

The Modes of Delivery of Sex Education Curriculum in Rural Secondary Schools in Makueni County

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Abstract: *This study investigated the modes of delivery of sex education in rural secondary schools in Kisumu division of Makueni County. A critique of the related review of literature was done in which gaps were developed which this study has attempted to fill. The objectives of this study were to examine the attitudes of students, teachers and parents towards sex education, the preparedness of the teachers and institutions in delivery of sex education and to assess the methods used in the delivery of the sex education. A descriptive survey design was used for the study and a sample of 72 student respondents, (10) ten teachers, (5) five head teachers, (10) parents from the selected schools and key informants in the division who included N.G.O Official, Education Officer and Health Official took part in the study. Data was collected using questionnaires for the students, interview guides for teachers, head teachers, parents and key informants and observation guides. Reviews of existing records and reports on sex education in secondary schools were also done. Schools offered sex education to the students in the area of study. The observations revealed that sex education is taught by the teachers but inclusive in some subjects at secondary schools. Students indicated that they were free to discuss about sex with their teachers. Parents felt uneasy with issues on sex education but admitted that they at times discussed with their children about sex education. Teachers on the other hand also admitted that some topics are sensitive when discussed in class and times have discretion whether or not to teach life skills which may not be examinable. Not all schools have enough materials on sex education. Various methods were used in sex education and the least used method is lecture method. The study recommended that teacher training institutions be focused on latest information when training teachers. There is need for school administration to outsource for funds to manage sex education. More time needs to be created and more literature should be provided on sex education so as to keep students informed.*

Keywords: Sex Education, Attitudes of students, schools, teacher training, HIV/Aids

1. Introduction

Sex education also referred to as sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs and values about one's identity, sexual development, reproductive health, interpersonal relationships, intimacy, body image and gender roles (Mosher et al 2005). Sex education addresses the biological, socio-cultural, psychological and spiritual dimensions of sexuality. Such education enables the young person to know him/herself and hence relate comfortably with others. Sexuality can be classified into heterosexuality, homosexuality, bisexuality, asexuality etc (<http://calpol25.hubpages.com>). There is need to provide much deeper understanding of processes which motivate an individual towards emotional, moral and physical well being. Sex education should be provided not in isolation but as part of health education programs for responsible human relations and family life (Gikonyo and Sharma, 1979).

Most rural secondary school students are in their teenage years. It is in this age when young people have tremendous need for accurate information and guidance. During this period, they undergo biological, physical and cognitive development. The onset of adolescence which used to be around fourteen years has declined to eleven years (Carrera, 1976). It is during this period that young people engage in sexually related behavior. Also during this transitional period there is physical, emotional, and social maturation that culminates in increased independence, autonomy, and a greater sense of one's personal identity (Kaaya et al., 2002; Kelly, 2001; Lema, 1990). As young people clarify their

sexual values, it is common for them to experiment with sexual behaviors (Kelly, 2001).

The World Health Organization reported that in Sub-Saharan Africa, between 45 to 52 percent of women are sexually active by age of 19 years (Brown et al, 2001). According to the United Nations Population Fund, more than one quarter of men aged 15 years to 19 years in countries including Ethiopia, Gabon, Haiti, Kenya and Malawi reported having first intercourse before age 15 (United Nations Population Fund, 2003). These statistics show that sex education is important to young people as this would help reduce the risks of potentially negative outcomes from sexual behavior like unplanned pregnancies and sexually transmitted diseases while enhancing the quality of relationships.

In Kenya as is in most African countries across the world, personal, sex education, alongside citizenship education, has an important role to play in preparing young people for adult life. Both involve individuals acquiring information, developing skills and forming beliefs, values and attitudes that will be of benefit both now and in the future. Well planned and good quality sex and relationships education (SRE) can, in principle, equip children and young people to make informed choices so as to minimize the risk of unplanned pregnancy and sexually transmitted infections (STIs) including HIV (Kirby, 2001; Social Exclusion Unit, 1999). Standards in Education (Ofsted, 2005) draw attention to the fact that PSHE in general, and SRE in particular, are often not well delivered in secondary schools found in developing countries. Strengthening the quality of SRE within PSHE is therefore central to success in future efforts to promote young people's sexual and reproductive health.

