THE USES OF INSTRUCTIONAL MEDIA AS A TRAINING TOOL FOR ADOLESCENT SEX EDUCATION

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DECLARATION

I hereby declare that this submission is my own work towards the MA Art Education and that, to the best of my knowledge, it contains no material previously published by another person nor material which has been accepted for the award of any other degree of the University, except where due acknowledgement has been made the text.

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ABSTRACT

The purpose of this study is to identify the various instructional media used in adolescents sex education programmes their strengths and weaknesses and how to improve upon them. Data were obtained from facilitators, tutors, health workers, students and peer educators of sample facilities within the Kumasi Metropolis in Ashanti Region. Observations, questionnaires and interviews were carried out as research instruments. Results prove that there were high percentages of adolescents (peer educators) who have access to maximum oral presentation with minimal visual presentation and has lead them to their inability to understand and practice what they have learnt and to teach others.

The issues adolescence inability to understand and practice what they have learnt and to teach others was addressed through providing new instructional media and improving upon the existing instructional media in the health sector as far as sex education is concerned. The improvement gave adolescents the necessary support and encouragement to be able to understand and practice what they have been taught.

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CHAPTER ONE

INTRODUCTION

1.1. Background of the study

The sexual and reproductive health of adolescents is gradually becoming a top priority of policy makers around the world, especially in Ghana. Numerous countries and organizations have attempted to improve the sexual and reproductive health of adolescents in many cases as part of a strategy to improve the quality of overall health and to facilitate socio - economic development.

According to the World Health Organization (2006), poor sexual and reproductive health accounts for one-third of the global burden of disease among adolescents of reproductive age 15 to 30, and for one-fifth of the burden of disease among the population overall. The need for sexual and reproductive health services remains paramount to the world addressing these issues. The HIV/AIDS epidemic in Sub-Saharan Africa provides a vivid illustration of the devastating impact that poor sex education outcomes have on population. Almost two-thirds of all people living with HIV/AIDS in Sub-Saharan African, and nearly half of the two million new infections each year among young people occur in Sub-Saharan Africa,WHO (2006).

Although Ghana has not been as severely affected by the epidemic as some other countries in Sub-Saharan Africa on HIV/AIDS and other sexually transmitted diseases,

nonetheless, it poses a significant problem for the country's health and socio-economic development. In 2005, the estimated prevalence of HIV/AIDS in Ghana among adults was 2.3%, but among the15 to 24 year –old, the prevalence was 1.3% for females and 0.2% for males. Moreover, although the median age at which Ghanaians first have sex, marry and give birth have increased among younger generations, early childbirth and unwanted pregnancy remain common.

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In the year 2003 for example, the Ghana Demographic and Health Survey revealed that more than one-third of women aged 20 to 24years reported that they had had sex and given birth before the age of 20. According to the 2004 National Survey of Adolescents, the majority of young girls aged between 10 and 19years who were pregnant or had already given birth reported that they would have preferred to delay their pregnancy if they had knowledge of sex education through the right media. Reasons for which many of the young girls wished to have delayed child bearing was that doing so would afford them an opportunity to pursue educational and economic opportunities as well as protect themselves against the fear of attracting the associated deadly diseases. The sexual health of the country's adolescents therefore needs to be a component of national development goals as far as training and effective education is concerned.

1.2. Statement of the Problem

The development of man starts from childhood to adulthood. Between this stage and from 10 to 19years is where adolescence can be found. At this stage, adolescents are curious about things around them especially their physical and emotional needs and body changes. Sexually transmitted disease is estimated to be one of the big challenges facing adolescents and for that matter, the policy makers and leaders, globally sex education programmes have been considered as some of the best options to combat these issues and are concerned with providing information about sexual behaviour, relationships, values, intimacy, awareness of your body and sexually transmitted diseases to guide adolescents in particular.

According to United Nations (2006), explain that adolescents have the right to be informed about things around them, responsible for their own needs, develop good relationships and values, develops interpersonal skills and right to have sex at the appropriate time, which the society has neglected for many years. Therefore, there is the need for training to sensitize them about sexually transmitted diseases and social issues which have a lot of negative impact on them. This can be done through workshops, seminars and symposia.

Today it is recorded that, the instructional media employed by facilitators of the Ghana Ministry of Health and other agencies in facilitating sex education do not capture the nature of the social issues and diseases being talked about and do not tend to be appropriate in solving problems of adolescents because the facilitators spend much time talking instead of less time and using instructional media to carry the message across.

It is against this background that the researcher set out to identify, investigate, examine and analyze the methods and impact of the instructional media being used and to suggest more effective instructional media to educate and to help reduce sexually transmitted diseases and other social vices among adolescents in Ghana.

1.3. Research Questions

i. What are the various instructional media used in adolescent sex education in Ghana.

ii. Are there appropriate instructional media available in the health industry as far as sex education is concerned?

iii. How can instructional media used in adolescent sex education be effectively improved?

1.4 Importance of Study

i. This project will be beneficial to all health professionals especially those who educate the public on sex related diseases.

ii. Non-Governmental Organizations operating with adolescents and the youth can use the results of the project to educate its members.

iii. Facilitators of Non-Formal Education and other agencies such as the District Assemblies and churches can use as teaching and learning materials in this project to educate members of the congregations and communities especially the adolescents and youth, on matters relating to sex.

1.5 Objectives

i. To identify existing instructional media used in adolescent sex education in Ghana.

ii. To examine the identified instructional media and their use to find out their effectiveness.

iii. To suggest appropriate instructional media and methods that can help reduce sexually transmitted diseases among adolescents.

1.6 Delimitation

i. This study was limited to adolescents between age 13 and 19 years. It does not cover any other group and it does not cover the entire population of adolescents in Ghana, but peer educators in Planned Parenthood Association of Ghana, Marie Stopes International and Ghana Aids Commission in the Kumasi Metropolis.

ii. Sex education was also limited to sexually transmitted diseases by means of pictorial illustration.

1.7 Limitation

Getting access to patients infected with STDs and taking pictures of them was difficult so this affected the number of pictures that were taken and the researcher does not claim all knowledge about the topic

1.8 Source of information

i. Kwadaso Seventh-Day Nurses Training College Library.

ii. Komfo Anokye Nurses Training College Library.

iii. Education Unit of Ministry of Health Library.

iv. Planned Parenthood Association of Ghana Library.

v. Ghana Aids Commission Library.

vi. Marie Stopes International Library.

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1.9 Definition Of Terms

Sex-- the activity physically done between a male and a female which produce children.

Facilitator- someone who enables a process to happen, especially one who encourages people to find their own solutions to problems.

Chronic – develops slowly and persists far an extended period of time.

Audio- Visual –instructional media which make uses of the senses of hearing and sight.

Mucous- white discharge fluid.

Peer Educator- young people trained by health facilities such as Planned Parenthood Association of Ghana to educate their peers on health issues.

Chancriod—painful open sores in the genital area.

1.10 Abbreviations

1. NGO- Non-Governmental Organization
2. PPAG- Planned Parenthood Association of Ghana
3. M.O.H- Ministry of Health
4. S.T.Ds- Sexually Transmitted Diseases
5. M.S.I.- Marie Stopes International
6. C.D.C- Center for Disease Control
7. N.Y.C- National Youth Council
8. S.I.E.C.U.S – Sexuality Information and Education Council of United States
9. PID – Pelvic Inflammatory Disease

1.11 Arrangement of the rest of text

Chapter Two reviews available relevant literature to provide materials for support, validation or reliability for the study.

Chapter Three deal with research methods and data collection instruments and strategies employed in gathering and organizing data for the study.

Chapter Four deals with presentation and analysis data gathered and interpreted.

Chapter Five concludes the thesis. It contains a summary of the main findings, conclusions and recommendations as possible solutions to the problem initially identified of finding an effective means for adolescent sex education.

CtHAPTER TWO

REVIEW OF RELATED LITERATURE

This chapter reviews literature on the uses of instructional media as a training tool for adolescent sex education. Literature reviewed focus on instructional media, training, facilitation, communication, teaching, learning, and adolescents' sex education in Ghana.

2.1 Instructional Media

Knapp and Konhard (1968) explain instructional media as a wide range of educational aids or devices designed to provide realistic imagery and substitute experience to enrich curriculum of many kinds. On the other hand, Scanlan (2003) indicates that instructional media encompass all the materials and physical means a facilitator might use to implement instruction and facilitate students' achievement of instructional objectives. Instructional media include handouts, the facilitator, charts, slides, overheads, real objects, video tapes, internet, radio and films.

Canady (1980) holds the view that people can acquire knowledge better when instructional media are used to facilitate a learning process and understanding of sex in the use of visual communication. He further stresses that the use of visual communication will make the message clearer, concise and consistent in facilitating a process (Page 23).

According to Nkuuhe,et al (1995), instructional media make use of pictures, words and sounds to compel attention to help students to understand ideas and acquire information from difficult to easy to help them explain things for themselves.

In of nutshell, instructional media are the collection of materials and equipment that can be used effectively for communication. In this study, instructional media refers to models, real objects, posters, illustrations and other materials that are brought to the teaching and learning process to induce understanding among adolescents.

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2.2 Types of instructional media

The various instructional media reviewed included:

2.2.1 Illustration

It is important to review literature on illustration. Jerrod (1985) explains that an illustration is visualization such as a drawing, painting and photographs to make the subject more pleasing and easy to understand. The aim of an illustration in sex education is to elucidate, document or decorate textual information (such as a story, poem or newspaper article) by providing a visual representation. As regards their explanation role, Jerod explains that illustrations are most often combined with little or some messages, yet it is possible to send messages without a message.

In support of the statement that illustrations explain and decorate, Colyer (2002) states that “they have helped to bring an extra dimension to many authors” words and have given well-loved identity to packages and products that we use every day of our lives.

Colyer (2002) seems to suggest that illustration also fosters creativity while he adds that "when we were children, picture, books and comics fed us attitudes and information and helped also to develop our visual senses (page 12). Colyer (2002) says, illustrations are for both young and old, and have the ability to cause changes in the way we think and act. Illustrations give a sense of vision in a way that cannot be captured by photography. This assertion is explained in the fact that whenever we talk or write, the words we use are mere symbols representing our thoughts, which may not be so easily understood by peer educators. With illustrations, these words acquire more concrete meanings and facilitate easy recall. That illustrations are very important in communication has been is summarized below by Matiru et al (1995, p.19) as being able to:

- Clarify abstract information, which may be difficult to communicate verbally,
- Focus attention on key points in a unit of communication,
- Create a longer lasting impact on the intended audience, and
- Give a common framework of experience to a large target audience.

2.2.2 Posters

According to Rosalina and Arthur (1998) Posters have been one of the patronized media globally and have been used to attract the attention of passers-by, enticing people to attend specific events and to stimulate them into action. In this study, the researcher largely agrees with Rosalina and Arthur on the ground that, adolescents will begun to appreciate the things that affect mankind as far as symptoms of sexually transmitted is

concern. Today, as in the past, posters are basically visual announcements that are supposed to be understood at a glance. Arthur (1998) says of posters.

A poster must first attract attention and then give information. This information must not be in the form of a lecture, but so couched as to be easily and quickly grasped by tired people, busy people, and people whizzing past by vehicle. It should be bold in design, clear in conception and technique."

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Considering the view of Arthur (1998) on posters, it is apparent that posters have served the communication needs of man over the centuries and so inevitably occupy a vital position today in adolescent sex education.

2.2.3 Television

According to Microsoft Student Encarta (2008), television is a system of sending and receiving pictures and sounds by means of electronic signals transmitted waves and optical fibers. There is a saying which goes as "seeing is believing". In many situations, adolescents are curious and excited with pictures pertaining to nudity, they remember pictures on these diseases as twice as which when they see and hear. Combinations of sound images have proven to be an influential aid in the learning process resulting in motivated students and improved learning outcomes in sexual issues, cited by Chu and Schram (1975). Best example can be deduced by recording and showing a person infected with STD's to share his/her life experience with the peer educators.

Gardner (1999) explains the benefits of television as “mixed message” which portrays contents through a variety of approaches such as linguistic, aesthetic, logical and narration. And to Kozma (1991), televisions combine spoken language, text, still images and moving images engaging word of stories and ideas that help students to explore activity.

Rogow (1997) suggests that television is a highly effective way in conveying information, arousing emotions and promoting altitudes. Students expected to view television when it comes to sex matters.

This is because television can shape students lifetime as a source of entertainment and helping facilitator to be aware of the students behaviour about different media.

2.2.4 Video

According to Wiseman (2005) Video is a medium which has similar functions as television where images are recorded along with sounds. It is a combination of sound and images. HIV/AIDS patients can be recorded and used to show to peer educators to educate them. This can stand as a substitute to the real HIV/AIDS patient, because seeing is believing. According to Wiseman (2005) video presents many advantages for teaching and also has disadvantages as listed below:

Advantages

i. Valve of investment in motion picture equipment reduced as video film.

ii. Particularly useful in describing motions, showing relationships and giving impact to topic.

iii. Allow constant replay of video recording Videotape reusable

iv. Combine still and motion on video disc pictures, charts and blackboards.

Disadvantages

i. High cost for studio production equipment.

ii. Resolution limited with video for the detail close-up.

iii. Incapability of video format types.

2.2.5 Slides

Slides are 35mm single-lens reflex camera with lens. The standard slide dimensions are 2 × 2 inches, since the slides are small, they are easily handled and stored, and they can be selected from series for special use. Slides, according to Runswich and Davis (1995), are sophisticated, polished, very detailed visible substitute for pictures, charts and blackboards. They are appropriate for group teaching. The merits of slides as instructional media as follows:

Advantages

i. Require only filming, with processing and mounting by films laboratory

ii. Result in colorful, realistic, reproduction of original subjects

iii. Prepared and easily revised and updated

iv. Increase usefulness with tray storage and remote control by facilitators

v. Can be combined with tapped narration for greater effectiveness

vi. May be adapted to group or to individual use.

2.2.6 Models and Toys

In the word of Microsoft Student Encarta (2008), a model is a 3-dimensional copy of an object, person or structure. It is usually smaller in scale, an enlargement, reduction or the same size as the original. Models can be solid and show only the outline of the object they portray while others can be manipulated or operated. A typical example is a model penis which is used to teach how to put on condom.

Models are especially adaptable to small group discussions in which peer educators are encouraged to ask questions and it can be taken apart and reassembled. With the displays of various instructional models, peer educators can observe how to put on condoms which work more effectively like the natural penis. As instructional media, models are usually more practical than originals because they are light in weight and easy to manipulate.

2.2.7 Flipcharts

According to Microsoft Student Encarta (2008), a flip chart is a stationery item resembling a whiteboard, typically supported on a tripod or four-legged easel. A pad of paper sheets is typically fixed to the upper edge. Text is usually hand written with marker pens and may include figures or charts. A sheet can be flipped over by the

facilitator to continue to a new page cited by Microsoft Student Encarta (2008).

Such charts are commonly used for presentations. Flip charts come in various forms. Some of these are:

Stand-alone flip chart: resembles a big isosceles triangle box that usually sits on a table. It sits like book that opens at 270° angle when laid on a table. The paper is flipped from one side of the top of the triangle box to the other.

Metallic tripod (or easel) stand: usually has 3 or 4 metallic legs that are linked together at one extremity. A support board is attached to two of these legs to support the large paper pad. This is the most common type of flip chart stand.

Metallic mount on wheels: usually has a flat base to support the paper pad and is mounted on one or two legs that then have a set of wheels. The advantage of this more recent form of stand is that it is easier to transport the flip chart from one location to another.

Flip charts are used in many different settings such as for capturing information in meetings and brainstorming sessions, in classrooms and teaching institutions of any kind, to record relevant information in manufacturing plants, a creative drawing board for Art students, for strategy coaching for healthy teams' work and for teaching.

2.2.8 Internet

Wilkipedia (2008) explains internet as a worldwide collection of computer networks, cooperating with each other to exchange data using a common software standard.

Through telephone wires and satellite links, internet users can share information in a variety of forms. The size, scope and design of the Internet allow users to connect easily through ordinary personal computers and local phone numbers, exchange electronic mail (E-mail) with friends and colleagues with accounts on the Internet; post information for others to access, and update it frequently and access multimedia information that includes sound, photographic images and even video.

Wilkipedia (2008) outlines the following advantages to the use of internet:

i. Facilitators and peer educators can exchange information 24 hours a day - 7 days a week anywhere in the world.
ii. Accessing Information.
iii. To make friends of similar interest
iv. Software Downloads

Wilkipedia also states that the internet has the following disadvantages:

i. Theft of personal information**.**
ii. Promote pornography.
iii. Very expensive.

2.2. 9Audio instructional media

The audio instructional media make uses of the sense of hearing by the ear. Audio examples are the facilitator's voice, audio and television. Some of these media can serve different purposes, but to audio, it is cheap and easy for the learners to use and

control; it does not involve expensive non portable playing equipment and learners can stop, start and replay with minimal fuss in teaching adolescent .It is therefore important for the facilitators to know the level of the peer educators learning skills and criteria to use in selecting the media.

It is most notable to know that some of the peer educators especially learn through sight and hearing, hence greater attention should be given to enhance to be richer and more understanding of the things being learned. Whatever instructional media presented to learner should aid them in their learning and intellectual development and must be accurate and correct. Any wrong presentation on instructional media may create misconceptions in their fragile minds. In a nutshell, instructional media should come to play to make learning meaningful to the peer educators in sex education. Pictorial illustrations with real and vivid images are the suitable media for sex education.

