Burton (1995) who argues that some Nigerian schools fail to tackle homosexual issues.

Teacher's impressions about their own lack of SE training. Forty-seven percent (47%) of the respondents believe that their own lack of proper training in SE and HIV and AIDS education leads to not being able to handle the subjects. Five percent (5%) of the respondents are undecided.

This concurs with the findings of Ntuli et. al.(2000) who states that teachers feel they are also young and need better sexual knowledge.

Teachers felt that if they were to teach children about SE and HIV and AIDS education, they themselves needed to attend courses related to these topics (Mbananga, 2004).

Sieg (2003) argues that teachers need additional training to build up their knowledge of sex and relationship issues and to increase their confidence in talking about these to young people.

James-Traore et. al. (2004) also state that teachers need preparation, skills and support in dealing with SE. There is a need for policies and programmes to impart requisite skills so that teachers may feel confident to teach about HIV and AIDS and issues of sexuality.

Teacher impressions about open sex discussions with children. The majority of respondents (65%) do not believe that sex is a personal topic that should not be discussed openly with children.

Eighty-seven percent of (87%) of the respondents do not agree that SE is immoral.

Sixty percent (60%) of the respondents do not believe that teaching sexual topics impacts on value system.

Fifty-seven percent (57%) of the respondents believe that sex issues are a taboo subject.

Mbananga (2004) states that the teachers considered that even if there were no taboos about a certain topic in Western culture, it did not mean that there were no taboos in African cultures.

Problem inheritance. The majority (52%) do not believe that parents and teachers find it difficult to talk to children about sex issues because their own parents and teachers did not talk to them about these issues. The percentage of females who disagree (54%) is higher than that of males who disagree (41%).

Teachers' thoughts about encouraging learners to discuss sex issues.

The majority of the respondents (60%) believe that children should be encouraged to use proper names when referring to body parts. The percentage of females who agree (75%) that learners should be encouraged to use proper names when referring to body parts is higher than that of males who also agree (48%).

Eighty percent (80%) of the respondents believe that learners should be encouraged to talk with adults about sex-related issues.

The majority of the respondents (80%) believe that sexually active learners should be encouraged to use condoms. The percentage of males who agree (83%) that sexually active learners should be encouraged to use condoms is higher than that of females who also agree (76%).

4.4 Open-ended questions

4.4.1 Teachers' feelings about the teaching of SE.

- It corrupts the minds of the learners
- Teaching SE is not easy because of age difference and sex is a sensitive topic. In the end though, learners will think that they need to engage in sexual practices
- SE is important, especially when teachers received training for it

- SE is necessary because it makes learners aware of dangers and fun of sexual activity, and prepares them for the real life for adulthood
- Learners are shy and do not want to talk openly about sex
- SE is informative, especially when the learners know when they are abused
- SE prepares learners for adulthood
- SE is good because no one knows when the learners will start engaging in sex, so enlightening them beforehand keeps them ready
- Since we know that some learners engage in sex we are comfortable teaching SE to them
- SE is good because it provides guidance to learners
- I have a positive feeling because children will be aware of STD and may reduce the spread of HIV
- SE education may reduce the stigma of HIV and AIDS patients, and prevents some teenage pregnancies
- Schools should not be involved in SE, parents should be responsible for informing the child about sexual matters
- SE is good, but should be taught by professionally trained educators
- Teaching SE is alright because it will reduce teenage pregnancies
- SE is a scary topic that should not be included in the school curriculum
- SE is essential in the face of uncontrollable spread of HIV and AIDS, teenage pregnancies and teenage suicide
- SE deserves a space in the school curriculum, and may be included in biology, life skills and/or health
- SE broadens learners' minds and enables them to look after themselves
- SE is sensitive, especially when teaching low grades, but has benefits because it warns about pregnancy and HIV and AIDS prevention
- I will be happy if SE is taught in schools because it empowers and advises
- SE is not bad because it provides guidance to learners
- SE is crucial in the modern era and a public health necessity
- SE opens the eyes of learners who are not sexually active but also corrupts them
- The African cultures have over the years dealt with abstinence, now civilization has brought SE

