

**ATTITUDE OF SECONDARY SCHOOL PHYSICAL AND HEALTH  
EDUCATION TEACHERS IN NSUKKA EDUCATION ZONE  
TOWARDS DEATH**

**By**

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**Title Page**

**Attitude of Secondary School Physical and Health Education Teachers  
in Nsukka Education Zone towards Death**

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Ugwu Cosmas Uchenna, a postgraduate student in the Department of Health and Physical Education with registration number PG/M.Ed/08/49534, has satisfactorily completed the requirements for the Masters' degree in Public Health Education. The project work is original and has not been submitted in part or in full for any diploma or degree of this or any other university.

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## **Dedication**

This work is dedicated to the Almighty God who in His infinite mercies made it possible for me to start and complete this programme

## **Acknowledgement**

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### **Abstract**

Death, a natural phenomenon, is the permanent loss of human life. The study examined the attitude of secondary school physical and health education teachers in Nsukka education zone towards death with a view of investigating the dimensions of death fears. In line with the objectives of the study, ten research questions and two corresponding hypotheses were formulated. Related literature were also reviewed and descriptive survey research design was utilized for the study. The population for the study consisted of all the secondary school physical and health education teachers in Nsukka education zone of Enugu state. A total of 94 subjects were sampled. Questionnaire was used as instrument for data collection. Face validity of the instrument was ensured through constructive criticism of five experts. Data generated were analyzed using mean scores and standard deviation while analysis of variance and t-test were used to test the two null hypotheses on age and gender at .05 level of significance. The findings showed that differences exist on the attitudes of the subjects towards death according to age and gender but the differences were not statistically significant. Based on the findings, it was concluded that secondary school physical and health education teachers in Nsukka education zone have negative attitude towards death.

## **CHAPTER ONE**

### **Introduction**

#### **Background to the Study**

Death is a natural phenomenon that is unavoidable, unstoppable, inescapable and inevitable in human life. Every living creature that has a beginning must at last come to an end. There is no individual, family or community that can claim ignorant of the existence of death. Almost everybody does have some fears or feelings about his or her own death. In Nigeria, as in some other cultures, people are known to be afraid of death. This fear influences ones attitude towards this concept. Unfortunately, death is unpredictable; it may come upon a person suddenly and unexpectedly or may be long-awaited (Durosaro, 1996). Death as noted by Knight, Elfenbein and Capozzi (2000) is considered as a topic most difficult to discuss, conceive or dealt with in any sense. Hence, everyone is afraid of death and fears to talk about it. However, there are a lot of views about death among individuals and societies. Among the Yorubas, there is the strong belief that death of a young person is caused by witches and wizards, the Igbos believed that death of a young person must have been, due to “Ogbanje” the born to die or “Owumiri” that is associated with the water spirit and the Hausas believed that some evil forces must have been at work when a young person dies (Durosaro, 1996). These views on death affect ones belief, thought and emotion.

Kim and Lee (2003) noted that death is inevitable in human being and hence has been studied in many disciplines. Research has shown that many people have difficulty dealing with issue of death (Mallory, 2003). Dealing with issue of death requires the maintenance of emotional balance together with scientific skills and accurate perception (De Araujo, Da Silva, & Francisco, 2004). Also, it requires knowing personal attitude towards death since attitude influences one’s behaviour. Ungureanu & Sandberg (2008) asserted that dealing with the issues of death generally can be a risk factor for healthcare personnel. According to Gauthier (2008), death occurrence often stirs up strong emotion in individuals such as sorrow (Ungureanu & Sandberg, 2008), helplessness and anxiety (Weigel, Parker, Fanning, Reyna & Gasbarra, 2007), feelings of frustration and loss (Brajtman, Fothergill-Bourbonnais, Cassey, Alain & Fiset, 2007), depression and anger

(Weigel, Parker, Fanning, Reyna & Gasbarra, 2007) and guilt (LeSergenta & Haneyb, 2005). No one can ever escaped death (Mallory, 2003).

Death is an unpredictable and unexpected event that cuts off life. It is the cessation of the connection between mind and body. Bernat, Culver & Gert, (1981) explored the organismic definition of death as the irreversible loss of functioning of the organism as a whole. To them, death is seen as a biological occurrence common to all organisms. In this definition, the role of human brain is crucial in interpreting major bodily functions. Baker (2000) defined death as the irreversible cessation of the capacity for consciousness. Consciousness in this definition is meant broadly to include subjective experiences so that both wakeful and dreaming states count as instance. One dies on this view upon entering a state in which the brain is incapable of returning to consciousness.

Kalish (1985) defined death as a biological event that occurs naturally to all living things. Capron and Kass (1972) in Uniform Determination of Death Act (UDDA) which was jointly developed by the National Conference on Commissioners of Uniform State Law (NCCUSL), the American Medical Association (AMA) and the American Bar Association (ABA) defined death in two parts. Part one defined death as the total failure of the cardio-respiratory system while part two defined death as the irreversible loss of all brain functions. In order to determine when death has occurred, Wijdick (2002) noted some strong indications to prove that a person is dead. These indications include: pallor mortis – which is the paleness that happens instantaneously between 15 to 120 minutes after death; algor mortis – which is the reduction in body temperature after death; Rigor Mortis – in which the limbs of the corpse become stiff and difficult to move; livor mortis – which is the settling of the blood or fluid in the lower portion of the body; and decomposition – which is the reduction of the body into smaller forms of matter. In the context of this study, death is defined as the irreversible loss of human life.

Williams (1965) revealed that everyone is afraid of death and our view toward death influences our attitudes. Attitude according to Haddock, Zanna, and Esses (1994) is the overall evaluation based on multiple sources of information such as cognitive, affective and behavioural responses. Lambert and Lambert (1994) defined attitude as an organized and consistent manner of thinking, feeling and reaction of people, groups towards the attitude object in one's environment. The present study adapted Lambert and

Lambert (1994) definition of attitude which is an organized and consistent manner of thinking, feeling and reaction of people, groups towards the attitude object in one's environment. Therefore, an attitude towards death in this study refers to an organized and consistent manner of thinking, feeling and reaction of secondary school physical and health education teachers towards death in human environment.

Secondary school physical and health education teachers in the context of this study are those who are teaching physical and health education subject in secondary schools, who has higher qualification from either colleges of education or university in the area of physical and health education where death concept is being taught as a sub-topic in the broad areas of ageing and death education. The study focused on the attitude of secondary school physical and health education teachers in Nsukka Education Zone towards death.

There are some variables that may influence attitude towards death. Such variables include: fear, age and gender. Hoelter(1979) explored the dimensions of death fears and their effect on individual's attitude towards death. These dimensions include; the fear of dying, fear of the dead, fear of being destroyed, fear of significant others, fear of the unknown, fear of conscious death, fear of the body after death and fear of premature death. The study focused on the age and gender differences as well as the dimensions of death fear on the attitude of secondary school physical and health education teachers in Nsukka education zone towards death. These variables were chosen for the present study because the subjects had received some special training on the key concept of the study which would enable them to hold a definite attitude towards death.

Age has a significant influence on the attitude towards death (Barrere, Durkin, & La Coursier (2008). Abdel-Khalek and Al-Kandari, (2007) found that the younger adults tend to report higher level of death anxiety than do the middle-age adults. Kurz and Hayes (2006) found that the older adults feel more comfortable talking about death issues than the younger adults. Barrere, Durkin, and LaCoursier (2008) also found that younger age was more conducive to attitude change after an education intervention than the older ones. Gender also has a significant influence on attitude towards death. Abdel-Khalek and Al-Kandari (2006) revealed that gender related differences in death anxiety and attitude are real and it is most probable that these differences are the product of

differential socialization of men and women as supported by their studies. Women are more open to death related thoughts and feelings while men are somewhat more concerned about keeping these thoughts and feelings in check.

The study was anchored on two theories: the theory of cognitive dissonance and theory of reasoned action. The theory of cognitive dissonance by Leon Festinger (1957) posited that attitude predicts behaviour and that where attitude and behaviour are not related, cognitive dissonance results. Cognitive dissonance refers to an individual's motivation to reduce the discomfort (dissonance) caused by two inconsistent thoughts. To this effect, most people have a tendency to make their thoughts consistent. The theory of reasoned action by Icek Ajzen and Martin Fishbein (1967) is based on the assumption that most behaviours of social relevance are under volitional (willful) control. Therefore, a person's intention to perform or not to perform a particular behaviour is the immediate determinant of that behaviour.

Studies (Hoelter, 1979; Knight, Effenbein & Capozzi, 2000; Mallory, 2003; Dunn, Otten, & Stephens, 2005; Abdel-Khalek & Al-kandan, 2007; Barrere, Durkin & La Coursier, 2008; and Iranmanesh, Savenstedt & Abbaszadeh, 2008) had been conducted and shown that attitude towards death is influenced by some identifiable variables such as age, gender and fear. No study to the best of the investigator's knowledge has been conducted on the attitude of secondary school physical and health education teachers in Nsukka Education Zone towards death. It was therefore, justifiable to investigate their attitude towards death in this area.