2.3 Essence of Instructional Media

According to Harris and Kirkhope (1974), students appear to enjoy using resources like videotape, synchronized audio, posters, illustrations, models and still pictures in teaching. Instructional media can help achieve the following goals:

i. generate students interest
ii. motivate students
iii. to instruct students
iv. attracting and sustaining attention
v. entertain students

2.4 Selection of Instructional Media for Adolescent Sex Education

Careful selection of appropriate instructional media to suit the needs of learners should be critically looked at to promote effective sex education. Strauss and Frost (1999), identify some key factors in selecting appropriate instructional media as follows;

i. Instructional media should follow, not dictate learning objectives –facilitators should plan instruction by carefully devising different methods to reach the understanding of learners.

ii. Facilitators should select only instructional media which are consistent with students' capabilities and learning styles. Facilitators should select media with students' levels of comprehension. They can adapt many materials so that the media can be used successfully with their particular students.

iii. Facilitators should experiment with the use of a variety of instructional media and select the media most appropriate to the learning task.

iv. When projected materials are shown, the sitting arrangement should ensure that each student is able to have an adequate view of the screen.

v. Facilitators must be thoroughly familiar with the content of media used in the instructional selection of instructional media, and it should follow complete review of the materials rather than simple the demand of through knowledge of instructional media content.

2.5 Training

Microsoft Students Encarta (2008) define training as step by step approach to learning and is concerned with improving efficiency and performance to ensure that the

organization is capable to the challenges in the health sector. Plato (1985) explains that ignorance of all things is an evil either terrible or excessive, not yet the greatest of all, but skill and much learning, if they be accompanied by a good training are a much greater misfortune. In simple terms, training is a learning process that involves the acquisition of knowledge, sharpening skills, concepts, rules or changing of attitudes and behaviour to enhance the performance of peer educators.

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Advantages of training

Microsoft Students Encarta (2008) has outlined important advantages that are associated with training as follows:

i. Improving efficiency and performance of Ghanaians especially the adolescence.
ii. Train staff to face new challenges.
iii. Gain new skills and support.
iv. To meet new friends.

According to Microsoft Students Encarta lack or improper training leads to:

i. Haphazard work.
ii. Delays and malfunction because of errors or mistakes.
iii. Lack of interest in work.
iv. Untidy work.
v. Lack of sense of responsibility.
vi. Absenteeism and poor communication

With regards to adolescent sex education, training should provide a series of experiences which is important to facilitate and create desired effects.

2.6 Facilitation

To facilitate means to help something (usually a process) move along. The word derives from "facile" which is French for "easy". To facilitate then is literally to make something easier. The Princeton dictionary (2007) also explains facilitation as an act of assisting or making easier the progress or improvement of something.

According to Eric (1997), facilitation is a process of decision-making guided by a facilitator who insures that all affected individuals and groups are involved in a meaningful way. Through facilitation, the facilitator provides subtle "boosts" to help students through a series of experiences which combine to create a desired effect. Facilitate does not mean "solving a problem" or "doing it for someone". It means doing something that makes a process run a little better. When a situation is too difficult, a facilitator is in charge. When a student or groups have desirable experiences, the facilitator can be less obtrusive. In general, the goals of facilitation often include participants analyzing and better understanding their thoughts, feelings and behaviours.

However, facilitation can also be understood to mean all the behaviors and actions of a teacher, instructor, trainer and mentor which influence the experience of the individuals and the group. This includes subtle, unconscious behaviours of the facilitator which can have profound influences on what unfolds. According to Berge (1995) facilitation is classified under three main categories: managerial, pedagogical and technical.

Berge (1995) further explains that pedagogical role concerns the teacher's contribution of specialized knowledge and insights to the discussion, using questions and probes to encourage student responses, and to focus discussion on critical concepts. in the adolescent sex education, facilitator is one who leads and teaches adolescents about sexual issues like teenage pregnancy, boy- girl relationship and abortion.

The managerial role concerns organizational, procedural, and administrative activities. This role involves providing objectives, setting time tables, setting procedural rules and decision-making norms. The technical role concerns responsibility for ensuring participants' comfort and ease in using the network system and the conferencing software. It requires the facilitator to be proficient with the technology.

Most peer educators bring some measure of curiosity and a desire to shine to the training. Facilitation works with these motivations. The facilitator awakens the peer educators' curiosity and the suspense keeps them attentive till it is satisfied. Surprising facts or concepts excite interest and provoke comments.

2.6.1 Berge (1995) outlines functions of facilitation in communication as follows:

i. Opening Discussions. The facilitator must provide an opening comment that states the theme of the discussion and establishes a communication model.
ii. Setting the norms: suggesting rules of procedure for the discussion.
iii. Setting the agenda: managing the forum over time, selecting an order and flow of themes and topics of discussion.

iv. Referring: The training may be contextualized by referring to the instructional materials available.

v. Recognition: referring explicitly to student's comments to assure them that their contribution is valued and welcome.

vi. Prompting: addressing requests for comments to individuals or the group. Prompting includes asking questions.

vii. Assessing: Student's accomplishment may be assessed by tests, review sessions, or other formal procedures.

viii. Weaving: It recognizes the facilitator of the comments it weaves together.

In facilitation, according to Charles (2008), facilitators must have the following qualities and techniques to ensure smooth running of the groups, events and programmes.

i. Communicate on a personal level. The facilitator should attempt to relate to the peer educators during the workshops, seminars and symposia.

ii. Maintain eye contact with the peer educators. Eye contact gives the facilitator feedback on how well students understand the content and helps to communicate a caring altitude on the part of the facilitator.

iii. Exhibit enthusiasm about the topic. Smiling moving around and gesturing with hands and arms project a dealing energy and excitement.

iv. Use a variety of instructional media

v. Ask a number of questions and encourage peer educators to as question during the seminars, workshop and group events.

vi. Provide feedback when students ask questions, answer questions, or make comments. Use student's names as often as possible.

In this study, Facilitators are young people trained by health facilities such as Planned Parenthood Association of Ghana to educate and teach their peers on health issues.

2.7 Teaching

Teaching is essentially concerned with how best to bring about desired learning by some educational activity (Kyriacou 1995:1). The World Book Encyclopedia (2001) explains teaching as "helping other people learn". This makes teaching one of the most important ways that enable people to relate to one another as far as knowledge and skills acquisition are concerned. Teaching helps people acquire the knowledge they need to become responsible citizens, to earn a living and to lead useful rewarding lives. Teaching is also said to be a vehicle for transferring knowledge from one generation to next. Teaching is not a monologue but a dialogue in which one partner is vocal, but the other partner may, by simple participation in the form of a query, partake in the dialogue.

According to Bruner (1994), teaching is the ability to impart knowledge to a group of people, or it is to show the way to something or a process. Agun and Imogie (1988) also explain teaching as any interpersonal influence which may be exerted by somebody and which is aimed at changing the ways and behavior of an individual. Teaching therefore concerns the activity of facilitating learning. So far as consideration of knowledge

transfer is undoubtedly important, it is valuable in relation to the extent of quality of learning that is triggered.

According to Kochhar (1985:23), teaching is “an art with children as the raw material that the teacher has to deal with”. As the author indicates, the teacher unconsciously designs the child entrusted to him or her and on purpose the teacher modifies the child. In this regard, teaching becomes a sublime art because it is impossible to separate the teacher and teaching. What this means is that the teacher mirrors himself or herself into the child; thereby putting an indelible stamp on the young, growing, plastic mind of the child who consequently generally takes after the teacher. Kochhar believes that teaching should be effective to make learning possible.

The author explains that effective teachers learn how to adjust the level of difficulty of learning tasks for particular students. Sometimes this means providing special challenges for the brightest in the class and providing more support and assistance for those who find a particular task too difficult. The training acquired determined how a facilitator adopts methodologies needed to address learning outcomes.

2.8 Learning

Kundu and Tutoo (2004) define learning as experience gained through modification. Learning is considered an active process and not a passive observation. According to Akimpelu (1991), learning is an activity carried out only by the learner; nobody can learn for another person, a person can learn without being taught. Learning, according to Smith (1999), is the storage of information that can be reproduced.

There is a link or an interaction between the learner and the environment during the learning process. During learning, experience is gained. Without learning all effort of learners and teachers are bound to become purposeless.

LeFrançois (1985:2) also describes learning as a change in human disposition or capability that persists over a period of time and is not simply ascribable to the process of growth. The kind of change called “learning” exhibits itself as a change in behaviour, and the inference of learning is made by comparing what behaviour can be exhibited after such treatment. Learning is a process. It involves changes occurring over a relatively shorter period of time which enables the learner to respond more adequately to the situation. Thus, we learn act a play, we learn to drive. On the other hand, we grow in intelligence and we grow in moral stature. In some cases, the factor of growth and learning will be so inextricably intertwined that either or both words will need to be used.

True learning produces changes in the conduct (behaviour pattern) of the learner. Every experience produces a change in the mental structure of the learner which in turn affects the conduct of the learner. This, in short, is the goal of learning (Kochhar 1985). The ability to learn however differs from age to age and from individual to individual and that ability to learn involves not only intellectual capacity but also social, economic, perceptual, physical and psychological factors. Human beings learn through their senses. The ability to see, feel, hear, smell and taste therefore provides the means by which an interaction between man and his environment takes place.

Lowenfeld and Brittain (1982) also assert that the development of perceptual sensitivity should become a most important part of the education process. In their view,

Learning does not merely mean the accumulation of knowledge; it also implies an understanding of how the knowledge can be utilized. It can be deduced that learning is the process whereby new behaviour is acquired, strengthened or weakened as a result of experience gained in the form of either perception or behaviour. This means that learning is an active and not passive activity that depends on the learner. Learning is a personal involvement, meaning the learner should be able and willing to assimilate the material being presented.

According to Kyriacou (1985), there appears to be three central and crucial aspects to any consideration of student engagement in the activity of learning. These are attentiveness, receptiveness and appropriateness, which are explained in the following sections.

a) Attentiveness: This relates to the ways in which teachers can elicit and maintain a high level of student attention and concentration by varying the learning activities, getting students actively involved, and utilizing students' interests.
b) Receptiveness depends in part on the ways in which teachers can make use of the different sources of student motivation towards learning.
c) Appropriateness refers to the ways in which teachers need to match the learning experience to each student's current state of knowledge and understanding, and at the same time ensuring that the learning activities actually foster the desired educational outcomes. This implies monitoring of students' progress, presenting

quick corrective feedback, structuring and presenting activities to facilitate meaningful learning, and ensuring that cognitive processes being fostered and demonstration of learning required are being appropriately assessed through questioning or tests.

Without realizing it, we learn all kinds of things in all kinds of ways. Everybody learns different things in different ways. How one learns depends on what is to be learned. We learn how to ride a bicycle by doing (kinesthetic learning); make bread by kneading dough with the hands (tactile learning); to sing, play a musical instrument, or appreciate music by listening (auditory learning); and, learn about the movement of the stars and planets by observing (visual learning). Our senses bring all kinds of information to us. The fact that people learn in different ways implies that teachers should not expect all their students to be skillful in learning what they teach in the same way and also have the same abilities in all subjects.

What needs to be recognized is that the very nature of teaching imbues the teacher with a background of experience that is quite different from that of the pupil. The circumstances make it necessary for the teacher to attempt to provide actual experiences that will make conceptualization and interpretation possible for the pupils. Where involvement with actual objects is unsafe, inconvenient and impractical, Farrant (1996) recommends instructional media as useful substitutes for the actual experience. Since ability to interpret is crucial to effective communication, anything that helps pupils make meaning of words will create an understanding of the object of the lesson. The idea is that involvement of the learner in relevant experiences which appeal to the senses is a vital part of the communication process that results in greater interest,

correct interpretation, clear understanding and retention of what is learned. Instructional media are therefore recommended on responsible sexual behaviour as such materials help to communicate information better and more meaningful than words and descriptions.

2.9 Sex Education

Many authorities have written or said so much on the subject "sex education", the review of which is necessary for this exercise. For the purpose of this research just a few relevant points will be looked at.

Sex education is simply the life-long process of acquiring information about sexual behaviour, and forming attitudes, beliefs and values about identity, relationships and intimacy, Marrow (2000). This means that adolescents can live on this planet, if current information on sex should be provided at their door steps. According to Watson and Brazier (2000), sex education is your awareness and feeling about your ability and need to be emotionally close to someone else, your understanding of what it means to be a female or male, then also your feelings of sexual interaction to other people and your physical capacity to reproduce.

Microsoft student Encarta (2008) also defines sex education as various sexually related aspects of human life, including physical and psychological development and behaviour, attitudes and social customs associated with the individual sense of gender

relationships, sexual activities, male and female selection, sexually transmitted infections and reproduction.

The adolescents can live a sexual healthy life if much attention is paid to comprehensive sex education. UN (2006) adds that people, especially the adolescents, are able to have a satisfied and safe sex life and that they should have the capacity to reproduce and the freedom to decide if, when, and how often to do so.

They are to be informed and to have access to sale, effective, affordable and acceptable methods of sexual life of their choice and right to appropriate health care centre. This implies that a well educated or informed adolescent is enlightening their well-being,

Sex education plays an important role in adolescent sex life and adolescents in this respect are the target audience in this education. The study seeks to find the strengths and weaknesses as well as helping to establish standards by which Ministry of Health and other Non-governmental organizations used instructional media in educating the adolescent on sexual issues.

2.9.1 Purpose of Sex Education

According to SIECUS (1997), the importance of sex education is to provide:

1. Accurate information about Contraception, Syphilis, Chlamydia, Gonorrhea, HIV/AIDS.
2. Values, insight and attitudes
   - Values are things you think are important and you appreciate them.

- Insights are the ability to see clearly and intuitively into the nature of a complex person, situation or subject.
- Attitudes are also the opinion or general feeling about something.

Sex education provides an opportunity for adolescents to question and explore their sexual attitudes in order to develop their own values and increase self esteem during workshops, seminars and symposia.

3. Relationships and interpersonal skills include communication, decision making, and assertiveness and student's refusal skills, as well as the ability to create satisfying relationships.
4. Responsibility- to help adolescents exercise responsibility regarding sexual relationships including abstinence, how to resist pressures, encourage the use of contraception and other sexual health measures. In promoting sex education these instructional media text and forms can be illustrated, voices can be recorded, pictures can be view, voices can be listen, printed for the education of the adolescent and it has the unseen and to understand difficult concepts.

2.10 Adolescence Sexual Behaviour

In Ghana, adolescents are considered the largest section of the population and everything about them needs special attention. According to UN (1997), adolescents are children between 10 and 19 years and they are between childhood and adulthood. Wilkipedia (2008) states that adolescence is a transitional stage of development between childhood and adulthood, which represents the period of time during which a person experiences a variety of biological changes and encounters a number of

emotional issues. World Health Organization (2006) also indicates that adolescence is the period of life between 10 to 20 years.

According to Microsoft Student Encarta (2008), adolescence is a stage of maturity between childhood and adulthood. The term denotes the period from the beginning of puberty to maturity. It usually starts at about age of 10 in males and age 12 in females. The transition of adulthood varies among cultures, but it is generally defined as the time when individuals begin to function independently of their parents.

According to Anyango (2000), Adolescence is characterized by development at three levels – intellectual, social and personality. In terms of intellectual development, adolescents experience a transition from concrete form of resourcing to that which is abstract and conceptualized. In the formation of concepts, the adolescent is able to plan when solving problems. In social terms, the adolescent often want to belong with the peer group so as to single out particular individuals with whom one can have an intimate relationship. In the social interactions, the adolescent expresses a compelling need for communication. An individual may start to think independently and want to make their own decisions.

The adolescent at this stage tends or starts making new friends and listens to them more than the parents. In terms of logic, the adolescent is mostly limited to issues and problems associated with questions involving objects, people and events but cannot reason about theories and concepts. In most cases they are often shocked to discover that their passion for a particular cause is not shared usually by other people. Because

adolescents are unique in thoughts and actions, their learning styles should be devoid of any doubt.

The adolescent may be described by adults as a child at one time and an adult at another time. This situation causes confusion between adolescents and their parents. The period of adolescence helps them to prepare the child to take up responsible roles in society. This stage is where they begin to develop abstract ideals into concrete and they are recognized in decision making and policies. However, it is also at this period that the adolescent is at greater risk of falling into risky behaviour such as smoking, drinking of alcohol and experimenting with sex (Watson and Brazier, 2000). This is why young people need intensive sex education to help them take good decision to enjoy life to its fullest so that they can run away from sexually transmitted infections.

2.11 Adolescents Attitudes towards Sex Education

Sex is a personal topic to some adolescents which is receiving so much focus in today's world; it would be difficult for adolescents to have meaningful discussions about the anatomical and physical factors about sex including attitudes. It is well to remember that our attitudes about sex begin in infancy and at the teenage age by twelve years people begin to formulate attitudes towards sex. Perhaps the influence of peer group and environmental factors on the sexual behavior of adolescents is underestimated. For example, in Ghana, if an adolescent got to a certain stage without having sex, he or she will be teased of becoming insane.

The causes of individual differences among adolescents of the same class stems from a person's make up results from physical influences before and after birth and in addition

to hereditary factors for example colour, height and hair. The psychological background is responsible for the special emotional needs of some adolescents and accounts for their involvement and susceptibility in a particular social problem. It is of vital necessity that each person receives a balanced amount of love and affection, as well as discipline if he or she is to relate to society with the least amount of difficulty.