- SE should be taught in schools because sex issues are available in the media, hence it can provide good direction instead of acting by guessing
- SE should be taught in schools to encourage future research on HIV and AIDS
- SE imparts the right knowledge
- A well-designed SE piece of study intended to be effective would be good, not the one brought by consultants to earn money for ineffective workshops
- It should be seen as an examinable section in public health and/or biology courses
- SE helps learners to duck improper information and allows them to have choices
- SE guides and enlightens learners about sexual issues
- Legal and ethical aspects of sex should be included in the course, rape should be understood and guidelines for reporting sexual offense be presented
- With reported cases of sexual abuse and rape, SE should envelop these issues and the issue of self-defense and related life skills
- SE is important because besides knowing about the diseases and pregnancy issues, the learners will know the dynamics of the changes occurring when they grow
- SE is important because informed children tend to be more responsible
- Teaching SE is good, but teachers find it difficult to teach because 'calling a spade a spade' is not easy
- SE is difficult to teach at first, but once the momentum is gained it is enjoyable, real and enlightening
- SE is difficult to teach, but necessary in the modern era of HIV and AIDS
- The accelerating tempo of AIDS deaths, spread of HIV and teenage pregnancies justify SE in schools

Inference from the points

There were mixed feelings about SE. Most teachers were of the opinion that the teaching of SE in schools is a good initiative. They cited that orphans or learners who did not have someone in the house (such as parent) to provide the information would also have an opportunity to acquire the information. Other reasons were that SE may help to reduce teenage pregnancy and in lessening the spread of HIV and AIDS, and that it prepares the learners for adolescent stage and adult life in which this knowledge

would be mostly needed. Teachers also cited that they want SE to be a skill to address the legal and ethical issues related to sex. Another issue they point out is the use of ineffective consultants to give expensive workshops with no positive results. Some educators also believed that there should be really trained staff to teach SE because their lack of training in SE might lead to ineffective SE. Also, many current untrained teachers were shy to discuss these to learners or were not willing to do it. A tiny minority who stated that SE is not good in schools believed that it might encourage the inactive ones to start engaging in sex.

4.4.2 Teachers' impression about SE advantage to learners

- It does not benefit learners, but encourages them to practice it
- It is beneficial especially if it is stressed that it is a warning and not an encouragement to practice it
- SE creates awareness because school age is the beginning of sex practice
- It equips learners with knowledge about sexual issues
- It is an essential topic that exposes learners to understand sexual abuse, pregnancy prevention and diseases related to sex
- SE in school ensures that learners in homes where sex is not discussed also have the right and relevant information
- SE taught holistically, i.e. covering the practice and possible implications, and give warning and advice as well as stating that the objective does not include that the learners experiment / practice sex
- SE helps learners to be able to handle sex related matters
- It is beneficial because it makes learners aware of sex decisions and results
- It may increase responsible conduct when coming to love affairs and sexual life
- SE is not all right because it will not tell about the negative effects
- It is beneficial because learners can know the right time to engage in sex
- SE is beneficial in decreasing AIDS death rate but not beneficial when children share information with illiterate parents
- SE is beneficial with information for the learners, but may corrupt the minds of the ignorant learners and lead to experimentation
- SE equips learners with knowledge and about the dangers involved in sex