Following from this, one is then prompted to ask, what is the attitude of secondary school physical and health education teachers in Nsukka Education Zone towards death? The question above represented the need for the study.

### **Statement of the Problem**

Death is a natural phenomenon that is unavoidable, unstoppable, inescapable and inevitable in human life. It is an unpredictable and unexpected event that cuts off life. When death occurs, it stirs up strong emotions such as anger, sorrow, anxiety, fear, depression and feelings of frustration, which affect one's attitude either positively or

negatively. Secondary school physical and health education teachers were to hold specific attitude towards death due to training and experiences they have had on death concepts.

Despite all their training and experiences on death concept, they still hold diverse attitude towards death and dimensions of death fears. This no doubt must have affected the teaching of physical education topics especially topics that involves skill acquisition that require high levels of confidence in students and also in teaching death related concepts in schools and colleges. Could it be due to age or gender differences? Or could it be associated with the dimensions of death fear?

All these questions lead to the problem of this study. Hence, the investigator found it expedient to conduct such study with a view to determine the attitude of secondary school physical and health education teachers in Nsukka Education Zone towards death.

### **Purpose of the Study**

The purpose of the study was to determine the attitude of secondary school physical and health education teachers in Nsukka Education Zone towards death. Specifically, the study sought to determine the:

1. attitude of secondary school PHETs towards fear of dying;
2. attitude of secondary school PHETs towards fear of the dead;
3. attitude of secondary school PHETs towards fear of being destroyed;
4. attitude of secondary school PHETs towards fear of significant others;
5. attitude of secondary school PHETs towards fear of the unknown;
6. attitude of secondary school PHETs towards fear of conscious death;
7. attitude of secondary school PHETs towards fear of body after death;
8. attitude of secondary school PHETs towards fear of premature death;
9. difference in the attitude of secondary school PHETs towards death according to age and
10. difference in the attitude of secondary school PHETs towards death according to gender.



**Research Question**

The following research questions were posed to guide the study:

1. What is the attitude of secondary school PHETs towards fear of dying?
2. What is the attitude of secondary school PHETs towards fear of the dead?
3. What is the attitude of secondary school PHETs towards fear of being destroyed?
4. What is the attitude of secondary school PHETs towards fear of significant others?
5. What is the attitude of secondary school PHETs towards fear of the unknown?
6. What is the attitude of secondary school PHETs towards fear of conscious death?
7. What is the attitude of secondary school PHETs towards fear of body after death?
8. What is the attitude of secondary school PHETs towards fear of premature death?
9. What is the difference in the attitude of secondary school PHETs towards death according to age?
10. What is the difference in the attitude of secondary school PHETs towards death according to gender?

**Hypotheses**

The following null hypotheses were formulated and tested at .05 level of significance.

1. There is no significant difference on the attitude of secondary school physical health education teachers towards death according to age.
2. There is no significant difference on the attitude of secondary school physical health education teachers towards death as regards to gender.

### **Significance of the Study**

The study generated data on the dimensions of death fear, age and gender differences on the attitude of secondary school physical and health education teachers towards death. Data generated in the present study are significant not only to physical and health education teachers but also to the students, nurses, agencies, medical personnel and community health workers.

The results of the findings on the attitude of secondary school physical and health education teachers towards fear of dying would be utilized by school administrators, physical and health education teachers in secondary schools and nurses. The school administrators would find the data useful in planning physical activity programmes in schools. The physical and health educators would utilize the findings in teaching different topics involving skill acquisition and establishment of confidence and boldness in the students during physical activities. The nurses would utilize the data in eliminating fear on their patients.

The results of the findings on the attitude of secondary school physical and health education teachers towards fear of the dead would be used by school administrators, physical and health education teachers in secondary schools, nurses and medical doctors. The school administrators would find the data useful in planning effective enlightenment programmes in schools on the negative implications of fear of the dead on the health of the students and the staff. The physical and health educators would use the findings in the establishment of confidence and boldness in the students against death related issues. The nurses and medical doctors would utilize the data in eliminating fear of the dead patients in their hospitals/ establishments.

Data generated on the attitude of secondary school physical and health education teachers towards fear of being destroyed would be utilized by school administrators, physical and health education teachers in secondary schools, nurses and medical doctors. The school administrators, physical and health education teachers in secondary schools, nurses and medical doctors would utilize the data in initiating the move to remove the stigma and fear that surrounds fear of being destroyed and also to start the needed efforts to establish confidence in people.

The results of the findings on the attitude of secondary school physical and health education teachers towards fear of significant others would be utilized by physical and health education teachers in secondary schools, general public, health educators and the government. The result would sensitize respondent, general public; physical and health educators and government in understanding the need for the elimination of fear of significant others. This would help in mounting enlightenment programme in educating the masses on the negative effect of fear on health of individuals.

Data generated on the attitude of secondary school physical and health education teachers towards fear of the unknown would be utilized by school administrators, physical and health teachers in secondary schools, nurses and medical doctors. The school administrators, physical and health education teachers in secondary schools, nurses and medical doctors would utilize the data in organizing health talks to enlighten students, clients and patients on the need to maintain optimum confidence and eliminate fear of all kind.

Data generated on the attitude of secondary school physical and health education teachers towards fear of conscious death would be utilized by physical and health education teachers, school administrators, community health workers, agencies and medical personnel. The findings would help them in enlightening the public on the key that death is natural whether conscious or unconscious and also educate them on the measures in building confidence against fear. The findings would also health the physical and health education teachers in planning their lesson topics and organization of health and physical education curriculum in schools.

Data generated on the attitude of secondary school physical and health education teachers towards fear of body after death would be utilized by school administrators and physical and health educators. The result would guide the school administrators in assigning responsibilities to their staff. The nurses would utilize the data in eliminating fears when caring for the sick. The physical and health educators would utilize the data in establishing confidence in the students.

Data generated on the attitude of secondary school physical and health education teachers towards fear of premature death would be utilized by school administrators, physical and health educators, agencies and medical personnel. The result would guide

the school administrators in assigning responsibilities to their staff. The agencies would utilize the data in posting of their staff to different locations without fear of premature death. The physical and health educators would utilize the findings in teaching different topics involving skill acquisition and establishment of confidence in the students.

Data generated on age differences on the attitude of secondary school physical and health education teachers towards death would be utilized by school administrators, physical and health education teachers, community health workers, nurses, agencies, and medical personnel. The data would guide the school administrators and agencies in assigning responsibilities and posting of their staff to different locations. The medical personnel and nurses would utilize the findings in assigning duties to their staff. The physical and health education teachers would utilize the finding in establishing confidence in their students.

The findings on the gender differences on the attitude of secondary school physical and health education teachers towards death would be utilized by community health workers and school administrators. It will help the community health workers in carrying out their duties in every community considering the gender influence on the culture of the people. It will guide the school administrators in assigning responsibilities to their staff in their schools.

### **Scope of the Study**

The study was delimited to the attitude of secondary school physical and health education teachers in Nsukka Education Zone towards death. The study explored the attitude of secondary school physical and health education teachers in Nsukka Education Zone towards fear of dying, fear of the dead, fear of being destroyed, fear of significant others, fear of the unknown, fear of conscious death, fear of body after death and fear of premature death. It also determined age and gender differences on the attitude of the subjects towards death.

Nsukka Education Zone, the area of the study, is one of the six education zones in Enugu state located in the Northern part of the state. The zone is made up of three local government areas: Nsukka, Igbo-Etiti and Uzo-Uwani Local Government Area. The zone is under developed. The habitants are mostly farmers, traders, drivers and civil servants.

## **CHAPTER TWO**

### **Review of Related Literature**

Literature on the attitude towards death is available. A few of them are from Nigeria while a great number of them are found in countries other than Nigeria. To guide this study, the review of related literature was presented under the following headings:

#### **1. Conceptual Framework**

- Death
- Attitude
- Measurement of attitude

#### **2. Theoretical Framework**

- Theory of cognitive dissonance
- Theory of reasoned action

#### **3. Empirical Studies on Attitude towards Death**

#### **4. Summary of Literature Review**

### **Conceptual Framework**

#### **Death.**

Death is an unpredictable and unexpected event that cuts off life. It is the cessation of the connection between mind and body. It is the irreversible cessation of human life. Death involves a complete change in the status of a living entity, the loss of its essential characteristics. According to Ene (2009), defining death has remained a difficult assignment to researchers. Many researchers (Feifel, 1969; Becker, 1975; Bernat, Culver and Gert, 1981; Robert, 2001) have tried to present a generally acceptable definition of death. Death as noted by Okafor (1993) and Ene (2009) possess psychological and social features and are not merely biological events. This could be the reason death is defined or explained by different authors from different perspectives. Feifel (1969) perceived death as a multi-dimensional concept and varies not only between individuals but also between cultures.

