



**FACULTY OF SOCIAL SCIENCES**

**DEPARTMENT OF PSYCHOLOGY**

**STUDENTS' PERCEPTIONS AND ATTITUDE TOWARD SEX EDUCATION AT  
FORWARD IN FAITH HIGH SCHOOL IN HARARE, BELVEDERE**

**BY**

**TINASHE THULANI MTETO**

**R135657F**

**A DISSERTATION SUBMITTED TO THE FACULTY OF SOCIAL SCIENCES IN  
PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE BSc HONOURS  
DEGREE IN PSYCHOLOGY**

**GWERU, ZIMBABWE**

**APRIL, 2017**

**SUPERVISOR: MR. L. MAUNGANIDZE**



**MIDLANDS STATE UNIVERSITY**

**NAME OF AUTHOR: TINASHE THULANI MTETO**

**TITLE OF DISSERTATION: STUDENTS' PERCEPTIONS AND ATTITUDES  
TOWARD SEX EDUCATION IN SECONDARY SCHOOLS AT FORWARD IN FAITH  
HIGH SCHOOL IN HARARE, BELVEDERE**

**BSC HONOURS IN PSYCHOLOGY**

**YEAR: 2017**

Permission is hereby granted to Midlands State University Library to produce copies of this dissertation to lend or sell copies for scholarly purposes only.

The author does not reserve other publication rights and the dissertation nor may extensive extracts from it be printed or otherwise produced without the author's written permission.

**Signed:** .....

**Address:**                   **11194 Infill Budiriro 1**  
                                  **Harare**  
**Phone**                       **+263783245013**  
**Email Address:**       **tinashemteto@gmail.com**  
**Date:**                       **April 2017**

**Dedications**

I dedicate the accomplishment of this dissertation to the Most High, my wife, my daughter, and parents. Your unlimited support, love and motivation made me realise the potential in me as a student, son, husband and father. I promise to make you proud always.

## **Acknowledgements**

*The gratitude of the successful completion of this dissertation goes to my supervisor Mr. L. Maunganidze, due to his devotion and support; this study would not have been accomplished. I also give thanks to the Chair person of the Psychology Department and the lecturers for the knowledge that they imparted to me and their great work within the department. To my friends, Simbarare Mangindi, Mishael Mpala and Tafara Chinovava, I thank you guys for always being there for me with your encouragement. I also thank members of the Pentecostal Church of God (PAC) Bethel for their spiritual support. Special thanks also goes to my family: mother (Angeline Chinyowa), father (Cowboy Mteto), wife (Tariro Nyaude Mteto), sister (Thandiwe Mteto), aunt (Jayne Chinyowa) and daughter (Thandaza Tanatswa Mteto) for believing in me and for their financial, spiritual and sacrifice for the resources they offered from the beginning to the end of this project.*

**IN YHWH I TRUST**

**Abstract**

The study investigated perceptions and attitudes of students toward sex education at Forward in Faith High school. The researcher sought to find out how students perceive and react toward sex education. The researcher used quantitative research methods with data collected using questionnaires. The study targeted pupils from the age of 16 years to 18 years and across three classes from form 4 to form 6. Seventy three participants were selected using non probability random sampling method. Statistical package of social sciences (version 21) was used for data analysis with descriptive statistics used to analyse demographic data. Pearson product moment correlation was used for further analysis which revealed that there was no significant difference in perceptions and attitudes due to gender and that there is a positive association between perceptions and attitudes toward sex education. The researcher also found out that most of the students at Forward in Faith high school express the need for sex education. Pupils understood the significance of sex education to their wellbeing. Most students revealed that they have positive attitudes toward sex education and are in favour of alignment of sex education programmes to the school curriculum.

## Acronyms

**UNAIDS** - United Nations Programme on HIV and AIDS

**UNESCO** - United Nations Educational Scientific and Cultural Organisation

**HIV** - Human Immuno Deficiency Syndrome

**STIs** - Sexually Transmitted Diseases

**AIDS** - Acquired Immuno Deficiency Syndrome

**UNFPA** - United Nations Population Fund

**SPSS** - Statistical Package for Social Sciences

**SIEUCUS** – Sex Information and Education Council of the United States

## Table of Content

<b>Approval Form</b> .....	i
<b>Release Form</b> .....	ii
<b>Dedications</b> .....	iii
<b>Acknowledgements</b> .....	iv
<b>Abstract</b> .....	v
<b>Acronyms</b> .....	vii
<b>Table of Content</b> .....	viii
<b>List of Figures</b> .....	xiii
<b>List of Tables</b> .....	xiv
<b>Chapter 1</b> .....	1
<b>Overview of the Study</b> .....	1
<b>1.1. Introduction</b> .....	1
<b>1.2. Background of the Study</b> .....	1
<b>1.3. Statement Problem</b> .....	3
<b>1.4. Purpose of the Study</b> .....	4
<b>1.5. Research Questions</b> .....	4
<b>1.6. Hypotheses</b> .....	4
<b>1.7. Objectives</b> .....	4
<b>1.8. Significance of the Study</b> .....	4
<b>1.9. Assumptions</b> .....	5
<b>1.10. Delimitation of the Study</b> .....	5
<b>1.11. Limitations</b> .....	5



<b>1.12. Definition of Terms</b> .....	6
<b>1.13. Chapter Summary</b> .....	6
<b>Chapter 2</b> .....	7
<b>Literature Review</b> .....	7
<b>2. Introduction</b> .....	7
<b>2.2. The Concept of Perception</b> .....	7
<b>2.2.1 Students' Perceptions of sex education</b> .....	8
<b>2.3. The Concept of Attitudes</b> .....	8
Attitude of students toward sex education .....	9
<b>2.4. Sexuality</b> .....	11
<b>2.5. Sex Education</b> .....	11
<b>2.5.1. Sex Education in Western Societies</b> .....	12
<b>2.5.2. Sex Education in Africa Societies</b> .....	13
<b>2.6. Forms of Sex Education</b> .....	16
<b>2.6.1. Abstinence-only sex education</b> .....	17
<b>2.6.2. Comprehensive sex education</b> .....	18
<b>2.7. Theoretical Framework</b> .....	18
<b>2.8. Knowledge Gap</b> .....	21
<b>2.9. Chapter Summary</b> .....	21
<b>Chapter 3</b> .....	22
<b>Research Methodology</b> .....	22
<b>3. Introduction</b> .....	22
<b>3.2. Research Design</b> .....	22
<b>3.3. Target Population</b> .....	23
<b>3.4. Sample and Sampling Techniques</b> .....	23

<b>3.5. Research Instruments</b> .....	23
<b>3.5.1. Questionnaire</b> .....	24
<b>3.6. Data Collection Procedures</b> .....	24
<b>3.6.1. Ethical approval from Department of Psychology</b> .....	24
<b>3.6.2. Permission Min of Education and School authorities</b> .....	24
<b>3.6.3. Collection process</b> .....	24
<b>3.7. Data Analysis Procedures</b> .....	25
<b>3.8. Ethical Considerations</b> .....	25
<b>3.9. Chapter Summary</b> .....	25
<b>Chapter 4</b> .....	27
<b>Data analysis and presentation</b> .....	27
<b>4. Introduction</b> .....	27
<b>4.2. Demographics</b> .....	27
<b>4.3. Responses on students’ perceptions toward sex education</b> .....	28
<b>4.3.1. Do you receive sex education in your school?</b> .....	28
<b>4.3.2. Should sex education be taught in school?</b> .....	29
<b>4.3.3. Sex education promotes sexual immorality?</b> .....	31
<b>4.3.4. Should contraceptive and condoms be part of sex education in secondary school?..</b> .....	32
<b>4.4. Responses on students’ attitudes toward sex education</b> .....	33
<b>4.4.1. Sex education is a waste of time?</b> .....	34
<b>4.4.2. Do you feel the need for sex education?</b> .....	35
<b>4.5. Students’ preferred choices for sex education</b> .....	36
<b>4.5.1. From what source do students get sex education?</b> .....	36
<b>4.5.2. Students’ preferred source for sex education</b> .....	38

4.5.3. Students’ preferred approach to sex education .....	39
4.6. The relationship between male and female students’ attitudes and perceptions on sex education.....	39
4.6.1. Hypotheses 1.....	40
4.6.2. Hypothesis 2 .....	40
4.7. Chapter Summary .....	<b>Error! Bookmark not defined.</b>
<b>Chapter 5 .....</b>	<b>43</b>
<b>Discussions, Conclusions and Recommendations.....</b>	<b>43</b>
<b>5. Introduction .....</b>	<b>43</b>
<b>5.1. Perceptions of students on sex education .....</b>	<b>43</b>
5.1.1. Do student students receive sex education in their school.....	43
5.1.2. Sex education as part of school subjects.....	44
5.1.3. Comprehensive sex education verse Abstinence only sex education .....	45
<b>5.2. Responses on attitudes toward sex education.....</b>	<b>46</b>
5.2.1. Sex education is a waste of time? .....	46
5.2.2. The need for sex education.....	47
<b>5.3. Students preferred choices for sex education.....</b>	<b>47</b>
5.3.1. Students’ sources for sex education .....	47
<b>5.4. Conclusion.....</b>	<b>49</b>
<b>5.5. Recommendations.....</b>	<b>50</b>
<b>5.6. Chapter summary .....</b>	<b>50</b>
<b>Reference List.....</b>	<b>52</b>
<b>Appendix A: Audit Sheet .....</b>	<b>58</b>
<b>Appendix B: Research Instrument.....</b>	<b>59</b>
<b>Appendix C: Data collection approval letter .....</b>	<b>62</b>

**Appendix D: Turn-it-in Report ..... 64**  
**Appendix E: Marking Guide ..... 63**

## List of Figures

<b>Figure 2.1 Social Learning Theory.....</b>	<b>19</b>
<b>Figure 4.1 Do you receive sex education.....</b>	<b>30</b>
<b>Figure 4.2 Should sex education be taught in schools.....</b>	<b>31</b>
<b>Figure 4.3 Sex education promote sexual immorality.....</b>	<b>32</b>
<b>Figure 4.4 Should condoms and contraceptive be part o sex education.....</b>	<b>33</b>
<b>Figure 4.5 Students attitudes toward sex education.....</b>	<b>35</b>
<b>Figure 4.6 Do you feel the need for sex education.....</b>	<b>36</b>
<b>Figure 4.7 Do you feel the need for sex education: Gender.....</b>	<b>37</b>
<b>Figure 4.8 Source of sex education.....</b>	<b>38</b>
<b>Figure 4.9 Approaches to sex education.....</b>	<b>40</b>
<b>Figure 4.10 Correlation Scatter plot.....</b>	<b>42</b>

## List of Tables

<b>Figure 4.1 Demographic information.....</b>	<b>28</b>
<b>Figure 4.2 Do you receive sex education.....</b>	<b>30</b>
<b>Figure 4.3 Should sex education be taught in schools.....</b>	<b>30</b>
<b>Figure 4.4 Sex education promote sexual immorality.....</b>	<b>32</b>
<b>Figure 4.5 Should condoms and contraceptive be part o sex education.....</b>	<b>33</b>
<b>Figure 4.6 Attitudes scores.....</b>	<b>34</b>
<b>Figure 4.7 Sex education is a waste of time.....</b>	<b>36</b>
<b>Figure 4.8 Preferred sources for sex education.....</b>	<b>39</b>
<b>Figure 4.9 Correlation: Hypothesis 1.....</b>	<b>41</b>
<b>Figure 4.10 Correlation: Hypothesis 2.....</b>	<b>42</b>

# Chapter 1

## Overview of the Study

### 1.1. Introduction

This research is aimed at finding out secondary students' attitude and perceptions on sex education. The chapter covers the background to the study, statement of the problem, significance of the study, research questions, objectives, assumptions, purpose of the study, delimitations, limitations, and definitions of terms are explained.

### 1.2. Background of the Study

Sex education is a tool which is used internationally as a way of imparting knowledge amongst young people about sex related issues or reproductive health. School-based sex and sexuality education is a foundation of HIV hindrance for adolescents who continue to bear a high HIV/AIDS burden worldwide. Zimbabwe introduced sex education in school in the early 2000s as way to curb the alarming raise in sex-related consequences such as HIV/AIDS, STIs, teen pregnancies, etc. Washaya (2013) stated that education assume a focal part in the lives of youth or youngsters who spend greater part of their time in school and other learning settings; therefore imparting sexual education in schools is vital so as to reach a wide populace of youth. Statistics obtained in 2013 have shown that in Zimbabwe, about 4 million children are primary and secondary school learners (Washaya, 2013). According to the Zimbabwe Demographic and Health Survey and the National Census conducted in 2012, young people contribute a staggering 64 percent of the estimated 13million strong Zimbabwean population (Kunambura, 2014). Another studies indicated that in Zimbabwe, 34 percent of adolescent females have had sex intercourse, mostly unprotected, while the figure for their sexually active male stood at 25 percent (Kunambura, 2014). This has resulted in a significant majority of that mass of children is squandered in early relational unions, drug abuse as a result of a mismanage life, undesirable pregnancies for girls and HIV and AIDS. This dovetails with the National AIDS Council reports

discharged in 2015 which expressed that in 2014 alone, Zimbabwe recorded an astonishing 53 000 new cases of HIV infection, again with young people giving a noteworthy proportion (Kumbura, 2015). In another study conducted by UNICEF in 2013, result has shown that out of an anticipated 1.3 million people living with HIV/AIDS 7.5 percent are children from the age of 0-14 years and these overwhelming results calls for better access to knowledge and life skills for children and young people concerning their sexual and reproductive health and to HIV prevention, care and treatment services by the Government (Washaya, 2013).

Teaching sexual education in schools has been the subject to arguments and discussion for some time in southern Africa (Thaver, 2012). The debate was essentially based on three key issues – at what stage to present it, what sort of educational program is proper and who is competent to give such training (Thaver, 2012). In African context there are various cultural taboos and religious aspects that discourage discussions on sexuality or sex amongst adolescences in schools. In the traditional African context, young people receive sex education from their aunts (*ambuya, tete*) and uncles (*sekuru*). However such sources of information on sex-related issues has proven insufficient and inadequate as evidenced by the increasing figures in HIV/AIDS, teenage pregnancies, early marriages and school drops out amongst secondary school students due to early experimentation of sexual activities. Sex education in secondary school can therefore help students to gain insight on the negative consequences of indulging in unsafe sex practices and thus improve the reproductive health of the youth of today.

The subject sex education has been a major concern lately in all of Africa. According to Napkodia (2012) Nigeria introduced in the curriculum in the late 90s as a driving force toward eradicating as to moral laxity, promiscuity, unwanted pregnancy, abortion, Sexually Transmitted Infection (STI), forced marriage, school dropout etc. among youths. Napkodia (2012) postulated that the increase in these problems is advanced by the obliviousness of young people about sex education, confusion and frustration resulting from absence of consciousness of both home and school about the requirement for sex education in the school settings. According to Ameh (2013) sex education was also meant at preparing young people for their adult roles in accordance with adequate societal standard, and to also empower young people to have greater control over their sexuality and reproductive life to their own particular advantage both socially and economically. Imparting sex education in schools has contributed positively to the youth and community as



results indicated positive reaction toward the introduction of the subject matter in secondary schools (Ameh, 2013). Nigeria has taken much step ahead in the involvement of sex education in both junior and secondary schools though social, cultural, political and religious factors hinder the progress on this initiation.

Based to the above mentioned background, the researcher noted that it was essential to conduct a research aimed at investigating perceptions and attitudes of high school students toward sex education so as to establish a better understanding of their feelings and thoughts on the subject. The study was conducted at Forward in Faith high school located in Belvedere, Harare.