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Traditionally, sex education was undertaken as part of initiation process. It began however much earlier in the extended family and social structures of particular ethnic groups. Today, in Kenya and other African countries, it is common for doctors to provide sexual health information to young people in health care settings as part of their health promotion activities. Although some youth sexual health services are delivered in community settings, health professionals have long considered schools to be a main site for the provision of sex and relationships education (SRE) for young people (Kirby, 1992; BMRB, 2003). Via dedicated school lessons alongside individualized support from teachers and parents, schools are seen as providing an ideal arena for addressing the “widespread knowledge gaps” between different groups of young people (Campbell, 2006).

Parents are an important source of information and support to their children on sexual issues, and research shows that both parents and children are keen for a significant part of sex education to take place in the home. In practice, however, it appears that many parents feel that they lack the skills and confidence to play a direct role in sex education. The nature and quality of schools’ actual provision of sex and relationships education remains the subject of some criticism from health professionals and other commentators. It varies in quality and quantity between schools, tends towards the didactic delivery of biologically-focused information, is often taught by non-specialist staffs that are often unconfident with the subject matter and is especially un-engaging for male students (Scott and Thomson, 1992; Byers et al., 2003; Lester and Allan, 2006). Thus, as Adler concludes, there is growing concern within the medical and public health professions that schools-based “sex and relationships education is patchy, too little, too late and too biological (Adler, 2003, p. 62). The high prevalence of HIV and AIDS epidemic in sub-Saharan Africa has been a great challenge to our socio-economic development, the epidemic, which seems to have defied capabilities of biomedical science, has led to many challenges. Sex knowledge is necessary, although not sufficient, in preventing the AIDS pandemic and other consequences of reproductive health problems, including reducing risky sexual behaviors of adolescents (Morrison et al., 1994).

The media being the popular source of sex knowledge for adolescents has both reflected and molded the often confused response to Aids, and STIs sometimes spreading fear and hostility, sometimes providing accurate analysis (UNESCO, 2000). Exposure to films, peer pressure, videos and pornographic literature has corrupted the minds of the youth. The modern society does not appreciate the importance of adolescence. It does not have effective and participatory programs to guide the youth on adolescent development, values, ethics of courtship, use of condoms and other contraceptives etc. There is too much emphasis on formal education and passing of examinations. As a consequence, lack of sex education has led to the youth to become irresponsible. (Ngatia, 2006).

Sex education still lags behind the change in sexual attitudes and does not meet the needs of adolescents (Watts, 2004). In general, developing countries remain uncomfortable in providing sex education to adolescents. Discussion of sex-

related issues, especially sexuality, sexually transmitted infection (STI) and AIDS, are traditionally taboo in various cultures, although since the 1990s, this pattern has been changing (Zha and Geng, 1992). Few parents talk about sexual issues with their children (Gao et al., 2001). Sex education, in the form of “puberty education”, has been on the education curriculum guideline, but teachers are reluctant to teach it to their classes and the content of the sex education curriculum has been very limited and not always age appropriate (Cui et al., 2001).

While schools have been the setting for many studies on adolescent sexual behavior, few have examined the delivery of sex education that also has an impact on sexual behavior of the students. Nevertheless, investigating the delivery of sex education in rural secondary schools contributes to the body of knowledge that informs the development of effective school-based sex education programs. Further, as formal education becomes more widespread (Blum, 2007). It becomes important to study how the teaching of sex education in schools might affect students’ sexual behavior.

With the introduction of eight years of primary education, four years of Secondary school education and four years of university education (8.4.4) system of education in Kenya, some issues of sex education were incorporated into some school subjects such as social education and ethics, religious education, biology, home sciences and life skills (Mwendwa, 2001). Such education topics mostly deal with reproduction, moral education and child care but lack crucial information on relationships, behavior change etc. Some of the units of Family Life Education have been designed by nongovernmental organizations (NGOs), particularly the National Christian Council of Kenya, the Kenya Family Planning Association, the YMCA, the Kenya Catholic Secretariat, and the National Women’s Federation (Maendaleo Ya Wanawake).

Teenage pregnancies, abortion, high school dropout rates, STIs and Hiv/Aids all underline the need for good sex education in our schools. Some of the subjects in which some aspects of sex education had been included have either been scrapped from the curriculum or made optional e.g. biology, Social Ethics. Exposure to sex images and themes in media and pornographic sites in internet also lead to indulgence in sex activities among the youth etc (Carrera, 1976).