- SE enlightens about sexual issues of various kinds
- Se benefits learners because of its educational value in STDs, HIV and AIDS as well as pregnancy
- Effective SE will in the long run help reduce the ailment
- Learners will be able to handle sexual matters
- SE is beneficial because learners engage in sex even if we do not think so
- SE is not beneficial because learners still fall pregnant though they are taught SE.
- It is beneficial because learners will not get misleading information from peers or other unreliable sources
- As most learners engage in sex due to peer pressure, SE can lessen the peer pressure and provide reliable information about real sexual issues
- Learners will know how to handle sexual matters
- SE is important because it provides an understanding where there could be surprises
- SE provides specific issues in human health
- SE is beneficial as it clears misconceptions and confirms some real issues
- It is beneficial because learners are able to change their lifestyles
- Learners without parents gain an opportunity to learn about sexual matters which those learners with parents can learn at home
- SE can help bring trust, honesty and respect because of understanding of issues of human development

Inference from the points

Even on the issue of SE beneficial or not, there were mixed feelings. However, there seemed to be a stronger feeling from female teachers that SE is beneficial because SE is geared to addresses stern issues of teenage pregnancy and HIV and AIDS. They pointed that it creates awareness to the learners, and may be a tool for stopping the increase of sexually transmitted diseases and the rate of pregnancy. Offering SE in schools is also seen as helping the learners to duck the misleading information available in streets as well as from peers. The tiny minority of teachers who did not think SE is beneficial suggested that it may lead to early sex experimentation by those who had not started, and learners still fall pregnant with SE knowledge.

4.4.3 Most effective SE and HIV and AIDS teaching methods

Identification of methods

- Teaching abstinence
- Cassettes and videos showing the biological harm of the virus, and teacher tell where the teacher informs the learners about what s/he knows
- Awareness campaigns
- Use of toys and apparatus for illustrations
- Pictures may be used as long as they come from accredited organizations
- Group discussions
- Discussions, telling, questions and answers methods
- Plays and drama, debates and movies are useful modes
- Inform learners continually about dangers of sex and developments made
- Group teaching in which each educator/facilitator presents a specific SE topic
- Teachers of all subjects should discuss SE issues during their periods, even if it is just advising on sex matters
- Learners should be encouraged to lead in the campaign for effective SE
- A two-way interaction is necessary between adults and children
- A qualified guidance teachers with HIV and AIDS and SE could enhance best SE
- Bringing ailing persons (volunteers) to advise learners and inform about their painful state as a warning to the learners
- Any method where learners can ask and interact freely
- Workshops are important and useful in teaching such topics
- Learners may be allowed to discuss sexual issues among themselves, record their inputs and thereafter share these inputs with the teacher

Inference from the points

There were numerous suggestions that abstinence be emphasized in the teaching of SE. The methods that the teachers mentioned included the use of apparatus, toys, videos, cassettes, TV, pictures, movies,

plays and dramas because learners like visual models. They also stated that debates, teacher-tell and group discussions should be used as well. They also mentioned that awareness campaigns need to be used. They also mentioned bringing of volunteers who have the virus to make it a reality. They emphasized that lessons should be interesting, interactive and practical. They emphasized that only qualified teachers in SE should teach it.

Justification of methods

- Learners are immature and generally irresponsible for their actions but they will want to experiment
- TV removes their shyness and does not put the teacher under pressure to mention some words
- Combining teaching modes can optimize learning
- Awareness campaigns are informal teaching methods easy to appreciate and help because teachers are untrained on SE
- Pictures from accredited institutions will more likely contain information obtained through research
- Group discussions encourages learners to share and warn one another
- Discussions, telling, questions and answers methods encourages learners to share information among themselves and with the teacher
- Telling method is okay because learners can listen but may be shy to talk to the teacher about the issues
- Learners should go on tours to visit victims of sexual disease
- Group teaching allows each facilitator to go deep with his/her topic and to stress the urgency of the ailment
- Campaigns are interesting meetings liked by learners, they also like pictures
- If learners are in the forefront, they can lure their peers better than adults on sensitive issues like sex because of age similarity
- Two-way methods encourages continuity and consistency in talking
- Multiple modes has advantages of finding different viewers and emphasizing the issues
- A guidance teacher allocated a period is forced to engage and teach learners about sexuality issues
- Bringing ailing persons may serve as both an enlightener and a scare
- Free interaction of learners enables open exploration in which many things can be discovered that are related to sex