The family system, as conceived of in Ghana, consists of nuclear and extended families. This is the place where the child receives his basic training, values, aspirations, and attitudes. Parents and the family play a vital role in imparting positive attitudes about sex to their children. The relationship between the adolescent and parent is crucial to the way the adolescent learns about sex. There is real communication barrier between parents and children when talking about sex. This is because parents are offer embarrassed to talk about sex with their children and adolescents. This is particularly the case in Ghana where sex is a taboo topic for conservation. It is important therefore to educate young people on sexually transmitted diseases and other social issues on matters affecting them.

2.12 Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) are infection that can be transferred from one person to another through sexual conduct .Payne and Hahn (2002) explain STDs as infectious diseases that are spread primary through intimate sexual conduct. Previously termed venereal diseases and now known broadly as Sexually transmitted diseases (STDs) or sexually transmitted infections (STIs). Included in the list of Sexually

transmitted diseases are Chlamydia, herpes simplex, gonorrhea, syphilis and many papilloma virus infections. According to Centers of Disease Control (1998) there are over 15 million cases of sexually transmitted disease cases reported annually in the world. Adolescents and young adults in the 15 to 24 age group, are the greatest risks of acquiring sexually transmitted diseases. 3 million becoming infected each year, currently, over 34 million globally are infected with this disease as at 2007.

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Most STDS are treatable; however, even the once easily cured gonorrhea has become resistant to many of the older traditional antibiotics. Other STDs, such as herpes, AIDS and genital warts, all of which are caused by viruses have no cure. Some of these infections are simply very uncomfortable, while others can be deadly. It is important to recognize that sexual conduct includes more than just sexual intercourse contacts includes kissing oral or genital contacts. Abstinence, condoms and faithfulness are the ways of reducing the risk of sexually transmitted diseases.

2.13 Major Sexually Transmitted Diseases

2.13.1 Chlamydia

It is caused by a bacterium called *Chlamydia trachomatis*. Chlamydia is the most common cause of non-infectious of the urethra and surrounding tissues that are not related to gonorrhea. The symptoms are usually mild or absent and consequently, irreversible damage including infertility may occur ‘silently’ before the infected person, particularly females, become aware of its existence. The transmission is through female and male sexual intercourse, oral or anal sex. It is also passed on to newborn babies

during childbirth. Most cases of Chlamydia infection remain unreported because most infected people do not even become of this infection and therefore do not seek testing. 85% of women and 40% of men with Chlamydia are symphonic (Institute of Medicine, 1997).

In United States, an estimated million people become infected with Chlamydia each year. By the age of 30, 50% of sexually active women have evidence that they have had sex (Stamn, 1999). Symptoms of Chlamydia appear weeks after exposure. In men who experience symptoms, there is a discharge from the penis and burning sensations when urinating there may be aching around the opening to penis. In women, the initial site of infection is the cervix and the urethra. There is abnormal virginal discharge and a burning sensation during urinating. It spreads from the cervix to the fallopian tube.

Most women at this time still- experience no symptoms but some experience a host of symptoms, such as lower abnormal pain, low back pain, nausea, fever, painful intercourse and bleeding in between menstrual periods. The infection may finally spread to the upper reproductive tract where irreversible damage occurs. It sometimes spreads to the epidimymis and causes pain, fever and possible infertility. In women when the fallopian tubes become infected, pelvic inflammatory disease (PID) is usually the result and this occurs in about 40% of those infected. PID can lead to chronic pelvic pain, infertility and potentially fatal ectopic pregnancy (CDC, 1998).about 80% of men with Chlamydia display signs and symptoms, including painful urination and whitish pus discharge from the penis (Payne and Hahn, 2003,p.440).

Chlamydia infection can lead to pre-mature delivery in pregnant women. Babies born to infected mothers get Chlamydia infections in their eyes and respiratory tracts. Chlamydia is the leading cause of pneumonia and conjunctivitis (pink-eye) in new born. Chlamydia can lead to protest (infection of the lining of the rectum) in persons who engage in receptive anal intercourse. The bacteria are also found in the throats of women and men having oral sex with an infected partner (Stamn, 1999). To combat this deadly disease, intensive sexual education must be organized to sensitize the adolescents in particular to protect themselves from casual sex.

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2.13.2 Syphilis

Syphilis is a sexually transmitted disease caused by corkscrew- shaped bacteria called *Treponema palliduim*. It is spread directly from person to person almost by direct contact with an infectious person through genital intercourse, oral intercourse, or anal intercourse. Syphilis is a serious disease that left untreated, can cause death. Moist, warm tissue, such as that lineal the reproductive, urinary, and digestive tracts, offers an ideal environment for agent (Payne and Hahn, 2002). The bacteria pass through and infect mucous membranes and abraded skin, they are then carried by the bloods stream to every organ in the body, said by HIGBPIIP (2001). According to Ansah (2004), babies can also get syphilis from their mothers if the mothers are infected during pregnancy. Payne and Hahn (2002), Syphilis takes a well established course after it is contracted. It goes from infection to incubation to primary stage to secondary stage →Latent stage →Late stage.

2.13.2.1 Signs and symptoms of syphilis

Ansah (2004) cites that Primary syphilis is the most infectious stage of the disease. The first sign is the chancre which is usually a single painless ulcer that develops at the original site of the infection (skin or mucous membranes). The chancre heals in 4 to 5 weeks after incubation without symptoms for 10 to 90 days. Secondary stage of the disease occurs 6 to 12 weeks after the initial stage.

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Secondary Syphilis- the symptoms vary greatly in appearance and may or may not be noticeable and it may for weeks and may recur. Some of the most common signs and symptoms include:

i. General body rash, sore throat, or patchy loss of hair.
ii. Rash on the palms of the hands and the soles of the feet.
iii. White (mucous) patches in mouth or genital area
iv. Wet, raised, wart- like growths often in genital area
v. Malaise (a tired, listless feeling) syphilis can be avoided by been faithful to your partner, abstain from sex and wearing condom during sex will help to expose syphilis, this can be done through effective sex education.

The latent stage occurs after secondary stage subsides with agents now dormant within the body cells, and shows few signs. Syphilis can occur again from 15 to 25years after initial contact. In the Late stage, tissue damage occurs to the cardio-vascular system, central nervous system, eyes and skin, and leads to death.

2.13.3 Gonorrhea

Gonorrhea is caused by the *Neisseria* gonorrhea bacterium which flourishes in mucous membranes, including the moist lungs of the mouth, throat, vagina, cervix, urethra, and canal (Insel and Roth, 2002, p.536). The infection is transmitted from one person to another through vagina, anal, or oral sexual relations (Microsoft Student Encarta 2008). Men have a 20% chance of getting the infection by having sexual relations with a woman infected with gonorrhea but women have a 50% chance of getting the infection by having sexual relations with a man infected with gonorrhea. An infected mother may transmit gonorrhea to her newborn during virginal childbirth.

2.13.3.1 Gonorrhea signs and symptoms

Symptoms may appear in infected women within 2 to10 days up to three weeks after exposure. Gonorrhea infection is characterized by the following signs and symptoms in men and women:

Women

i. No symptoms between 30 and 40% at the time of being infected.
ii. It may cause pelvic inflammatory disease (a serious medical condition that can lead to infertility)
iii. Infection and irritation of the cervix
iv. Itching and burning of the vagina, painful urination usually with a slimy thick yellowish and green discharge.

v. Infection and irritation of the vagina (this is how the infection usually appears in children who may be victims of incest)

vi. Bleeding between menstrual periods.

Men

i. Pain or burning during urination in most men.

ii. Thick, yellow penile discharge 50% of the time.

iii. Inflammation or infection of adult in the testicle.

Newborns

Irritation of the mucous membrane in the eyes, if not treated can cause blindness. In other way, gonococcal throat infection should be considered in people who complain of sore throat and have other signs of gonococcal infection. Throat infections from gonorrhea are transmitted through oral sex but occur without any other symptoms in less than 5% of people infected with the disease. Rectal pain or discharge can be a sign of infection of the prostate and is transmitted through sexual intercourse.

2.13.4 HIV/AIDS

HIV is the acronym for "Human Immunodeficiency Virus". It is the virus that causes AIDS (Acquired Immuno-Deficiency Syndrome). When the virus attacks helper T cells, people lose the ability to fight off a variety of infections that would normally be easily controlled.HIV infected people become vulnerable to opportunistic infections .HIV is known to be spread only by direct sexual contact involving the exchange of

bodily fluids (including blood, semen, and vaginal secretions), the sharing of hypodermic needles, transfusion of infected blood products, and prenatal transmission from infected mother to a fetus or newborn baby (Payne and Hahn,2002,p,436). The name contains the word “human” this is because the virus is found mainly in humans. (Ghana Education Service, HIV Alert school model (2007).This source adds that a person who is HIV positive is like anybody else. He or she does not look sick and is not skinny and he or she may look and feel good and healthy for many years. Once you get the virus enters the body it stays in the body for life. Over time, the virus begins to destroy the body immunize system and infections. Eventually the person develops symptoms of AIDS. AIDS is the last stage of HIV infection (p .9).

The WHO (2006) report “epiderniological” fact sheets on HIV/AIDS 2006 in Ghana gives the following statistics. In Accra, HIV prevalence increased from 0.7% in 1992 to 3.1% in 2000 while in Kumasi, it had been fluctuating from 2.8% to 3.8%. in Tamale, it had increased from 1.0% in 1994 to 1.3% in 2000 outside the major urban areas, HIV prevalence increased from 1.0% in 1991 to 3% in 1998. Among sex workers, the HIV prevalence had increased from 2% in 1988 to nearly 40% in 1991. By 1997/8 HIV prevalence in Accra and Tema had reached 74.2% among “Seater” sex workers. A repeat study in Accra and Tema found “roamers” with a rate of 23%.

In 2002, sex workers in Kumasi had an HIV infection rate of 82% HIV prevalence among STIs clinic patients in Accra increased from 2% in 2003 to nearly 9% in 2004. In 2005, HIV infection among female STI patients in Adabraka, Greater Accra Region

had reached 27% prevalence was 39% (WHO, Fact Sheets, 2005). The Ghana Aids Commission (2005) reports that 63% of all reported HIV/AIDS cases are female; the female to male HIV/AIDS infection ratio is however, gradually attaining parity and changing from 6:1 in 2003 to 5.1 in 2005. This implies that there is lot of education going on, but this has not yielded much fruits. The results can be attributed to wrong message delivery and inappropriate instructional media used.

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2.13.5 AIDS

According to Burns (2005) AIDS stands for Acquired Immunodeficiency Syndrome. "Acquired" means you get infected with it. "Immune deficiency" means weakness in the body's system that fights diseases; "syndrome" also means a group of health problems that make up a disease. For instance, a victim may get swellings in the armpit or on the neck that may or may not give any pain. AIDS is caused by HIV, the human immunodeficiency virus. If the victim gets infected with HIV, the body will try to fight the infection; by making "antibodies" (special molecules) to fight HIV. (Ghana Education Service, Alert School Model, 2008). During the period before a person develops symptoms, he or she can transmit the infection through having unprotected sex with someone who has the virus. A pregnant woman with AIDS can also pass on the virus to her baby in the womb during birth and breastfeeding.

Stigma of admitting HIV/ AIDS

- Lack of education about HIV/ AIDS
- Poverty

- Denial that HIV causes AIDS
- Wrong myths about condoms as useful only to limit population.

2.14.5.1 The Minor Signs and Symptoms of HIV/AIDS

i) Persistent cough for more than one month

ii) Persistent skin infection

iii) Aggressive skin cancer

iv) Sore throat

v) Night sweats

vi) Oral thrush and recurrent shingles

vii) Enlargement of the lymph glands

2.13.5.2 The Major Signs and Symptoms of HIV/ AIDS

i) Prolonged fever (more than one month)

ii) Prolonged and chronic diarrhea (usually over a month)

iii) Feeling tired all the time

iv) Losing weight rapidly

v) Swelling in an armpit or on the neck all the time that may or may not give any pain

vi) Severe headaches

vii) Muscles and joint pains.

An individual with two of these major signs and symptoms plus two of the minor signs and symptoms plus a positive HIV antibody test is said to have the AIDS disease.

2.13.14. 3 Prevention of HIV/AIDS

Education, diagnosis and treatment, and prevention are the three areas recommended by Insel and Roth (2002) as the means by which people can take responsibility for their health and contribute to a general reduction in the incidence of sexually transmitted diseases. According to the Ghana Education Service HIV/ AIDS Alert School Model Basic facts on HIV/AIDS (2008), the following are ways of preventing HIV/AIDS:

i. Do not have sex until you marry.
ii. Use your spare time to do things that will help in your studies.
iii. Avoiding watching films that show sex scenes.
iv. Having counseling and the HIV/AIDS test with your partner before you marry.
v. Being faithful to your married partner.
vi. Use condoms anytime you have sex.
vii. Do not to share toothbrushes, shaving blades and other sharp instruments with others.
viii. Abstaining from sex

2.14 Minor Sexually Transmitted Diseases

The following are examples of minor Sexually Transmitted Diseases (Microsoft Student Encarta, 2008).

Bacterial vaginosis: causes pain during and untreated can result in kidney failure.

Chancrold: A large painful blister or ulcers which appear in the genital area may rapture.

Granuloma Inguinale – Causes painless which enlarge and easily bleed.

Lymphogranuloma Venerum- Causes lesions aching and abscesses in the groin.

Molluscum Contagiosum - This virus cause smooth shining lesions .

Mucopurlent Cervicitis (M.P.C) - Causes discharge from the cervix can result in PID or mischarge in pregnant woman.

Nongoconococcal Urethristis (NGU) – affects men and causes urinary problems.

2.15 Facts about Adolescents Sexual Activities

In Protecting the Next generation Ghana Magazine (2007) has released these facts about adolescents' sexual behavior as follows:

- Among 20 and 24 year old females, 8% had had sex before 15 years of age, 48% before age 18, and 71% before age 20. Among males, 4% had had sex before they were 15 years old, 26% before age 18, and 55% before age 20.
- 47% of females aged 20 and 24, but only 13% of males, had married by age 20. More than 90% of adolescent's age 12 and 15 (and more than 80% of sexually experienced respondents) said that youth should remain virgins until they marry.

- 12% of females aged 12 to 19 who had ever had sex and 5% of their male counterparts said they had been forced (either physical or by threats) into having sexual intercourse on at least one occasion.

The implication is that most adolescents lack access to quality sex education. in terms of education, this research advocates providing vivid illustrations of people who have contracted sexually transmitted diseases and using these pictures to shock adolescents in particular, and all other readers to confront the reality of these sexually transmitted diseases so that they change their behavior to stay healthy and well. This is the more reason sex education is therefore being adopted to target more effective public awareness about sexually transmitted diseases in particular among adolescents in Ghana to support the efforts of Ghana Health Service, Planned Parenthood Association of Ghana, Marie Stopes International and other agencies engaged in the campaign for people to take responsibility for their behaviour and life.

2.16 Communication

According to Wilkipedia (2008), Communication is simply the process of exchanging information, usually via common system of symbols. In other hand, communication is a method by which people share their ideas, information, opinions and feelings. People sharing ideas, information, opinions and feelings may contribute to the operations of teams and the work of individuals. It takes a wide variety of forms, from two people having a face-to-face conversation, to hand signals, to messages sent over global telecommunication networks. The process of communication is what allows us to

interact with other people; without it, we would be unable to share knowledge or experiences with anything outside of ourselves.

Common forms of communication include speaking, writing, gestures, and broadcasting. For effective dissemination of information to the people, the language used to communication should be looked at. Language is simply the principal means by which human beings do communicate. It is believed that young children learn more with their mother tongue.

Kate (2003) outlines six elements which come to play in the communication process as source, message, channel, audience, effect and feedback.

- Source simply refers to the sender of the message. In adolescent sex education, source may be the Ghana Aids Commission, Planned Parenthood Association of Ghana Marie slopes international, Ministry of Health and any other stakeholder in sex education.
- Channel also means the means in which the message or information sent to friends, adolescents, mass media and health centers.
- Audience refers to a specific group of people or peer educators at which the message is targeted. In this case it is the adolescents is the audience
- An effect is the outcome or the end results of the message communicated. It is the impact it has on the adolescents. It is expected. For instance, adolescents should have positive attitudes toward their sexual life and live their lives to the fullest.

- Feedback can be explained as someone telling you how well or badly you are doing. It places facilitators in a position to measure the effectiveness of message communicated to their target group especially the adolescents.

In Ghana, the use of English as the official medium of instruction and communication poses major challenges to peer educators in sex education programmes, but rather they prefer to receive the message in their mother tongue. For this reason, communicating adolescent responsible behavior in Ghana has to be done through various means in order to effectively put the required information across.

2.17 Adolescence

In Ghana, adolescents are considered the largest population and everything about them needs special attention. According to UN (1997), it defines adolescents are children between 10 and 19 years and they are between childhood and adulthood. Wilkipedia (2008), states that adolescence is a transitional stage of development between childhood and adulthood which represents the period of time during which a person experiences a variety of biological changes and encounters a number of emotional issues. World Health Organization (2006) also indicates that an adolescent is the period of life between 10 and 20 years of age. According to Microsoft Student Encarta (2008), adolescence is a stage of maturity between childhood and adulthood. The term denotes the period from the beginning of puberty to maturity. It usually starts at about aged of 10 in males and aged 12 in females. The transition of adulthood varies among cultures,

but it is generally defined as the time when individuals begin to function independently of their parents.

WHO further stress that adolescence is characterized by development at three levels – intellectual, social and personality. In terms of intellectual development, adolescents experience a transition from concrete form of resourcing to that which is abstract and conceptualized. In the formation of concepts, the adolescent is able to plan when solving problems. In social terms, the adolescent often want to belong with the peer group so as to single out particular individuals with whom one can have an intimate relationship. In the social interactions, the adolescent expresses a compelling need for communication. An individual may start to think independently and want to make their own decisions.