### **1.3. Statement Problem**

The increasing rates in pregnancies, HIV/AIDS, STDs and early marriages, school dropouts among adolescents in Zimbabwe has being a major concern lately. These problems are attributed toward insufficient sex education in young people. The traditional source of information for adolescents about sex education has proved to be inadequate. Young people are exposed sex related materials via media and social network as well as peers which turn to give a wrong impression of sexual health. Studies in Zimbabwe has reviewed that the majority of adolescence from the age of 15-19 years are indulging in sexual activities already thereby making the group most vulnerable to HIV/AIDS, STIs, school drop outs, early marriages and teenage pregnancies which hinder their progress in education (Stally, 2003). According to a study by Avert (2016), 4.1% of youths (15-24 years) in Zimbabwe are living with HIV and the majority of young men and women do not have broad knowledge about HIV/AIDS and STIs, restricting their ability to practice safe sex. Reports in the Financial Gazette March 12 (2015) indicated that number of school dropouts for 2012-2014 stood at 13000 while 6170 are girls. It stated that 52% of girls' dropouts were due to unplanned pregnancies and marriage. These results are devastating to the community and cause social and psychological problems to the people as well as political problems to the nation at large. The integration of school-based sex education in the curriculum can play an integral role in reducing these figures, also paying attention to the attitudes and perceptions of students toward the subject as there are essential in determining success or failure of sex education programs in schools.

#### **1.4. Purpose of the Study**

The purpose of this study is to investigate students understanding or views and attitudes toward sex education in secondary schools. The researcher also aims to suggest criteria in which sex education can be effectively implemented in school so as to promote positive reproductive health amongst adolescence in secondary schools.

#### **1.5. Research Questions**

- What are the perceptions students have toward sex education in secondary schools?
- What are the attitudes students have toward sex education in secondary schools?

#### **1.6. Hypotheses**

- There is no significant different in attitudes and perception of students due to gender
- There is no significant relationship between perceptions and attitudes toward sex education

#### **1.7. Objectives**

- To find out how students perceive sex education.
- To find out what attitude students hold toward sex education.
- To recommend effective strategies for the improvement of sex education in secondary schools.

#### **1.8. Significance of the Study**

- This study benefits the general community and students in bringing light on the importance of sex education in Zimbabwe.
- If shared this study could alter negative attitudes toward sex education hence reducing the chances of HIV/AIDS, teenage pregnancies, early marriages and other related problems associated with engaging in sexual activities.

- This study could also benefit policy makers in the educational sector in coming up with effective learning strategies on sex education.

### **1.9. Assumptions**

For the purpose of this study the assumptions are that:

- Sex education is taught in schools as the Zimbabwean policy state that sex education should be taught in secondary schools.
- The implementation of sex education in schools is not effective
- Information collected by the researcher is going to be useful in formulating effective ways to provide sex education to young people.
- Students are cooperative and honest in their responses

### **1.10. Delimitation of the Study**

This research was based only on the attitudes and perceptions of students at Forward in Faith High School in Harare, Belvedere. It only captured the population of students ranging from age 15 to 19 years and only three classes; form 4, form 5 and form 6.

### **1.11. Limitations**

The limitations to the study are:

- Lack full cooperation from students as they may lack trust toward the researcher.
- The researcher used self report questionnaire which are subjective in nature as it give participants full control.
- The research could be affected by social desirability where participants may estimate what the researcher wants.
- The research was conducted on one school.

### **1.12. Definition of Terms**

**Sex education** – it is a process of obtaining information about sexual development, sexual reproductive health, interpersonal relationships, affections, intimacy, body image and gender roles.

**Perception** – in this study refers to the views and understanding of a particular issue or something.

**Attitudes** – in this study refers to positive or negative reactions toward something.

**Adolescences** – in this study refers to young people from the age of 15-19

### **1.13. Chapter Summary**

The need for sex education in our communities is an indispensable one. Sexuality and sexual health is central to us as human beings. The chapter outline the background of the study, statement of the problem, significance of the study, research questions, objectives of the study, assumptions, purpose of the study, delimitations, limitations, and definition of terms and the conclusion of the chapter.

## **Chapter 2**

### **Literature Review**

#### **2. Introduction**

This chapter entails the literature review on students' perceptions and attitude toward sex education in secondary schools. Karanja (2004) observed that literature review presents the findings of other researchers in this area. The study aims at bringing understanding in the concept of perception and attitudes. The chapter is going to cover sex education in the Western societies as well as in Africa in detail. The research also looked at the Social Learning Theory as a theoretical framework in understanding how student learn about sexuality in secondary schools.

#### **2.2. The Concept of Perception**

Perception can be comprehended as a psychological procedure that includes the acknowledgment and interpretation of the sensory information or the way we responds to information (Williams, 2016). According to AcademLib (2016) perception can likewise be characterized as a procedure which includes seeing, receiving, selecting, organising, interpreting and giving meaning to the information around us. Perception also constitutes our understanding of certain phenomenon. It can be viewed as a subjective process whereby individuals may perceive the same situation differently. Thus some people or societies may have different perceptions about the same situation or object (Kapinga & Hyera, 2015).

According to Goodey (1971) cited in Karanja (2004) perception is the awareness of objects or other through the medium of the senses. From this definition it can be noted that perception is not merely a process of seeing but it also involves hearing, tasting, touching and smelling. Sharma (2016) noted a number of factors that can have a profound influence our perception. These factors include beliefs, culture, interest, expectations and experience. This clearly shows how people may have different perception on the same situation. Perception plays a significant role in human behaviour. Ukeje (1992) cited in Njue (2002) postulated that the actions of a person at a given point in time are the effect of the forces operating simultaneously in his or her psychological world.

### **2.2.1 Students' Perceptions of sex education**

Students' perceptions about sex education have a profound influence on their sexual life. Perceptions on sex education by student determine the success or failure of the sex education programmes in schools. It also constitutes students' knowledge about sex education and may play a pivotal role in the behaviour change of students toward the subject matter. Various studies have been conducted on students' perception of sex education in trying to understand the point of view from which students understand the subject. In a study conducted by Karanja (2004) in Nairobi, Kenya result reviewed that most student have positive perception on sex education and student felt the need for sex education to be incorporated in the education system. Such positive perception of sex education increases the effectiveness of the sex education programs in schools. Positive perception also allows a dual relationship between teachers of sexuality and students; thereby giving chances for clarity of particular issues that may be affecting students' sexual life. Bella (2014) observed that most Philippians students express the need of sex education in schools as they fear sexual consequences such as unwanted pregnancies and Sexually Transmitted Infection which they witnessed on their fellow peers or students.

Eko et al. (2013) also postulated that in Nigeria student also understood the significant of sex education in school. However, culture and religion remain major hindrance factors toward successful implementation of the sex education programs.

### **2.3. The Concept of Attitudes**

According to Hogg and Vaughan (2005) cited in McLeod (2009) an attitude is a relatively persisting associations of beliefs, emotions and behavioural tendencies toward socially important objects, groups, events or symbols. Attitudes in other words constitute what an individual likes and dislikes. Xinli Chii and Hawk (2016; p. 1) pointed out that attitudes are "psychological tendency that is expressed by evaluating a particular entity with some degree of favour and disfavour". From this understanding of attitude individuals can either hold positive (like) or negative (dislike) attitude toward certain aspects in life which can therefore influence or determine their behavior in a particular social context. Ahmad (2008; p. 41) also defined an attitude as "a predisposition or a tendency to respond positively or negatively to a certain idea, object, person, or situation". Attitudes cannot be observed directly, but can be inferred from

actions, or from observation of people's responses to objects and other events or from their evaluative statements and other verbal expressions (Chaudhary & Mansoori, 2015)

The concept attitudes can be understood as a structure composed of three components. Eagly and Chaiken (1993) argued that the framework of understanding attitudes should be viewed as a tripartite consisting of behavioural component, affective component and cognitive component. The behavioural component is concerned with the way the attitude one have influences how he/she act or behaves (McLeod, 2009). It is also refers to the previous behaviours or knowledge concerning an attitude object. According to Bem cited Hogg and Cooper (2003) past behaviours can be utilized to derive an attitude toward an object through self-perception. The theory of self perception was proposed by Daryl. J. Bem. It entails that individuals decide attitude and inclinations by inferring the meaning of their own behaviours (Bem, 1972). Affective components are concerned with the emotions. In other word, these are attitude that erupt from emotional reaction to the attitude object (Hogg and Cooper, 2003) thus, feeling linked to the attitude object. The last component of attitude is cognitive component which involves a person's thoughts, beliefs and attributes about an attitude object (McLeod, 2009). In support of the structure of attitude, Kilgore (2016) postulated that attitudes are born out of what we know (cognitive), feel (emotions) and do (behaviour) about something or someone. The three component of attitude influences each other; if one component changes it influences the entire attitude component or may influence one of the other components.

### **Attitude of students toward sex education**

Attitudes that people hold toward an object or idea may predict how they behave when they encounter the object or idea. According to Vashistha and Rajshree (2012) attitudes are usually regarded as lasting although adjustable by experience and or persuasion and as inclined to action. Thus, attitudes manipulate feelings and behaviour (Chaudhary & Mansoori, 2015). Generally positive attitude toward something is more likely to be associated with favour toward the aspect hence influence how one behaviour and vice-versa. This relationship between attitudes and behaviour is significant to sex education among young people. According to Youth Alive (2016) attitudes youth develop in the development phase have an impact on their lives as adults and it affect them in their relationships as spouse and parents. Positive attitude toward sex education entail that students or young people expresses the need for sex education and are in favour of the

subject. Negative attitudes toward sex education indicate that young people dislike the subject and possibly do not express the need for it. Both positive and negative attitudes of students toward sex education affect young peoples' sexuality and reproductive health. Most researchers found that positive attitudes toward sex education are associated with positive sexual behaviours and health as well as informed decisions. Negative attitudes, on the other end are associated with recklessness and carelessness decisions when it comes to sexual health.

There are a number of factors such as culture and religion that prohibit the impartation of sex and reproductive health education to young people. Khadijeh et al. (2015) postulated, in most cases cultural and social barriers hamper sexual educational plans and programs. This has made sexuality and sex education in schools debatable by many. The hullabaloo surrounding this issue reveals the attitude of the general public toward sex and reproductive education. Such attitude toward the subject reduces its effectiveness and impact it will have. However, sexuality education needs an optimistic attitude which will increase the usefulness and success of the program. Vashistha and Rajshree (2012) suggested that positive attitude toward sex education help in uttering confusion in the mind of adolescents and anxiety emerging out of poor knowledge about their sexual developments, sex and form misconceptions. This will go a long way in positively changing behaviour of young people toward sexuality. Thus optimistic attitude toward sexual education are positively associated with desirable and informed decisions on sex issues thereby improve sexual health of young people. Studies have shown that around the globe most young people personally have expresses the need for sexuality education, though the subject is not sufficiently provided to them especially in many part of Africa. For instance according to study by Eko et al. (2013), most students expressed the need for sex education by strongly agreeing the subject should be made compulsory in school, thus, positive attitude toward the subject. According to a study by Myaze (2008) high school learners indicated highly optimistic attitude toward sex and reproductive health. Despite, pressure from society and culture young people seem to hold positive attitudes toward sexual education because the fear consequence that follow with unsafe sex practices and poor sexual health.



## **2.4. Sexuality**

Sexuality is a significant part of young people's health. According to the World Scouts Bureau (1988) cited in Karanja (2004) sexuality is a broad notion, embracing the biological, physical emotional, interpersonal, intellectual and spiritual aspects of our personal lives. Nakpodia (2012) pointed out that the biological feature of sexuality involves reproduction and the basic biological force that is found in every species, which is controlled by hormones. The psychological or physical characteristics of sexuality include to the attachment that exists between people, and is uttered through deep feelings or physical expressions of emotions of trust, love, and caring (Nakpodia, 2012). Hence sexuality can be said to be a total expression of who we are as human beings. It include our entire psychosocial development, values, mental attitudes, physical appearance, beliefs, emotions, likes, dislikes, our spiritual selves and all the ways in which we have been socialized (Karanja, 2004). Eko et al. (2013) suggested that sexuality is experienced and expressed in, fantasies, thoughts desires, attitudes, beliefs, values, practices, behaviours and relationships.

## **2.5. Sex Education**

Sex education is a term used to portray teaching or learning about individuals' sexual composition, reproductive health, and other aspects of human being sexual behavior. According to SIECUS (1996, p.6) sex education

“Is a lifelong process of acquiring information and forming attitudes, beliefs, and values about identity, relationships, and intimacy. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles”

The rising population of youngsters in our communities with insufficient information on sex-related knowledge is facing an unprecedented wound from customary rules and norms and behavioral controls, (Jinadu & Odesammi 1993 cited in Iwu et al., 2011). This has resulted in uncontrolled teenage pregnancies, unsafe abortion, HIV/AIDS and STIs which are demoralizing to the community. This calls for sex and sexuality education which plays an integral role in imparting sex-related information to young people. Its main goal is promotion of positive sexual health (Planned Parenthood., 2012). Sexual wellbeing is a significant part of overall health and

welfare. It is the most important positive element of personal wellbeing. Myeza (2008, p32) postulated that

“The aim of introducing sexuality education in schools and in other areas of their lives, for example at home, church and in the media, is to help teenagers acquire information, beliefs and values about identity, relationships, intimacy and reproductive biology, to understand the positive view of sexuality, to provide information and skills about taking care of and promoting their sexual health, to make decisions now and in future, to prepare for marriage and responsible parenthood, to learning to enjoy and control sexual behaviour and to promote responsible reproductive behavior”.

Sex educations also play a pivotal role in eradicating false beliefs, shame and guilt surrounding sexuality and imparting youth with freedom from sexual dysfunction. According to Oganwu, (2003) cited in Nakpodia (2012, p37) “sexual health education or sex education should be available to all as an important component of health promotion and services”. Sex education that works also helps equip adolescences with acquiring skills to be able to distinguish between accurate and inaccurate information, and to talk about an array of moral and social matters and perspectives on sex related issues (World Pulse., 2009). It has been noted that youths or adolescence receive information regarding sex related issues from a wide array of sources including friends and through various media platforms. Some of the information will be correct and some incorrect and could have spurious consequence on them (Vashistha &Rajshree, 2012). As such, it is essential to provide youth with information through sexuality education as a means of discovering what young people already know and adding to their present knowledge and correcting any misinformation (World Pulse, 2009).

### **2.5.1. Sex Education in Western Societies**

The Western societies are well advanced in term of inclusion of sex education in schools. According to Future of Sex Education (2016) sex and reproductive health education in the United States of America can be dated back as far as in the 1960s, however it was subject to many diverse forces such as social trends, public health concerns, politics and other various controversies. Reiss (2005) noted that around the 1960s, sex education was about teaching the reproduction topics undertaken in biology lessons. Sex education was part of school curriculum since 1970 in Germany. It covers topics pertaining to development, bodily changes throughout

puberty, feelings, genetic process of reproduction, gays and lesbians, sexual intercourse, undesirable pregnancies, and abortions, sexual abuse, and sexually transmitted infections (Iwu, 2011). Although sex education was supported by many at the time, its implementation was not a complete success due to the ongoing controversies at that time. Some of the controversies encountered at the time where the belief that sex education would trigger sexual activities amongst young people rather than limiting them. Due to the AIDS epidemic in the 1980s, more saw the need for sex and sexuality education, educationalists and health providers used this momentum to push policy change and in 1989 twenty three states in America had passed mandate for sex education (Future of Sex Education, 2016). However, most preferred an abstinence-only sex education approach.

In the late 1990s, studies found out that most young people were more likely to have sex before marriage (EBSCOHOST., 2016) which calls for a comprehensive sex education In America. Nevertheless, in France, Germany and Finland, youth sexual health and development was already seen as healthy and normal. The education provided to these students involves instruction in making informed choices and engaging in sexual behavior in a responsible manner (Hartman., 2002). This was also achieved with the aid of media platforms such as television and radios in educating the public at a larger extent about safe practices to sex as well as other sex related issues.

According to the North Carolina Youth Connected (NCYC, 2016), a bipartisan state law in Carolina, America was passed in 2009 stating that all school systems must provide age appropriate sex education that includes information on abstinence, Sexually Transmitted Infection (STI) prevention, contraceptive methods and sexual assaults/abuse risk reduction. According to the Sexuality information and education council of the United States (SEICUS, 2016), the primary role of a comprehensive sex education approach in schools was to help young people build a foundation as they mature into sexually health adults and to assist young people in understanding a positive view of sexuality, provide them with information and skills for taking care of their sexual health and help them make a sound decisions now and in the future.