- Experts trained in sexual matters can facilitate workshops instead of a geography teacher who does not appreciate talking about human parts
- Giving the learners a chance among themselves may enable the learners to state the truth as well as their misconceptions, in which case the teacher may address the misconceptions as an intervention method

Inference from the points

The emphasis on the use of the initial set of useful teaching tools lean on that the learners apparently like lessons where they can view reality visually. The use of many modes was stressed because the argument was that some learners may miss essential points from one mode and catch them in another, and use of multi modes in teaching helps to emphasize the important points.

4.4.4 Teachers' opinions about the impact of SE on learners

- Learners will be more likely to care themselves and will surely know their rights, especially girls who are sometimes abused by boys and some male teachers
- SE is good for communities, groups and individuals
- SE will curb the spread of HIV and AIDS in the long run
- If SE is not taught in schools, learners will learn sexual issues in the streets and thus enabling the continuation of teenage pregnancy and spread of HIV and AIDS
- When you teach them you encourage them to do it, so those who have not started will start immediately
- Beneficial for some and may be detrimental for others. Those who started can do it with care, but it may encourage others to start
- Learners may want to experiment, which is a detriment. However, responsible learners may be careful and behave responsibly from the awareness
- The learners will know the diseases they risk by engaging in sex, and may abstain
- SE has potential to reduce unwanted pregnancies
- Learners become aware of their sex actions and possible consequences and may behave in a way consistent with the preferred outcome
- SE may reduce sexual activity and increase abstinence, thereby reducing chances of STDs

- The good part of SE is that a learner who engages in sexual activity knows what to expect, and a clever one will take precautions

Inference from the points

Teachers believe that the idea of teaching SE in schools is a good one. They mention the rights and long term benefits, which are important especially for girls in the school. They believe that the benefits of teaching SE in schools are extended to the individuals, groups and communities. In addition to teachers pointing out the benefits of SE, they also show the detriments of lack of SE, they argue that learners may want to experiment.

4.5 Interpretation of results

The results of the study suggest that the teachers believe that condoms should be made available in schools. They also believe that learners who are exposed to SE are less likely to fall pregnant. They do not believe that SE encourages child sex but rather believe that children become victims of sexually related problems due to lack of proper guidance on sexual matters and that they rely on misleading information about sexuality from peers.

Over 80% of the respondents showed willingness to be involved in SE programmes. Teachers believed that learners should be taught about wet dreams, erections, menstruation, contraception methods, sexual intercourse, sexual abuse, dating, baby making, puberty changes, abstinence and sexually transmitted diseases. However, very few teachers believed that learners should be taught about pregnancy termination. Teachers do not believe that SE is immoral, and that sex issues are a taboo subject. They also do not believe that sexual topics impact on the value system. Teachers believe that real names should be used for body parts, learners should talk to adults about sex and that sexually active learners should use condoms.

Teachers felt that SE is a good initiative because it gives learners information about sexuality, diseases, teenage pregnancy and HIV and AIDS. Teachers also believed that SE is beneficial to learners. Teachers suggested that methods like debates, videos, pictures, demonstrations, teacher- tell and group discussions may be employed in teaching SE.

4.6 Summary

The chapter presented the findings of the study. Answers for closed-ended questions were presented with tables while the narrations on open-ended responses were grouped into themes. The next chapter discusses the findings, makes conclusions and then closes with recommendations

CHAPTER 5: DISCUSSION OF RESULTS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION.

5.1 Introduction

The previous chapter dealt with the analysis, presentation and interpretation of data. This chapter gives the discussion of findings, limitations, recommendations and conclusion of the study.