The adolescent at this stage tends or starts making new friends and listens to them more than the parents. In terms of logic, the adolescent is mostly limited to issues and problems associated with questions involving objects, people and events but cannot reason about theories and concepts. In most cases they are often shocked to discover that their passion for a particular cause is not shared usually by other people. Because adolescents are unique in thoughts and actions, their learning styles should be devoid of any doubt. The adolescent may be described by adults as a child at one time and an adult at another time. This situation causes confusion between adolescents and their parents. The period of adolescence helps them to prepare the child to take up responsible roles in society. This stage is where they begin to develop abstract ideals into concrete and they are recognized in decision making and policies.

However, it is also during this period that the adolescent is at greater risk of falling into risky behaviour such as smoking, drinking of alcohol and experimenting with sex (Watson and Brazier, 2000). This is why they need intensive sex education programmes to help them take good decision to enjoy life to its fullest so that they can run away from sexually transmitted infection.

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CHAPTER THREE

METHODOLOGY

The chapter describes the general procedure adopted to collect data for the study, which includes visits to selected health centers to observe the instructional media used in the sample health centers, and how these media are used in teaching and learning processes.

3.1 Research Design

For the purpose of this thesis, qualitative research by simple survey methods was employed. Locked et al (2001), describes qualitative research as that which is concerned with numbers and measurements rather than words in the collection and analysis of data. Qualitative research tends to report on what actually pertains. In order to know exactly what kind of instructional media are used and the impact these make on peer educators in the training sessions where they are used in the selected health centers, the qualitative research method which, according to Fraenkel and Wallen (2000), investigates the quality of relations, activities and situations, was employed for this study.

The selection of significant variables for analysis of their relationships became the outmost interest of the researcher. In this research, the variables refer to the various instructional media employed in adolescents' sex education programmes by sample health centers.

3.2. Qualitative Research Method

NAEA (1997) defines qualitative study as a systematic process of describing, analyzing and interpreting insights discovered in everyday life. Qualitative research tends to report on what actually pertains. The term "qualitative" encompasses phenomena that occur in the natural settings and their complexities. Leedy and Ormrod (2005) indicate that qualitative research seeks to understand the human and social behaviour from the participants' point of view which could be in the social setting such as a community, school or institution.

Qualitative methods provide avenues that can lead to the discovery of deeper levels of meaning into the subject studied. It investigates the quality of relationships, activities, situations or materials. The ultimate goal of this type of enquiry is to portray the complex pattern of what is being studied sufficiently and deeper so that someone who has not experienced it can understand. The qualitative research design facilitated investigation of visual materials used by facilitators in the transfer of knowledge and skills to peer educators in sample health centers. Though qualitative research emphasizes the description and interpretation of data in words, data in terms of numeracy was collected in the process and analyzed to understand naturalistic enquiry.

3.2.1 Characteristics of Qualitative Research

a) Information is collected in the form of words or pictures such as field notes, interview transcripts, photographs rather than numbers.

b) The natural setting is the direct force of data and the researcher is the key instrument in qualitative research.

c) Researchers are both concerned with process and product; they tend to analyze data inductively.

Advantages of Qualitative Research (Osuala, 2005)

a) It offers a unique and rich approach to understanding what, how and why of events in relation to the particular setting.

b) It helps to gain insider's view of the field.

c) Data collected through qualitative research also enables data to be presented in a more descriptive and narrative style.

d) Qualitative research method has the advantage of generating awareness in terms of history, capability of understanding trends in development in programmes, and an approach to enquire the course of occurrences.

e) Qualitative research study enables the researcher to gain new insights, develop new concepts and discover problems that exist within the phenomenon.

f) It also involves directly observing and notifying as well as the use of video devices to supplement and enhance data collection and analysis.

Some Weaknesses Associated With Qualitative Methods

a) Some sample sizes are generally too small to allow the researchers to generalize the data beyond the samples selected for the particular study. Hence, qualitative researchers mostly use as a preliminary step to further investigation rather than the final phase of project.

b) The data collection is often employed to prepare more elaborate qualitative analysis of all the information required for a particular study.

c) Poor planning where it is devoid of key issues may make the project produce nothing of value.

d) It involves extensive periods and is labour intensive in the collection of data. It also has the probability of involving researcher bias and impression management by subjects.

However, the limitations offered the most appropriate means of:

a) Observing teaching and learning processes with instructional media usage in the relevant subjects.

b) Gathering data on the impact of the instructional media on the sample peer educators.

3.3 **Research tools employed**

The researcher tools employed in gathering data were questionnaire, observation and interviews as a primary source of information.

3.3.1 Observation

Direct observation of behaviour has become an important measure of evaluating the effects of instructional media. For example, more can be told about the complete development of a child from day to day than in any other way. In the field of education, observation comes handy to judge a teacher's performance in teaching. Assessment of practice skills can also be better done by observation. Observation is recognized as the most direct means to studying people when one is interested in their overt behaviour. Observation underlines all research, it plays a part in the survey procedure but even

experimentation is simply observation under controlled conditions. It is a more natural way of gathering data. Data collection through observation may yield more real and true data than by any other method.

The degree of observer participation can however, vary considerably. When a researcher takes on the role of a complete participant in a group, his identity is not known by any of the individual being observed. The researcher interacts with members of the group as naturally as possible, as if he or she is none of them. When a researcher chooses the role of participant-as-observer, he or she participates fully in the actively it the group being studied but also make s it clear that he is doing research. When a researcher chooses the role of observer-as-participant, he or she identifies fully straight off as a researcher but makes on pretenses of actually being a researcher of the group being observed.

Some limitations of observation

Establishing the validity of observations is always difficult. Many of the items of observation cannot be defined with sufficient precision. To attempt to define or isolate these aspects may involve false definitions and consequently invalidity of the data.

The problems of subjectivity are also involved. A person tends to see what he or she knows. If a teacher, a doctor and an architect inspects a school building, each will see the things that are especially known to him and other things are likely to escape his or her attention. There is the danger of concentrating observation of the aspects of limited significance simply because they can be recorded objectively and accurately.

Observation is self-interfering. It introduces in itself a bias, the direction and extent of which is relatively unknown and unknowable. Such distortion is difficult to eliminate, but it and be minimized through the proper choice and location of observers, inconspicuous recording and other attempts such as establishing observer naturally.

In this study, the researcher adopted the participant-as-observer role to be close to the facilitators and peer educators while training sessions were going on in order to observe instructional media used and the interactions that took place between facilitators and their peer educators as the lessons went on. The method also enabled the researcher to observe the impact the instructional media used had on the peer educators learning, and how they responded to the questions.

3.3.2 Interviews

Interviewing is the careful asking of relevant questions of selected peer educators. It is an important way for a researcher to check, verify or refute impressions gained through observation. The methods provide a means to gain information about things that cannot be observed directly (Fraenkel and Wallen, 1993). Interviews involve the researcher gathering data directly from others through face-to-face or telephone contact. The interview is superior to other methods of data gathering devices. After the researcher gains rapport or establishes a friendly relationship with the topics, certain types of information an individual might be reluctant to put into writing may be obtained.

Some advantages of interview as a data-gathering tool:

a) The researcher is personally present to remove any doubt or suspicion regarding the nature of the enquiry. The answers are therefore not biased because any misunderstanding gets rectified.

b) The interviewer can probe into casual factors, determine attitudes, discover the origin of the problem, involve the interviewee in an analysis of his or her own problems and also secure cooperation in the analysis.

c) It permits an even exchange of ideas and information. It is not one-way communication. It provides opportunity for give and take.

d) The respondent's difficulties (like poor expression and bad hand writing) are also avoided as every schedule is filled by the interviewer.

e) It helps the investigator to gain an impression of the person concerned.

f) There is no chance of the respondent rectifying, notifying or editing earlier answers in the light of latter questions.

Some disadvantages of interviews

a) For an adequate coverage, a large number of field workers may have to be engaged and trained in the work of data collection. All this entails a lot of expenditure and a research worker with limited financial means can find himself or herself in a great difficulty in adopting this method.

b) It is a completely costly gathering method than other techniques. When the survey covers a wide geographic area, interview becomes expensive

is crucial, this costly in time and effort since it almost invariable necessitates call-backs, long waits and travels.

c) Since the objectivity, sensitivity and insight of the interviewers crucial, this procedure requires a level of expertness not ordinarily possessed by an average research worker. That is why is considered as one of the most difficult techniques to employ.

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In this study, interviews drew the researcher closer to the peer educators in the health centers and because of the friendship that grew between the two sides through the regular visits, some information were given which would not have been released if the researcher had given out only the questionnaire to these people. Another advantage of the interview techniques was that it enabled the researcher to discuss and explain the purpose of the study to the population and ensure that they understood the question well.

3.3.3 Questionnaire

A questionnaire is a device for securing answers to questions by means of a form which the respondent fills in. the questionnaire procedure normally comes into use where one cannot see personally, all the people from whom responses are desired or where there is no particular reason to see them. According to Fraenkel and Wallen (2000), questions that call for short checked answers are “restricted or closed” while the “open or unrestricted” type calls for free response in the respondent’s own words with no clue provided. A questionnaire can be structured or unstructured and have close and open

items. The structured questionnaire contains definite, concrete and directed question whereas the unstructured may consist of partially completed question or statement.

Advantages of using questionnaire:

a) It is an economical means of accumulating information of significance to educators in terms of time, effort and cost to both sender and respondent.

b) It permits group administration and is adaptable to any objectives. It can cover a larger group at the same time.

c) It places less pressure on the subject for immediate response. The respondent can answer it at leisure.

d) It helps in focusing the respondents' attention on all the significant items. As it is administered in a written form, its standardized instruction for recording responses ensures some uniformity. Questionnaire does not permit much of variation.

The disadvantages include the following:

a) It gives a biased sample. The matter of non-response is always a big question mark.

b) Some respondents may not like to put their views on controversial issues in writing.

c) The behaviours, gestures, reactions, emphasis, assertions and emotions of the respondent cannot be noticed by the researcher.

d) There are many people who would not like to share important unless and until they are impressed about the cause and personality of the investigator.
e) The questionnaire does not provide for any opportunity for the investigator to establish rapport with the subject.

In this study, the open or unrestricted typed of questionnaire was used to solicit information on the instructional media used by the peer educators and the effects on the pupils. This device was used because the population was large and posed time and funding constraints. Besides, not all the identified respondents could be reached on the appointment.

3.4 Questionnaire design

A set of questionnaire was designed to seek information from the peer educators. A set of questionnaire was designed to seek information from facilitators on the quality associated when instructional media that they use in peer education in the selected health centers. The questionnaires were personally given to the sampled population at different times. Questions that well not well understood by the respondents were explained to them to ensure that they answered all the questions.

3.5 Population for the Study

Osuala (2005) defines population as to how the population (to which the findings or outcome of the research are to be generalized) influences the manner in the interpretation to be made. This means identifying features which members of the

universe have in common and will identify each unit as being a member of a particular group.

Population in research means the peer educators by which inferences are to be made in a sampling study. A population is any group of individuals that have one or more characteristics in common that are of interest to the researcher. However, due to limiting factors of expenses, time and accessibility, it is not always possible to obtain measures from a smaller group of the population such that the knowledge of the total population under study is made evident. The smaller subset selected for observation and analysis is the sample. By observing the characteristics of the sample, the researcher can make generalizations about the characteristics of the population from which it is drawn. The population studied for this research comprised 100 peer educators in selected health centers- fifty from Planned Parenthood Association of Ghana, thirty also from Ghana Aids Commission and twenty from Marie Stopes International – in the Kumasi metropolis.

Sampling according to Osuala (2005), is taking a portion of the population as a representation of the entire population. The health centers selected for the study differed in size, type, location and catchment. With respect to much qualitative research (Frankel and Wallen, 2000), the sample health centers are identified only as Ghana Aids Commission, Marie Stopes International and Planned Parenthood Association of Ghana. The rationale was to obtain data that reflected the diverse range of sample health centers in Ghana.

3.6 Data Collection Instruments

To ensure efficient data or information gathering for this research data were classified into primary and secondary data based on their sources. Primary data were made possible through the use of research tools such as questionnaire, personal observation and interviewed Secondary data came from libraries and some sources of information from some health institutions and organization.

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3.7 Validation of Instruments

For the researcher to ensure that the primary source of information by using questionnaire, interview and observation guides to be free from errors, the researcher vetted them, secondly to his colleagues and finally the supervisors before administration.

Secondary source of information from various libraries, the information collected are also vetted first by the researcher. Secondly from colleagues and finally from the thesis supervisor for approval before the information gathered considered to be valid.

3.7 Administration of Instrument

The researcher administered the questionnaire guide, interview guide and observation guide personally to the sample facilities, first to the Head, and to the facilitators and peer educators.

3.8 Data Collection Procedures

Data were collected according to the following procedures:

Observation – the researcher participated on some training sessions organize by Planned Parenthood Association of Ghana educate peer educators on sexually transmitted diseases.

Questionnaire – using open or restricted questionnaire administered to 300 peer educators on peer educators knowledge on sexually transmitted diseases, improvisation and use of instructional media.

Interview- Face to face interviews with peer educators to gain insight into peer educators use of different or same instructional media.

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CHARPTER FOUR

FINDINGS, ANALYSIS AND INTERPRETATION

This chapter deals with the discussion, analysis and interpretation of the main research findings isolated from the interview, observation and questionnaire administered in the sample health centers studied. The following sections outline the details of data collected.

4.1 **Instructional Media found in the sample health centers**

Instructional media found in Planned Parenthood Association of Ghana, Ghana Aids Commission and Marie Stopes International are posters, illustrations, models, and wall charts. These described in the following sections:

Plate 1- Ask Right

Plate 1 is a poster depicting a patient asking a medical professional what Sexually Transmitted Diseases are, and he is educating her on the various kinds of STDs. The text in the poster combines Twi and English language. The best poster shows the person can give the right information about sexually transmitted diseases is the Professional Health Officer.

Plate 2: Mistrust

This poster (Plate 2) describes safe sex when one cannot control his/ her sexual desire. In the poster, the man wants to have sex with the lady and she has provided the man with a condom to prevent pregnancy and sexually transmitted diseases. The poster advises couple to use condom for safe when there is mistrust.

Plate 3: Voluntary Testing.

One can live a healthy sexual life when he or she get to know his/her HIV status. This poster (Plate 3) is educating the general public especially the youth to get tested for HIV willingly; knowing your status will help you to manage your life very well. Some young people are fearful to see the colour red, it is believe that using red in a poster will attract people's attention to the poster so that they can read, get to health centers for more information does this poster direct anyone where they can get tested.

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Plate 4: Faithfulness

AIDS is real and be faithful to your partner is one of the surest ways to prevent yourself from the spreading or contracting sexually transmitted diseases, this intimate poster (Plate 4) is intended to educate the youth on the theme. The picture could negatively promote intimate boy-girl relationship encourage people to be faithful to each other and which could also be interpreted as an enjoyable based on the smile and pose of the two people depicted in the poster.

Plate 5: Female Condom Plate 6: Male Condom

The following interesting posters educate us on different kinds of condom we have in the market, showing the female condom (Plate 5) and male condom (Plate 6).poster do not show why condoms should be used and how.

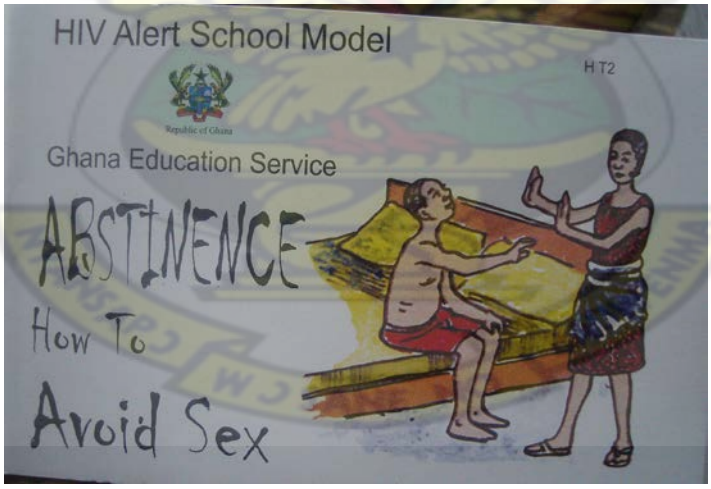

Plate 7: Abstinence

The illustration (Plate 7) is depicts a man who wants to have sex with a girl, which she is refusing to engage in with the man. The poster does not encourage the girl to run

away, but promotes using dialogue which could also lead to rape although the text is about abstinence and avoiding sex.

Plate 8: Dream Protection

This poster (Plate 8) depicts how one can achieve a brighter future when care is taken about sexual life. In this poster, this level of life can be achieved by knowing the facts abstaining from sex and focusing on one's studies. But does not teach us how to abstain from sex and achieve our dream.

Plate 9: Avoid Stigmatization

This poster (Plate 9) is showing a woman bathing a man, who in this poster is instant a patient infected with the HIV/AIDS virus. The man has lose weight and the woman is holding the man's hand and showing him love and care. The poster draws attention to how those who are infected with the diseases can be supported by family. This is to show the need to avoid stigmatization through direct contact.

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Plate 10: Think Wise

It is interesting to know that one can lose control when it comes to sexual activities Having sex without any protection with condom (Plate 10) can lead one to contract any of the sexually transmitted diseases and unwanted pregnancy. The red cross symbol in the poster indicates that they are having sex without condom. The poster send negative signals to teach young people to indulge in indiscriminate unsafe sex as the poster seems to portray. The caption and picture do not carry the same massage.