### **2.5.2. Sex Education in Africa Societies**

In Africa, sex education is not new. The subject of sexual health was generally not spoken in public unless it was in communally authorized public places which were very essential (Ujaama,

2012). Hoffman and Futtermen cited in Muparamoto and Chingwenya (2009) noted that many adults have difficulty in acknowledging adolescents as sexual beings, and therefore adolescents' sexuality is as something which must be controlled and restrained. According to Ujaama (2012), in some parts of Africa spaces for sex education could be at an initiation ceremony, where the teenagers legitimately become adults and had the knowledge and expectations of society imparted to them. These cultures do not permit sex education outside of the initiation process or from any other sources. This is so because the elders think that exposure to such information may promote sexual activities amongst young people. Most of the advices that came out of the elders were dos' and don'ts and safe sex was not discussed with the youngsters as they did not tolerate sexual intercourse before marriage.

The Zimbabwean culture does not accept sexual activities before marriage (Marindo et al. cited in Muparamoto & Chigwenya., 2009). Sex education was provided by traditional ethnic groups, Zimbabwe had institutions that catered for sex education. These institutions include family and mostly members of the extended families such as uncles (*sekuru*) and aunts (*tete*) cited in Stally (2003). These members played a very crucial role in imparting sex related information to the youth, though the information on contraceptives, condom use, birth control, etc was limited to young married couples. However the traditional sex education which was given to youngsters at that time was eroded due to social re-engineering during colonial era (Muparamoto & Chigwenya, 2009), collapsing family life (Ameh, 2015) through urbanization and western civilization. This left the young ones at the mercy of the wider civilization and other socializing agents who may not give accurate and authentic information that can assist the young ones in their transition to adulthood (Ameh, 2015).

Such social change has resulted in increased sexual relationship amongst young people and which has elicited public concern (Mlyakado, 2013). Thus, the gap created by modernization calls for the need to teach sex education in schools. Onwuzobe and Ekenem, 2009 cited in Ameh (2015) observed that the recognition of the gap as well as the risk in adolescents reproductive health who are prone to unplanned sex, unwanted pregnancy, unsafe abortion, sexual coercion, sexual violence, sexually transmitted infections (STIs) and even Human Immunodeficiency Virus (HIV) owing to lack of information or misinformation about the implications of their sexual behavior and health risks especially from under-age sexual practices and other anti-social

practices. This moved a number of governments in Africa, for instance Nigeria revisited its school curriculum and incorporates sex education in 1999 (Nakpodia., 2012), the Zimbabwean government introduced the subject in early 2000s (Stally., 2003). The motive behind the inclusion of sex education into the school curriculum was to prepare young people for their adulthood in accordance with the society expectations and to give them much control on their sexuality, thus protecting them from sex-related consequences.

The inclusion of sex education in Africa was mainly due to the disturbing AIDS epidemic mainly spread through sexual intercourse, for instance the largest burden of HIV/AIDS epidemic is in Southern Africa (Ebhoimhen et al., 2008). In Kenya, reports reviewed that most young people from age 15 have or are thinking of having sex (UNESCO., 2012). In Zimbabwe 2011, 38% of young ladies have had sex by age 18 years, as have 23% of young men; this difference has broaden over time. Females now first have sex nearly two years sooner than males (Remez et al., 2014). Various reasons such as culture and poverty have been attributed toward early sex experimentation amongst young people. According to Dr. D. Parirenyatwa cited in Machamire (2017) in Shona culture we say *muzukuru mukadzi* (playfully regarding niece or grandchildren as wives) but some of it may go extreme which may results in uncles sexually abusing and sleeping with their niece of grandchildren. On the other end, poverty and hunger has caused most of the youths (especially girl) to resort trade sex for money so as to put a meal on the table. Some jumps into marriages at a tender age so as to escape poverty. However this has also led to the increased figures in HIV/AIDS, unwanted pregnancies, early marriages and school dropouts in Zimbabwean youth especially girls. Machamire (2017) suggested that the key way to reduce teenage pregnancies and other sexual related consequences is to provide young people with access to information on family planning services, emergency contraception and positive sexual health.

One of the core objectives of school based sex education was aimed at preventing the spread of HIV/AIDS. Most governments in Africa have established HIV/AIDS learning programs in association with World Health Organization and international Non Governmental Organizations (Iwu., 2011). In South Africa, Thever and Leao (2012), found out that 5.7 million people where living with HIV and AIDS and the majority were youth ranging from the age of 15 years to 25 years. According to Thever and (2012), in South Africa the introduction of sex education began

in 1995 in the Department of Education in union with the Department of Health and Welfare when they put together a National Policy on HIV and AIDS Education intended at reacting to the HIV/AIDS epidemic in South Africa by creating and implementing a life skills syllabus in schools. Most of the content that constituted that South African sex education program was HIV and AIDS education. Later it was seen as insufficient thereby emphasis was made on the inclusion of life skills such as decision making and communication skills that would help youths develop healthy life styles (Thever& Leao., 2012). The government of Zimbabwe later launched the life skills, sexuality, HIV and AIDS policy in 2012 in conjunction with UNICEF aimed at increasing knowledge of young people on sexual health. According to UNICEF the life skills, sexuality, HIV and AIDS strategy have three major objectives which are:

- *“Ensure that the education sector supports all students with access to correct information and life-skills related to sexual and reproductive health, HIV prevention, care, treatment and support by the end of 2015;*
- *Ensure that learners living with HIV are supported to realize their personal, social and educational potential by end of 2015; and*
- *Promote HIV workplace policies and activities that will support teachers and other education personnel in HIV prevention, treatment, care and support by end of 2015.”*

*As cited in Washaya 2013.*

However, despite the introduction of sex education in Africa, culture and religion has been the main barrier to effective sex education in the continent. According to World Pulse (2009) in Zimbabwe, some cultural values and ideas, taboos, perceptions and myths have negatively impacted towards the dissemination of information on reproductive health and sex education. This may affect the effectiveness of programmes aimed at educating young people about sexual behaviour and may instill negative attitudes in adolescence toward the subject.

## **2.6. Forms of Sex Education**

There are two types of approaches in which sex education can be imparted to young people; these are abstinence sex education and Comprehensive sex education.

### **2.6.1. Abstinence-only sex education**

Dailard and USDOH cited in Bella (2004), suggested that this approach endorse abstaining from sexual intercourse until marriage and often stay away from discussions on the use of contraception and condoms as ease prevention ways; when discussed will put emphasis on failure rates and hence validating the approach. Most people or societies who adopt this type of sex education hold the belief that discussion sex related with adolescents may prompt sexual activities amongst the youth. According to Advocate for Youth (2001) abstinence-only sex education usually censor information about contraception and condoms for the avoidance of sexually transmitted diseases and unintended pregnancy. The advice young people are given is that of abstain from sexual activities.

This approach to sexuality education was the first most widely accepted method toward sex education. The United States government in 1996 went on to establish state funding worth \$50 million (USD) to educational institutions for sex education curricular, but the financial support is limited to abstinence-only programs (Hartman, 2002). This initiation was supported by many national health-education associations in the U.S, such as the American School Health Association and the American Public Health Association, have recommended abstinence-plus curriculums be used in school-based sexuality education programs (Wiley & Terlosky, 2000)

Most researchers noted that abstinence-only sex education are aimed at controlling youth emphasizing on the negative consequences of sexual activities which brings about some form of fear, guilt and shame in the youth in engaging in sexual acts (SIECUS, 2016). This approach to sex education is usually aligned with religious values that disallow young people to engage in sexual activities before marriage. For instance sex before marriage is a sin in the eyes of the Lord and should not be practiced. In South Africa mostly women from a strong Christian background are more likely to have intention to refrain from sexual activities until marriage, however it is expressed by a minority of them, rarely by young men (Myeza, 2008). Most African societies adopt this approach to sex education as they believe that it is a taboo to discuss sex related issues with young ones therefore the only information adolescence are given pertaining sex education is abstinence from sex (Nikpodia, 2012).

### **2.6.2. Comprehensive sex education**

Comprehensive sex education program is the most widely used approach to sex education in the modern societies. These programs include age-appropriate, medically accurate information on a broad set of topics related to sexuality including human development, relationships, decision-making, abstinence, contraception and disease prevention (SIECUS, 2016). Bella (2014) observed that this approach highlights the notion that sexuality plays an important role in people's personal development and empowers young people to make autonomous and informed decisions, without undermining the idea that young sexual desire is natural and normal. People who usually use this type of sex education approach hold the belief that it of less use to preach abstinence from sex when young people are and continuing to engage in sexual activities. Young people are advised on condom and contraception use to curb consequences of sex related activities; though more emphasis is put on abstinence as the most effective way.

Youth Alive (2016), suggested that “comprehensive sex education helps empower young people to protect their health and well being at they grow to take on family responsibilities”.

Suryoputro (2007) pointed out that various studies support that the raise in sexual activity among youth has not been coupled with increased awareness or information regarding sexuality, such as the reproduction process and anatomy, HIV/AIDS, STIs and contraceptives; rather improved knowledge reduce sex related consequences. According to Youth Alive (2016), providing comprehensive sexuality education to youth does not persuade young people to engage in sexual activities rather, it will help the make right choices and develop into responsible and respectful adults. Future for Sex Education (2016) stated that comprehensive sex education proven to be more successful, for instance a 2012 study examined 66 comprehensive sexual risk reduction programs found them to be effective public health strategy to reduce adolescent pregnancy, HIV, and STIs in the United State of America.

### **2.7. Theoretical Framework**

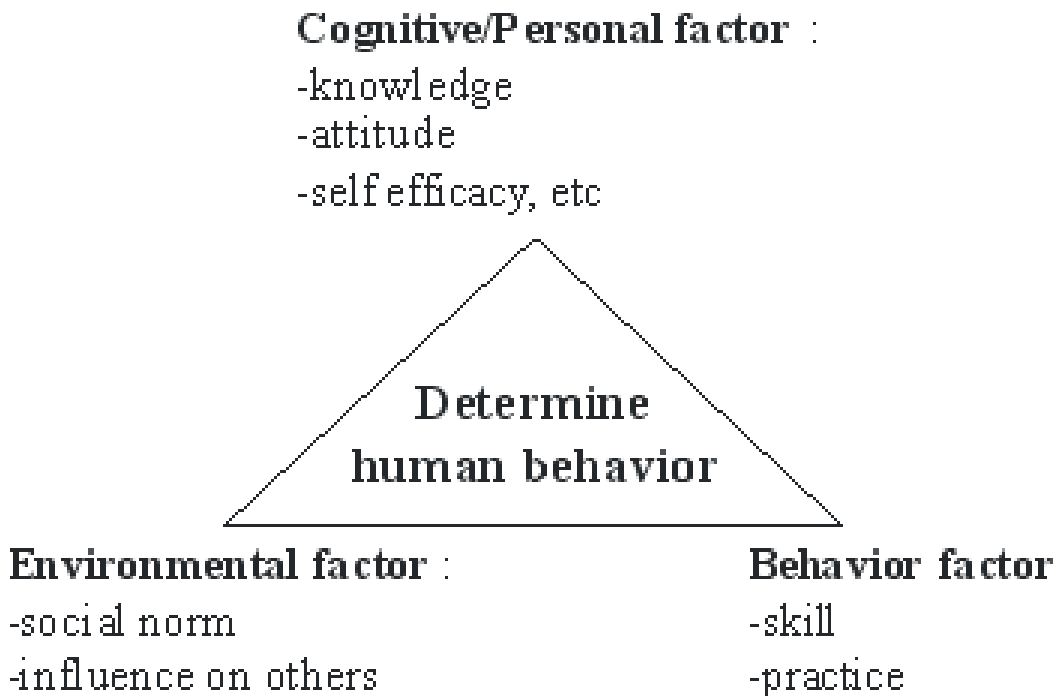
This theory was formulated by psychologist Albert Bandura in the 1960s. According to Psychology Today (2016) social learning theory merges cognitive learning theory (which places that learning is affected by mental factors) and behavioural learning theory (which posits that learning depends on reactions to surrounding stimuli). Albert Bandura was interested in how cognition influences behaviour and development. The social learning theory is sometimes



regarded as an interactionist theory whereby behaviour is viewed as a creation of the interaction between biology and the environment. This theory strongly emphasizes that individuals learn from one another through observation, modelling and imitation. Thus, youngsters or teenagers watch individuals around them and have a tendency to copy their behaviours, attitudes, etc.

This theory gives a structure for comprehension, foreseeing and altering human behaviour as it identifies human behaviour as an interface of individual factors (e.g. knowledge, understanding, expectations, dispositions, and confidences), behavioural factors (e.g., skills, practice, self-efficacy) and environmental factors (e.g. societal standards, access in society, peer impact) (<http://www.phac-aspc.gc.ca/publicat/cgshe-ldnemss/theory-eng.php>). According to Albert Bandura cited in Suryoputro et al. (2007) “Social learning theory approaches the explanation of human behavior in terms of a continuous reciprocal interaction between cognitive, behavioral, and environmental determinants”. This can be illustrated diagrammatically as shown below:

**Figure 2.1**



Source; Suryoputro et al (2007)

Bandura (1986) argues that the reciprocity between the three variables is not directional in nature and that they are not equal in strength; rather their influence will vary for different activities under different circumstances.

The practical application of this model is that an individual's sexuality can be seen as a learned and socially constructed behavior (Gabb, 2004; Wight et al., 1998 cited in Bella, 2014). The central notions of social learning theory lie on a number of assumptions about human beings and human behavior. More often than not, researchers presume that individuals are social beings since they pay attention to their surroundings. Another assumption is that people react or act in response to stimuli in their surroundings. These vital assumptions mean that sexual behaviors can be taught (Matthew Hogben & Donn Byrne, cited in Suryoputro et al., 2007).

Social Learning Theory (SLT) has been applied to sexuality education as it aims to understand and modify behavior in young people, it is a good fit for prevention-based sexuality programs — for example, those that aim to avoid pregnancy by avoiding sexual involvement or increasing condom use — as opposed to more comprehensive family life programs. (ReCapp, 2016).

In relation to sexual activities amongst secondary school students, another assumption of the social learning theory is that pupils observe and imitate sexual behaviours exhibited in the movies, music, magazines and the internet. Chances of getting unauthentic information is high which may result in formation of negative attitudes and wrong perception about the core objective of sex education. Policy makers can make use of this theory as it provides explanations and understanding as to how and why students are engaging in sexual activities, hence it provides ideas that can be included in sexual health programs to curb the increasing rates of sex-related health problems.

One of the most influential concepts central to the social learning theory is self-efficacy. Albert Bandura (1997, p71) defined self-efficacy as “people's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives”. Self-efficacy relates to an individual's self-assurance in bringing about a certain behavior with the expectation of attaining their goal. Mostly people tend to replicate socially learned behaviour if they believe that it has positive outcomes (Turner & Shepherd, 1998). Sex education programs could aim on enhancing students' self-efficacy in a way that they appreciate and understand that it

is of their benefit. According to Wulfert and Wan, high perceived self-efficacy beliefs have been found to be positively associated with both intentions to use condoms and self reported condom use (Suryoputro et al., 2007) hence formulation of optimistic attitudes and perceptions about sex and sexuality education.

## **2.8. Knowledge Gap**

The researcher's knowledge gap is centered on the notion that there are few studies that have investigated about students' perceptions and attitudes toward reproductive health especially in Zimbabwe. Most studies were more concerned with finding out what teachers, health care practitioners and parents of guardians think about sex education in schools. However, adolescences' perceptions and attitudes play a significant role in successful implementation of sexual health programmes in schools. Both attitudes and perceptions influence human behaviour. Investigating perceptions and attitudes toward sex education help policy makers to understand how children react to sex education and find out their general thoughts on the subject. This will go a long way in devising effective strategies to alter misinformation or misinterpretation as well as to change negative attitudes toward sex education so that young people harness the subject and understand its significance to their overall wellbeing.

## **2.9. Chapter Summary**

Sexual life is central to us as reproductive human beings. Sex education programs opt to guide us through our reproductive development providing us with knowledge that equips us to make informed decisions about our sexual health. This chapter focused on the other relevant scholarly information on students' perceptions and attitudes toward sex education in secondary schools. It explored concept of attitudes and perceptions in relation to sex education.