5.2 Discussion of results in relation to the study aims.

The aims of the study were:

- To investigate the nature of attitudes of educators towards the inclusion of sexuality education in the curriculum
- To investigate whether the attitude of educators has an impact on their teaching of sexuality education
- To determine if there are gender related differences on the attitudes towards the inclusion of sexuality education in the curriculum

5.2.1 Findings with regard to aim number 1

The aim was: to investigate the nature of attitudes of educators towards the inclusion of sexuality education in the curriculum. The current findings suggest that the attitudes of teachers towards the inclusion of sexuality education in the curriculum are positive. These findings concur with the findings from previous studies. Lokotwayo (1997) conducted a study on attitudes of teacher trainees towards sexuality education. The results of the study suggest that the attitudes of teacher trainees towards sexuality education are positive. The study revealed that most subjects were comfortable in dealing with various topics of sexuality education.

Another study by (Peltzer et. al, 2003) was conducted to assess secondary teachers comfort in teaching adolescents about sexuality, and HIV/AIDS behavioral control. The results of the study are in line with

the results of the present study. Findings suggest that teachers feel comfortable teaching student about AIDS related topics and sexuality.

The results of the current study also concur with the findings in the January issue of the Journal of School Health (2001). This study examined high school teachers attitudes related to HIV and AIDS and prevention education. The findings of this study suggest that teachers' attitude towards HIV and AIDS education are generally positive.

5.2.2 Findings with regard to aim number 2

The aim was: to investigate whether the attitude of educators has an impact on their teaching of sexuality education. Findings of the study suggest that teachers are willing to be involved in SE programmes. Teachers believe that learners should be taught about wet dreams, erection, menstruation, masturbation, contraception methods, sexual intercourse, sexual abuse, dating, baby making, puberty changes, abstinence and sexually transmitted disease. They believe that SE is beneficial to learners and they even suggested methods that can be employed in teaching SE. The attitudes of teachers towards the inclusion of sexual education in the curriculum are positive and that impacts positively on their teaching of the subject.

According to Unicef (2006), in India teachers impart knowledge on HIV and AIDS amongst students by implementing the Adolescence Education Programme (AEP). The objective of the programme was to provide adequate and accurate knowledge about HIV in the context of life skills. The attitudes of teachers were positive the programme was successful.

Anthony and Williams (1994) argue that SE can only be effective if teachers delivering it feel at ease with themselves.

5.2.3 Findings with regard to aim number 3

The aim was: to determine if there are gender related differences on the attitudes of educators towards the inclusion of sexuality education in the curriculum. The findings of the present study suggest that female teachers hold more positive attitudes towards sexuality education than male teachers.

This concurs with the findings of a study in January issue of Journal of School Health (2001) which examined high school teacher's attitudes related to HIV and AIDS and prevention education. The results

of the study revealed that female teachers hold more positive attitudes towards HIV and AIDS education than male teachers.

5.3 Limitations

The present study achieved its aims, yet there are limitations that exist.

- The age of the respondents was not included in the questionnaire. This would help in understanding if certain responses could have been made by people of certain age.
- Time and financial constraints limited the study to a few school respondents, more respondents would impact positively on the study.

5.4 Recommendations

The researcher found that SE education in schools is necessary in schools as it is beneficial to learners. However, some teachers feel they were not properly trained on SE and therefore they cannot handle the subject. The researcher therefore recommended the following:

- SE should be made an examinable subject as that would ensure that SE is taught in all schools.
- Teacher workshops on SE and its benefits should be held as there are still teachers who believe that SE encourages child sex.
- The content of SE can be made clear to teachers.

5.5 Summary and Conclusion

The aims of the study were :To investigate the nature of attitudes of educators towards the inclusion of sexuality education in the curriculum, to investigate whether the attitude of educators has an impact on their teaching of sexuality education, to determine if there are gender-related differences on the attitudes of educators towards the inclusion of sexuality education in the curriculum. The findings of the study suggest that the attitudes of teachers towards the inclusion of sexuality education in the curriculum are positive and their attitudes impact positively on their teaching of the subject. Female teachers hold more positive attitudes towards SE education than male teachers.