Parents are at times shy or not frank in discussing sex education issues with their children. This means that the teachers are left with the enormous task of passing the information to the students Teachers do not have enough training on sex education which makes delivery of sex education difficult. On the other hand students in the rural areas do not have access to a lot of learning materials and media like their counterparts in the urban areas (Onyando, 2009).

Teachers who are directly responsible for teaching designated courses in sex education need more than general knowledge of the subject. They need to be thoroughly grounded in classroom methodology. They need to understand how to use effectively the teaching aids and

resources available to them. They need a vocabulary that they can handle with ease and confidence is essential. Above all they need to have then firmest understanding and conviction of the value content in sex education. They have to also asses their personal ability to handle this content in an objective and unbiased manner (Dorit, 2008).

Studies from several African countries have shown that school-going or educated youth who have access to some form of sex education, particularly females, may be less likely to engage in risky behavior and, therefore, less vulnerable to STIs, HIV/Aids and early teenage pregnancies. Access to sex education program avails opportunities for young people to develop skills for healthy sexual life, as it can be hard for them to act on the basis of only having information (Bandura, 1992). The kind of skills that young people develop as part of sex education are linked more to general life-skills. For example, being able to communicate, listen, negotiate ask for and identify sources of help and advice are useful life-skills and can be applied in terms of sexual relationships. Access to sex education equips young people with the skills to be able to differentiate between accurate and inaccurate information, discuss a range of moral and social issues and perspectives on sex and sexuality, including different cultural attitudes and sensitive issues like sexuality, abortion and contraception (Kirby et al, 1991)

The difficulty of delivering sex education lies in the obstacles or barriers in the delivery of sex education. Teachers are at times reluctant to talk about condoms and also tend to avoid participatory elements of the curricula that with direct reference to some issues like HIV/AIDs, sexual intercourse etc. This has led to 'selective teaching'. Teachers also avoid teaching subjects that are sensitive and embarrassing. They are concerned that parents would disapprove if they knew that students are being taught about sex in school. How can teachers be assisted to confront these barriers which have a wider consequence for the delivery of sex education in secondary schools?

A method is nothing but an orderly and systematic effort for adopting a procedure of work which usually results in useful and successful end. Some of the methods commonly used in sex education are textbooks, films/videos, creative arts, guest speakers, demonstration, group discussions, question and answer method, lectures etc. Some of the materials for teaching sex education in secondary schools are charts, posters, radio, television, chalkboard, cartoons, bulletin boards etc.

There are a few censorship issues to be observed in sex education. Issues like birth control or condoms may be misinterpreted by students giving them the right to engage in sexual activity without having to be concerned about the consequences of meaningless relationships, promiscuity and their moral and spiritual wellbeing. Comprehensive sex education should not encourage teenage sexual activity nor lead to early initiation of sexual activity. Instead participating in a comprehensive sex education program should improve the students' decision-making skills and boosted self confidence. Teachers ought to be careful while teaching sex education so that they don't encourage the

students to experiment or indulge in premarital sex. Abstinence may be advocated first and then condoms as a second option but not vice versa.

This study therefore was geared towards finding out the challenges as well as the drawbacks in the delivery of sex education and to inform the relevant parties of the findings and measures that could be put in place so as to have an effective sex education curriculum/program to assist the students in their adolescent life. It is also meant to find out the gaps in the process of sex education and suggest how they could be filled. There is need to gauge the teachers' morale, knowledge and preparedness in the delivery of the curriculum. There is also need to check the learning materials, adequacy of teachers etc. There is need to explain why dropout rates, pregnancies, STIs, HIV/AIDs are still on the increase despite sex education being taught in schools.

The researchers concern was to find out if teaching of sex education has been effective and why students were still facing problems like unwanted pregnancies, abortion, STIs, HIV/AIDs despite some effort by the government to have aspects of sex education being taught in secondary schools in Kenya. Could it be as a result of shortcomings in teaching of the subject? The researcher also wanted to find out what methods teachers /schools used in teaching sex education and the challenges they faced in the delivery of sex education in secondary schools.

The Health Belief Model

The Health Belief Model is based on the understanding that a person will take a health-related action if that person feels that a negative health condition can be avoided and has a positive expectation that by taking a recommended action he/she will avoid a negative health condition e.g. using condoms to prevent HIV.

It is assumed that that a person will take a health-related action if they believe that they can successfully take a recommended health action e.g. he/she can use condoms comfortably and with confidence.