## Chapter 3

### Research Methodology

#### 3. Introduction

This chapter explores the research methods used by the research. The chapter contains knowledge on how the researcher acquired information and the type of research used. It covers research approach, on research design, targeted population, sampling, data collection procedures and analysis as well as ethics observed by the researcher.

#### 3.2. Research Design

The research design alludes to the general methodology that one choose to incorporate the different components of the study in a sound and logical way, thereby, guaranteeing one will adequately address the exploration issue or research problem; it constitutes the plan for the collection, measurement, and analysis of data (De Vaus, 2008). According to the Wikipedia (2016) a research design is the plan of a study; it defines the study type and subtype, and data collection methods. It includes plans and procedures for research that span the decisions from broad assumptions to detailed methods of data collection and analysis.

For the purpose of this study descriptive survey research designs were used, which allow collection of data from many subjects. Kowalczyk (2015) defines descriptive research as a study designed to portray the participants in an accurate way; it is all about describing persons who take part in the research. Descriptive research can be conducted in the form of observational, case study or survey. This study opts for surveys which make use of questionnaires and interviews to collect data from the field. For the purpose of this study questionnaires were used to collect data from students.

### **3.3. Target Population**

According to Kruger and Welman (2002), targeted population is defined as the comprehensive of the individual units which a research sample is derived. The target population for a study is the total set of units for which the study data is to be used to make assumptions (Lavrakas, 2008). Thus, it identifies those units for which the results of the study are intended to generalize (Lavrakas, 2008). The study targeted students at Forward in Faith High School located in Belvedere, Harare from the age of 16 years to 18 years to be the key participants in this study. The study targeted students from across three levels from form 4 to form six regardless of the subjects taken by the students.

### **3.4. Sample and Sampling Techniques**

It is difficult to conduct a study using all the participants in the targeted population especially if the population is large. Researchers in most cases usually select a representative of the population to conduct the study on. This process of selecting a representative group from the population under study is called sampling (McLeod, 2014). Therefore according to McLeod (2014) a sample is a group of persons who take part in the survey. Probability sampling was used to select students randomly. The sample size was 80 students; however only 73 students gave feedback in which 43 were females and 30 males. Simple random sampling was chosen by the researcher as it gives each student an equal chance of being selected and improves chances of a truly representative sample.

### **3.5. Research Instruments**

According to Free Dictionary online (2009), a research instruments is a testing device for measuring a given phenomenon such as a questionnaire, an interview, a research tool, or a set of guidelines for observation. Research instrument can also be regarded as tool used to extract data from participants. For the purpose of this study questionnaires were administered to students for data collection.

### **3.5.1. Questionnaire**

Questionnaire is document for collecting data through structured or semi structured questions (Neuman, 1997). For the purpose of this study only structured questions were used. Beiske (2002) observed that a questionnaire is a structured procedure known for extracting raw or primary data. Questionnaires are important for collecting large amount of data and obtaining raw data. According to Bell (1999) cited in Beiske (2002) questionnaires can prove to be excellent method to obtain quantitative data about people's attitudes, values, and past experience.

The researcher drafted his own questionnaire which was subject to reliability test. A test retest was conducted with 4 participants and a time frame of 10 days using Pearson product moment correlation. The test yields a correlation coefficient of 0.87 which indicate that the instrument was reliable enough to use.

## **3.6. Data Collection Procedures**

Data collection is a process of gathering and measuring information on targeted variables in an established systematic fashion, which then enables one to answer relevant questions and evaluate outcome (Neuman, 1997)

### **3.6.1. Ethical approval from Department of Psychology**

The researcher sought approval from the Department of Psychology at Midlands State University. Approval was granted and signed by the department's chairperson and student's supervisor.

### **3.6.2. Permission Min of Education and School authorities**

The researcher sought permission from the Min of Primary and Secondary Education; Department of Research as well as from the educational provincial director in Harare. Permission was granted to carry out the study. Lastly permission was also sought from the school head and was granted.

### **3.6.3. Collection process**

After approval and permission to carry out the study was granted, questionnaires were administered to the student (participants) at the school. The researcher was assisted by the senior

woman at the school to distribute the questionnaires to the students. Students were gathered at an assembly point and a box with little pieces of papers indicating yes and no was presented to them to pick from. Those who picked the yes paper were chosen as participants to the research. Questionnaires were distributed to the chosen participants and handed over to the senior woman at Forward in Faith High school after completion. The researcher came the following day to collect the completed questionnaires. The process took two days.

### **3.7. Data Analysis Procedures**

Upon completion of questionnaires by the students, the data was collected for analysis by the researcher. Descriptive statistics were used to analyse demographic data. Pearson product moment correlation was used to further analyse data and to test hypothesis. Since the research is quantitative in nature; tables, figures, frequency tables were used for data presentation. .

### **3.8. Ethical Considerations**

McLeod (2007) defined refers to the correct rule conduct necessary when carrying out a research.

- **Informed consent** ~ Participants were informed about the purpose of the study. It is the right of participants to know they have the right to withdraw and the implications and consequences of the information they give.
- **Confidentiality** ~ information is kept private. Results sought are not revealed or communicated to people who are not obliged view or know them.
- **Anonymity** ~ Names of participants were not included in the questionnaire rather numbers were used to identify the participants in the questionnaire.

Lastly the participants were given the freedom to withdraw if they felt uncomfortable without being penalized.

### **3.9. Chapter Summary**

This chapter covers the methodology section which explained the research design that was adopted during the research process. Ethics guided the researcher were also examined. This

chapter discussed the research instrument, participants and sampling method employed in the research study. This section of the research also explained how data will be analyzed.



## Chapter 4

### Data analysis and presentation

#### 4. Introduction

This chapter focuses on data presentation and analysis. The core purpose of this study was to gather data about students' perceptions and attitudes toward sex education at Forward in Faith High School in Harare. The questionnaire consisted of four sections in which section A focused on demographic data, section B looked at students' perception toward sex education, section C focused on attitudes of students toward sex education and the last section D looked at preferences of student on sex education. The data was analyzed using the Statistical Package of Social Sciences version 21 (SPSS) using descriptive statistics and frequencies. The response of the questionnaire was 91.25% where 80 questionnaires were circulated and 73 were returned.

#### 4.2. Demographics

This section entails the demographic information of the participants. The demographic include age, gender and level of education in "form". The table below summarizes the demographic data:

**Table 4.1 Demographic information regarding age, gender and level of education**

VARIABLE	FREQUENCY	PERCENTAGE %
<b>AGE</b> 16 years	16	21.9
17 years	30	41.1
18 years	27	37.0
Total	<b>73</b>	<b>100</b>
<b>GENDER</b>		
Male	30	41.1
Female	43	58.9
Total	<b>73</b>	<b>100</b>

<b>LEVEL OF EDUCATION</b>		
Form 4	30	41.1
Form 5	27	37.0
Form 6	16	21.9
<b>Total</b>	<b>73</b>	<b>100</b>

According to the table of frequencies above the majority of participants was 17 years old constituting 41.1% (30 participants) of the sample, 18 year olds stands at 37% (27 participants) and 16 year old at 21.9% (16 participants). On gender, female students were 58.9% (43 participants) and male students were 41.1% (30 participants). Lastly is level of education were form 4s constituted 41.1% (30 participants), form 5s stands on 37.0% (27 participants) and form 6s was 21.9% (16 participants).

### **4.3. Responses on students' perceptions toward sex education**

The second section on the questionnaire consisted of questions which intended to reveal students' perceptions toward sex education. In this study, perceptions of students on sex education are understood as knowledge, understanding and views of students toward the subject. Section B is comprised of six questions (item 4 to item 9 on the questionnaire).

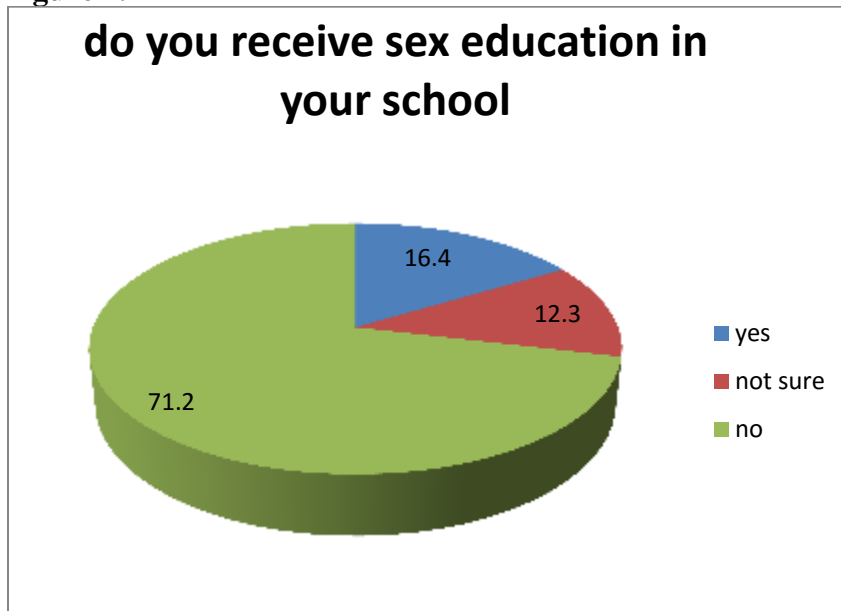
#### **4.3.1. Do you receive sex education in your school?**

The first question in section B asked if students received sex education in their school. The responses were as follows; 71.2% of the participants disagree, 12.3% of the participants were not sure if they receive any form of sex education and 16.4% of participants agrees that they received sex education in their school. The variations of the responses by students could be an indication that the student may not be fully aware of what constitute sex education. The 16.4% student who agreed they received sex education could have been referring to the reproduction topic in integrated science and biology texts. The table and pie chart below summarizes the frequencies and percentage of the participants' responses. This could also be an indication that the subject is not fully implemented in schools.

**Table 4.2 Do you receive sex education in your school**

	Frequency	Percent	Valid Percent
No	52	71.2	71.2
not sure	9	12.3	12.3
Yes	12	16.4	16.4
Total	73	100.0	100.0

**Figure 4.1**

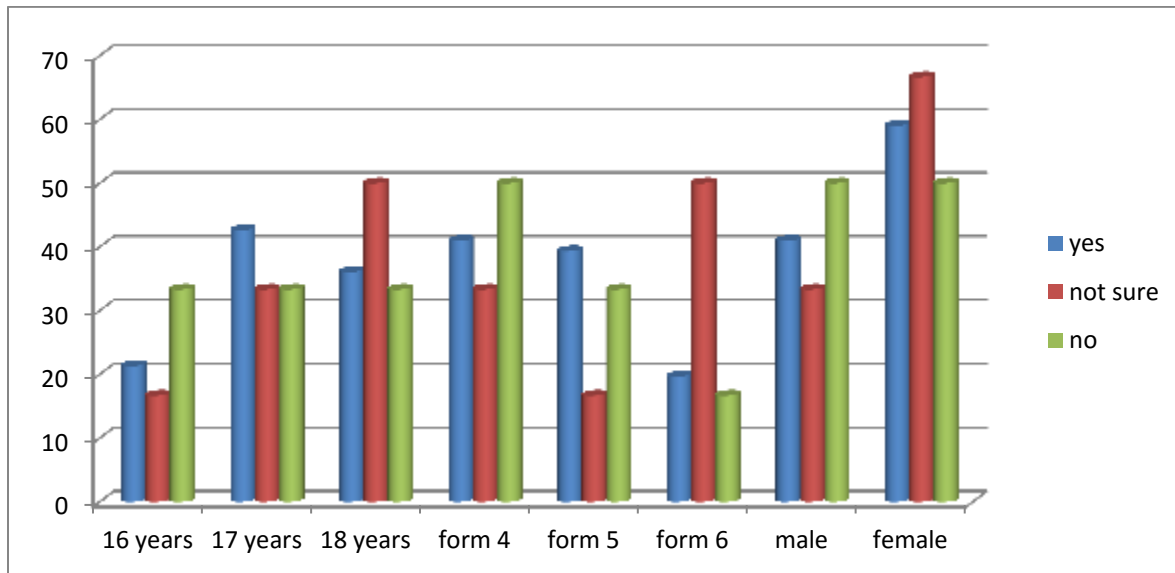


**4.3.2. Should sex education be taught in school?**

**Table 4.3 Should sex education be taught in schools**

	Frequency	Percent	Valid Percent	Cumulative Percent
no	6	8.2	8.2	8.2
not sure	6	8.2	8.2	16.4
yes	61	83.6	83.6	100.0
Total	73	100.0	100.0	

**Figure 4.2**



This question requested students to show if they feel sex education should be part of school curriculum. 83.6% (61 students) agreed that sex education should be taught in schools, 8.2% (6 students) responded no and not sure. Of the 61 participants who agreed, 21.31% were 16 years old, 42.62% were 17 years old and 36.07% were 18 years old students. Participants who were **not sure** according to age were; 16 years – 16.67%, 17 years – 33.33% and 18 years – 50%. Lastly on age participants who said **no** were; 16 years – 33.33%, 17 years – 33.33% and 18 years – 33.33%.

According to level of education, participants who responded **yes** were as follows; form 4s – 40.98, form 5s – 39.34% and form 6s – 19.67%. Participants who responded **not sure** were; form4s -33.33%, form5s- 16.67%, form6s- 50%. Lastly participants who responded **no** were; form 4s – 50%, form5s – 33.3% and form6s – 16.67%. Basing on gender, male participants who said yes were 40.98% and females 50.98%. The percentage for **not sure** responses stood at males 33.33% and female is 66.67%. Lastly participant who responded **no** were; males 50% and females 50 %. Generally, most of the participants were in favor with the introduction of sex education in school.

### 4.3.3. Sex education promotes sexual immorality?

Table 4.4 Sex education promotes sexual immorality

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	21	28.8	28.8
	not sure	24	32.9	61.6
	No	28	38.4	100.0
	Total	73	100.0	100.0