Becker (1975), Bernat, Culver and Gert, (1981) explored the organismic definition of death. They defined death as the irreversible loss of functioning of the organism as a whole. To them, death is seen as a biological occurrence common to all

living organisms. They emphasized on the role of human brain as been crucial in interpreting the major bodily functions. They continued that only the human brain is necessary and sufficient for a human being's death. Baker (2000) explored higher brain standard definition of death as the irreversible cessation of the capacity for consciousness. Consciousness in this definition is meant broadly to include subjective experiences so that both wakeful and dreaming states count as instance. He continued by stating that references to the capacity for consciousness indicates that individuals who retain intact the neurological hardware needed for sleep or reversible coma are alive. To him, one dies on this view upon entering a state in which the brain is incapable of returning to consciousness.

According to Wijdick (2002) in whole brain standard, human death is described as the irreversible cessation of the functioning of the entire brain, including the brain stem. This definition presents similar view with organismic definition of death by different authors where death is seen as the irreversible loss of functioning of the organism as a whole. Jones (1995) in different perspective conceived death as the final cessation of life. Mbiti (1970) described death as a dreaded event that is perceived as the beginning of a person's deeper relationship with all of creation, the complementing of life and the beginning of the communication between the visible and invisible worlds. He noted that the goal of life is to become an ancestor after death. He continued by stating that death involves decreasing of human population and increasing of ancestral population. Capron and Kass (1972) in Uniform Determination of Death Act (UDDA) which was jointly developed by the National Conference on Commissioners of Uniform State Law (NCCUSL), the American Medical Association (AMA) and the American Bar Association (ABA) defined death in two parts thus: part one defined death as the total failure of the cardio-respiratory system while part two defined death as the irreversible loss of all brain functions. To them, when artificial means of support precludes a determination under total failure of the cardio-respiratory system, the act recognizes that death can be determined by the irreversible loss of brain functions.

Kalish (1968) in contending what constitutes the beginning of life (birth) and ending of life (death) observed three levels of existence or non-existence for determining life and death via physical, psychological and social. He noted that physical death could

be clinical or biological. Clinical is an all-or-none proposition in which the organism is either not functioning or functioning. Once clinical death occurs, the death certificate may be signed and all necessary arrangements following a deceased are commenced. In biological death, man is said to die in parts and as each part dies, the individual does not necessarily die, but still alive. The brain, for instance, can cease to function or cease certain of its functions (brain death) while the heart, lungs, livers, kidney or stomach are still reasonably healthy. The problem of this type of death as noted by Choron (1964) is that it is difficult to determine how much biological death must occur before that person is said to be dead. Psychological death as noted by Kalish (1968) is when one is unaware of self or the world around. It is normally not in all-or-none occurrence, since most people move in and out of awareness or function with some level of hazy awareness. Total psychological death comes not often at the time of physical death, but in some instances takes place earlier. While physical death is irreversible psychological death is reversible. Kalish further noted that a hostile or an empty environment or poor medication can accelerate psychological death. Lastly is the social death, one can be socially alive or dead to himself, but whether he has attained a social death depends on the way in which others perceive him. When one, for all practical purposes, is perceived as dead or non-existent, he is socially dead. According to Kalish (1968) social death can lead to physical and psychological death. Kastenbaum (1986) submitted that social death may occur before the end of biological death, when the dying person experiences limited contact, muted voices and averted eyes.

Robert (2001) described death as an event, a condition and a state of existence and non-existence. Death as an event is something that happens. It occurs at a particular time and place and in a particular way. He perceived death as a phenomenon that stays within the bonds of mainstream conception and observation which means that time; place and cause can be recorded on death certificate. Death according to him is an event that cuts off a life. Death as a condition as he noted is the non-reversible condition in which an organism is incapable of carrying out vital functions of life. Whereas Death as a state of existence and non-existence is described as whatever form of existence might be thought to prevail when a temporal life has come to its end. Flexner (1987) defined death as the act of dying; the end of life; the total and permanent cessation of all the vital

functions of an organism. This definition is closest in meaning to organismic and whole-brain Standard definition of death as the irreversible breakdown of respiration in an organism and the consequent loss of the ability to use oxygen. When respiration and heart cease, oxygen is no longer inhaled and diffused by the lungs into the blood. Kass (1971) defined death as the transition from the state of being alive to the state of being dead. Traditionally, death has clinically meant irreversible cessation of spontaneous cardiac activities and spontaneous respiratory activity (Ramsey, 1970). The functions of heart and lungs must cease before one is pronounced dead by this definition.

A person will be considered medically and legally dead, if in the opinion of physician, based on ordinary standards of medical practice, there is the absence of spontaneous respiratory and cardiac function and because of the disease or condition which caused, directly or indirectly, these functions ceased, attempts at resuscitation are considered hopeless and in the event, death would have occurred at the time these functions ceased (Ene, 2009). A person will be considered medically and legally dead if in the opinion of a physician, based on ordinary standards of medical practice, there is the absence of spontaneous brain function, and if based on ordinary standards of medical practice, during reasonable attempts to either maintain or restore spontaneous circulatory or respiratory function in the absence of afore-said brain function, it appears that further attempts at resuscitation or supportive maintenance will not succeed, death would have occurred at the time when these conditions first coincide. Death is to be pronounced before artificial means of supporting respiratory and circulatory function are terminated and before any vital organ is removed for purpose of transplantation (Eddy & Alles, 1983).

Kalish (1985) defined death as a biological event that occurs naturally to all living things. It is a passage from this existence into the next. It is a consequence of original sin. It is the absence of life. Death is an evolutionary necessity to keep the earth from overflowing with whatever form of life is under discussion. It is a transition into wholeness becoming one with God. Kalish further identified three triads which are consistently posing some problem. To him, these triads are responsible for obscuring even minimal clarity. They include: (i) death, dying and dead; (ii) grief, bereavement and mourning; (iii) anxiety, fear and dislike /hate/ avoidance. He further recommended that in



the face of confusion of issues in death terminologies, that a good teaching, research and reporting required that care be taken to report accurately the exact concept that is being considered. In order to determine death or irreversible coma, Ene (2009) noted four clinical indications known as the Harvard criteria which are accepted worldwide by medical professionals. These indications include: (i) unresponsive or unresponsive to touch, sound, light and even the most painful stimuli that is ethical to apply; (ii) absence of movements, notably those of spontaneous respiration for at least an hour. Patients on respirator must not breathe by themselves for at least three minutes after a respirator is turned off. (iii) absence of reflexes, that is, no pupillary constriction to light; no blinking; no eye movements when ice water is poured into the ears; no muscular contractions when the biceps, triceps, or quadriceps tendons are tapped; no yawning or vocalizing and (iv) a flat electroencephalogram (EEG) for at least Ten (10) minutes (Ad Hoc committees of the Harvard Medical Schools; 1968).

Wijdick (2002) in similar assertion also noted some strong indications to prove that a person is dead. These include: Pallor Mortis – which he described as paleness that happens instantaneously between 15 to 120 minutes after death; Algor Mortis which is the reduction in body temperature after Rigor Mortis – in which the limbs of the corpse become stiff and difficult to move or manipulate; Livor Mortis- which is the settling of the blood or fluid in the lower portion of the body, and decomposition – which is the reduction into smaller forms of matter. He further posited that mastery of death and dying will enable one to meet his or her death with grace, charity and fearlessness. Wijdick also asserted that every death has a cause which could be accident, disease, suicide, homicide, etc. Aubrey (2007) explored the leading cause of death in developing countries as infections disease and developed countries as arteriosclerosis (heart disease and stroke), cancer and other diseases related to obesity and ageing. He estimated that roughly 150,000 persons die each day across the globe. About two-third-100,000 per day, die of age related causes. In industrialized nations, the proportion is much higher, reaching 90%. In developing countries, poor sanitary conditions and lack of access to modern medical technology makes death from infection diseases more common than in developed nations (Aubrey, 2007). According to Ziegler (2007) who was the United Nation's reporter on the right to food 2000 to 2008; Mortality due to malnutrition

accounted for 58% of the total mortality rate in 2006. He also noted that approximately 62 million people worldwide died of hunger and diseases due to deficiencies in micro-nutrients. Olshanksys (2006) noted that many leading causes of death in developed countries can be postponed by diet and physical activities, but the accelerating incidence of disease with age will still impose limit on human longevity.

The concept of death has been viewed and interpreted differently by different cultures of the world and this to a great extent determines the kind of attitude the people hold towards death. In Nigeria for example, the Igbos believe that death is important for joining the ancestors (Uchendu, 1965). To him, without death, there will be no population increase in the ancestral households and thus no change in the social status for the living Igbos. Cohen (1967) asserted that the Kanurians in Nigeria believe that death is the mark of potential beginning of life. In Uganda, Cambodia and New Guinea, death is viewed as a routine event in the lives of the people (Leming and Dickinson, 1985). They have accepting attitude to death. The Cheyenne of the Great Plains according to Hoebel (1960) view death as a traumatic experience for the survivors. The Tiwi of Australia view death as a natural Phenomenon around which they have woven their most elaborate web of rituals (Hart and Pilling, 1960). Ulithi of Micronesia according to Lessa (1966) view death and ageing in different perspective. Old age is dreaded not so much because they do not want to die but because they do not want to live to be senile dependents or as people socially dead. In old age, sickness is not dreaded for it can be cured by death. Death as noted by Lessa (1966) comes to the aged Ulithi ordinarily as the result of natural causes while in the younger ones death comes because of sorcery, taboo, violations, or hostility of spirits or ghosts. The Lugbara of Uganda according to Middleton (1965), view death as a mark of the beginning of an elaborate right of passage as a dead man has relations with both living and dead kin. The Navaho Indians view death as the end of everything good (Habenstein and Lamers, 1963).