Plate 11: Judge Not

The spreading of the HIV/AIDS is not determined by the status one's position in society. Both the literate and illiterate do have equal chance of contracting the disease. We should be our brothers' keeper, this is what this poster (Plate 11) is educating the youth to avoid judgment. This poster can be wrongly interpreted by someone who cannot read the text to mean each one should take care of herself and not to judge one's behavior.

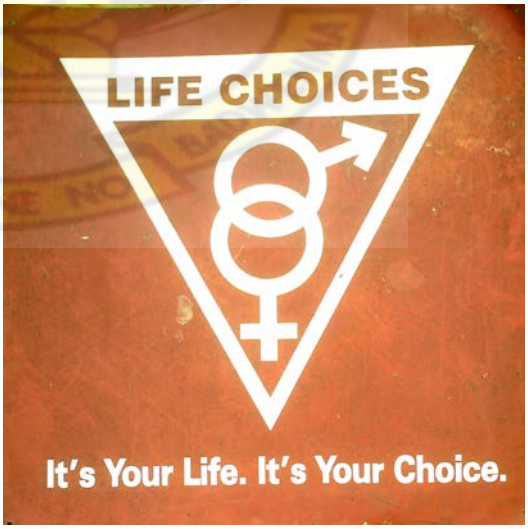


Plate 12a and 12b: Young and wise

Young people face a lot of challenges pertaining to decision making regards to what to do and what not to do. This poster (Plate 12) is educating the youth to be wise when it comes to sex; they should wise and abstain from any influence for casual sex. The picture in Plate 12a is blurred and which the text is too crowded which make poster difficult to see and read. Plate 2b shows the youth the need to make wise choices in life.

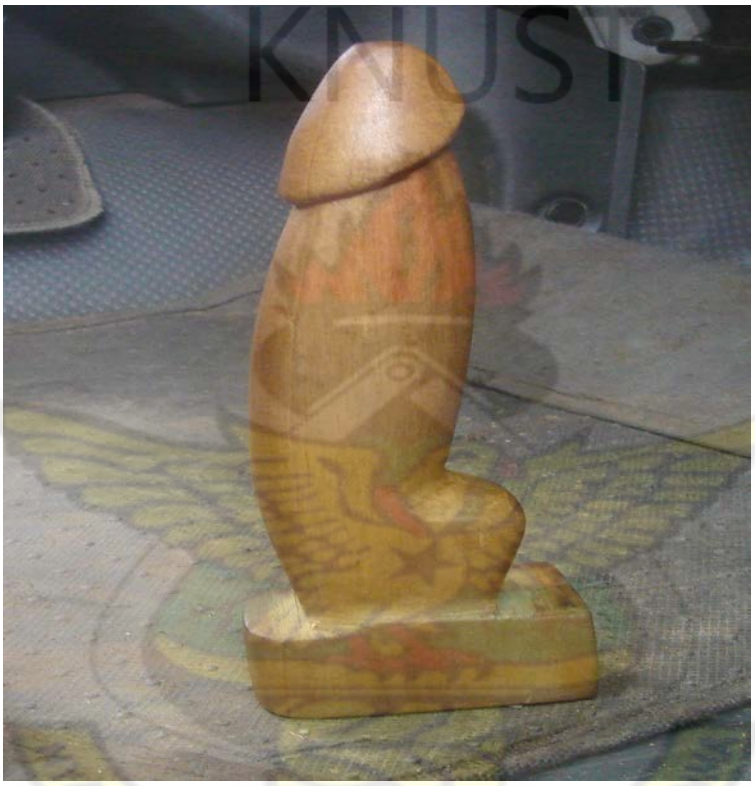


Plate 13: Wooden Penis Model

Plate 13 shows the prototype of a real penis. It is used to teach how to put on male condom. It is made of wood. The erectness used is to educate men when to put on condom. The limitation of this model is that it is stiff and shows an erect penis and not what happens in hazard state.

Plate 14: Female Reproductive Model

This model (Plate 14) of the female reproductive system is made up of plastic and used in educating women about family planning and how also to put on the female condom. The models are kept in the facilitators' office which makes it difficult for peer educators to have easy access to them. Having to seek permission to makes of use the model when unavailable limits their use.

It can be seen here that the existing instructional materials have limitations in carry out the message.

4.2 The Suggested Instructional Media

The suggested instructional media which consist of very vivid and shocking pictures of real people with sexually transmitted diseases to educate adolescents on the signs and symptoms of sexually transmitted diseases. They are intended as shock therapy to force readers and adolescents in particular to comfort the reality of sexually transmitted diseases and change their lifestyle. These disturbing pictures were either made available by the researcher or photographs taken of real situations at Marie Stopes International by the researcher.

4.2.1 Illustrations on Gonorrhea Symptoms

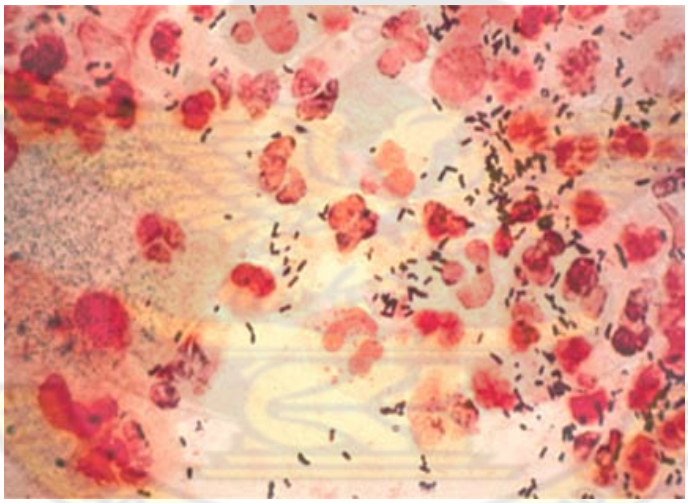


Plate 15: Gonorrhea Bacterial

This illustration (Plate 15) is educating us on the gonorrhea bacterium and how it can destroy the immune system. The red parts represent the red blood cells while the black part also represents the bacteria that have attacked and destroyed the red blood cells of the immune system which fights diseases.

The extreme left bottom corner shows destroyed immune system which implies that the body cannot fight against any other diseases. This tells adolescents how gonorrhea can destroy them if they contract the diseases.

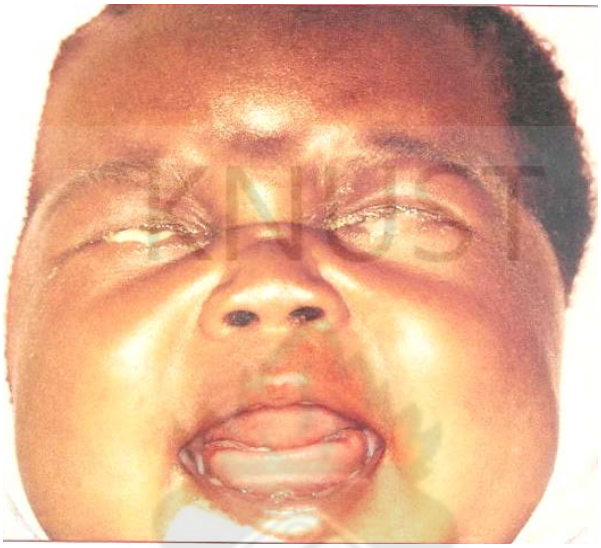


Plate 16: Untreated Gonorrhea.

This poster (Plate 16) shows mucous membrane (white fluid discharge) in the child's eyes and around the mouth indicating that the child has gonorrhea.

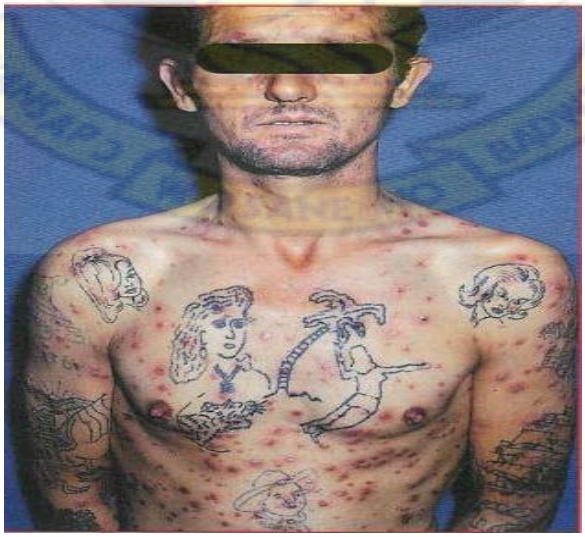


Plate 17: Tattoos on gonorrhea patient.

Plate 17 shows the rashes on the body of a person infected patients with Gonorrhea used tattoos as a form of decoration to cover up. This is educating on symptoms of Gonorrhea affecting the male genital organ. There is milky discharge from the penis, acute urethra, chronic sores around the ring of the penis, chronic ulcerations and lesions. Plate 18 to 20 show likely symptoms of Gonorrhea.

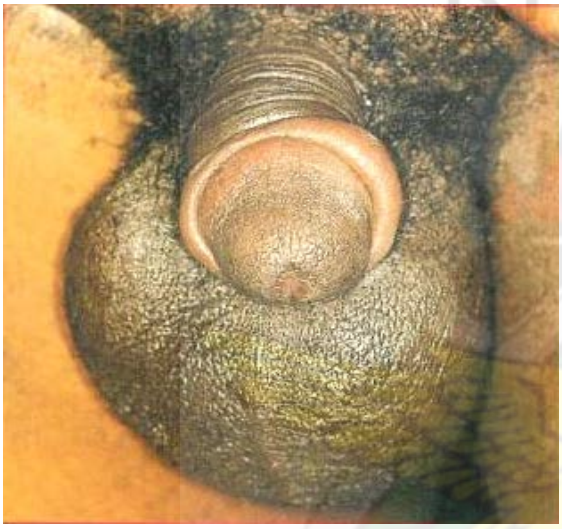


Plate 18: Acute Swelling around the tip of penis

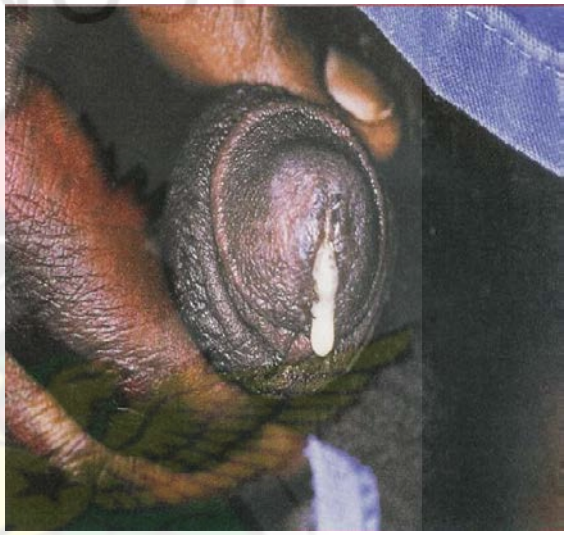


Plate 19: Gonorrhea Milky discharge from the penis.

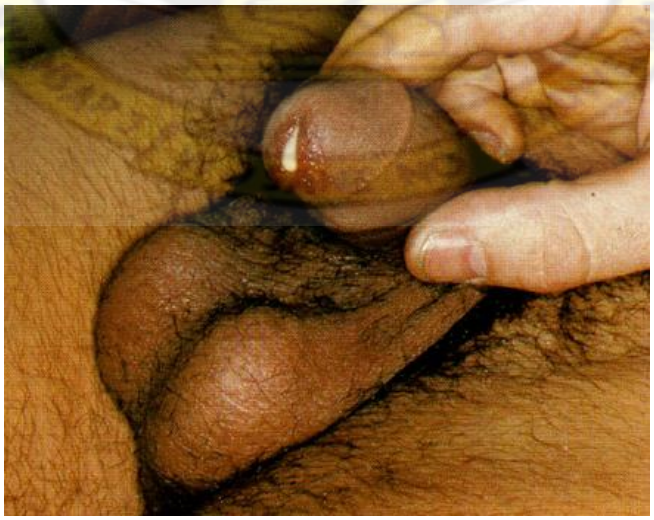


Plate 20: Gonorrhea milky discharge from the Penis for a month

This is educating on symptoms of Gonorrhea affecting the male genital organ. There is milky discharge from the penis, acute urethra, chronic sores around the ring of the penis, chronic ulcerations and lesions. Plate 18 to 20 show likely symptoms of Gonorrhea.

4.2.2 **Illustration on how HIV/AIDS attacks the immune system**

Plate 21: Virus Attackers

Plate 21 is a poster describes how HIV attacks the immune system. First the (green soldiers) attack the red cells in the blood (the fallen soldiers in red) and when they enter the red blood cells, they begin to multiply as the red cells breakdown and large viruses are released into the blood stream. When this happens, the virus becomes more than the body cannot fight off other germs shows in exchange of gun. The green represents the HIV virus while the red also represents the red blood cells.

4.2.3 **Illustration on modes of transmission in mother to child transmission of HIV/AIDS**

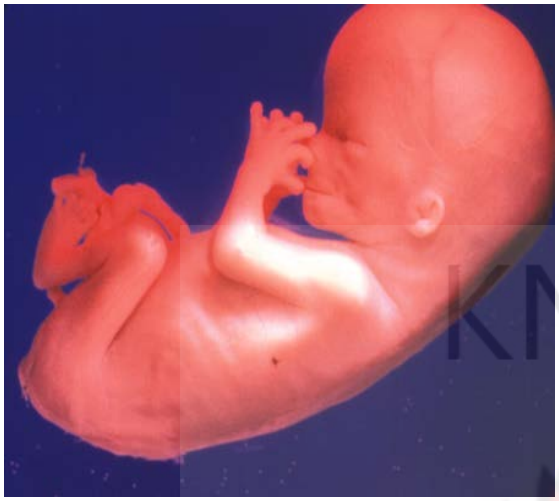


Plate 22: Formation of the baby

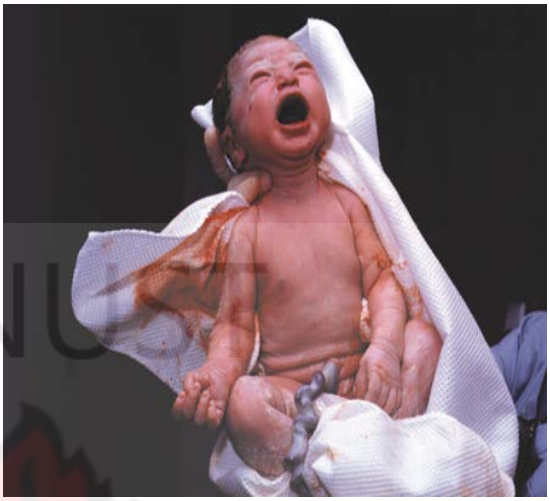


Plate 23: Placenta cutting

Plate 24: Breastfeeding

The poster describes how the virus transfuses from the mothers blood to the child; before, during and after the delivery of the baby and the placenta is being (Plate 23). Plate 22 shows when the baby is in the formation stage in the womb during pregnancy. While Plate 24 shows transmission through breast-feeding by a mother who tests positive to all the Sexually transmitted diseases discussed earlier.

4.2.4 **Illustration of adult HIV/AIDS incubation period**

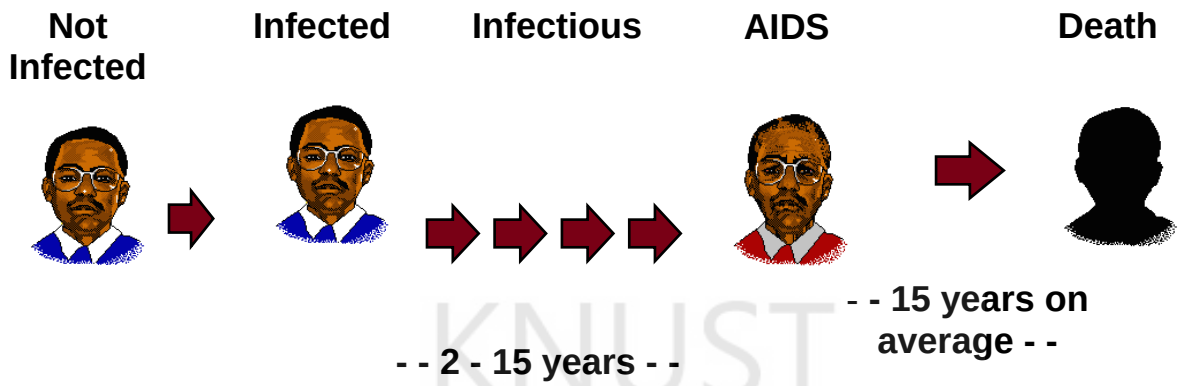


Plate 25: Adult Incubation Period

Incubation period is the period when the virus enters the body until the time that the individual develops symptoms of AIDS (see Plate 25). This takes between 2 to15 years in adults and 1 to 3 years in children, but when the AIDS virus multiply, the body immune system cannot function properly as it used to fight against other diseases leading to death.