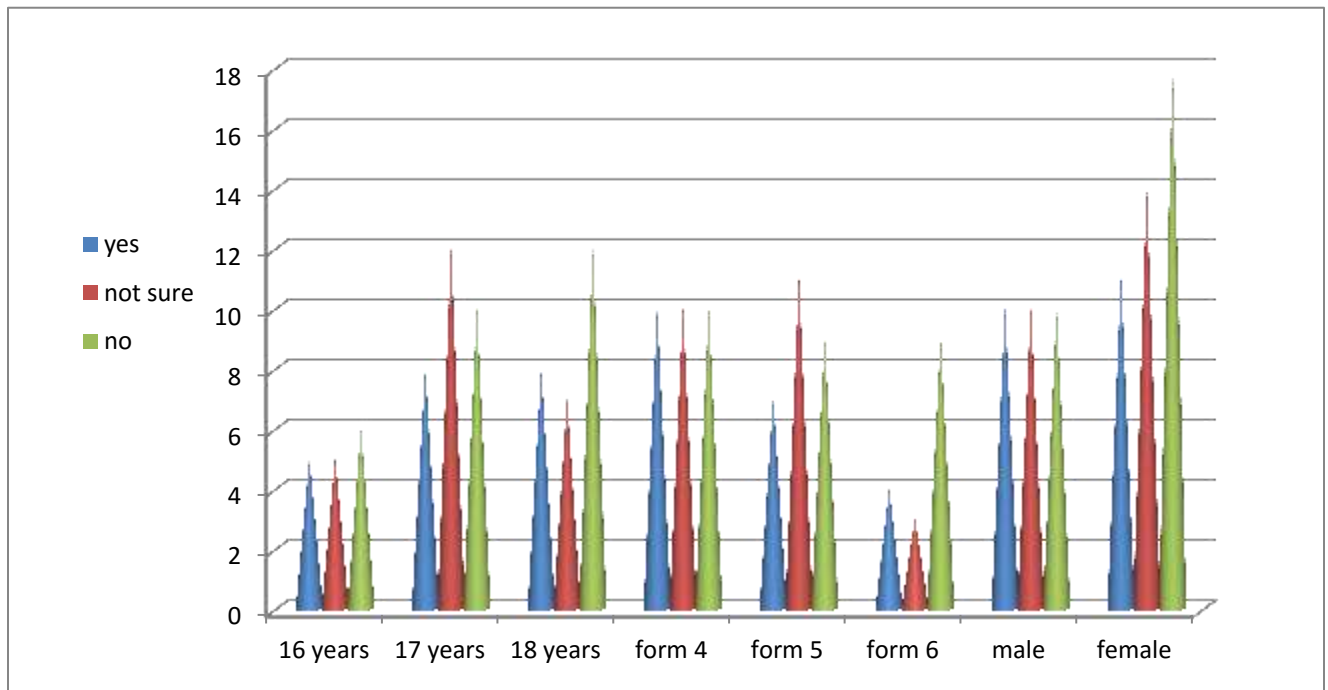


Figure 4.3

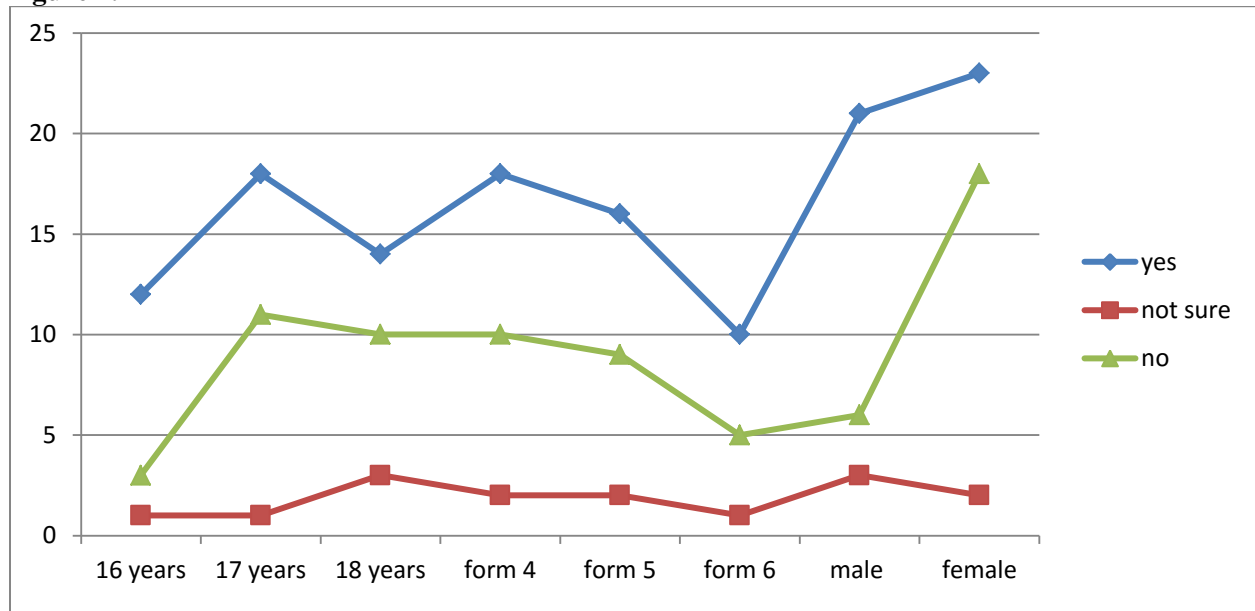
This question requested participants (students) to air out their views on whether sex education promotes sexual immorality. 28.8% (21 students) of the participants confirmed that sex education is related to immoral sexual behaviors. Thus, teaching about sexuality encourages young pupil to take part in sexual behaviors. 32.9% (24 students) were not sure if sex education encourages sexual immorality. These students would neither agree nor disagree with the statement in question. Lastly 38.4% (28 students) disagree that sex education encourage sexual immorality. That is, these students believed that sex education is an important tool to sexual immoral behaviors amongst young people.

#### 4.3.4. Should contraceptive and condoms be part of sex education in secondary school?

Table 4.5 Should Contraceptive and condom use be part of sex education in secondary schools

	Frequency	Percent	Valid Percent	Cumulative Percent
no	24	32.9	32.9	32.9
not sure	5	6.8	6.8	39.7
yes	44	60.3	60.3	100.0
Total	73	100.0	100.0	

Figure 4.4



This item requested students to identify if they would like contraceptive and condoms be part of sex education. Teaching of contraceptive and condoms is part of what is known as comprehensive sex education, which is broad and tries to incorporate every aspect of sexuality. 60.3% (44 students) of the participants insisted that contraceptive and condoms should be part of sex education. 32.9% (24 participants) denied and 6.3% (5 participants) were not sure on the inclusion of contraceptives and condoms in sex educations. In terms of gender females express more need for contraceptives and condom use education. These results indicate that young people are willing to take measures of protecting themselves from unplanned pregnancies, STI, HIV/AIDS and other sexually related consequences.

#### 4.4. Responses on students' attitudes toward sex education

This section (C) entails students' attitudes toward sex education. In the study, attitudes are referred to as positive or negative reactions or feelings toward something. Section C on the questionnaire consisted of six questions that were aimed at revealing attitudes of participants toward the subject matter. Each question carried a highest score of 2 points making a total score of 12 points on all the six items. A descriptive statistics was done to show the frequencies of the participants' scores as well as the arithmetical mean (average) of the scores.

#### Statistics

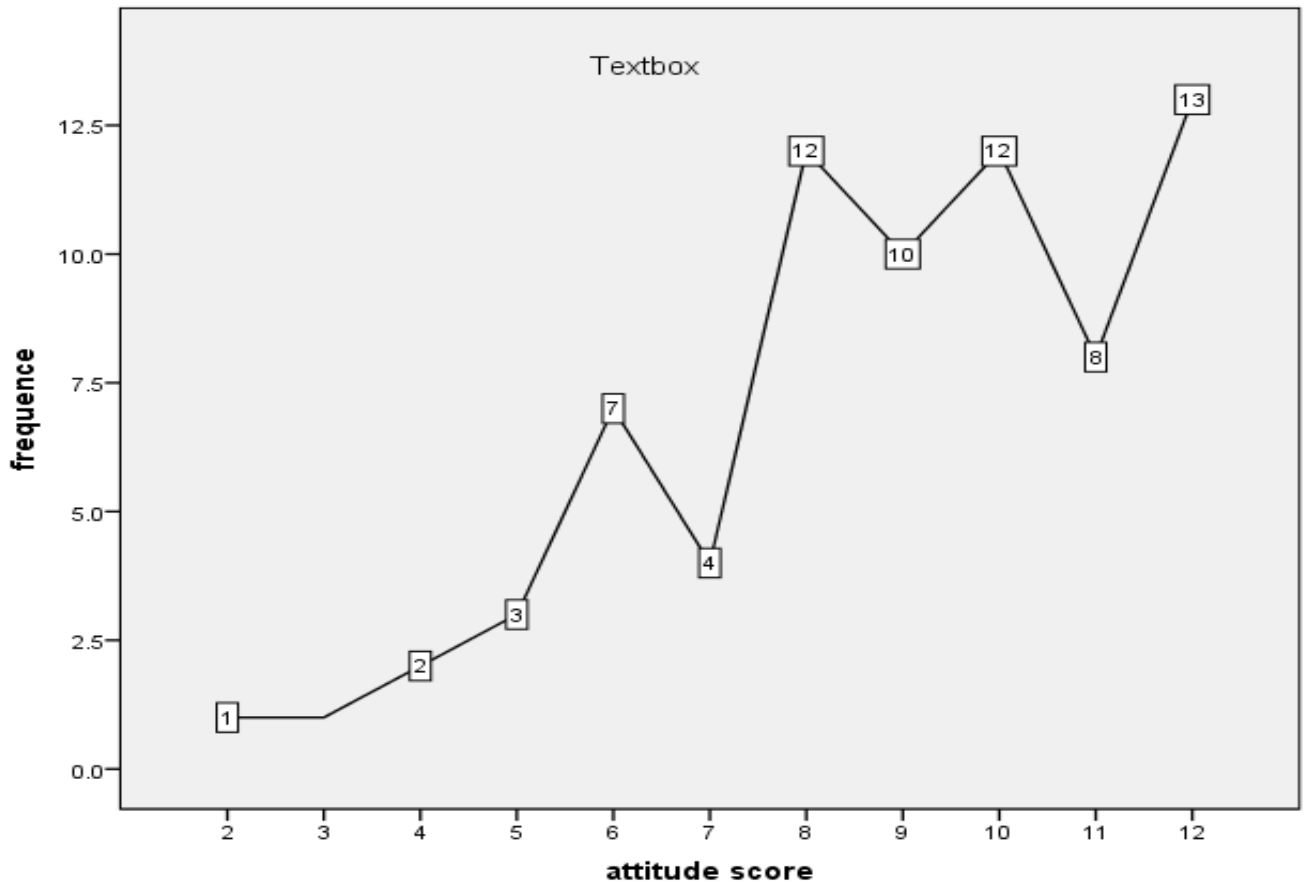
**Table 4.6** Total attitude scores of participants.

N	Valid	73
	Missing	0
Mean		8.88
Median		9.00
Mode		12
Std. Deviation		2.455
Minimum		2
Maximum		12
Sum		648

The mean or statistical average score of the attitude score stood at 8.88 points with a standard deviation of 2.455. The standard deviation entails the amount of dispersion of set of data (Bland and Altman, 1996). The standard deviation of 2.455 indicates that most of the scores were close to the mean or average score. The minimum score is 2 which indicate negative attitude toward

sex education and the maximum score stood at 12 indicating positive attitude toward sex education. The frequencies of the attitude scores are summarized in the line graph below:

**Figure 4.5**



The results entails that quite a number of students scored high in the attitude section. Thus, most of the students hold positive attitude toward sex education and just a few students expressed negative attitude toward the subject matter.

#### **4.4.1. Sex education is a waste of time?**

This question required students to specify if they feel teaching of sexuality education is irrelevant and a waste of time. The result indicates that most of the students view sex education as relevant. 65.8% (48 participants) disagreed with the above stated statement, 17.8% (13 students) agreed with the statement and 16.4% (12 students) could neither agree nor disagree. These responses are summarized in the table below.

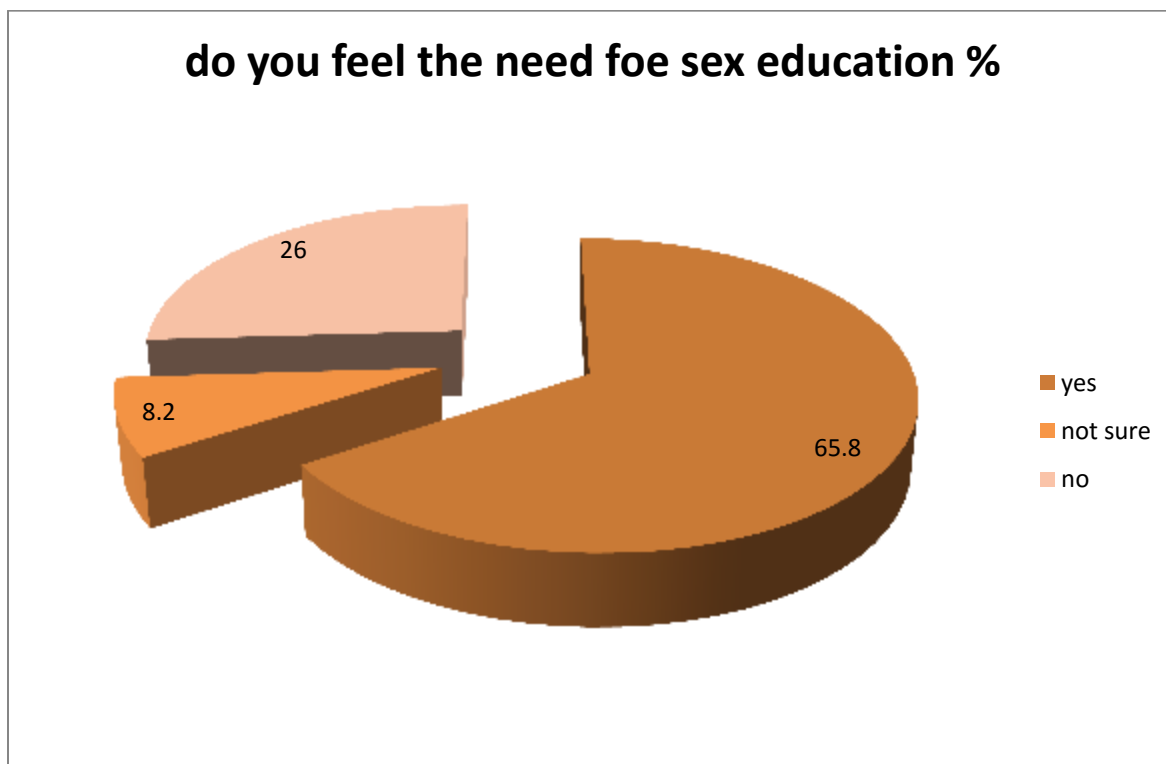


**Table 4.7 Sex education is a waste of time**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	13	17.8	17.8	17.8
Valid not sure	12	16.4	16.4	34.2
Valid no	48	65.8	65.8	100.0
Total	73	100.0	100.0	

**4.4.2. Do you feel the need for sex education?**

**Figure 4.6**

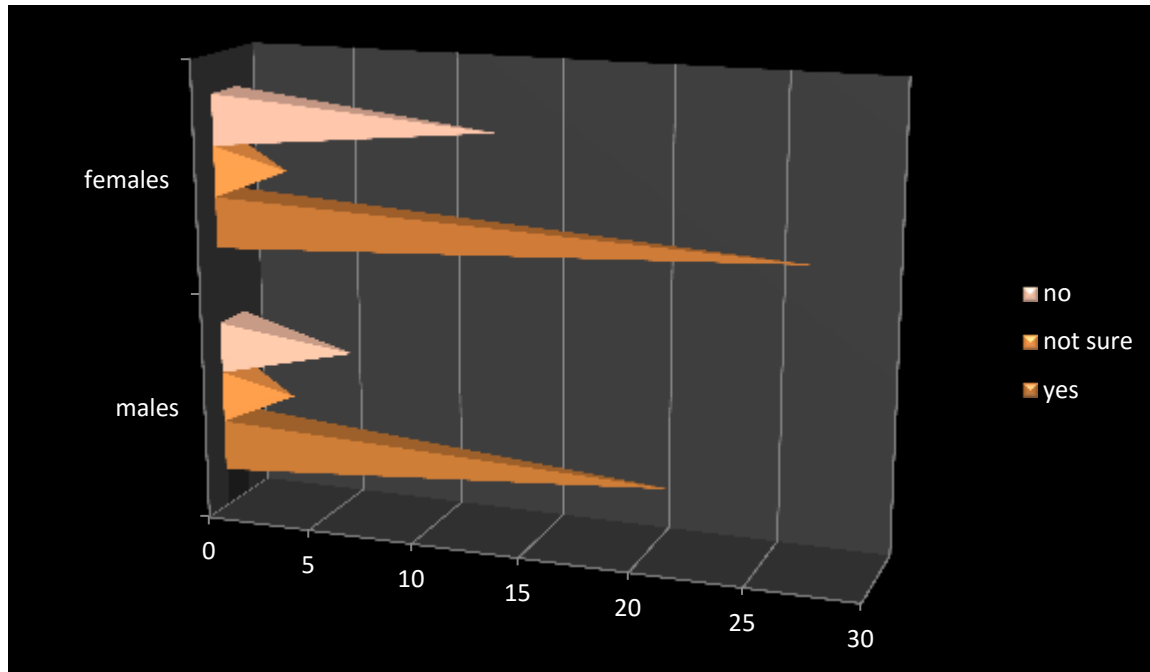


The results from this question indicate that most students expressed the need of sex education. 65.8% of the pupils responded **yes**, 26% responded **no** and 8.2% were **not sure** whether they felt the need for sex education. The frequencies basing on gender were as follows: 27 female students (36.99%) and 21 male students (28.77%) expressed the need for sex education. 13 female students (17.81%) and 6 males (8.22%) did not felt the need for sex seduction. Lastly, 3

females (4.11%) and 3 males (4.11%) were uncertain if they felt the need for sex education. These results entails that most students are aware of the importance of sex education and actually desire for the subject to be taught, although a few disagree.

Do you feel the need for sex education?