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APPENDICES

Appendix A: Research Questionnaires

MANDLENI JUNIOR SECONDARY SCHOOL
P.O. BOX 490
MTHATHA
5099
22 OCTOBER 2007

THE DISTRICT DIRECTOR
DEPARTMENT OF EDUCATION
MTHATHA

Dear Sir

RE: MISS. T.I. NQOLOBA – APPLICATION FOR PERMISSION TO CONDUCT RESEARCH

I am an Educator teaching at Mandleni J.S.S. I am currently registered with the University of Zululand, doing Masters in Educational Psychology leading to registration as a Psychologist on completion. I am working towards the completion of my degree, and I am also busy with my Dissertation. The title of my Dissertation is, "Attitudes of teachers towards sexuality and HIV and AIDS education".

I therefore, request you to grant me permission to conduct research in some of the Mthatha Junior Secondary Schools. A questionnaire for this study is attached for your information.

YOURS FAITHFULLY



T.I. NQOLOBA



PROVINCE OF THE EASTERN CAPE

DEPARTMENT OF EDUCATION
ISEBE LEZEMFUNDO
DEPARTMENT VAN ONDERWYS
P/BAG X 5003 MTHATHA, 5099. SOUTH AFRICA
FAX NO: 047-5313536/7/8

ENQUIRIES MR MADAZA	DATE	TEL	FILE NO
	24 -10-2007	047-5024307	

Dear, Miss Tembela Nqoloba

Subject: Request to conduct a research in circuit 04

With reference to your letter dated 22 -10- 2007, this letter serves to inform you that your request to conduct a research in circuit 04 has been successful. I therefore, grant you a permission to conduct your research with the hope that you will share your findings with us in the Department of Education.

I hope you will enjoy working with circuit 04 schools in your study.

Yours in service

S.S Madaza (Circuit Manager)

**RESEARCH QUESTIONNAIRE TO BE COMPLETED BY TEACHERS IN THE MTHATHA
DISTRICT OF THE EASTERN CAPE PROVINCE.**

I Ms. Tembela Nqoloba, am undertaking a research study on the attitudes of teachers towards sexuality and HIV/AIDS education. This research is in accordance with the requirements for the Masters in Educational Psychology degree that I am undertaking with the University of Zululand.

The aim of the study is to investigate the attitudes of teachers towards the inclusion of sexuality and HIV/AIDS in the curriculum.

The information given will be used for research purposes only and will be treated confidentially. The name of the school of the respondent will remain anonymous to promote open communication.

There are no correct or incorrect answers. I would appreciate your honest opinion in order to obtain reliable and trustworthy data. Please respond to all items as honestly as you can.

I wish to thank you for your valuable time and assistance.

THE QUESTIONNAIRE

SECTION A: BIOGRAPHIC DATA

PUT A CROSS (X) IN THE CORRECT RELEVANT BOX.

1. Gender

MALE

<input type="checkbox"/>
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FEMALE

SECTION B: ATTITUDE SCALE

PUT A CROSS IN THE BOX WHICH MOST CLOSELY REPRESENTS YOUR ATTITUDE TOWARDS EACH STATEMENT

SCALE

- SA - STRONGLY AGREE
A - AGREE
U - UNDECIDED
D - DISAGREE
SD - STRONGLY DISAGREE

STATEMENT	SA	A	U	D	SD
1. Learners who have had sexuality education are less likely to be pregnant.					
2. Sexuality education encourages sexual activity among children					
3. Children become victims of sexuality related problems due to lack of proper guidance on sexual matters					