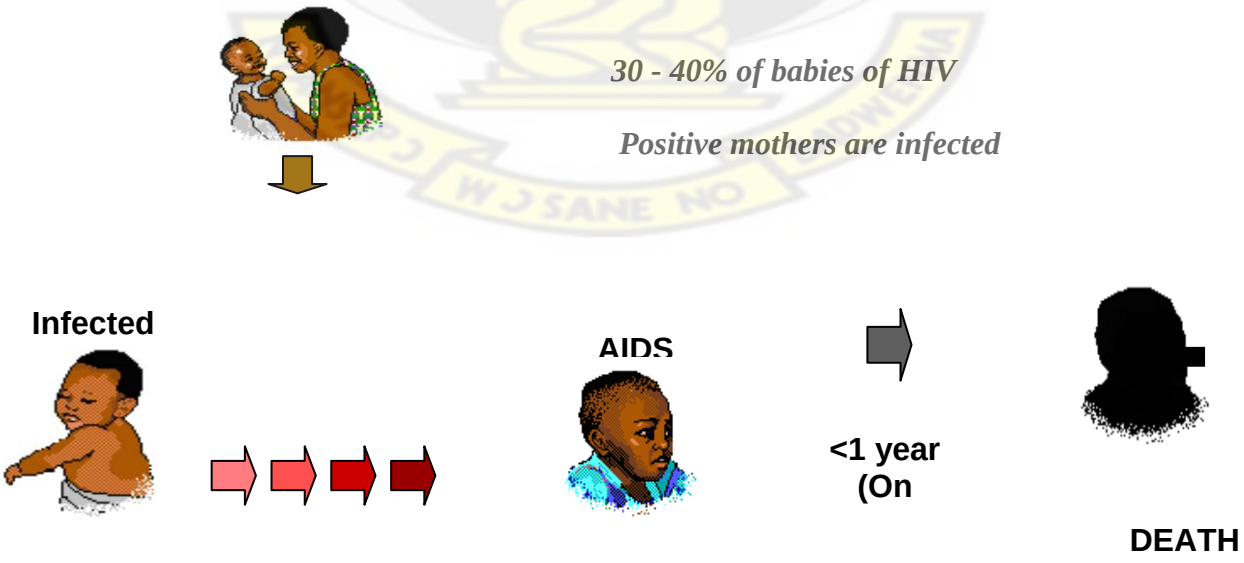


Plate 26: Children Incubation Periods

This poster (Plate 26) is educating us on the probability and process of the child attracting the virus from the biological mother and the percentage of babies infected with HIV by their mothers.

4.2.6 **Illustrations depicting various skin conditions**

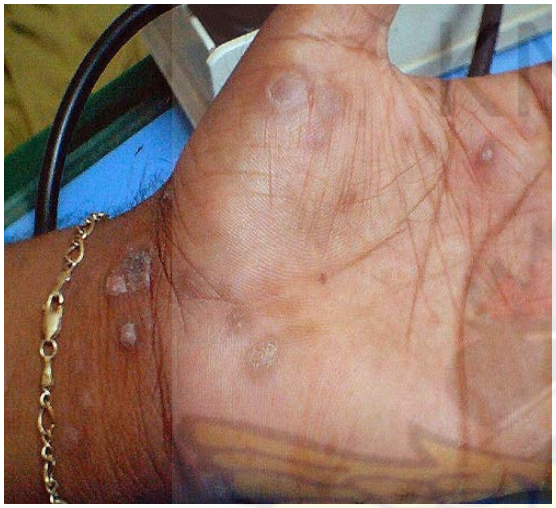


Plate 27: Palm Rashes

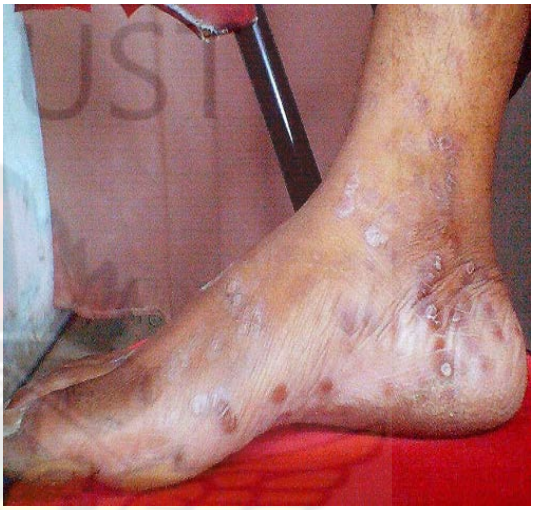


Plate 28: Foot Rashes

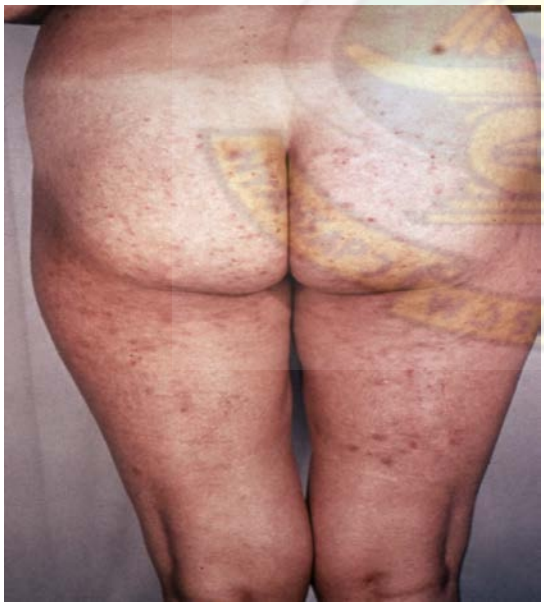


Plate 29a: Buttocks Rashes

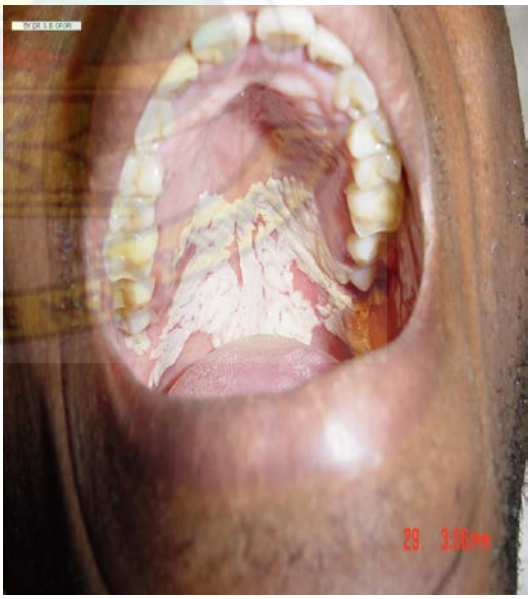


Plate 29b: Severe oral candidiasis

The following illustrations (Plate 27 to 29b) show various skin conditions on palm, leg, buttocks and mouth patients infected with the syphilis. These show rashes, lesions, blisters and sores.

4.2.7 Photographs of Herpes infection

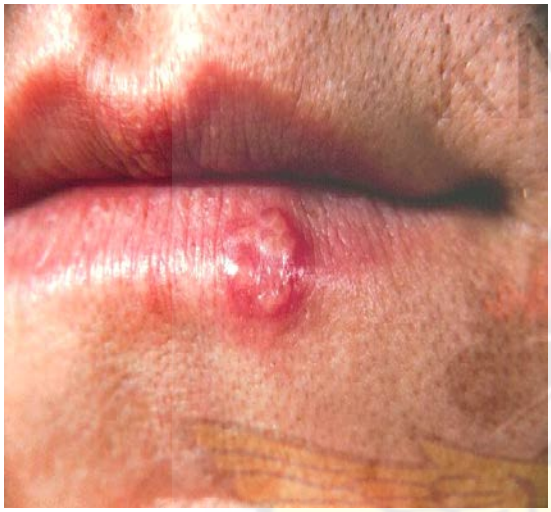


Plate 30: Herpes lesion in a week

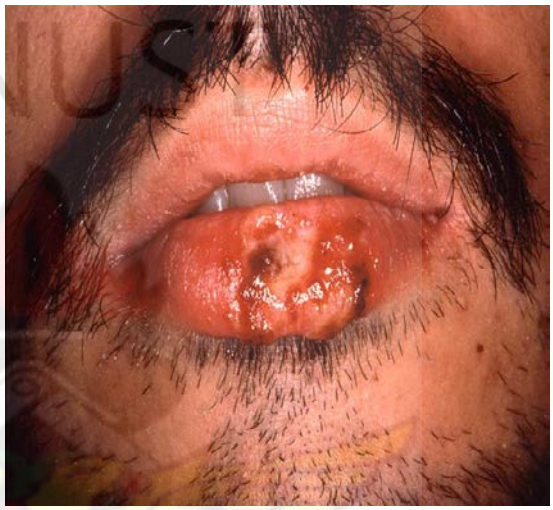


Plate 31: Herpes lesion in a month

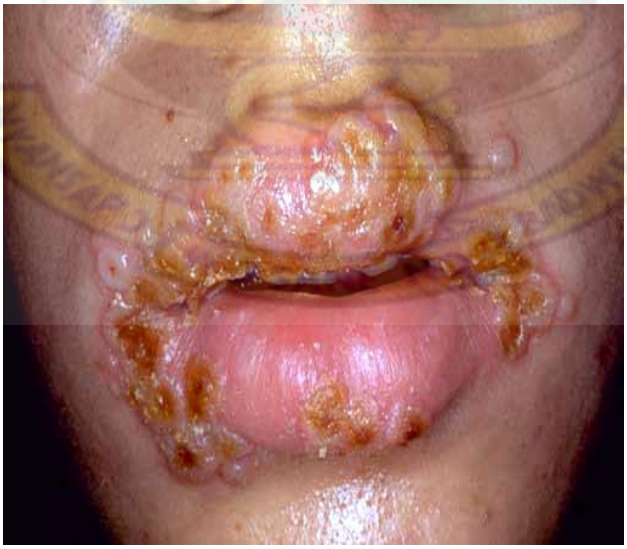


Plate 32: Chronic herpes lesion for months

Plates 30 to 32 show the development of herpes simplex indicating chronic mouth lesions.

4.2.8 Photographs of Kaposi's sarcoma lesions.

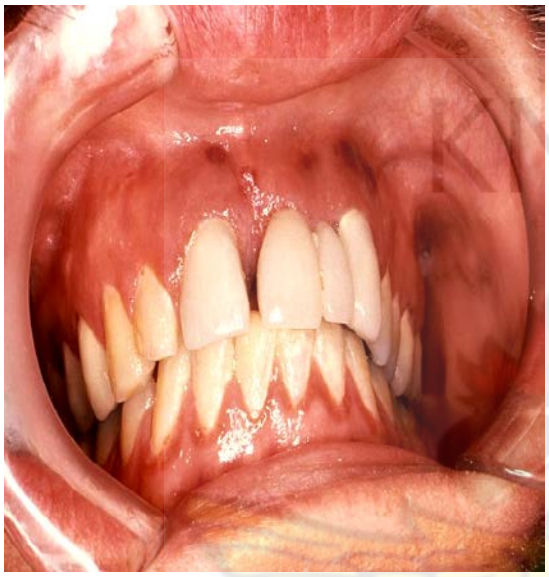


Plate 33: labial and gingival Kaposi's sarcoma

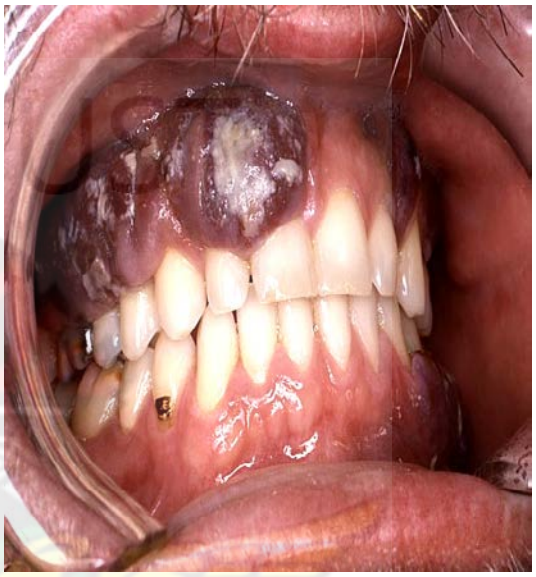


Plate 34: An intraoral Kaposi's lesion

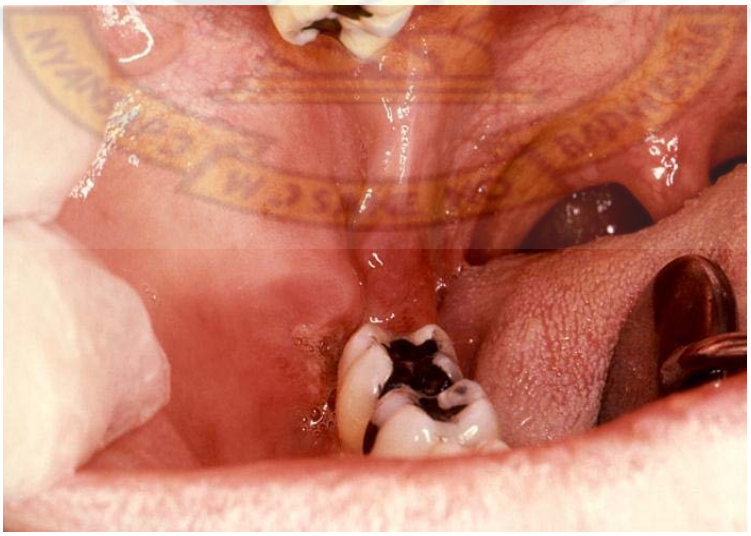


Plate 35: Gingival Kaposi's sarcoma

The Photographs (Plate 33 to 35) show a patient with an infection of Kaposi's sarcoma, a form of cancer characterized by purple or brownish lesions that are generally painless and occur anywhere on the skin.

4.2.9 Photographs of HIV/AIDS

Plate 36a: Discharge from the vagina

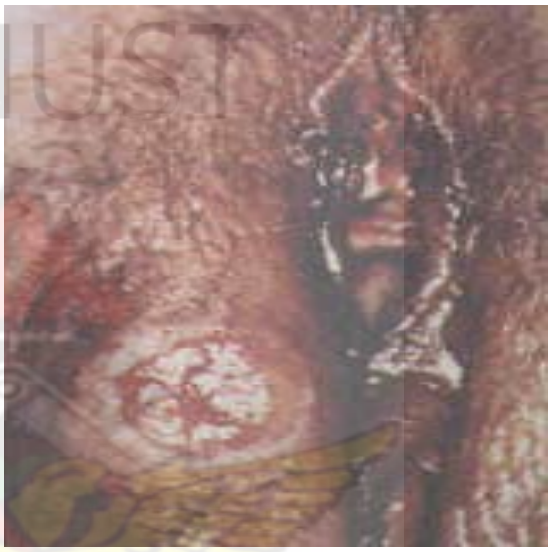
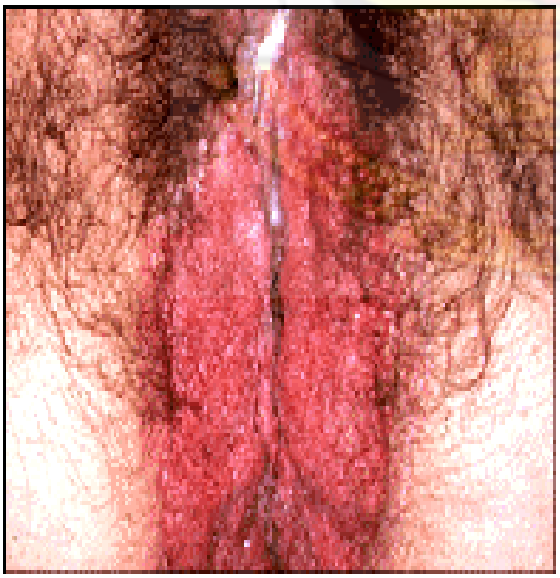


Plate 36b: Sore lesions from the vagina



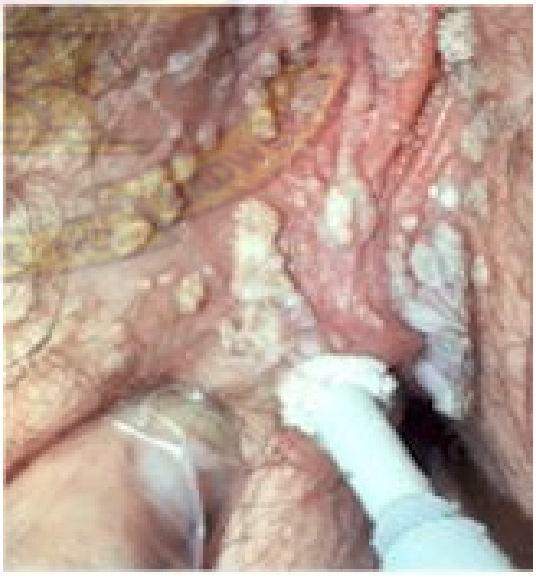


Plate 37a and 37b: Patches and Mucus Discharge from the vagina.

The following symptoms of HIV/AIDS affecting the vagina include: discharge from the vagina, mucous patches, chronic sores and multiple blisters around the vagina (see Plate 36a to 37b).