This study has been applied to a broad range of health behaviors and subject populations. Three broad areas can be identified (Conner & Norman, 1996): 1) Preventive health behaviors, which include health-promoting behaviors and health-risk behaviors as well as vaccination and contraceptive practices. 2) Sick role behaviors, which refer to compliance with recommended medical regimens, usually following professional diagnosis of illness. 3) Clinic use, which includes physician visits for a variety of reasons.

HBM consists of four constructs: perceived susceptibility, perceived severity, perceived benefits and perceived barriers. These concepts were proposed as accounting for peoples "readiness to act". An added concept, cues to action, would activate that readiness and stimulate overt behavior. A recent addition to the HBM is the concept of self-efficacy or ones confidence in the ability to successfully perform an action.

In this study the Health Belief Model was used by the researcher to understand how students perceived themselves in terms of health risks e.g. HIV/Aids. The model also

assisted the researcher to find out whether the students felt or thought that they were at risk or vulnerable to health risks or diseases. By use of this model, the researcher also learnt whether the students understood that by taking preventive measures on their health they could avoid a negative health condition e.g. use of condoms to prevent HIV/Aids and other STIs.

The researcher also used the model to find out whether the students believed that they could successfully execute a recommended health action e.g. using a condom comfortably and with confidence and therefore gauged the students understanding of how their behaviors might contribute to their health and personal well being. The researcher also used this model to elicit students' awareness on the consequences of their behavior and its dangers and their knowledge on the perceived benefits of protecting themselves from early pregnancies, STIs, HIV/Aids etc through change of behavior and familiarity in use of protection or contraception.

The researcher also used the model to understand whether students remembered the cues for action they learnt in form of incentives e.g. pens with messages on sex education and knowledge on medical attention if they thought they could have been exposed to health risks e.g. HIV/Aids or STIs.

Source: Rosenstock, I. (1974). Historical Origins of the Health Belief Model. Health Education Monographs. Vol. 2 No. 4.

Social Learning Theory

A leading proponent of social learning theory is Bandura who posits that people learn from one another by observation, imitation and modeling. The theory proposes that people learn through observing others behavior which serve as a guide to reinforce behavior.

All people live in groups and communicate with one another by symbolic means. Human beings learn their behaviors from others in society. Almost everything the individual does, including what he thinks and feels is done in relation to someone else.

Individual beliefs, attitudes and behavior vary with those of the models with whom he has interacted. People learn behavior patterns from models who they consider important to them. To illustrate, a child can only learn to read only if there are written symbols available in the society and if there are people in that society who can serve as role models for the learning process.

Miller and Dollard (1994) believe that all human behavior is learned. They outline four principles of the learning process by individual. These fundamental aspects of learning are; drive, cue, response and reinforcement.

Drive

The drive is any strong stimulant that forces the individual to act. Each one of us has both social and biological drives that guide individual actions and behavior. They argue that it is the drive in us that guide our behavioral patterns as a result of what we have learnt. Drive or motivation impels the

subject to act or respond. Drives and motives are responsible for beginning and sustaining an activity in an individual.

Cue

Cue is the act that will determine when and where the response will occur. Before any response to a specific cue is learnt, it must first occur. Thus we learn through experience.

Response

Learning occurs when a given response is rewarded in the process of a distinctive cue. Response such as action or thought is elicited by cues which give direction. Any individual evaluate the available cue before deciding on the appropriate response.

Reward

Reinforcement or reward is essential to maintenance of a habit, unsuccessful response tends to be weakened or not to reappear. A response followed by reward will be more likely to recur. Motive or drive may be present and cues may be given, but unless a reward or reinforced response follows, learning is not likely to be effective. If only unrewarded responses are unavailable to the student, his learning will be blocked. When people observe positive and desired outcomes, they are more likely to model, imitate and adapt behaviors themselves.

The expectation of reinforcement influences cognitive processes that promote learning and acts as a motivating factor for the observer. Through social learning, positive attitudes and behaviors are reinforced and negative behavior is punished and discouraged.

Matched dependent behavior or coping therefore occurs where two people are interacting and the other person is in a higher status or older. The cue in this case would be the role model's behavior. When students are not encouraged by their parents, teachers or if their motivation to learn about sex education is weakened, coupled with lack of role models then they are likely not to adapt or internalize the lessons delivered to them.

Social learning theory is therefore relevant in this study because it helped the researcher understand how the social environment which is crucial in motivating and demotivating the students affected the delivery of sex education in rural secondary schools.