Kalish (1968) submitted that when one contemplate the nature of death and of being dead, he develops conflicting beliefs. Hence, death may be viewed simultaneously as: absurd or meaningful; beautiful or Ugly; extinction or transition; and punishment or reward (Okafor, 1993). Kalish (1968) viewed death as Ugly, because it is similar to kidnapping since it violently takes its victims unwillingly. Worse still, it snatches from

man consciousness, which is all that man has whose loss is the worst thing that could occur. He posited that death can be beautiful. This is so because the confrontation with the ugliness and unpleasant passions that go with dying and death are avoided. Choron (1964) view death as extinction. To him, any one who believes that clinical death marks the complete cessation of all consciousness is of the view that death is extinction. If on the other hand, one believes that after clinical death, there is a bodily passage from one existence either to existence in another form or to existence in some form in another world, and then he views death as transition. Choron (1964) and Kalish (1968) viewed death as punishment. According to Kalish those who live long do so as a reward for their good behaviours.

Death in the present study refers to irreversible loss of human life. A condition in which human being is incapable of carrying out the vital functions of life. Williams (1965) revealed that everyone is afraid of death and one's view towards death influences his or her attitudes.

### **Attitude.**

The term attitude has raised questions of definition among researchers and has come to designate a specialized area of research interest in recent years. Attitude is derived from the Latin word "Aptitudo" meaning fitness, that is, fitness to engage in the execution of task (Reber, 1988). Attitude is a predisposition to act in a certain way towards some aspects of one's environment including other people, object, and event. Reber continued that attitude can be positive or negative, favourable or unfavourable, desirable or undesirable and can affect the behaviour of an individual. Hovland (1980) described attitude as a hypothetical construct that cannot be observed, which may be overt manifestation of an underlying behaviour. To him, one cannot directly observe an attitude but can make an inference about it from verbal expressions and other overt behaviours. Haddock, Zanna and Esses (1994) defined attitude as an overall evaluation based on multiple sources of information for example, cognitive, affective and behavioural responses. Lambert and Lambert (1994) defined attitude as an organized and consistent manner of thinking, feeling and reaction of people, groups towards the attitude object in one's environment. In different view, Eyo (1995) defined attitude as a mental

and neutral state of readiness organized through experiences, exerting directives or dynamic influences upon the individual's response to all objects and situations with which it is related. He continued that attitude is used to describe when a person intuitively has either a positive or negative mental outlook concerning a particular object or information.

The present study adapted Lambert and Lambert (1994) definition of attitude which is an organized and consistent manner of thinking, feelings and reactions of people, groups towards the attitude object in one's environment. Therefore, an attitude towards death in this study refers to as an organized and consistent manner of thinking, feelings and reaction of secondary school physical and health education teachers in Nsukka education zone towards death in human environment. Klein (1998) submitted that attitude is discussed as something which cannot be measured directly but is rather deduced from other observable data. He noted that attitude helps people in giving meaning to objects, events and situation. Attitude is learned in the course of socialization and education. When attitude is learned, it helps individuals to organize, simplify and understand the world around them (Lambert and Lambert, 1994). They continued that this understanding will help individuals express their fundamental values, conform to the environment and maximize rewards from the environment. Klein (1998) in similar assertion noted that attitude of individual helps in maintaining consistency of thought, feelings and decisions. This implies that an individual's attitude directs his or her behaviour towards attitude object in his environment.

Davis and Houghton (1995) noted that attitude is gained through experience and contact with the world around us. As individual develops, he acquires a set of belief and attitude that in part influence how he interacts and responds to stimulus which may be altered by new experience or information. Essentially, Effa-Heap (1997) asserted that attitude is formed through learning process, which may occur in a number of ways to include classical conditioning, operant conditioning, observational learning and imitation. Social psychologists described attitude as a complex tendency of persons to behave in positive or negative ways or to respond in a favourable or unfavourable manner to social objects in his environment. Both Davis and Houghton (1995) and Effa-Heap (1997) agreed that attitudes is learnt but differ on how it is learned. Effa-heap further stressed

that attitude is enduring system but there are times when it is necessary to effect change. The functionalists on the other hand believed that attitude serves a particular motivational function, that is, it serves ego needs and are therefore protective of self. The cognitive theorists feel that the individual is always striving for consistency and the ways to institute change is through the components of attitude.

The structural components of attitude have been explored and supported by different researchers (Vander-Zanden, 1977; Baron and Byrne, 1991; Effa-Heap, 1997; and Klein, 1998) namely: the cognitive, the affective and the behavioural components. The cognitive component of attitude consists of the ways we perceive an object, event or situation. In other words, it refers to our thoughts, beliefs and ideas about something. It involves degrees of knowledge, understanding and conceptualization of object. Vander-Zanden (1977) and Baron and Byrne (1991) referred to cognitive component as the thinking and interpretation that goes into forming an attitude. Affective component of attitude according to Vander-Zanden (1977) consists of the feelings or emotions that the actual attitude object, event, situation or its symbolic representation evokes within an individual. The attitude object may be pleasing or displeasing, liked or disliked. Effa-Heap (1997) described the affective component as the positive or negative emotion about something. The conative or behavioral component of an attitude according to Klein (1998) is the tendency or disposition to act in certain ways with reference to some objects, events or situations. This means that it is the intention to act and not the action itself is the major concern of behavioral component. Baron and Byrne (1991) referred to behavioural component of attitude as the intention to act in certain ways, to engage in behaviours that are somehow relevant to one's attitude. The present study was interested in the affective component of attitude since the study is focusing on the feelings and emotions of the secondary school physical and health education teachers in Nsukka education zone towards death.

Ozaji (1991) in different view observed a tri-element concept of attitude embodying beliefs, emotions and behaviours. These tri-element concepts characterized human beings in intra-personal and social interactions. He further described attitude as affective tendencies of individuals that have been shaped by the underlying beliefs and consistently expressed towards objects. To him, these tendencies represent likes and

dislikes, affinities and aversions, effects and disaffects for an object, event or situation. He described belief as definition, understanding, concepts, mental image, that one has about an object and consistently expressed towards an object which indicates the intention to move towards or away the actual behavior itself towards an object. Okuoyibo (1996) in his own view noted that attitude expresses inclination or aversion from a known object or person. Travers (1967) also held that since attitude expresses inclination or aversion, it can be measured by inference drawn from the responses of the individuals (subjects) towards the attitude object. Attitude object in this study refers to death.

### **Measurement of attitude.**

Gronlund (1976) described measurement as the quantitative description of individual's behaviour. It is a process of using a device to obtain information in a quantitative term concerning the attitude object. According to Webster's (1991), to measure is to regulate by standard or to ascertain the measurement of something or to estimate or to appraise by a criterion. Ryan (1970) asserted that attitude can be measured with attitude scale. Such scale includes multidimensional fear of death scale (MFODS) by Hoelter (1979) which the present study adapted. In the context of this study, measurement of attitude is the estimation of feelings, thoughts and emotions of the secondary school physical and health education teachers in Nsukka education zone towards death. Ryan also noted that the raw materials for attitude scale are series of specific questions relating to some topics and specific replies of samples of object. He continued by stating that the notion of an attitude is the assumption that most individuals in a group react to the topic as meaningful whole and that they react in a consistent way to different aspect of the topic. He further stated that all the methods of scaling attitude assumes that the topic or concept has similar core of meaning to all or most of the subjects so that it makes sense to compare them in terms of their evaluation of the topic. He noted that construction of attitude scale can be considered as one way of studying those aspects of concepts and objects which are organized similarly by a majority of individuals in a particular population.