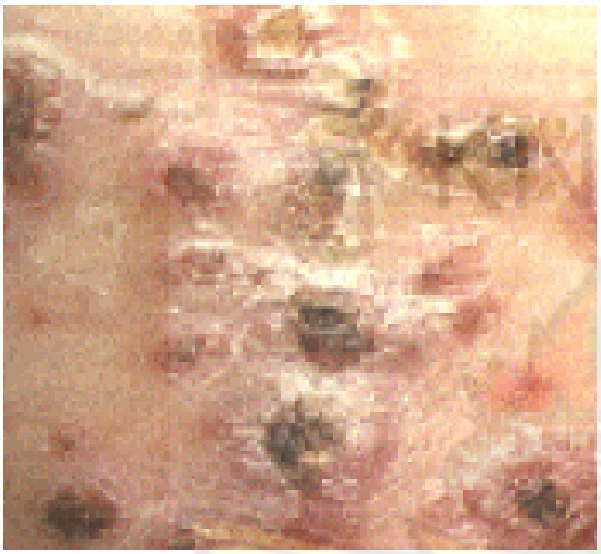


Plate 38a: Sore skin conditions

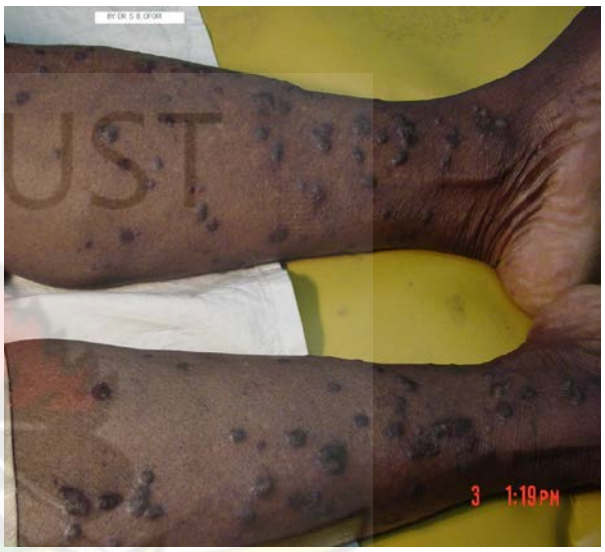


Plate 38b: Foot Rashes

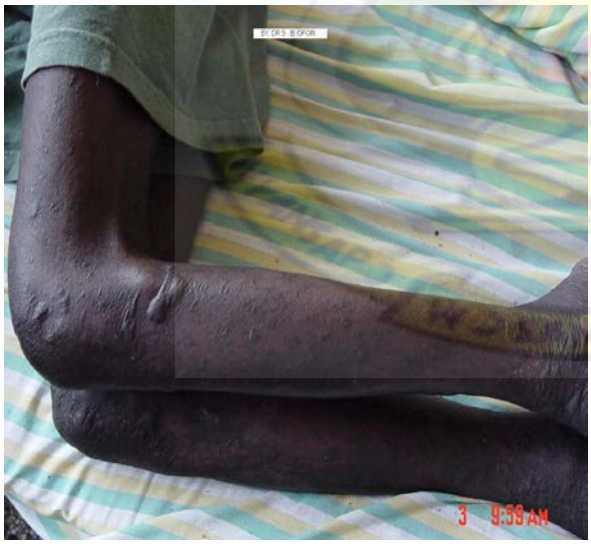


Plate 39: lesions of the Foot

Plate 40: Chronic Bust lesions and Blisters.

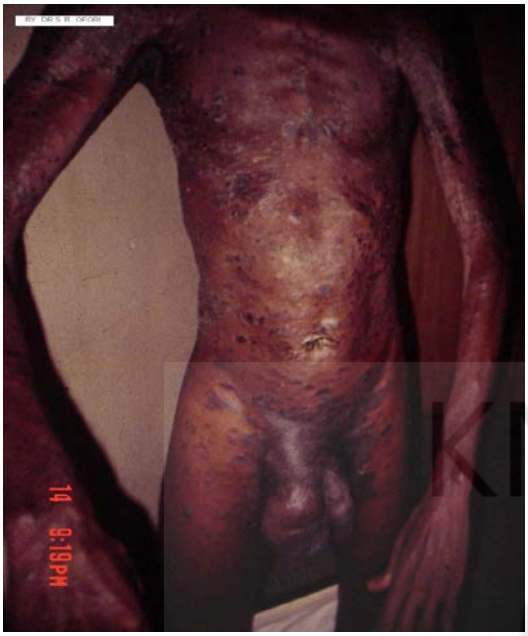


Plate 41: Persistent Skin Rashes

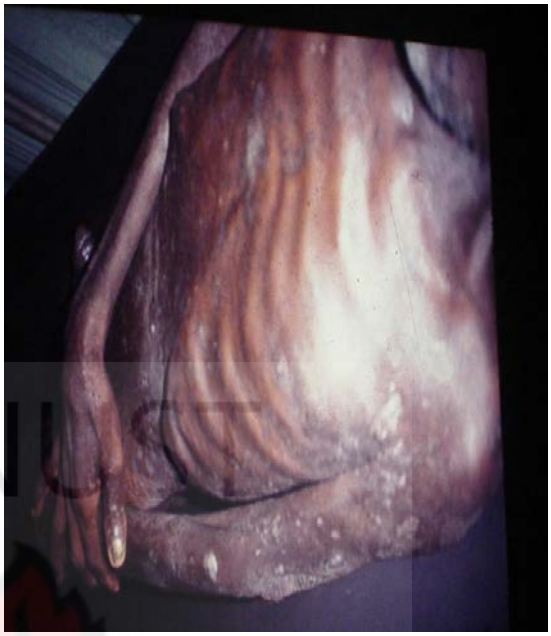


Plate 42: Losing weight rapidly

In Plates 38a to 42 the patients have developed chronic rashes and sores all over the body as a result of HIV/AIDS.

4.2.10 Photographs of Genital warts.

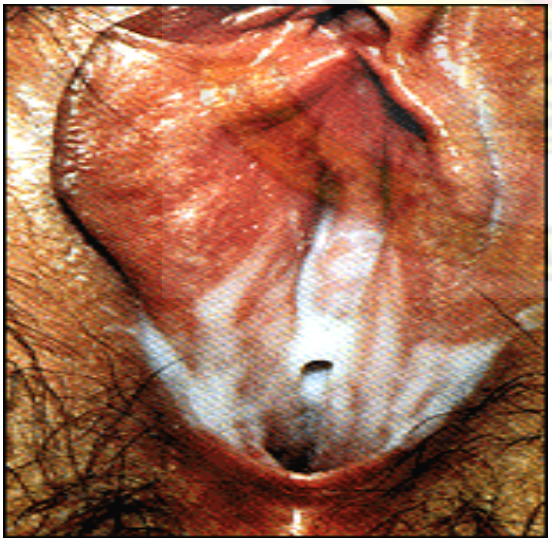


Plate 43: Severe Discharge from the vagina.

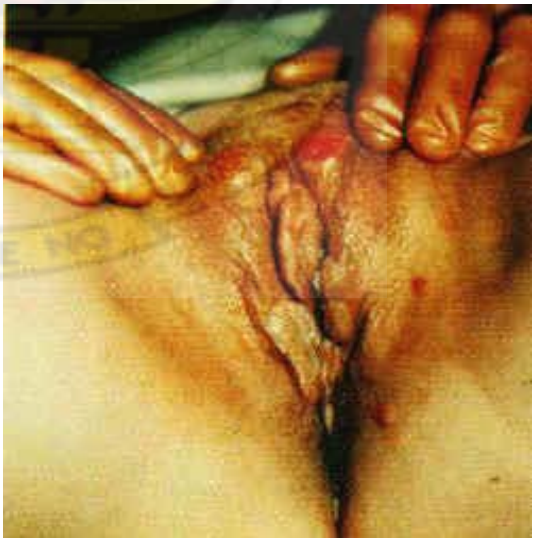


Plate 44: Chronic Sores and lesions around the vagina.

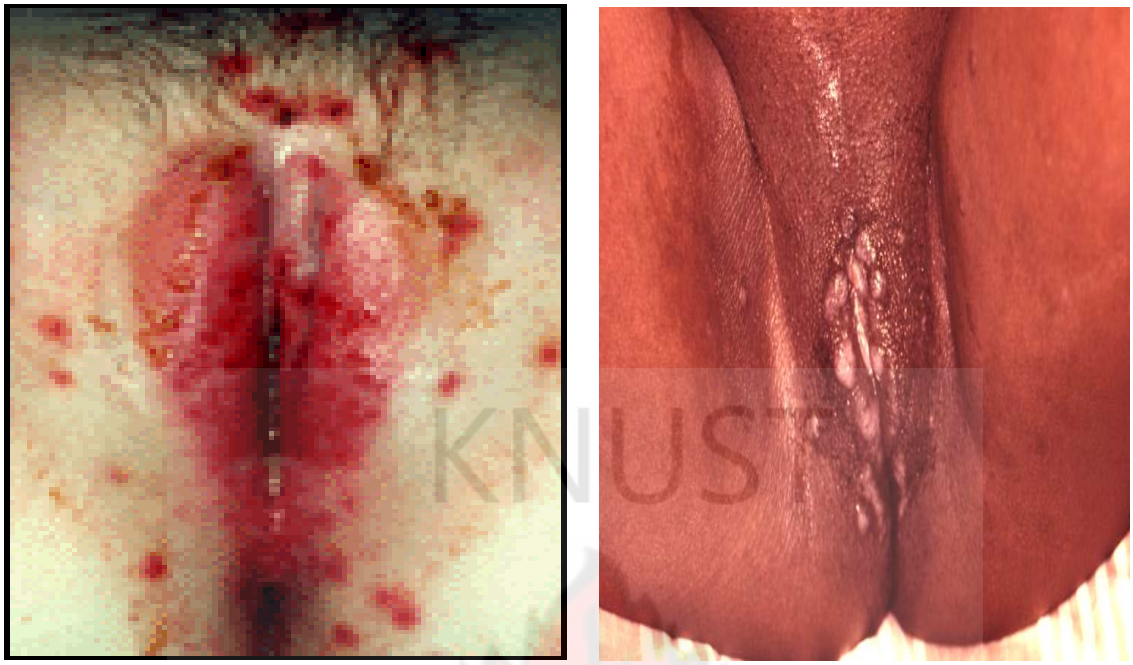


Plate 45a and 45b: A Multiple lesions and blisters around the vagina.

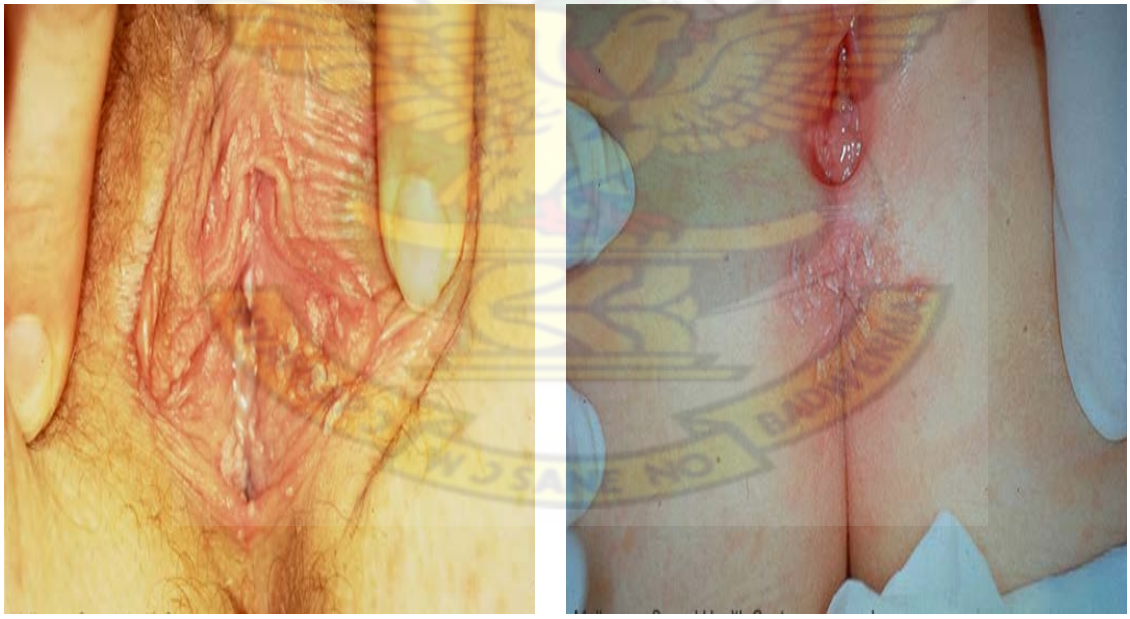


Plate 46a and 46b: Vagina and Anal Genital Warts within 30 days.

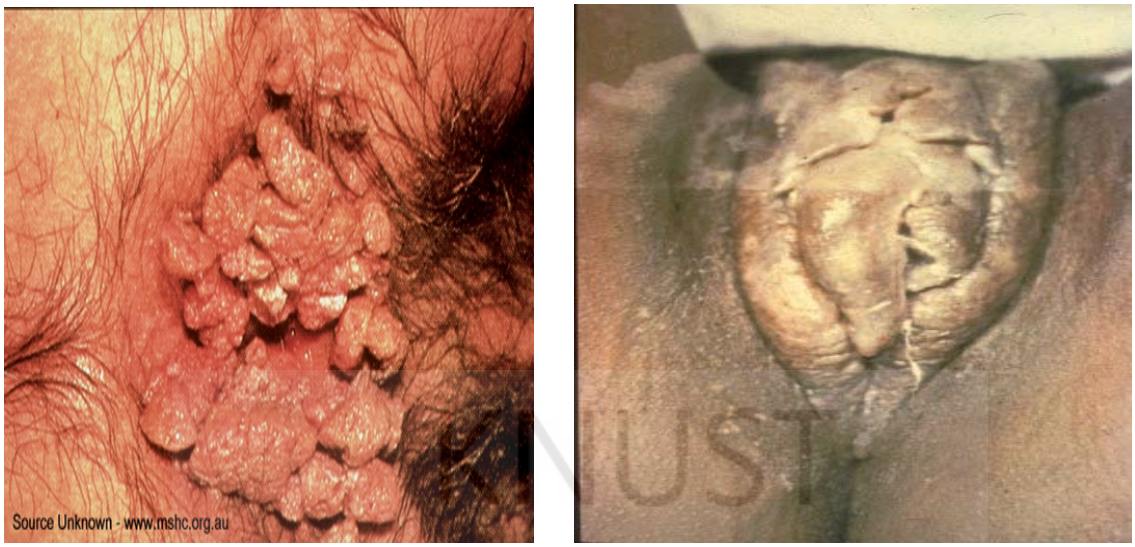


Plate: 47c and 447d: Chronic vagina Genital Warts

Plate 43a to 47d show signs and symptoms genital warts affecting the vagina include: discharge from the vagina, mucous patches, chronic sores and multiple blisters around the vagina.

4.2.11 Photographs of HIV/AIDS.

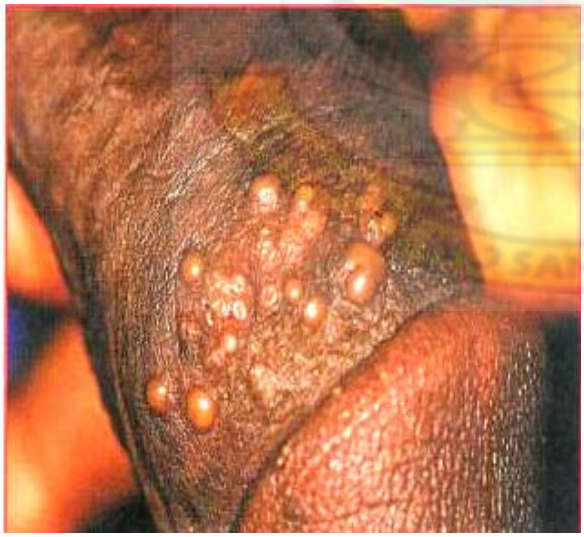


Plate 48: Vesicles of Genital Herpes.

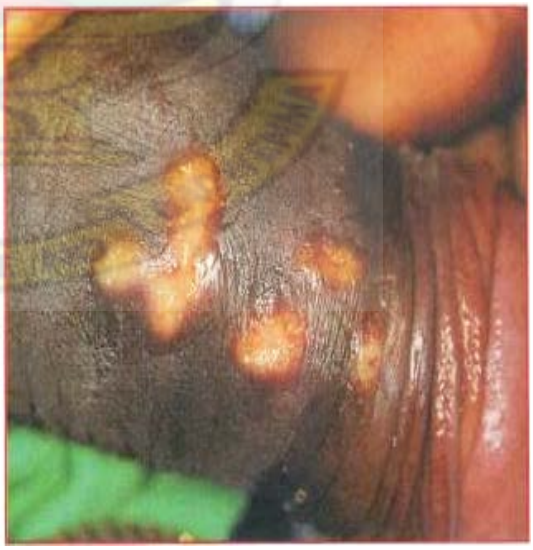
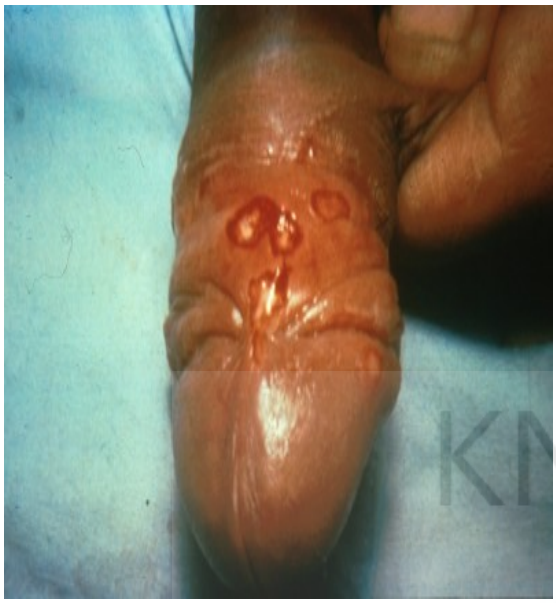


Plate 49: A chronic herpetic ulcerations in a HIV/AIDS patient.