**Figure 4.7**



#### **4.5. Students' preferred choices for sex education**

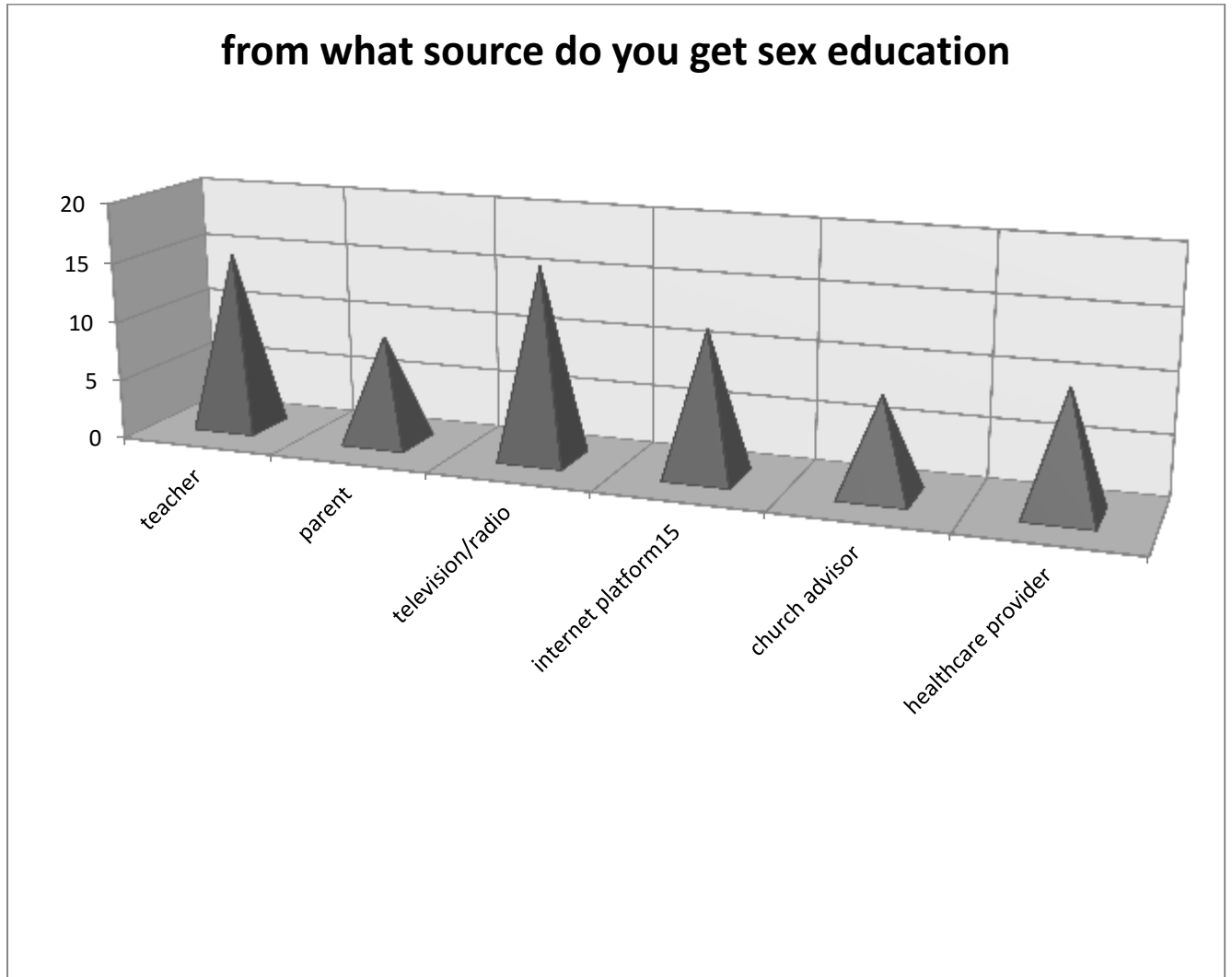
Preferred choice for students on sex education was the last section on the questionnaire (section d). This section requested participants to air out what they generally think about sex education. All the items in this section were treated as nominal data.

##### **4.5.1. From what source do students get sex education?**

The students were requested to highlight a source where they regularly get information concerning sex related issues. According to the results 21.92% (16 participants) advised they received sex education on television/radio. 20.55% (15 students) received sex education from teachers as well as internet platform stood at the same figure. Students who received sex education from the healthcare provider were 13.70% (10 students). The figure for parents and

church adviser stood at 12.33% (9 students) and 10.96% (8 students), respectively. These results show that media is playing a significant role in education young people about sex related information.

**Figure 4.8**



#### 4.5.2. Students' preferred source for sex education

**Table 4.8**

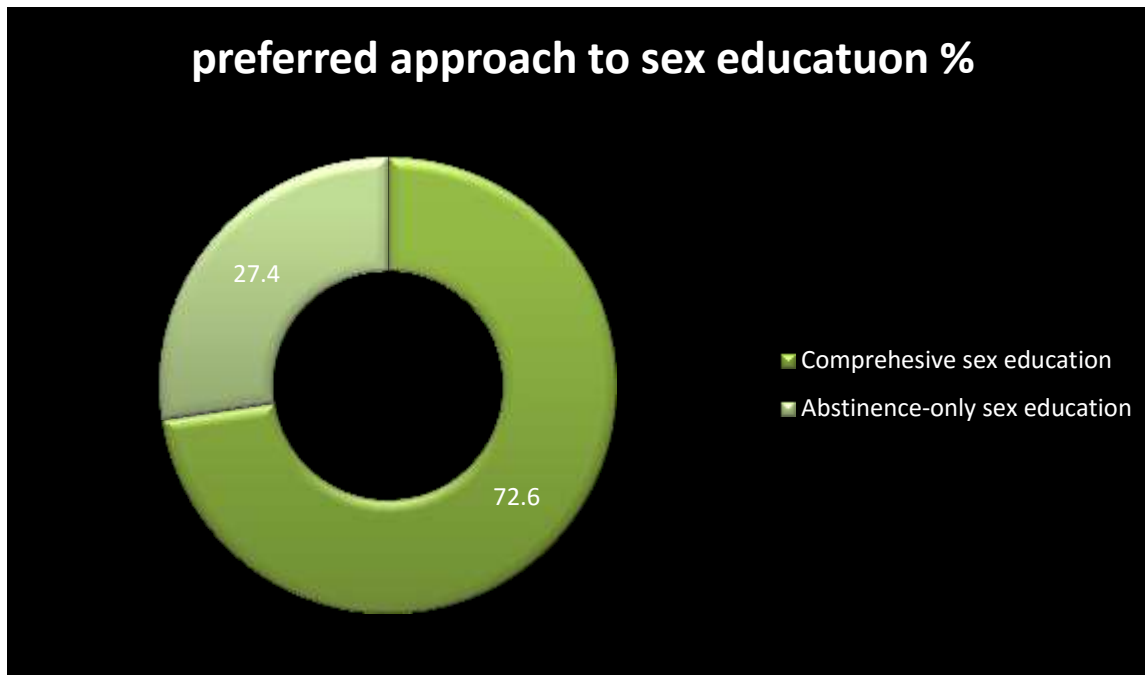
	what is your preferred source of sex education						Total
	teacher	parents	Television/radio	Internet platforms	Church advisor	Health care provider	
Age							
16 years	5	3	1	3	0	4	16
17 years	7	5	3	3	2	10	30
18 years	5	6	2	2	3	9	27
Total	17	14	6	8	5	23	73
Sex							
male	10	5	1	6	2	6	30
female	6	9	5	2	3	17	43
Total	16	14	6	8	5	23	73
Form							
form 4	8	5	3	3	0	11	30
form 5	8	4	2	4	2	7	27
form 6	1	5	1	1	3	5	16
Total	17	14	6	8	5	23	73

The table above shows students preferred source for sex education. Basing from the results 31.5% of the students prefer getting sex education from healthcare provider, 23.3% preferred teacher, 19.2 preferred parents, 11% preferred internet platform, 8.2% preferred television/radio and 6.8% preferred church advisor. The reason as to why most of the students choose healthcare provider could be because of the issue confidentiality and privacy. Church advisor was the least

choice because these students could be already indulging in sexual activities and this contradict the principles of their religion in particular Christianity.

#### 4.5.3. Students' preferred approach to sex education

Figure 4.9



The above diagram represents students' choice of approach on sex education. 72.6% of the students prefer a comprehensive approach to sex education. This approach includes a wide range of topics that have with sexuality. 24.4% of the students prefer an abstinence- only sex education which emphasizes on abstaining away from sexual activities.

#### 4.6. The relationship between male and female students' attitudes and perceptions on sex education

Here the researcher looked at the responses of both female and male students on attitudes and perceptions toward sex education. The researcher was more interested in finding out if there is a difference between female and male in attitudes and perceptions toward sex education. In other words, if the males are females have same attitudes and perceptions toward sex education.

#### 4.6.1. Hypotheses 1

The first null hypothesis was that **there is no significant difference in attitudes and perception of students due to gender**. The Pearson correlation coefficient was used to determine the extent to which females and males attitudes and perceptions differ. The test was a two tailed and the decision rule was: if  $p \leq 0.05$  the test is significant and if  $p > 0.05$  the test is *not* significant. The results from the correlation there is not significant;  $r (41) = 0.076, p = 0.689$ . Thus, there is no significant difference between the scores for male and female students on attitudes and perception. Therefore, this implies that attitudes and perception of students toward sex education do to not differ due to gender. In this case the null hypothesis is accepted.

**Table 4.9 Correlations**

		Male	Female
Male	Pearson Correlation	1	.076
	Sig(2 tailed)		.689
	N	30	30
Female	Pearson Correlation	.076	1
	Sig (2tailed)	.689	
	N	30	43

#### 4.6.2. Hypothesis 2

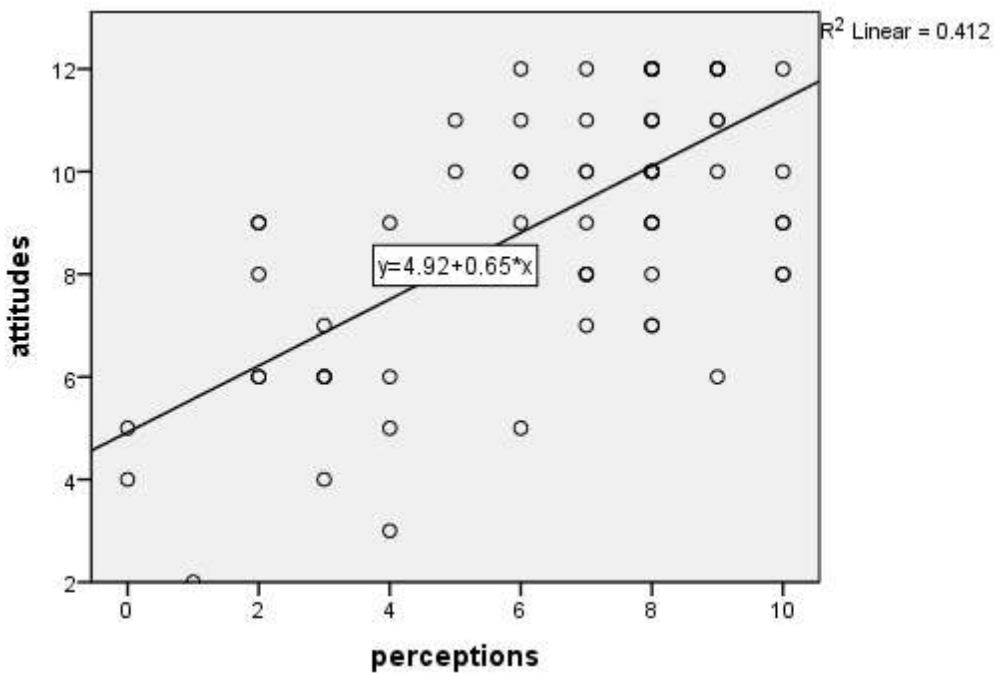
The second hypothesis was **there is no significant relationship between perceptions and attitudes toward sex education**. The test was a two tailed and the decision rule had a significant level of 0.05. Basing on the result, the correlation is significant at the 0.01 level (2-tailed) showing a positive association between perceptions and attitudes,  $r (71) = 0.641, p = 0.01$ . Therefore, the null hypothesis was rejected. However the strength of the positive correlation between attitudes and perceptions toward sex education is fairly strong ( $r = 0.641$ ). This is diagrammatically presented in the scatter plot below:

**Table 4.10 Correlations**

		attitudes	Perceptions
Attitudes	Pearson Correlation	1	.641**
	Sig. (2-tailed)		.000
	N	73	73
Perceptions	Pearson Correlation	.641**	1
	Sig. (2-tailed)	.000	
	N	73	73

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

**Figure 4.10**



#### 4.7. Chapter Summary

This chapter focused on presentation, analysis and interpretation of data gathered by the researcher for perception and attitudes toward sex education. Descriptive statistics and Pearson product moment correlation was used for data analysis, graphs and table were used for data

presentation. The result shows that most students have positive perception and attitude toward sexuality education. Most expressed the need for sex education and feel it should be part of their syllabus. These results are discussed in the next chapter.



## Chapter 5

### Discussions, Conclusions and Recommendations

#### 5. Introduction

The preceding chapter concentrated on presentation and analysis of data collected on perceptions and attitudes toward sex education. It also looked at preferred choices of students on sex education. This chapter focuses on discussing the results yield in chapter four. Also the researcher's recommendations stemming from the results will be outline in this chapter.

#### 5.1. Perceptions of students on sex education

One of the primary objectives of the study was to determine the perceptions that students have toward sex education. In this study perception was a broad term encompassing views, understanding and knowledge that students have toward sexual education. Most of the responses indicated that students are aware of sex education and views it as something important to their overall wellbeing.

##### 5.1.1. Do student students receive sex education in their school

The first item in the question was interested in knowing if students received sex education in their school. The responses from this item were as follows; 71.2 % denied that they never encounter sex education in their school, 16.4% agreed that they receive sexuality education whereas 12.3% were not sure. The assumption underlying the results could be that the students may be interpreting sexual education differently. The 16.4% who confirmed that they receive sex education could have been referring to the reproduction topics found in text of biology and integrated science at ordinary level. The 71.2% students who disagreed that they did not receive sex education could have conceptualize sex education as something that deals with HIV/AIDS, STIs, contraceptives, condoms, responsible sexual behaviour, etc. 12.3% students could neither agree nor disagree that they receive sex education in school. Thus they were not even sure that the subject is taught or not taught in their school. The variations in responses on this question may also be an indication that students are not fully aware of what topics constitute sex education. Lack of knowledge about sex education may create negative attitude toward the subject as young people may think it is meant to teach about way of doing sex, which is not true.

This calls from the for the respective government officials to devise strategies and plans on how to make sex education known to the young people as well as to diversify the subject. According to Stally (2003), sex education in Zimbabwean schools focused more on reproduction topics taught in Biology and Integrated Science subjects. Another assumption that can be derived from this variation in responses is that sex education is not provided to all students in schools or the implementation of sex education in schools is ineffective and need to be revisited. According to Washay (2013) in 2012 the government in conjunction with UNIFEC officially launched the “Life skills, Sexuality and HIV and AIDS Education Strategic Plan”. However, since then the implementation of effective ways of imparting sexual health information to the youth is not sufficient enough as evidenced by the responses of students. It is imperative that government supervise schools to ensure that the subject is delivered and compulsory to all students.

### **5.1.2. Sex education as part of school subjects**

There is much controversy on whether sex and reproductive education be part of school subjects. The debate stems from our social and cultural values and beliefs as Africans as suggested by Ujaama (2012) and Khadijeh et al. (2015). Generally, discussion about sexuality, sex, sexual health and reproduction are channeled toward health care providers, family members (usually extended) and during initiation process (in some African cultures) (Muparamoto & Chigwenya, 2009; Ujaama, 2012). Recent research rather suggested that schools play a significant or pivotal role in imparting sexual information to young ones. Schools are regarded as secondary agents of socialization, thus from family children go straight into schools. Using schools as agent or source of sex education ensures that information about sexuality reach a wider population of young people (Washaya, 2013). Adolescence reach puberty by the time they are at secondary school and start to explore dating relationships and intimacy, therefore introducing the subject in schools will help them understand the changes that are happening to them and help them to make informed decision about their sexual life.