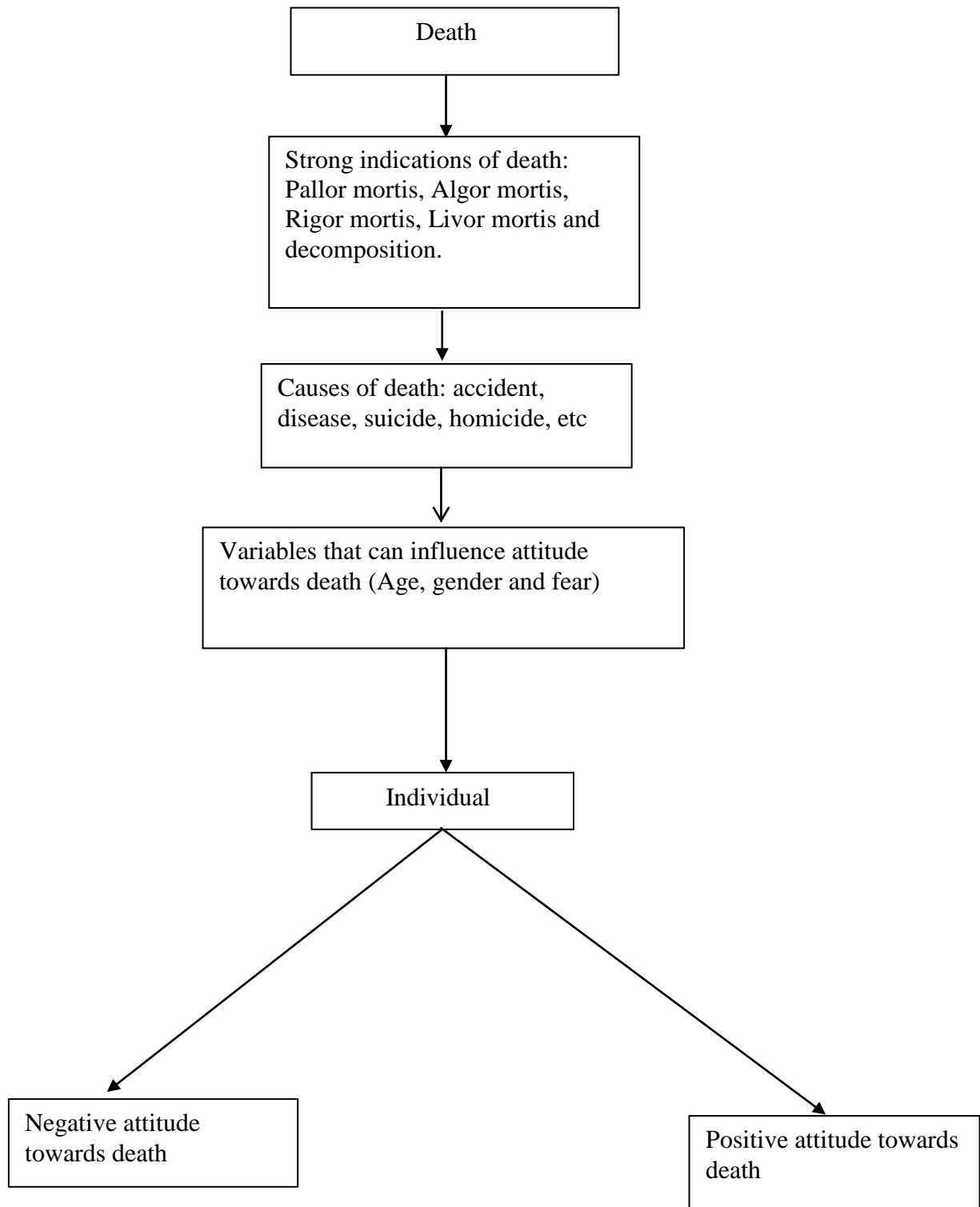
Kretch, Crutchfield and Balladey (1962) argued that attitude can only be meaningfully measured if they exist. To them, an individual can hold attitude on things

that exist in his physical or psychological world and may not have attitude towards others. Attitude can be measured according to them on the basis of individual's response towards the attitude object. These responses include overt action, verbal statement of belief, feelings and dispositions to act with respect to the attitude object. In support of this assertion, Ryan (1970) noted that the subject is asked to report on what he or she considers desirable or undesirable, good or bad, pleasant or unpleasant, right or wrong, positive or negative, likes and dislikes. The attitude object to which the individuals would be asked to express their likes and dislikes in the present study is death.

In this study, the attitudes of secondary school physical and health education teachers in Nsukka education zone towards death were measured by the investigator by providing essential statements on the attitude object (death) to which they were asked to state their degree of agreement or disagreement. Points were assigned to the statements in the following orders for negative statement: Four (4) points to Strongly Agreed (SA); Three (3) points to Agreed (A); Two (2) points to Disagreed (D); and one (1) point to Strongly Disagreed (SD) while the reverse of the points will be the case for positive statements. A criterion mean of 2.5 was chosen which was obtained thus:  $4 + 3 + 2 + 1 = \frac{10}{4} = 2.5$ . The attitude was considered negative when the mean score was equal or greater than the criterion mean of 2.5, whereas the attitude was considered positive towards death when the mean score was below the criterion mean of 2.5.

The secondary school physical and health education teachers in the context of this study are those who are teaching physical and health education subject in secondary schools with higher qualification from either colleges of education or university in the area of physical and health education where death concept is being taught as sub-topic in broad areas of ageing and death education. This study focused on the attitude of secondary school physical and health education teachers in Nsukka Education Zone towards death.

## Conceptual Framework





Death is the irreversible loss of human life which has some strong indications such as: pallor mortis, algor mortis, rigor mortis, livor mortis and decomposition which serve as a proof that it has occurred. Death could be caused by disease, accident, suicide, homicide, etc. Death is characterized by disease condition which influences individual's attitude either positively or negatively depending on such variables as: age, gender and fear.

### **Theoretical Framework**

Theories are set of statements or principles devised to explain a group of facts or phenomena especially one that has been repeatedly tested or is widely accepted and can be used to make predictions about natural phenomena. The theoretical framework for this study is based on theory of cognitive dissonance and theory of reasoned action.

#### **Theory of cognitive dissonance**

This theory which concerns attitude is Leon Festinger's (1957) theory of cognitive dissonance. It posits that attitude predicts behaviours and that where attitude and behavior are not related, cognitive dissonance results. Cognitive dissonance refers to an individual's motivation to reduce the discomfort (dissonance) caused by two inconsistent thoughts. To this effect, most people have a tendency to make their thoughts consistent. It was therefore, expected that secondary school physical and health education teachers with negative or positive attitudes would express them in their responses to the attitudinal questions as regards to the attitude objects which is death in this study.

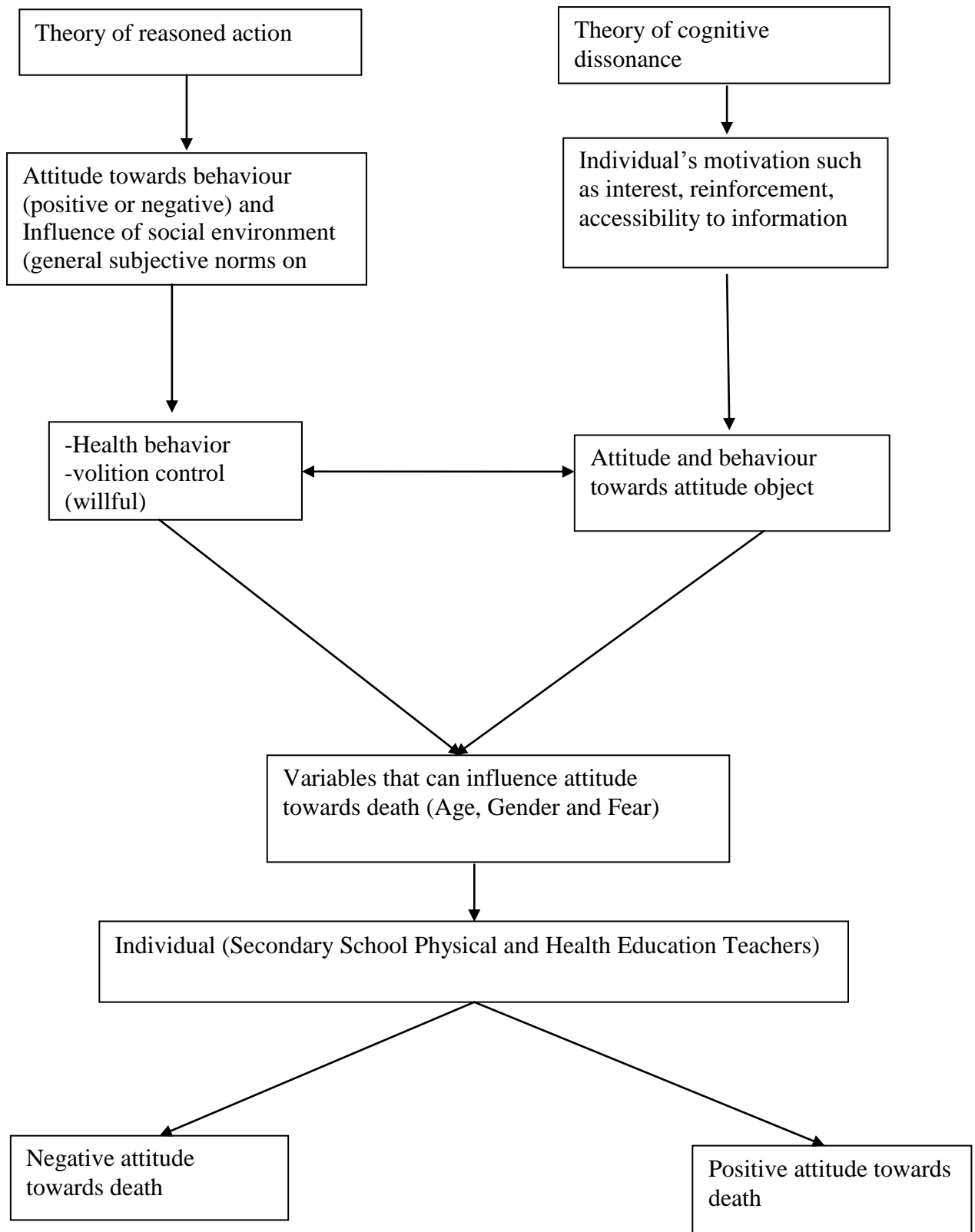
#### **Theory of reasoned action**

The theory of reasoned action was propounded by Keke Ajzeen and Martin Fishben in 1967 to show how attitude impact on behavior. This theory was designed to explain not just health behavior but also all volitional behaviours. It states that a person's behavior is determined by his attitude towards the outcome of that behavior and by the opinion of significant others in his social environment. This theory is based on the assumption that most behaviours of social relevance are under volitional (willful) control. In addition, a person's intention to perform or not to perform a particular behavior is the