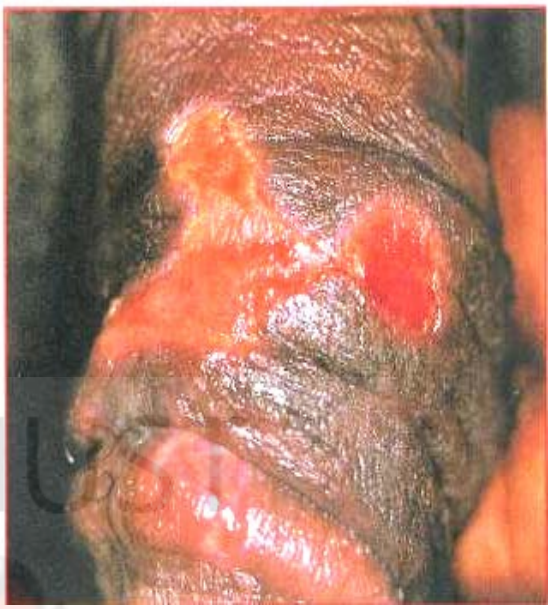


Plate 49b and 49c: A severe chronic lesions in severely immune- deficient HIV patients.

These photographs (plate 48 to 49c) are chronic sores, herpetic ulcerations and chronic lesions of a patient who has developed the HIV/AIDS virus.

4.2.12 Photographs of Chancroid

Plate 50: Inguinal ulceration associated with Chancroid.

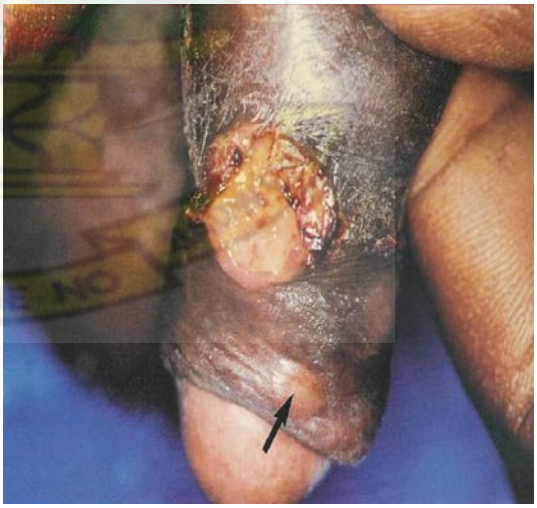


Plate 51: Early Lesions of Chancroid showing Intradermal abscess formation.

Plate 52a and 52b Late Lesions of Chancroid showing outradermal abscess formation

Chancroid is a large painful blister or an ulcer affecting the penis is what these photographs show in plates 50 to 53b. The lesions have developed into chronic sores and ulcerations.

4.3 Analysis answered by peer educators of interview conducted.

When asked sexually transmitted diseases are,

86 respondents out of 100 (representing 86%) stated that they are infection that can be transferred from one person to another through sexual contact where as 24(representing 24%) also stated that they are communicable disease found in the environment. The responses indicate that a large majority of the peer educators are knowledgeable in terms of the definition of sexually transmitted diseases.

Causes of sexually transmitted diseases

The study found out that 60% of the respondents believed that one can get sexually transmitted diseases through family curses, careless life and destiny while 15 (representing 15%) also believed they can be contracted through kissing, poverty and unprotected sex. However 25 (representing 25%) of the respondents believed unscreened blood transfusion and Mother- to – Child transmission are the causes.

Again the response clearly indicates that large majority of the peer educators are not knowledgeable about the causes of sexually transmitted diseases. This suggests that peer educators lack appropriate information and have to be retrained to enable them to deliver effectively.

Symptoms of Sexually Transmitted Diseases

Out of 100 respondents who responded to this question, 83% of them held the view that the general symptoms of sexually transmitted diseases are reactions to toxic substances,

malnutrition and malaria. The remaining 17% admitted that mild fever, severe weight loss and fatigue, sore throat, hair loss, weight loss, swollen glands, skin rashes, muscle pain and mucous around the genital organ are the symptoms. The implication of the response clearly show that in the absence of real and vivid instructional media during training sessions, there facilitators were taught by the lecture method and so are not very knowledgeable about sexually transmitted diseases to offer the right information to others.

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Prevention of Sexually Transmitted Diseases

36% out of the 100 respondents said putting on condom when having sex is tasteless, while 24% indicated that financial constraints, cultural beliefs, 25% responded that one partner is for married person. The remaining 15% responded that seeking spiritual help. It is clear from the responded of the respondent's shows that they have come across real and vivid instructional media showing symptoms of people infected with these deadly diseases.

4.4 Pre- Testing Exercise

The researcher administered the questionnaire personally to 50 peer educators without lectures during a training session on 21st May, 2009 at the office of Planned Parenthood Association of Ghana in Kumasi. The sample peer educators were selected randomly from pupils in primary school, junior and senior high school base on their knowledge on sexual issues between the age 10 to 19years. The class was divided into two groups named A and B comprising 25 each in the group to find out the knowledge level of the sample peer educators on sexually transmitted diseases. Responses that the respondents gave to the questionnaire are provided in table 1.

Table 1: Responses to Pre-Testing

NO	QUESTIONS	Answers Frequency			
		A		B	
		correct	wrong	correct	wrong
1	What are sexually Transmitted Diseases?	7	18	9	19
2	What is AIDS?	12	13	11	14
3	What are the causes of AIDS?	6	19	12	13
4	How can one get HIV?	10	15	9	16
5	How does the virus attack the body?	4	21	6	19
6	How can you tell when someone has HIV/AIDS?	11	14	10	15
7	What are the symptomatic stages in HIV/AIDS?	8	17	6	19
8	How do you avoid catching HIV?	10	15	9	16

As it is indicated in table 1, both Group are not knowledgeable in terms of issues concerning sexually transmitted diseases, this can be attributed to the existing instructional media found in the sample health centers.

4.5 Post- Testing Exercise

The researcher used the existing and suggested instructional media to teach the two groups (Group A and Group B) about sexually transmitted diseases. **Group A** represents Existing Instructional Media while **Group B** also represents Suggested Instructional Media. The groups were divided to find out the media which is more effective and successful. After the teaching, questionnaire was administered to the peer educators for answers. Table 2 shows responses that the respondents gave to the questionnaire correctly.

Table 2: Responses to Post-Testing

NO	QUESTIONS	Answers Frequency			
		A		B	
		correct	wrong	correct	wrong
1	What are sexually transmitted diseases?	10	15	24	1
2	What is AIDS?	12	13	21	4
3	What are the causes of AIDS?	10	15	23	2
4	How can one get HIV?	13	12	24	1
5	How does the virus attack the body?	8	17	21	4
6	How can you tell when someone has HIV/AIDS?	10	15	23	2
7	What are the symptomatic stages in HIV/AIDS?	12	13	25	0
8	How do you avoid catching HIV?	14	11	24	1

The study (see Table 2) found out that Group B score 95% while Group A also score 35%, this clearly shows that the suggested instructional media could improve the performance and understanding of the peer educators, mainly because the instructional media used attract attention and give more precise information on the sexually transmitted diseases to improve sample peer educators learning.

4.6 Selected questions the sample peer educators posed to the researcher after the used of the suggested instructional media.

After the Suggested Instructional Media were used to teach the sampled peer educators, they fell in love with the topic and asked the following questions:

Peer Educator - Do these diseases really exist?

Peer Educator - If all these disease really exist I think I should avoid sex?

Peer Educator – I had sex without condom, does it mean that I have contracted the disease?

Peer Educator -how can I know someone has the disease?

Researcher- go for voluntary test.

Peer Educator - if I have any of these diseases, what should I do?

Researcher- you must see a professional Health Officer.

Peer Educator- It is not dangerous to show these pictures to young people?

Peer Educator – I have a boy friend what should I do?

Peer Educator - How much does it cost when one wants to know his/her HIV/AIDS status?

Peer Educator – l don't want to have sex again and stay till l get marriage.

4.7 Responses the researcher gave to the questions sampled peer educators asked as follows:

Researcher- Yes they really exist if one refuses to protect himself or herself from unsafe sex.

Researcher – Yes if you abstain from casual sex, be faithful to your partner and using condoms when having sex are the safest ways of preventing oneself from these deadly diseases.

Researcher- if the person is not infected with the disease, then you will not get the disease, but the surest way is to abstain from sex, be faithful to your partner and use condom when having sex.

Researcher – Once the disease and the symptoms exist, one needs to know, because prevention is better than cure.

Researcher – Abstain from casual sex and wait until marriage.

Researcher – It is not expensive, but the cost differs from one health center to another.

Researcher – that is the best decision one can take for a fruitful life.

The implication of this conversation is that the suggested instructional media attracted the attention of the sampled peer educators, because they showed real and vivid the symptoms of sexually transmitted diseases of concern to this study. It also suggests that the new instructional media are accessible; they offer information that broadened their knowledge on sexually transmitted diseases and could therefore be used to transform their own lives and also make it easy in educating the general public.

4.7 Main findings based on questionnaire, observation and interview conducted.

When were interviewed and questioned about the lower mark obtained, 85% of the 100 peer educators in **Group A** confessed that the message in the various posters and illustrations from the existing instructional media category were not clear and understandable especially regarding symptoms of various the sexually transmitted diseases, 10 % said they were confused about the message in the posters and illustrations, and 5% also said they had the message all right. This suggests that existing instructional media are not rich in accurate information on sexually transmitted diseases.

The nature of the suggested instructional media a means to show as realistic and true to life of symptoms of sexually transmitted diseases was an evident in their use as 98% of sampled peer educators said the materials arrested their attention and sustained their interest only, 2% said the pictures were "dangerous" and fearful that is why they were able to score high marks in their responses to the questionnaire as the sampled peer educators in **Group B** confessed. Those in **Group A** also confessed that the existing instruction media were difficult to understand.

The questions posed by the sampled peer educators during pre-testing of the new instructional media clearly indicates that psychological change had taken place in them, and so if this education strategy is intensified, there would be a reduction of sexually transmitted disease among adolescents and the general public.

What this means is that the existing instructional media need to be reviewed and perhaps discarded in order to what this study has adopt suggested to help address problems confronting adolescents on sexually transmitted diseases. it is clear that the project has achieved its objectives and can be reproduced and used to raise the standard of sex education among adolescent in Ghana and elsewhere in the world.

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Summary

The fact that the Ghana Ministry of Health and Ghana AIDS Commission use the educational materials constant use in the communities for educate the adolescents on the sexually transmitted diseases in order to prevent its spread and eradicating it implies that the results being obtained reflect the ineffectiveness of these instructional materials.

The existing instructional media need to be improved to make them more visually informative. As was observed in the study, these media are not always used well and have less impact because the facilitators themselves do not understand them well for teaching the people. Hence, the teaching is not effective. The adolescent peer educators who attended the various training sessions but found it difficult to clearly deliver messages that make impact on themselves and the general public. There is therefore the need to use the suggested instructional media to educate the adolescents in particular as a means to help prevent and eradicate sexually transmitted diseases in Ghana.

CHAPTER FIVE

SUMMARYS, CONCLUSIONS AND RECOMMENDATIONS

This chapter focuses on the summary and conclusions on the study, recommendations are used on the findings of the study. This study sought to examine the weaknesses and strength of instructional media use in adolescent sex education in Ghana.

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Summary

The primary purpose of instructional media is to improve visual communication and for this study as effective means to impart knowledge of sexually transmitted diseases and adolescents to communicate this information to their peers.

It was observed that the various existing instructional media used during training sessions does attract the interest and attention of peer educators and having access to the instructional media available is difficult.

The study revealed that there should be appropriate instructional media help address the issue, this call for new instructional media which are real and vivid that can educate, attract the attention and interest and shock young people in Ghana and beyond from the risks and dangers of contracting sexually transmitted diseases.

In conducting the study, the researcher used qualitatitive approaches of research. The research tools that were employed included interviews, observations and questionnaire. The major findings of the research have been summarized.

Conclusions

Base on the findings, the study concluded that:

1. The existing instructional media are ineffective in ensuring that learning objectives are achieved.
2. Lack of facilitator's evaluation of existing visual materials to ascertain their strengths and weaknesses for the lessons they are used for.
3. There is lack of financial support in producing new instructional media to help facilitators and peer educators to gain more knowledge from lesions.
4. The suggested instructional media can improved the performance of peer educators comparing to existing instructional media.
5. Some of the facilitators and peer educators are not reading and searching for new information bringing difficulties in delivery.
6. Lack of timing in terms of using the media bring displeasure to peer educators
7. If sex education is effectively managed, it can aid in grooming the adolescents to be responsible in the society.
8. The use of real and vivid pictures will make adolescents to take wise decision in sex to help the objectives of the researcher to be realized.

9. Suggested instructional media need not to be used in the cities only, but remotest corner of this country so that adolescents would have a healthy sexual life.

Recommendations

The researcher believes that the project has been successful and recommended the following:

i. Ghana Health Service, Non- Governmental Organizations, Community leaders and other stakeholders involved in developing and implementing sex education programmes, should train more facilitators and ensuring that they get right visually informative materials and accurate information to disseminate to adolescents.

ii. Sex education which is an old fashioned topic must be revived using such sources as charts, flipcharts, textbooks, illustration and posters to meet the current demands.

iii. Organizations such as Planned Parenthood Association Ghana, Marie Stopes International and Ghana Aids Commission which have made provision of youth sexual and reproductive health service a priority, they should be encourage to continue to do so

iv. Real pictures must be encouraged before and after training to inform people about the real dangers of sexually transmitted diseases and what they actually look like.

v. The Department of Art Education should contact institutions such as Ministry of Health, Planned Parenthood Association Ghana, and Ghana Aids Commission and encourage them to sponsor students who are embarking on research on health related projects.

vi. Seminars, workshops and symposia should be organized quarterly for facilitators to improve their knowledge level by Ghana Health Service, Non-Governmental Organizations and other agencies.

vii. Youth recreational centers should be established where adolescents can have fun with their peers and seek counseling from their leaders

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APPENDIX A

EXISTING INSTRUCTIONAL MEDIA

POST-TESTING EXERCISE

This is designed to solicit information on the current situation on the uses of instructional media in the Health Industry. This research is intended to be carried in an attempt to ascertain the strengths and weaknesses of instructional media as a training tool in adolescent sex education. The information you provide will **"NOT"** be used outside its intended purpose. Please fill out the pre-testing exercise to the best of your knowledge and ability. I am interested in every response you may give. It has the potential to make a difference. I am Kyei Asare Ernest, the Researcher.

Thank you.

1. Age (in years): Below 10 = ☐ 11-13 = ☐ 14-19 = ☐

2. What are sexually Transmitted Diseases?.....

3. What is AIDS? ……..

4. What are the causes of AIDS?.....

5. How can one get HIV?.....

6. How does the virus attack the body?.....

7. How can you tell when someone has HIV/AIDS?.....

8. What are the symptomatic stages in HIV/AIDS?.....

9. How can you prevent HIV?.....

APPENDIX B

SUGGESTED INSTRUCTIONAL MEDIA

PRE-TESTING EXERCISE

This is designed to solicit information on the current situation on the uses of instructional media in the Health Industry. This research is intended to be carried in an attempt to ascertain the strengths and weaknesses of instructional media as a training tool in adolescent sex education. The information you provide will **"NOT"** be used outside its intended purpose. Please fill out the pre-testing exercise to the best of your knowledge and ability. I am interested in every response you may give. It has the potential to make a difference. I am Kyei Asare Ernest, the Researcher.

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5. How can one get HIV?.....

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7. How can you tell when someone has HIV/AIDS?.....

8. What are the symptomatic stages in HIV/AIDS?.....

9. How can you prevent HIV?.....

APPENDIX C

EXISTING INSTRUCTIONAL MEDIA

POST-TESTING EXERCISE

This is designed to solicit information on the current situation on the uses of instructional media in the Health Industry. This research is intended to be carried in an attempt to ascertain the strengths and weaknesses of instructional media as a training tool in adolescent sex education. The information you provide will **"NOT"** be used outside its intended purpose. Please fill out the pre-testing exercise to the best of your knowledge and ability. I am interested in every response you may give. It has the potential to make a difference. I am Kyei Asare Ernest, the Researcher.

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4. What are the causes of AIDS?.....

5. How can one get HIV?.....

6. How does the virus attack the body?.....

7. How can you tell when someone has HIV/AIDS?.....

8. What are the symptomatic stages in HIV/AIDS?.....

9. How can you prevent HIV?.....

APPENDIX D

SUGGESTED INSTRUCTIONAL MEDIA

POST-TESTING EXERCISE

This is designed to solicit information on the current situation on the uses of instructional media in the Health Industry. This research is intended to be carried in an attempt to ascertain the strengths and weaknesses of instructional media as a training tool in adolescent sex education. The information you provide will **"NOT"** be used outside its intended purpose. Please fill out the pre-testing exercise to the best of your knowledge and ability. I am interested in every response you may give. It has the potential to make a difference. I am Kyei Asare Ernest, the Researcher.

Thank you.

1. Age (in years): Below 10 = ☐ 11-13 = ☐ 14-19 = ☐

2. What are sexually Transmitted Diseases?.....

3. What is AIDS? ……..

4. What are the causes of AIDS?.....

5. How can one get HIV?.....

6. How does the virus attack the body?.....

7. How can you tell when someone has HIV/AIDS?.....

8. What are the symptomatic stages in HIV/AIDS?.....

9. How can you prevent HIV?.....