4. Lack of sexuality education results in children believing misleading information about sexuality from peers.					
STATEMENT	SA	A	U	D	SD
5. I am willing to be involved in the sexuality education programme					
6. Learners should be taught about nocturnal emissions (wet dreams)					
7. Learners should be taught about erection.					
8. Learners should be taught about menstruation.					
9. Learners should be taught about masturbation.					
10. Condoms should be available in schools.					
11. Learners should be taught about methods of contraception.					
12. Learners should be taught about sexual intercourse.					
13. Learners should be taught about sexual abuse in schools.					
14. Dating should be taught in schools.					
15. Learners should be taught about how babies are made.					
16. Children should be encouraged to use proper (real) names when referring to body parts.					
17. Learners should be encouraged to talk with adults about sex-related issues.					
18. Puberty changes that accompany puberty like change of voice should be taught in schools					
19. Learners who are already sexually active should be encouraged to use condoms.					
20. School children should ONLY be taught about abstinence as a form of birth control and prevention of sexually transmitted diseases					
21. Children should be shown videos that show the process of fertilization					
22. Learners should be taught about the termination of					

pregnancy (abortion act)					
23. Learners should be taught about sexually transmitted					

STATEMENT	SA	A	U	D	SD
diseases including HIV/AIDS					
24. Learners should be taught about gay and lesbian issues.					
25. I believe that teachers are not trained properly in sexuality and HIV/AIDS education so they cannot handle the subject.					
26. Sex is a personal topic which cannot be discussed openly with somebody else.					
27. It is difficult to talk about sex related issues with children because our parents and teachers never talked with us about sexual issues.					
28. Sexuality education is immoral.					
29. Teaching sexual topics impacts on our value system.					
30. Sex issues are a taboo subject in African culture.					

31. How do you feel about teaching sexuality education? Explain.

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32. Is the teaching of sexuality education beneficial to learners? Explain.

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33. Which method can be most effective in teaching HIV and sexuality education? Explain.

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34. What in your opinion is the impact of sexuality education on learners?

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Appendix B: Female Completed Questionnaire

STATEMENT	SA	A	U	D	SD
1. Learners who have had sexuality education are less likely to be pregnant.	7	15	2	2	
2. Sexuality education encourages sexual activity among children	2	2		14	8
3. Children become victims of sexuality related problems due to lack of proper guidance on sexual matters	16	9		1	
4. Lack of sexuality education results in children believing misleading information about sexuality from peers.	13	12		1	
5. I am willing to be involved in the sexuality education programme	13	13	1		
6. Learners should be taught about nocturnal emissions (wet dreams)	9	17			
7. Learners should be taught about erection	3	21	2		
8. Learners should be taught about menstruation	12	13	1		
9. Learners should be taught about masturbation	7	9	3	5	1
10. Condoms should be available in schools	7	6	1	12	1
11. Learners should be taught about methods of contraception	9	9	2	3	2
12. Learners should be taught about sexual intercourse	5	11	2	5	3
13. Learners should be taught about sexual abuse in schools	16	8	1		
14. Dating should be taught in schools	4	10	3	8	1
15. Learners should be taught about how babies are made.	7	13		6	
16. Children should be encouraged to use proper (real) names when referring to body parts.	6	12	4	2	
17. Learners should be encouraged to talk with adults about sex - related issues.	12	10		2	1
18. Puberty changes that accompany puberty like change of voice should be taught in schools	12	8		6	

19. Learners who are already sexually active should be encouraged to use condoms	12	7		6	
20. School children should ONLY be taught about abstinence as a form of birth control and prevention of sexually transmitted diseases	14	6		3	1
21. Children should be shown videos that show the process of fertilization	1	5		14	5
22. Learners should be taught about the termination of pregnancy (abortion act)	3	1	3	15	4
23. Learners should be taught about sexually transmitted diseases including HIV/AIDS	17	6			1
24. Learners should be taught about gay and lesbian issues	2	10	1	10	3
25. I believe that teachers are not trained properly in sexuality and HIV/AIDS education so they cannot handle the subject.	3	5		8	10
26. Sex is a personal topic which cannot be discussed openly with somebody else.	1	4		13	7
27. It is difficult to talk about sex related issues with children because our parents and teachers never talked with us about sexual issues.		8		11	5
28. Sexuality education is immoral.		1		16	8
29. Teaching sexual topics impacts on our value system.		6		14	6
30. Sex issues are a taboo subject in African culture.	2	13		6	3

31. How do you feel about teaching sexuality education? Explain.

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32. Is the teaching of sexuality education beneficial to learners? Explain.