immediate determinant of that behaviour. The goal of this theory is not only to predict human behaviour but also to understand the behaviour. According to this theory, a person's intention to perform a specific behaviour is a function of two factors: (1) attitude (positive or negative) towards the behaviour and; (2) the influence of the social environment (general subjective norms) on the behaviour. The attitude towards the behaviour is determined by the person's belief that a given outcome will occur if he performs the behaviour and by an evaluation of the outcome of the behaviour. The social or subjective norm is determined by a person's normative belief about what important or significant others think he should do and by the individuals' motivation to comply with those other persons' wishes or desires.

Attitude is a function of belief in this theory. If a person believes that performing a given behaviour will lead to positive outcome, then he will hold a favourable attitude towards performing that behaviour. On the other hand, a person who believes that performing the behaviour will lead to negative outcome, he will hold unfavourable attitude towards such act. These beliefs that form the foundation of a person's attitude towards the behaviour are referred to as behavioural belief.

## Theoretical Framework



The theory of reasoned action is concerned with attitude towards behavior and the influence of social environment and volitional or willful control. The theory of cognitive dissonance is concerned with the individual's motivation such as interest of the individual, reinforcement and accessibility to information on attitude and behaviour towards attitude object. Both theories influence attitude and behaviour towards attitude object. Such variables like age, gender and fear could influence individual's attitude either positively or negatively towards attitude object which is death in the present study.

### **Empirical Studies on Attitude towards Death**

A great number of researches have been carried out on the attitude towards death among different individuals, groups, and associations. A lot of them are from Nigeria while a greater number of them are from countries other than Nigeria. Those related and relevant to the present study were reviewed and presented below.

Okafor (1993) conducted a study on the attitudes of undergraduate health and physical education students towards death and dying with implications for health education. The purpose of the study was to determine the attitudes of undergraduate health and physical education students towards death and dying with implications for health education. Cross-sectional research design was used for the study. A sample of 311 respondents randomly selected from six universities in the eastern states of Nigeria that offer HPE at the Bachelor's degree level were used for the study. A questionnaire instrument comprising Hoelter Multidimensional Fear of Death Scale (MFODS) and Templer Death Anxiety Scale (DAS) were use for data collection. Data collected was analyzed using means to answer the five research questions of the study while t-test, analysis of variance, analysis of covariance and Pearson Product-moment Correlation Coefficient were used for testing the four hypotheses at.05 level of significance. The study revealed that the Undergraduate Health Physical Education students had negative attitudes towards death and dying and the implications of this finding to health education are that since personality development is component of emotional and mental health, it follows then that attitudinal aspects of death and dying education should not be restricted to a particular course, but be made an integral part of mental health. Secondly, the students' attitude which is now known can be modified in a positive direction.

Barrere, Durkin and LaCoursier (2008) conducted a study on the influence of the end-of-life education in attitudes of nursing students towards death and dying. The purpose of the study was to determine the influence of end-of-life education in attitudes of nursing students towards death and dying. Descriptive research design was used. A sample of 130 student nurses randomly selected was used for the study. A Five-point likert scaled questionnaire was used for data collection. Data collected was analyzed using t-test statistical tool. The study revealed that there is no significant effect of previous death education on the attitude of student nurses towards death and dying. It was concluded that previous death education does not have strong influence on attitude of the student nurses towards death and dying.

Samiha, Khaled and Jafar (2010) conducted a study on the influence of nurses' characteristics and education on their attitudes towards death and dying. The purpose of the study was to determine the influence of nurses' characteristics and education on their attitudes towards death and dying. Descriptive research design was used. A sample of 300 student nurses randomly selected was used for the study. A modified four-point scaled questionnaire was used for data collection. Data collected was analyzed using spearman's co-efficient of correlation. The study revealed that nurses' demographic and experimental characteristics as well as previous educational background can shape their attitude towards care for dying patients. It was concluded that nurses' demographic and experimental characteristics as well as previous educational background hold strong influence in nurses' attitude towards care for the dying patients.

Mallory (2003) conducted a study on the impact of palliative care educational component on attitude towards care of the dying in undergraduate nursing students. The purpose of the study was to determine the impact of palliative care educational component on attitude towards care of the dying in undergraduate nursing students. The study utilized experimental design. Both experimental and controlled group were used in the study. A sample of 300 subjects randomly selected was used. Observation schedule was used to generate data from the respondents. The data was analyzed using t-test statistical tool. The study revealed that previous death education did not have an effect on the attitude towards care of the dying in spite of high score on the Frommelt Attitude

towards Care of the Dying (FATCAD). It was concluded that previous death education holds strong influence on the attitude towards care of the dying.

Dunn, Otten and Stephens (2005) conducted a study on the nursing experience and the care of dying patients. The purpose of the study was to determine the nursing experience and the care of dying patients. A cross-sectional research design was used for the study. A sample of 200 student nurses randomly selected was used for the study. A Four-point scaled questionnaire was used for data collection. The data collected was analyzed using spearman's co-efficient of correlation. The study revealed that nurses having 17-21 years of experiences reported more favourable attitude towards caring for the dying patients than those with less experiences below 17 years. It was concluded that years of experience holds strong influence on the attitude of the nurses towards death and caring for the dying patients.

McCaughan and Parahoo (2000) conducted a study on the attitude to cancer of medical and surgical nurses in a district hospital. The purpose of the study was to determine the attitude to cancer of medical and surgical nurses in a district hospital. Descriptive research design was used. A sample of 130 subjects randomly selected was studied. A four-point scaled questionnaire was used to obtain data from the respondents. Data collected was analyzed using t-test statistical package. The study revealed that years of experiences were correlated positively with positive attitude to cancer of medical and surgical nurses in a district hospital. It was concluded that years of experience hold strong influence on the attitude to cancer of medical and surgical nurses in a district hospital.

Lange, Thom and Kline (2008) conducted a study on assessing nurses' attitude towards death and caring for dying patients in a comprehensive cancer centre. The purpose of the study was to ascertain nurses' attitude towards death and caring for dying patients in comprehensive cancer centre. Descriptive research design was utilized for the study. A sample of 120 subjects randomly selected was studied. A five-point likert scaled questionnaire was used for data collection. Data collected was analyzed using t-test statistical tool. The study revealed that years working as registered nurse (RN) and years employed at cancer centre emerged as the strongest indicators of exhibiting a positive attitude towards caring for dying patients. It was concluded that years of experience hold

a strong influence on attitude of the nurses towards death and caring for dying patients in a comprehensive cancer centre.

Wowchuk, McClement and Bond (2007) conducted a study on the challenges of providing palliative care in the nursing home. The purpose of the study was to determine the challenges of providing palliative care in the nursing home. A cross-sectional research design was utilized for the study. A sample of 210 student nurses randomly selected was used for the study. A modified Four-point scaled questionnaire was used for data collection. Data collected was analyzed using spearman's co-efficient of correlation. The study revealed that age and years of experiences inversely correlate positively to the challenges in providing palliative care in the nursing home. It was concluded that age and years of experience hold strong influence in providing palliative care in nursing homes.

Iranmanesh, Savenstedt and Abbaszadeh (2008) conducted a study on the student nurses' attitude towards death and dying in South East Iran. The purpose of the study was to determine the student nurses' attitude towards death and dying in South East Iran. The study utilized descriptive research design. A sample of 110 student nurses were randomly selected and used for the study. A four-point scaled questionnaire was used for data collection. Data collected was analyzed using spearman's co-efficient of correlation. The study revealed that previous death experience was correlated negatively with positive attitude towards caring for people at the end-of-life ( $r = -0.178$ ). It was concluded that previous death experience holds strong influence on nurses' attitude towards death and dying.

Abdel-Khalek and Al-Kandari (2007) conducted a study on death anxiety in Kuwaiti middle-age personnel. The purpose of the study was to determine death anxiety among middle-aged personnel in Kuwaiti. Descriptive research design was utilized for the study. A sample of 210 subjects randomly selected was used for the study. The study adopted the Templer's Death Anxiety Scale (DAS) as instrument for data collection. Data collected was analyzed using spearman's co-efficient of correlation. The study revealed that the younger adults report higher level of death anxiety than the middle-aged adults. It was concluded that age holds a strong influence in determining death anxiety among middle-aged personnel.