Also, usually schools provide sufficient, accurate and reliable information about the subject. For instance misconception and myth that adolescences receive about sexual education through informal channels such as media platform are eroded at schools and students can also seek clarity on sexuality issues that directly affect them. In the study, the majority of student (83.6%) indicated that sex education should be taught in schools. Only a few refused (8.2%) and others

were not sure (8.2%). These results show that young people are aware that sex education is important to them and are comfortable with it being delivered through the educational system. In a study conducted by Bella (2014) in most Philipppians' pupils believed it was important that sex education programmes be aligned with school subjects. Eko et al. (2013) also pointed that students in Nigeria are also in favor of sex education to be taught in schools and feels greater need for the subject. Some reasons why students feel that sexual and reproductive education should be part of school is that they get to discuss sexual issues as a class and it also give room for other students to air out their views on the subject, that is they also learn from each other. This type of learning is also coined by Bandura (1986) stating that individuals can learn through imitating and observing behaviours of others. In this case students learn from ideas postulated by their colleagues. Also delivering sex education through school channels make it easy for students to freely ask their teacher for clarification on where they do not understand.

### **5.1.3. Comprehensive sex education verse Abstinence only sex education**

As stated in chapter 2, there are two major approaches to sex education; these are comprehensive and abstinence sex education. Abstinence only sex education put emphasis on withdrawal from sexual activities and there do away with contemporary condom, contraceptives, etc education. Comprehensive sex education on the other end includes education on safe sex practices and emphasis is given on the use of condoms and contraceptive to curb sex related consequences. In the study, students revealed that they are more in favor of a comprehensive approach to sex education. 60.3% of the participants agreed that knowledge about contraception and condom use is essential and insisted that the topics should be taught in schools. 72.6% preferred a comprehensive approach to sex education. Basing on gander, female students expressed the need for a comprehensive sex education than more male students. This could be so because female adolescences bear more sex related consequences such as teen pregnancies, early marriages as well as school dropouts when it comes to irresponsible sexual behaviour. This is also supported by Bella (2014) who pinpointed that students are more afraid of sex related consequences hence expresses the need for sex education in a bid to escape undesirable sexual health.

The results from the previous chapter on contraception and condom use could be an indication that most young people are already sexually active and require information and knowledge on how to protect themselves against sexually related consequences. Therefore, to educate such a

people using abstinence only sex education approach could only bring shame and guilt upon the student which may possibly result in negative perceptions and attitudes toward sex and sexuality education. In a study conducted by Muparamoto and Chigwenya (2009) 74% of the students (both males and females) confirmed that they were sexually active and saw nothing bad or morally wrong about it. The participants also noted that abstinence-only sex education is just a textbook solution and less practical since the majority of adolescents are having sex (Muparamoto & Chigwenya, 2009). Kirby (2011., p4) suggested that “sex and reproductive education programmes that not only emphasize the avoidance of sexual intercourse among young people but also discuss the use of condoms and other modern contraceptive to prevent pregnancy and spread of sexually transmitted infections do not increase sexual behaviour among adolescents and young people”. The approach in which the subject is delivered to young people is on paramount important to the success of the sex education programs. The most effective strategy to sex education is to combine the two approaches as noted by Kirby (2011). Such an approach would ensure that students will be educated about condoms and contraceptives but putting more emphasis on abstaining from sexual behaviours as the most effective and side effects free method in minimizing sex related consequences.

## **5.2. Responses on attitudes toward sex education**

As stated in chapter 2 attitudes determine ones behaviour. In the study most of the students show that they have a positive attitude toward sex and sexuality education. This means that they express the need for the subject. According to the statistics on the results in chapter 4, the mean for attitude score was 8points which is a fairly high score. The standard deviation was 2.455 showing that most score were close to the average score. The score with the highest frequency was 12 points (the highest score) indicating that most students have optimistic attitudes when it come to sexual education.

### **5.2.1. Sex education is a waste of time?**

In the study student were asked to give their opinion on whether sex education is a waste of time as way to determine their attitude toward the subject. A few participants (17.8%) agreed with the statement and the majority (65.8%) denied the statement stating that sex education is relevant. These results indicate that student expresses a positive attitude toward sex education. It shows that students are aware of the significant the sex education and the good that it contribute toward

their overall wellness. Sex education to them could be viewed as an escape plan from the burdening sex related consequences such as teen pregnancies, early marriages and poor sexual or reproductive health. Such positive attitude toward sex education is crucial for the success of programmes. The Ministry of Education in conjunction with other non-governmental organization should take steps in imparting sex education in schools taking advantage of the positive attitude that students already have toward the subject.

### **5.2.2. The need for sex education**

Expressing the need for sex education is an indication that one hold positive attitude toward the subject. The chances of effectively and successfully implementing sex education programs in school with a population of pupils who feel no need for sex educations are very limited. Feeling the need for sex education indicated that even the young ones themselves are devastated by the rising figures in poor sexual health and sexual outcomes like teen pregnancies and early marriages due to poor decision making concerning sexual and reproductive health. Therefore the need for sex education entails that students or young ones are looking for an alternative way to curb these figures and seek knowledge so that they can make informed decisions concerning their sexual wellbeing. In the study, the majority of students (65.8%) at Forward in Faith High school feel the need for sex education with female students expressing more need than male students revealing positive attitudes toward sex education. Myeza (2008) also pointed that students in Zululand, South Africa also revealed that they have positive attitudes toward sexuality education. With such responses sex education programmes are likely to be accepted by students if effectively implemented.

### **5.3. Students preferred choices for sex education**

This section is aimed as discussing students' general thoughts about sex education basing on the results from chapter 4. Current and preferred sources for sex education of students are discussed in this section.

#### **5.3.1. Students' sources for sex education**

Sex and sexuality education is offered by a wide range source. Young people encounter sexual content from a variety of sources. However, not all sources offer relevant or educative information to the adolescents about sex and reproductive health. Some of these sources are informal and may lead young ones astray hence present a wrong impression about sexual health

and sexuality. Attitudes are mental schemas which can be modified through socialization and interaction. These sources act a socializing agent to the youth teaching them about sex and reproductive health. Chances for misinterpretation and misinformation on sex education are very high in informal sources of sexuality and sexual health thereby may lead to formation of negative attitudes toward the subject. Thus, sources available to the adolescents about sexual health and sex are fundamental and critical in attitudes formation as well as in determining perception of students. It is of paramount importance to understand the sources from which students get sex education so as to gradually eradicate any misinformation about the subject and to create an optimistic view toward sex education.

In the study, most of the pupils (21.92%) indicated that they receive sex and sexuality related information on television/radio. This entails us that the majority of youths use informal and unauthenticated sources of sexual education. Reasons that could be attributed to this are that televisions and radios may hardly be the only available sources of information they have as most can afford them. Televisions and radios are non-judgmental and non-discriminatory since information flows in a one-way manner and pupils can actually choose what to listen to and not listen to. Students who received sex education from teachers (schools) were 20.55%. The figure was not very different from that of television and radios. These show that teachers are playing a part in imparting sex education to the youth. However, information provided by teachers could be only limited to the human reproduction topics taught in science and biology subjects. Another source of sex education with a relatively large number of students is the internet platform (16.4%). The internet is highly an unauthentic source of information as anyone can post their views. Also young people are exposed to pornographic material through the media which in turn gives them an impression that sex is just an act with no meaning attached to it. Parents and church advisors were the least sources where students received sex education. One reason why few students opt for sex education via this medium could be that parents and church advisors are judgmental and to them premarital sex is condemned and abstinence from sex is their only advice. Therefore, this makes it difficult for pupils who are already sexually active to seek advice on how to protect themselves from poor sexual health and teen pregnancies.

The participants in the study were also requested to indicate their most preferred choice of sex education. 31.5% of students showed that they preferred to receive sex education from health care

providers. Health care providers generally provide accurate information about sex and sexual health. They are well vested with sufficient knowledge about sexual health and things that center on sexuality. This makes them a reliable source of information concerning sexual health. Students at Forward in Faith High school might have chosen health care providers as their most preferred source of sexual information because they provided relevant information. Another reason could be that health care providers are well known for upholding privacy and confidentiality. Young people may feel that their sexual life as private. Also today's society is characterized by people with differing views, beliefs or perceptions on what is right and wrong. Health care providers on the other end do away with personal belief and values when it comes to their field of work.

Despite, healthcare providers having vested with much information on the subject, not all students may be able to access them. In other words delivering of sex and sexuality education via health care providers may not be able to reach wider population of the youth. Therefore, schools will make an ideal mode in which sex education can be imparted to adolescents as most of them are in schools and no extra cost is requested of them for the information. The government and other nongovernmental organizations could take part in training educators of sexual health and sexuality on how to conduct their lessons and clarify to them on the importance of upholding confidentiality and privacy. Washaya (2013) pointed that training teachers on delivering life skills and sexuality education is essential for a successful implementation of the programs in schools. Another way to gain trust on the part of the students about confidentiality and privacy from sex educator government of authorities could introduce new staff that is qualified and specifically only meant to deliver the subject rather than using the same old school teachers to teach about such a sensitive subject since their previous relationship with the student could negatively affect progress.

#### **5.4. Conclusion**

The outcome of the study indicated that young people have approving perceptions and attitudes toward sex education. Students understand that sex education in essential to their life and it contributes significantly to their sexual health. Most of the students reacted positively and expressed the need for sex education. Such appreciative attitudes and perceptions are vital for effective implementation to subject. The study also showed that male and female students have

same perceptions and attitudes toward sex education thought female expressed more need for the subject. Also a positive association between perceptions and attitude was observed by the researcher.

### **5.5. Recommendations**

After completion of the study, the researcher opts to suggest recommendations on how sex and sexuality education can be improved in the schools around Zimbabwe. The following are the recommendations as suggested by the researcher:

- It is critical that the Ministry of Primary and Secondary Education in conjunction with the Ministry of Health should establish training programmes for sexual health educators that aim at aiding them to improve their educative skills in sex education as it is a sensitive subject.
- It is imperative that sex education is known by all in societies. Parents or guardians and well as the school should cooperatively provide authentic or relevant information on sexuality and reproductive health to the youth since pupils spend most of their time at home and at school.
- The content of subjects like biology and integrated science should be flexible and incorporate aspect of other comprehensive sex education rather than being rigid on providing reproduction topics only.
- It important that the School of Psychological Services under the Ministry of Primary and Secondary Education ensure that at least in every district or school there is a psychologist to help students to build a positive attitude toward sex education and also provide one on one professional counseling service to students who have particular issues regarding sexuality.

### **5.6. Chapter summary**

Attitudes and perceptions are important psychological aspects that contribute significantly to the success or failure of sex education programmes. It is important to understand the perceptions and define the attitude that young people hold toward sex education before implementation of sexual health programmes. As it has been noted in the study that attitudes contribute considerably to human behaviour hence attitudes toward sex education are determinants of its successes. More



has to be done to advance the quality of sex education in secondary schools. This chapter focused on discussion about students' perceptions and attitudes toward sex education as well as preferred choices of young people on sex education basing on students' at Forward in Faith High school responses. The researcher also gave recommendation of how the delivery of the subject can be enhanced in secondary school.

## **Reference List**

- AcademicLib, (2016). Concept of perceptions. Retrieved from <http://www.academiclib.net> on 10/02/17
- Advocate for Youth, (2001). *Sex education programmes: Definition and point to point comparison*. Retrieved from <http://www.advocateforyouth.org> on 11/01/17.
- Ahmad, M. (2008). *Comprehensive dictionary of education*. New Delhi: Atlantic Publishers & Distributors (p) Ltd.
- Ameh, O. (2015). A Survey of the perception of students on the study of sex education in Secondary schools social studies in Dekina local Government area of Kogi State. *International Journal of Education Learning and Development*, Vol 3 (1), 67-74.
- Bandura, A . 1977. *Social learning theory*. Englewood Cliffs: Prentice Hall.
- Bandura, A. 1986. *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs: Prentice Hall.
- Beiskie, B. (2002). *Research methods: Uses and limitations of questionnaire, interviews and case studies*. Retrieved from <http://www.researchguide.com> on 09/03/17.
- Bem, D. J. (1972) *Self Perception theory*. *Advances in experimental social psychology* vol 6. Retrieved from <http://www.dbem.ws/SP%20Theory> 06/04/17.
- Bland, J.M., and Altman, D.G. (1996). "Statistics notes: measurement error". *BMJ*. 312 (7047): 1654. [doi:10.1136/bmj.312.7047.1654](https://doi.org/10.1136/bmj.312.7047.1654).
- Business Dictionary, (2016). *Targeted Population*. Retrieved from <http://www.businessdictionary.com> on 12/02/17.
- Chaudhary, P. M., and Mansoori, M. G. (2015). Attitude towards sex education among college Students. *The International Journal of Indian Psychology*, vol 2 (2).
- De Vaus, D. A. (2006). *Research design in social research*. London: SAGE. Retrieved from <http://www.socialresearchmethods.net> on 17/03/17.

- Eagly, A. H., and Chaiken, S. (1993). *The psychology of attitudes*. Harcourt Brace Jovanovich College Publishers.
- Ebhohimhen, P., Poobalan, A., Edwin, R. T. (2008). A systematic review of school-based sexual health interaction to prevent STI/AIDS in Sub-Saharan Africa. *Journal of BioMed Central*, 8 (4) doi:10.1186/1471-2458-8-4.
- EBSCOHOST, (2016). *History of sex education*. Retrieved from <http://www.ebscohost.com/edu> on 10/02/2017.
- Eko, J., Abeshi, S., Osonwa, O., Uwande, C., and Offiong, D. (2013). Perception of students 'teachers' and 'parents' towards sexuality education in Calabar south local government area cross river state Nigeria. *Journal of sociological research* 14(2) Retrieved from <http://dx.doi.org/10.5296/jsr.v4i2.3836>.
- Future for Sex Education. (2016). Sex education. Retrieved from <http://www.fose.org> on 13/02/17.
- Hartman, C., (2002). *School-based sexuality education: a review and Critical analysis of relevant literature*. doi 10.1.1.390.3581.
- Iwu, R. U., Onoja, A. I., Ijioma B. C., Ngumah M. O. and Egeruoh A. S. (2011). The integration of sexuality education in secondary school Biology curriculum for sustainable development: Teachers perception, *International Journal of Science and Technology Education Research*, Vol. 2(4), pp. 62 – 66.
- Jinadu, M. K., Odesanmi, W. O., (1993). “Adolescents sexual behaviour and condom use in Ile-Ife, Nigeria”. *Journal of Clinical Nursing Researcher*, 2(1): 114-115.
- Kaligore, N. (2016). *Attitudes formation theories defined*. Retrieved from <http://www.study.com> on 13/03/17.
- Kapinga, O. S., and Hyera, D. F. (2015). Pupil's Perception of Sex and Reproductive Health in Primary Schools in Tanzania: A Phenomenological Study. *Journal of Education and Practice*, vol 6 (6).

- Khadijeh, D., Khadijah, N., Zahra, P. M., and Hamideh, D. (2015). Teachers' Attitudes Regarding Sex Education to Adolescent, *International Journal of Psychology and Behavioral Research*. Vol., 4(1), 73-78.
- Kirby. D., (2011). *The impact of sex education on the sexual behaviour of young people*. United Nations; New York.
- Kowalozyle, D. (2015). *Descriptive Research Design: definitions, example and type*. Retrieved from <http://www.study.com> on 01/03/17.
- Kruger, S.J., and Welman, J. C. (2002). *Research methodology for business and administrative services*. Oxford University Press: London.
- Kunambura, A. (2015). *Sex education coming too little, too late for youths*. Retrieved from <http://www.financialgazette.co.zw/> on 27/12/16.
- Lavrakas, P. J. (2008). Targeted population: *encyclopedia of survey research methods*. Retrieved from <http://methods.sagepub.com/reference/encyclopedia-of-survey-research-methods/n571.xml> on 13/03/17.
- Machamire, F. (2017). Incest, lack of sex education drive teen pregnancies. Retrieved from <http://www.dailynews.co.zw> on 20/03/17.
- McLeod, S. (2009). *Sampling method*. Retrieved from <http://www.simplypsychology.org> on 13/03/17.
- McLeod, S. (2009). *Attitudes and behaviour*. Retrieved from <http://www.simplypsychology.org> on 16/03/17.
- McLeod, S. (2007). *Psychological research*. Retrieved from <http://www.simplypsychology.org> on 11/03/17.
- Mlyakado, B. P. (2013). Attitudes and views of teachers towards students' sexual relationships in secondary schools in Tanzania. *Academic Research International Journal*, vol 4 (1).