The theory also assisted the researcher in finding out whether the students learnt important aspects of sex education as demonstrated by the teachers through use of drives, cues, response and reward and those models with whom the students interact with.

Source: Bandura, A. (1977). Social Learning Theory. General Learning Press.

2. Research Methodology

Research Design

The study adopted both quantitative and qualitative approaches. Survey design was used. This design was preferred because it enabled the researcher to extensively

collect information which is both numerical and also by observation on the subject of research. The design also enabled for the generalization of the findings based on the data collected.

Types and Sources of Data

The problem under investigation required collection of both primary and secondary data in order to give a general view and an intrinsic opinion on how the delivery of sex education curriculum. Primary data was obtained directly from the field research. The sources of primary data included students, teachers and parents. Secondary sources of data involved review of educational documents which included school records including review of sex education curriculum, teacher's scheme of work, teachers work books, available syllabus and current and past circulars on sex education from the ministry.

Data Collection methods and tools

In order to obtain the quantitative data, a standardized questionnaire was administered with both closed and open ended questions. The questionnaires were administered by the researcher to the selected schools through drop and pick method. Qualitative data was collected through in-depth interviews, direct observation, key informant interviews with key people e.g. District Education Officer etc. There were also reviews of existing records and reports on sex education in secondary schools in the division.

Data analysis

This was done by use of a Statistical package for Social Sciences (SPSS) version 11.0b. Categorical data were coded so as to make it easy in capturing data from the research instruments. Qualitative data on the other hand were categorized into themes and sub themes based on the research objectives as they were too captured and put in the SPSS program. Data that included notes taken from interviews were cleaned. Frequency distribution tables, pie charts and various figures were used to present the findings. These were then interpreted to give the inner meaning as understood by the researcher in relation to the area of study.

3. Results and Discussion

The results were computed to produce percentages, frequencies, mean and standard deviation for efficiency in interpretation. Qualitative analysis was conducted to supplement the quantitative analysis. The qualitative data collected was analyzed using narrative analysis.

Sources of information on sex education

The researcher posed a question to the students to find out the various sources of sex education. Data collected are as shown in Figure 4.1.

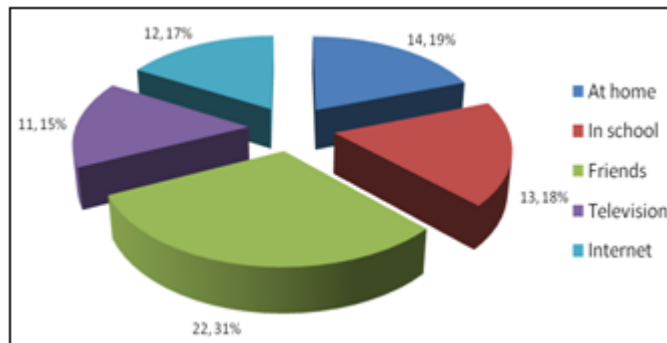


Figure 4.1: Response of students on sources of information for sex education

These are areas where students get information on sex education. As shown in Figure 4.1, most (30.6%) of the students indicated that they get information from friends, 19.4% said they get it at home, 18.1% of students get it at school, 16.7% get it from Internet while the least (15.3%) get it from television. The findings confirm that most of the learning about sexuality does not happen in schools. This therefore, calls for an appropriate intervention to ensure that more learning goes on in schools about human sexuality because most time are spent in schools by students than elsewhere.

Attitudes of students, teachers and parents towards Sex Education

Students demonstrated that they still liked sex education in their schools. Teachers said they did not have enough time and training to handle sex education and it was not a priority since it is not examinable. Parents felt that it was hard for them to talk to their children about sex education and that it was responsibility of the teachers to teach students on sex education.

Evaluation of Teachers' training and preparedness in delivery of Sex Education

Teachers commented that they have not received any training related to sex education and only rely on the knowledge they have to teach sex education. The school administrations need to provide enough training to facilitate easier teaching of the subject.

Preparedness of School Administration in delivery of Sex Education

The researcher established that not all schools have enough support from the administration and more needs to be done to ensure quality teaching on sex education.

Challenges faced by Teachers and Institutions in delivery of Sex Education

It emerged that there are various challenges that teachers meet as they ensure the successful delivery of sex education. They included lack of support from the MOE on matters of provision of materials, parental and political influence, teacher laxity, inadequate resources, varied indiscipline cases of students and inconsistency in the use of the teaching methods amongst others.