Tracy and Robert (2005) conducted a survey on emergency medical technicians' attitude towards death and dying. The purpose of the study was to survey the emergency medical technicians' attitude towards death and dying patients. Descriptive research design was utilized for the study. A sample of 136 Emergency Medical Technicians (all levels) from 14 different states was randomly selected for the study. A Four-point scaled questionnaire was administered to the subjects and collected on the scene. Data collected was analyzed using t-test statistical tool. The study revealed that most participants (82%) reported that an Emergency Medical Technicians action impacts a grief process of a bereaved family. About half (54%) reported that an Emergency Medical Technician's role should include notifying of the death. However, three quarters (76%) reported that they had not been trained adequately to make a death notification or help the family with their grief. Many (40%) felt uncomfortable making a death notification. It was concluded that this study is to provide a new insight about Emergency Medical Technicians attitude towards death and dying and death-related training they receive.

Kinlaw and Dixon (1980) conducted a study on the fear of death and fertility reconsidered. The purpose of the study was to determine the fear of death and fertility reconsidered. Descriptive research design was utilized for the study. The sample consisted of 288 (150 males and 138 females) households randomly selected. The study adopted both Hoelter's Multidimensional Fear of Death Scale and Templer's Death Anxiety Scale as instrument for data collection. Data collected was analyzed using spearman's co-efficient of correlation. The study revealed that variables such as sex, age – ranging from 16-83 years, were significantly correlated with death anxiety and fertility.

Gerry (2005) conducted a study on the attitude towards death and dying, a study building on Durkheim's suicide typology. The purpose of the study was to determine the attitude towards death and dying, a study building on Durkheim's suicide typology. Descriptive research design was used for the study. He used a sample of 635 respondents from various occupations, marital status, age, etc randomly selected. A fear of death scale was developed, protested and administered along with the Srole Anomia Scale and Neal and Seeman Internal-External Scale as the instrument for the study. Data collected was analyzed using spearman's co-efficient of correlation. The study revealed that the fear of death is inversely correlated with the degree on integration of the individual in his or her



social groups. Those people with higher rates of Anomia did not exhibit greater fears towards death. It was concluded that attitude towards death are learned as other attitude.

Abdel-Khalek and Al- Kandari (2006) conducted a study on gender related differences in death anxiety and attitude. The purpose of the study was to investigate the gender related differences in death anxiety and attitude. A descriptive research design was used. A sample of 150 subjects randomly selected was used for the study. A four-point scaled questionnaire was administered to the respondents and was collected on the scene. Data collected were analyzed using spearman's co-efficient of correlation. The study revealed that gender related differences in death anxiety and attitude are real and it is most probable that these differences are the products of differential socialization of men and women as supported by their studies in Arab sample. It was concluded that women are more open to death related thoughts and feelings while men are somewhat more concerned about keeping these thoughts and feelings in check.

Sanders, Poole, and Rivero (1980) conducted a study on death anxiety among the elderly. The purpose of the study was to examine racial and gender differences among adults on death anxiety. Descriptive survey research design was used for the study. The sample was 62 (31 blacks and 31 whites) residents of rural mississippi aged 60 to 87 years randomly selected. The Templer's Death Anxiety Scale (DAS) administered verbally was used to examine racial and gender differences among these adults. The data was analyzed using mean and percentages. The study revealed that no significant differences existed between the mean Death Anxiety Scale scores of Black and White subjects ( $\bar{X} = 8.61$  and  $6.77$ , respectively). It was concluded that no significant differences were found between Black and White elderly on death anxiety.

Myers, Wass and Morphey (1980) conducted a study on the ethnic differences in death anxiety among the elderly persons. The purpose of the study was to determine the ethnic differences in death anxiety among the elderly persons. Descriptive survey research design was used for the study. The sample consisted of 228 subjects randomly selected. The Dickstein's DCS' was used to measure death anxiety. The primary data analysis was a  $2 \times 2$  factorial analysis of variance computer on the basis of race and sex. The study revealed a statistically significant effect attributable to race ( $F = 11.59$ ,  $PC.05$ ) indicating statistically significant difference in death anxiety between blacks and whites.

It was concluded that race and sex hold strong influence in determining death anxiety among the elderly.

Wessel and Rutledge (2005) conducted a study on the home care and hospice nurses' attitude towards death and caring for the dying. The purpose of the study was to determine the home care and hospice nurses' attitudes towards death and caring for the dying. Descriptive survey research design was used. A sample of 150 subjects randomly selected was used for the study. A modified four-point scaled questionnaire was used for data collection. Data collected was analyzed using spearman's co-efficient of correlation. The study revealed that home care and hospice nurses who have had previous death experience holds positive attitudes towards death and dying in both private residents and hospice homes. It was concluded that previous death experience influences nurses' attitude towards death and caring for the dying.

Jimakas (1980) conducted a study on the fear of death in schizophrenics and normal. The conscious and unconscious death anxiety of hospitalized schizophrenics ( $n = 30$ ) and ( $n = 30$ ) matched for age and sex were studied. The purpose of the study was to determine the fear of death in schizophrenics and normal. Descriptive survey research design was used. A sample of 60 subjects randomly selected was used studied. The Templer's Death Anxiety Scale and the Thematics Apperception Test (TAT) were used as instrument for data collection. Data collected was analyzed using spearman's co-efficient of correlation. No significant differences were found between the two sample groups regarding fear of personal death or catastrophic death on either the conscious and unconscious levels. The author suggested that both group responses reflected the prevailing cultural tendency towards death denial.

Stevens, Cooper and Thomas (1980) conducted a study on the age norms for Templer's Death Anxiety Scale. The purpose of the study was to determine the age norms for Templer's Death Anxiety Scale. Descriptive survey research design was utilized for the study. A sample of 295 volunteer adults within the age range of 16 to 83 years was used for the study. The Templer's Death Anxiety Scale was used as instrument for data collection. Data collected was analyzed using t-test statistical tool. The hypothesis was tested using Chi-square tool. It was found that the oldest group has lower death anxiety than the younger age groups. Sex differences were not significant, although

females reported higher death anxiety than males. The authors cautioned users of the Death Anxiety Scale that age is an important variable to be considered in interpreting scores.

Deffner and Bell (2005) conducted a study on the nurses' death anxiety, comfort level during communication with patients and families regarding death and exposure to communication education. The purpose of the study was to determine the nurses' death anxiety, comfort level during communication with patients and families regarding death and exposure to communication education. Descriptive survey research design was used. A sample of 152 subjects randomly selected was studied. The Templer's Death Anxiety Scale (DAS) administered verbally was used to examine the comfort levels among the subjects. The data generated was analyzed using Spearman's co-efficient of correlation. The study revealed that the older adults feel more comfortable talking about death and dying issues than the younger adults. It was concluded that age holds a strong influence on the comfort level when death and dying issues are being discussed.

Lamb (1980) conducted a study on the relationship between death anxiety of nursing and medical students and their attitudes toward employment of life support system for terminally ill-patients. The purpose of the study was to determine the relationship between death anxiety of nursing and medical students and their attitudes toward employing life support system for terminally ill-patients. Descriptive survey research design was utilized for the study. A sample of 473 subjects including third year medical students ( $n = 158$ ) and nursing students from two schools ( $n = 118$  and  $197$ ) was randomly selected for the study. The subjects completed Templer's Death Anxiety Scale and a 16-item questionnaire concerning attitudes towards employing life-prolonging apparatus for the terminally ill-patients. Data collected was analyzed using t-test statistical tool. The study revealed that there is no significant difference in Death Anxiety Scale scores across the demographic variables including age.

Steginga, Dunn, Dewar, McCarthy, Yates and Beadle (2005) conducted a study on the impact of intensive nursing education course on nurses' knowledge, confidence, attitudes and perceived skills in the care of patients with cancer. The purpose of the study was to determine the impact of intensive nursing education course on nurses' knowledge, confidence, attitudes and perceived skills in the care of patients with cancer. A cross-

sectional research design was used. A sample of 250 subjects randomly selected was used for the study. A four-point scaled questionnaire was used for data collection. Data collected was analyzed using t-test statistical tool. The study revealed that intensive nursing education course influences knowledge, confidence, attitudes and perceived skills of the nurses positively towards caring for the patients with cancer. It was concluded that previous education holds a strong influence on knowledge, confidence, attitude and skills.

Durosaro (1996) conducted a study on the attitude of Nigerian women towards dimensions of death. The purpose of the study was to determine the attitude of Nigerian women towards dimensions of death. Descriptive survey research design was utilized for the study. The population used for the study was 900 sandwich female students of the institute of education, University of Ilorin. The sample size of 410 subjects randomly selected was used for the study. The instrument used was Hardt's (1979) Death Attitude Scale. Data analysis was done using spearman's co-efficient of correlation. The study revealed that there is no significant difference in the responses of literate and non-literate, Christian and Muslim women towards death and dying. Thanatology was recommended for inclusion in school health curriculum.