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33. Which method can be most effective in teaching HIV and sexuality education? Explain.

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34. What in your opinion is the impact of sexuality education on learners?

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Appendix C: Male Completed Questionnaire

THE QUESTIONNAIRE

SECTION A: BIOGRAPHIC DATA

PUT A CORSS (X) IN THE CORRECT RELEVANT BOX.

1. Gender

Male	Female
29	

SECTION B: ATTITUDE SCALE

PUT A CROSS IN THE BOX WHICH MOST CLOSELY REPRESENTS YOUR ATTITUDE TOWARDS EACH STATEMENT

SCALE

SA	- STRONGLY AGREE
A	- AGREE
U	- UNDECIDED
D	- DISAGREE
SD	- STRONGLY DISAGREE

STATEMENT	SA	A	U	D	SD
1. Learners who have had sexuality education are less likely to be pregnant	6	11		12	
STATEMENT	SA	A	U	D	SD
2. Sexuality education encourages sexual activity among children	2	1	3	18	5
3. Children become victims of sexuality related problems due to	12	9	1	6	1

lack of proper guidance on sexual matters					
4. Lack of sexuality education results in children believing misleading information about sexuality from peers.	10	10		8	1
5. I am willing to be involved in the sexuality education programme	5	17	5	2	
6. Learners should be taught about nocturnal emissions (wet dreams)	3	18	3	4	1
7. Learners should be taught about erection	1	19	1	7	1
8. Learners should be taught about menstruation	10	15		4	
9. Learners should be taught about masturbation	5	16	1	4	3
10. Condoms should be available in schools	4	15	2	7	1
11. Learners should be taught about methods of contraception	11	14	1	2	1
12. Learners should be taught about sexual intercourse	5	12	2	7	2
13. Learners should be taught about sexual abuse in schools	17	8	2	1	1
14. Dating should be taught in schools	1	11	5	10	1
15. Learners should be taught about how babies are made	1	16	8	0	4
16. Children should be encouraged to use proper (real) names when referring to body parts	3	11	4	11	
17. Learners should be encouraged to talk with adults about sex - related issues	4	20	4		1
18. Puberty changes that accompany puberty like change of voice should be taught in schools	6	15	4	4	
19. Learners who are already sexually active should be encouraged to use condoms	14	10	1	3	1
20. School children should ONLY be taught about abstinence as a form of birth control and prevention of sexually transmitted diseases	10	12	2	4	1
STATEMENT	SA	A	U	D	SD
21. Children should be shown videos that show the process of fertilization	4	6	5	9	5

22. Learners should be taught about the termination of pregnancy (abortion act)	3	7	4	9	6
23. Learners should be taught about sexually transmitted diseases including HIV/AIDS	20	7	2		
24. Learners should be taught about gay and lesbian issues.	3	11	8	6	1
25. I believe that teachers are not trained properly in sexuality and HIV/AIDS education so they cannot handle the subject.	7	11	3	5	3
26. Sex is a personal topic which cannot be discussed openly with somebody else	4	9	1	11	4
27. It is difficult to talk about sex related issues with children because our parents and teachers never talked with us about sexual issues	3	11	3	9	3
28. Sexuality education is immoral	1	2	3	17	6
29. Teaching sexual topics impacts on our value system	2	9	5	11	2
30. Sex issues are a taboo subject in African culture	3	13	3	7	2

31. How do you feel about teaching sexuality education? Explain.

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32. Is the teaching of sexuality education beneficial to learners? Explain.

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33. Which method can be most effective in teaching HIV and sexuality education? Explain.

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