- Muparamoto, N., and Chigwenya, A. (2009). Adolescents' perceptions on sexuality, HIV and AIDS in selected schools of Kwekwe district, Zimbabwe. *Journal of Sustainable Development in Africa*, vol 10, (4).
- Myeza, N. P. (2008). *Attitudes of high school learners towards sexuality education in Zululand*. A dissertation submitted for the fulfillment of the requirement for the degree of Masters of Arts (Counseling Psychology) in the Department of Psychology, University of Zululand, Retrieved from <http://www.uoz.ac.za> on 26/02/17.
- Neuman, W. L (1997). *Social research methods, qualitative and quantitative approaches* (3<sup>rd</sup> ed), Allan and Bacon: United States of America.
- North Carolina Youth Connected, (2016). *Sex education and schools*. Retrieved from <http://www.ncyouthconnected.org> on 14/02/17.
- Psychology today, (2016). *Social learning theory*. Retrieved from <http://www.psychology.com/basics/social-learning-theory> on 14/02/17.
- Public Health Agency of Canada, (2008). *Archived - Canadian guidelines for sexual health education*. Retrieved from <http://www.phac-aspc.gc.ca/publicat/cgshe-ldnemss/theory-eng.php> on 14/02/17.
- ReCapp, (2016). *Theories & approaches; social learning theory and sexuality education*. Retrieved from <http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.TheoriesDetail&PageID=385> on 15/02/17.
- Reiss, M. (2005). *A Brief history of sex education*. Retrieved from [www.open.edu](http://www.open.edu) on 14/02/17
- Remez L, Woog V and Mhloyi, M, (2014). *Sexual and reproductive health needs of adolescents in Zimbabwe, In Brief*, No. 3. New York: Guttmacher Institute.
- Research Guide. (2016). *Organizing your social sciences research paper and types of research designs*, Retrieved from <http://www.libguides.usc.edu> on 12/03/17.

- Sexuality Information and Education Council of the United States (SIECUS), (2016). *Sexuality Education*. Retrieved from <http://www.siecus.org> on 12/02/17.
- Sharma, A. (2016). *Perception, meaning, definition, principles and factors affecting perception*. Retrieved from <http://www.psychology.net> on 12/02/17.
- SIECUS. (1996). *Guidelines for comprehensive sexuality education (2nd ed.)*. Washington, D.C.: Sexuality Information and Education Council of the United States.
- Stally, A. (2003). *STI risks high among Zimbabwe's youth*. Retrieved from <http://www.prb.org/Publications/Articles/2003/STIRisksHighAmongZimbabwesYouth.as> on 17/01/17.
- Suryoputro, A., Ford, N. J., and Shaluhayah, Z., (2007) Social Learning Theory in Youth Sexual Behaviour Study in Central Java. *Journal of Promosi Kesehatan Indonesia Vol. 2 (1)* doi 2635-5724-1-SM.
- Thaver. L., and Laeo. D. (2012). *Sexual and HIV/AIDS education in South African secondary schools*. Retrieved from <http://www.osisa.org/buwa/south-africa/sexual-and-hiv-aids-education-south-african-secondary-schools> on 17/01/17.
- Theory and Research in Sexual Health Education, (2008). Retrieved from <http://www.phac-aspc.gc.ca/publicat/cgshe-ldnemss/theory-eng.php#tphp> on 18/02/17.
- Turner, G. and Shepherd, J (1998). *A method in research of a theory: peer education and health promotion*. Oxford journal 14(2). Retrieved from <http://www.her.oxfordjournals.org/content/14/2/235/full> on 22/02/17.
- Ujaama, I. (2012). *How African elders stopped talking to the youth about sex*. Retrieved from <http://www.africaspeaks.com> on 15/02/17.
- UNESCO, (2012) *Sexuality education: a ten-country review of school curricula in east and southern Africa*. Retrieved from <http://unesdoc.unesco.org/images/0022/002211/221121e> on 25/02/17.

- Vashistha. K. C., and Rajshree. (2012). *A study of attitude towards sex-education as perceived by parents & teachers, Samwaad; e-journal, 1(2), 2277-7490.* Retrieved @ <https://www.researchgate.net/publication/232175312> on 05/04/17.
- Washaya, Y. (2013). *Zimbabwe launches an education strategy on life skills, sexuality and HIV and AIDS.* Retrieved from [https://www.unicef.org/zimbabwe/media\\_13776.html](https://www.unicef.org/zimbabwe/media_13776.html) on 16/01/17.
- Wikipedia, (2016). *Research design.* Retrieved from <http://www.wikipedia.com> on 17/03/17.
- Willams, Y. (2006). *What is perception in psychology-definition and theory.* Retrieved from <http://www.study.com> on 19/02/17.
- Xinli Chii and Hawk. S. T., (2016). *Attitudes toward Same-Sex Attraction and Behavior among Chinese University Students: Tendencies, Correlates, and Gender Differences,* doi: 10.3389/fpsyg.2016.01592.
- Youth Alive, (2016). *Life skills and child protection.* Retrieved from <http://www.youthalive.org.zw> 27/03/17.
- World Pulse, (2009). *Right to information and sexual reproductive health.* Retrieved from <http://www.worldpulse.com> 28/03/17.

## Appendix A Audit Sheet

### Appendix A-Audit Sheet

#### MIDLANDS STATE UNIVERSITY SUPERVISOR- STUDENT AUDIT SHEET

Date	Activity	Comment	Supervisor's signature	Student's Signature
22/09/2016	Proposal submitted	done		
24/09/2016	Proposal corrected	done		
27/12/2016	Chapter 1 submitted	done		
08/02/2017	Chapter 1 corrected	done		
10/02/2017	Chapter submitted 2	done		
15/05/2017	Chapter 2 corrected	done		
28/02/2017	Chapter submitted 3	done		
03/03/2017	Chapter 3 corrected	done		
6/03/2017	Research Instrument submitted	Done		
10/03/2017	Research Instrument corrected	Done		
15/03/2017	Chapter submitted 4	Done		
20/03/2017	Chapter 4 corrected	Done		
22/03/2017	Chapter submitted 5	Done		
02/04/2017	Chapter 5 corrected	Done		
06/04/2017	Chapter submitted 1-5	Done		
07/04/2017	Chapter corrected 1-5	Done		
16/04/2017	Dissertation put on turnitin	Done		
26/04/2017	First draft submitted	Done		



**Appendix B**  
**Research Instrument**

My name is Tinashe Thulani Mteto. I am studying Bachelor of Science Honors Degree in Psychology and I am conducting a research on sex education in secondary schools. Please do not write your name on the questionnaire. Your participation is strictly voluntary and may be discontinued at any time if you feel like doing so. There are no penalties for not completing it. I kindly ask you to be honest and trustworthy in your answers. **USE A TICK TO SHOW YOUR ANSWER.**

**Questionnaire for Students' perceptions and attitudes toward sex education in secondary schools**

**Section A - Demographic data**

1. Age: 16 years old   
17 years old   
18 years old

**2. Sex:**

- Male   
Female

3. Form: 4  5  6

**Section B: perceptions on sex education**

4. Do you receive sex education in your school?

- Yes  Not sure  No

5. Should sex education be taught in schools?

-

**Yes**

**Not sure**

**No**

6. Sex education promotes sexual immorality?

Yes

Not sure

No

7. Sex education should start as soon as the child begins school?

Yes

Not sure

No

8. Should Contraceptive and condom use be part of sex education in secondary schools?

Yes

Not sure

No

9. Sex education should focus on abstinence from sex only?

Yes

Not sure

No

**Section C: students' attitudes toward sex education**

10. Sex education is not given much weight in schools?

Yes

Not sure

No

11. Sex education is a waste of time?

Yes

Not sure

No

12. Sex education is significant in youth's life?

Yes

Not sure

No

13. Do you feel need for sex education?

Yes

Not sure

No

14. Is teenage pregnancy an issue?

Yes

Not sure

No

15. Parents should be part of sex education?

Yes

Not sure

No

**Section D: Preferred choice for students on sex education**

**TICK YOUR MOST PREFERRED ANSWER**

16. Do you feel comfortable discussing sex issues with your teachers?

Yes

No

17. From what source did you get sex education?

Teacher [ ]

Parent [ ]

Television/radio [ ]

Internet platforms [ ]

Church advisors [ ]

Health care provider [ ]

18. What is your most preferred source of sex education?

Teacher [ ]

Parent [ ]

Television/radio [ ]

Internet platforms [ ]

Church advisors [ ]

Health care provider [ ]

19. Which subjects do you think should be part of sex education in your school?

Reproduction and Puberty [ ]

Contraceptives and Condoms [ ]

HIV/AIDS and STIs [ ]

Abortion [ ]

Relationships [ ]

Responsible sexual behaviour [ ]

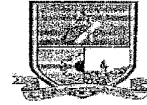
20. What is your most preferred approach to sex education?

Comprehensive sex education [ ]

Abstinence-only sex education [ ]

Appendix C  
Data Collection Letter

Midlands State  
University



Established 2000

P BAG 9055  
GWERU

Telephone: (263) 54 260404 ext 2156  
Fax: (263) 54 260233/260311

FACULTY OF SOCIAL SCIENCES  
DEPARTMENT OF PSYCHOLOGY

Date: 14/03/17

To whom it may concern

Dear Sir/Madam

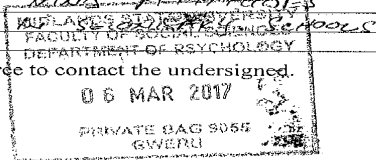
RE: REQUEST FOR ASSISTANCE WITH DISSERTATION INFORMATION

FOR: TINPSHE TSHILANI MTEYO

BACHELOR OF PSYCHOLOGY HONOURS DEGREE

This letter serves to introduce to you the above-named student, who is studying for a Psychology Honours Degree and is in his/her 4<sup>th</sup> year. All Midlands State University students are required to do research in their 4<sup>th</sup> year of study. We therefore, kindly request your organisation to assist him/her with any information that she/he requires.

Topic: STUDENTS PERCEPTIONS AND ATTITUDES TOWARD SEX EDUCATION



For more information regarding the above, feel free to contact the undersigned.

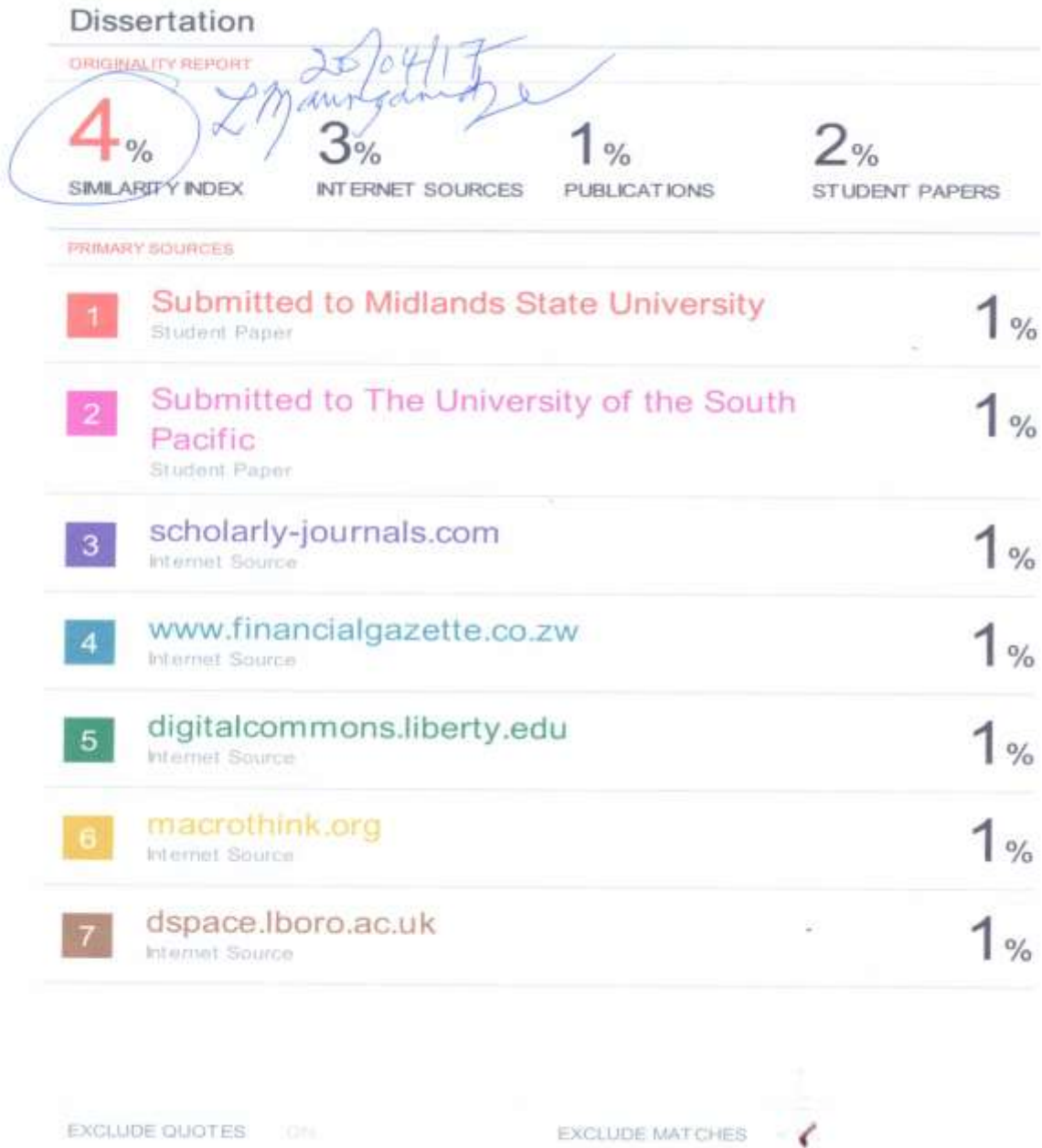
Yours faithfully

N. Ncube  
A/Chairperson

Mberana  
F.I.C.

PRINCIPAL  
FORWARD IN FAITH COLLEGE  
2017 -03- 13  
STAND NO. 18836, HAMPDEN RD  
BELVEDERE, HARARE . CELL: 0779 133 388  
Email: forwardinfaithcollege@gmail.com

**Appendix D**  
**Turn-it-in Report**



**Appendix E**  
**MIDLANDS STATE UNIVERSITY**  
**FACULTY OF SOCIAL SCIENCES**  
**DEPARTMENT OF PSYCHOLOGY**

A GUIDE FOR WEIGHTING A DISSERTATION

Name of Student.....REG No.....

	ITEM	Possible Score	Actual Score	Comment
A	RESEARCH TOPIC AND ABSTRACT clear and concise	5		
B	PRELIMINARY PAGES: Title page, approval form, release form, dedication, acknowledgements, appendices, table of contents.	5		
C	AUDIT SHEET PROGRESSION Clearly shown on the audit sheet	5		
D	CHAPTER 1 Background, statement of problem, significance of the study, research questions, objectives, hypothesis, assumptions, purpose of the study, delimitations, limitations, definition of terms	10		
E	CHAPTER 2 Addresses major issues and concepts of the study. Findings from previous work, relevancy of the literature to the study, identifies knowledge gap, subtopics	15		
F	CHAPTER 3 Appropriateness of design, target population, population sample, research tools, data collection, procedure, presentation and analysis	15		
G	CHAPTER 4 Findings presented in a logical manner, tabular data properly summarized and not repeated in the text	15		
H	CHAPTER 5 Discussion (10) Must be a presentation of generalizations shown by results: how results and interpretations agree with existing and published literature, relates theory to practical, implications, conclusions (5) Ability to use findings to draw conclusions Recommendations (5)	20		
I	Overall presentation of dissertation	5		
J	References	5		
	TOTAL	100		

**Marker.....Signature.....**

**Date.....**

**Moderator.....Signature.....**

**Date.....**