Assessment of Methods used in Sex Education Delivery

The teachers use mostly text book method in the delivery of sex education content. Lecture method is least used. This

can be interpreted to mean that teachers know the drawbacks of the lecture method that it can occupy the whole process of teaching-learning thus reducing the students to the level of mere listeners.

Table 4.8: The most liked method by students (n=72)

Method liked	Frequency	Percentage (%)
Text book	14	19.4
Group discussions	6	8.3
Guest speaker/specialist	20	27.8
Lectures	3	4.2
Film/Video	29	40.3
Total	72	100.0

As shown in Table 4.8, most (40.3%) of the student participants liked use of guest speakers/specialist in the delivery of sex education, (19.4%) liked use of text books while the least (4.2%) liked lecture method. The preference of specialists and guest speakers could be attributed to the confidence and unveiling of the sensitive issues on sexuality the students might be having interest on as opposed to others while low preference.

Assessment of issues and suggestions on methods that can be used in Sex Education

Students were further asked on the methods they wished were used. Their responses indicated majority (61.1%) proposing that they wished film/video was used while the least (38.9%) felt that they wished magazines/news papers were used. This could be attributed to the attractive nature and informative nature of these methods in issues related to sex education for teenagers.

Views of the students were also sought on various statements concerning methods of teaching and are presented as shown in Table 4.10.

Table 4.10: Views of students on various items of teaching

Statement	Strongly agree	Agree
Our school has come up with posters, banners which convey important messages on sex education	24 (33.3)	48 (66.7)
We engage in drama and other creative arts to pass important messages on sex education	48 (66.7)	24 (33.3)
Our teachers use various methods in teaching sex education	65 (90.3)	7(9.7)

As shown in Table 4.10 majority (90.3%) agreed that their schools have come up with posters, banners which convey important messages on sex education, they all agreed that they engage in drama and other creative arts to pass important messages on sex education and that their teachers use various methods in teaching sex education in the schools.

When interviewed on the methods they used in teaching sex education, most teachers recommended that more magazines, journals, story books and DVDs be provided to complement teaching of sex education because students easily get facts on sex education topics from this literature. Parents on the other hand felt that they had not bought enough literature materials for their children.

4. Conclusions

Based on the findings of this research the following conclusions were made:

It can be concluded that schools in the area of study offer sex education to the students in the secondary school in the area of study. Attitudes of the students, teachers, parents and other stakeholders could negatively or positively impact on the delivery of sex education. The delivery of sex education requires a changed approach and welcoming atmosphere to the subject given that most of the stakeholders had initially opposed its inception.

In terms of preparedness of the teachers and the school administration in the delivery of sex education, it can be concluded that teachers are confident when teaching sex education, not all schools have enough materials on sex education, teachers are competent enough on matters concerning sex education though the students indicated that teachers are not up-dated with the latest information on sex education.

It can also be concluded that the school administration has to do a lot in-order to have appropriate and effective implementation of the sex education syllabus because teachers in many occasions have felt that school administration is doing very little in the preparedness of delivery of sex education.

Concerning assessment and methods used in delivery of sex education, it can be concluded that various methods were used which included text book method, group discussion method, magazines and newspapers, guest speaker/specialist, creative arts and drama and that the least used method is lecture method.

It can also be concluded that pastors/priests was ranked highly with a mean of 4.72 indicating that it is the highest source of information for the students, this was closely followed by teachers with a mean score of 3.78.

5. Recommendations

- 1) Teacher training institutions should be focused on latest information and prepare the trainee teachers to be ready to be more current in their delivery of content on sex education. This is so because teenagers are more inquisitive, curious and exploratory in their current age and these calls for an updated teacher.
- 2) More time be allocated to sex education so that the students can have enough time to learn and ask questions on areas where they feel they may not have adequate information.
- 3) The government should supply the schools with enough learning materials to assist in the delivery of sex education
- 4) More literature on sex education e.g. magazines, journals, books, DVDs etc be provided to the students so that they can learn more on sex education to compliment what they area taught in class.
- 5) The Ministry of Education together with stakeholders like KIE should review the curriculum so that more

aspects of sex education are added to ensure students get more informed.

- 6) Various aspects of sex education like Biology should be made compulsory so that all students can learn about these important aspects of sex education.
- 7) Sex Education teaching should be included in the Teaching Time Tables so that teachers can take them seriously when teaching.

6. Areas for Further Research

This study recommends that the same study be carried out in an urban setting.

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