### **Summary of Literature Review**

In the review of related literature, various authors gave varied definitions of the key concepts in the study (death and attitude). Death is defined as the irreversible loss of human life, a condition in which human beings are incapable of carrying out the vital functions of life. Attitude refers to as an organized and consistent manner of thinking, feelings and reaction of people, groups, towards the attitude object in his or her environment.

Literatures were reviewed on the measurement of attitude using attitude scale. The raw material for attitude scale is a series of specific questions relating to the key concepts of the study, structurally designed to provide answers to research questions in order to achieve the stated objectives of the study. Points were assigned to the statements in the following order: Four points to Strongly Agreed (SA); Three points to Agreed (A) Two points to Disagree (D); and One point to strongly Disagree (SD). This was for negative statement while the reverse was the case for positive statements. The purpose of

assigning these points is to enable the subjects to state their degree of agreement or disagreement.

Abundant theories exist but the ones reviewed in this study include theory of cognitive dissonance and theory of reasoned action. The theory of cognitive dissonance by Leon Festinger's (1957) posits that predicts behavior and that where attitude and behaviour are not related, cognitive dissonance occurs/results. Cognitive dissonance refers to as individual's motivation to reduce the discomfort (dissonance) caused by two inconsistent thoughts. The Theory of reasoned action propounded by Keke Ajzen and Martin Fishbein in 1967 was designed to explain not just health behaviour but also all volitional behaviours. This theory is based on the assumption that most behaviours of social relevance are under volitional (Willful) control.

A lot of similar studies have been conducted by different researchers mostly on the attitude of nurses. A good number of them are from countries other than Nigeria. The findings of their studies were clearly documented. The literature review has shown that studies have been conducted on the topic in Nigeria and other countries of the world, but no such study has been conducted on the attitude of secondary school physical and health education teachers in Nsukka education zone towards death. Therefore, there is need to carry out this study in order to determine the attitude of secondary school physical and health education teachers in Nsukka education zone towards death.

## **CHAPTER THREE**

### **Methods**

This chapter presented the research design, area of the study, population for the study, sample and sampling techniques, instrument for data collection, validity of the instrument, reliability of the instrument, method of data collection and method of data analysis.

#### **Research Design**

The descriptive survey research design was used for this study. Abdel-Khalek and Al-Kandari (2006) stated that this design describes situations of what is being investigated as they exist in their natural setting. Iranmanesh, Savenstedt and Abbaszadeh (2008) supported this by stating that this design finds out current status of a phenomenon and therefore permits the study of sample from the population for the purpose of drawing generalization to the entire population. Barrere, Durkin & LaCoursier (2008) and Lange, Thom & Kline (2008) had successfully used this design in similar studies. The design is therefore considered appropriate for studying the attitude of secondary school physical and health education teachers in Nsukka Education Zone towards death.

#### **Area of the Study**

Nsukka Education Zone, the area of study, is one of the six Education Zones in Enugu State, located in the northern part of the state. The zone is made up of three local government areas, which are Nsukka, Igbo-Etiti, and Uzo-Uwani Local Government Area. The zone has a total of 95 secondary schools: 61 state government owned secondary schools and 34 approved private secondary schools. The zone is under developed and it is mostly dominated by farmers, traders, motor drivers and civil servants (teachers). From observations, people of Nsukka attach a lot of importance to death of a relation. This could be seen from the incessant gun shots (morning, afternoon and night) indicating the death of a person and also regular absence from work by civil servants of Nsukka origin because of burial and funeral ceremonies of persons. Therefore, it is pertinent to investigate the attitude of the teachers in this area towards death.

### **Population for the Study**

The population for the study consisted of all the secondary school physical and health education teachers in all the secondary schools in Nsukka Education Zone. Available statistics from the Post Primary School Management Board (PPSMB) Nsukka Zonal Office Research and Statistics Unit (2012) showed that there are 95 physical and health education teachers in the 95 secondary schools in both state government owned and approved private secondary schools in Nsukka Education Zone of Enugu state (see Appendix 1). The total population was 95 subjects respectively.

### **Sample and Sampling Technique**

The sample size for this study consisted of all the 95 secondary school physical and health education teachers in the 95 secondary schools (61 state government owned and 34 approved private secondary schools) in Nsukka Education Zone. This number is small and manageable in line with Barrere, Durkin and LaCoursier (2008) who stated that when the population under study is of manageable size, it is appropriate to use the entire population. Hence, there was no sampling in this study.

### **Instrument for Data Collection**

A 2-part questionnaire instrument (see appendix II) was used for data collection as follows: Section A contained personal data of the respondents and section B contained adapted Hoelter's (1979) Multidimensional Fear of Death Scale (MFODS). Section A provided information on age and gender while Section B contained adapted 42 items of multidimensional fear of death scale (MFODS) by Hoelter (see appendix III).

The 42 items of MFODS contained four response alternatives each of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD). The four response alternatives strongly agree, agree, disagree, and strongly disagree were assigned values of 4, 3, 2, and 1 point respectively.

### **Validity of the instrument.**

The instrument was validated by five experts from the Department of Health and Physical Education, University of Nigeria Nsukka. The experts were given a draft copy

of the work, purpose of the study, research questions, hypotheses and validation evaluation guide (VEG). The VEG was meant to assist the experts in the judgement inputs, corrections, suggestions and modifications of the questionnaire items. The expert judgement and observations as well as supervisor's comments were utilized in drafting the final copy of the instrument.

### **Reliability of the instrument.**

In order to determine the reliability of the instrument, the split half was utilized. Copies of the questionnaire were administered to physical and health education teachers in 10 secondary schools in Udenu Local Government Area of Enugu State. Udenu Local Government Area is not included in the study. The items were grouped into even and odd number items. The responses of the two groups were analyzed to establish the reliability coefficient of the entire instrument using Spearman Brown prophecy (correlation). The reliability index of .70 was obtained.

### **Method of Data Collection**

In order to facilitate access to the schools, an introductory letter from the Head, Department of Health and Physical Education, University of Nigeria, Nsukka was obtained and presented to the principals of the schools. A total of 95 copies of questionnaire were administered to the respondents for completion while 94 copies were completed and returned correctly.

### **Method of Data Analysis**

The completed copies of the questionnaire were examined for completeness of information and responses. The data were computed and analyzed using statistical package for the social sciences (SPSS) batch system. The responses were awarded points and their mean and standard deviation were calculated. This means that with negative scoring, four points was assigned to strongly agree; three points to agree; two points to disagree and one point to strongly disagree. For the items in positive statements, the scores were applied in the reverse order thus: one point to strongly agree; two points to agree; three points to disagree and four points to strongly disagree. In order to determine



the attitudes of the subjects towards death, the grand mean score for each group (according to the variables) in relation to dimensions of death fear that were investigated was compared with the criterion mean of 2.5 for each statement. The criterion mean was obtained by adding all the scores assigned to the degree of agreement and disagreement to a statement and dividing it by the number of possible responses to that statement as follows:  $4 + 3 + 2 + 1 = \frac{10}{4} = 2.5$ . Thus the attitude was considered negative when the mean score of the response is equal to or greater than the criterion mean of 2.5. Conversely, the attitude was considered positive when the mean score is less than the criterion mean of 2.5. The mean scores obtained were used to answer all the research questions. The postulated null hypotheses of no significant difference on the attitude of secondary school physical and health education teachers in Nsukka education zone towards death were tested at .05 level of significance. The null hypotheses ought to be rejected when the calculated value is less than the table value, but where the calculated value is greater than the table value, the null hypotheses were accepted.

## CHAPTER FOUR

### Results and Discussion

This chapter presents and discusses the findings of the study. The purpose of the study was to determine the attitude of secondary school physical and health education teachers in Nsukka education zone towards death. A total of 95 copies of the questionnaire were distributed to the respondents while 94 copies were returned. The findings are hereby presented in tables below according to the research questions and hypotheses postulated for the study.

#### Research question 1.

What is the attitude of secondary school physical and health education teachers towards fear of dying? The data answering the above question are contained in Table 1 below.

Table 1:

**Attitude of Secondary School PHETs towards Fear of Dying (n= 94)**

| Item   | $\bar{x}$   | SD           | Decision |
|--|-------------|--------------|----------|
| 1. I am afraid of dying slowly                                     | 2.62        | 1.271        | negative |
| 2. I am not afraid of dying in a fire                              | 2.29        | 1.241        | positive |
| 3. I am not afraid of experiencing a great deal of pain when I die | 2.50        | 1.114        | negative |
| 4. I am afraid of dying of cancer                                  | 3.00        | 1.107        | negative |
| 5. I have fear of suffocating (including drowning)                 | 2.65        | 1.198        | negative |
| 6. I do not have a fear of dying violently                         | 2.43        | 1.062        | positive |
| <b>Grand mean</b>  | <b>2.58</b> | <b>1.166</b> |          |

Result from Table 1 above indicates that item 1, 4 and 5 have mean scores higher than the criterion mean of 2.50 which implies that the secondary school physical and health education teachers have negative attitude towards fear of dying while item 2, 3 and 6 show positive attitudes. In general, the teachers have negative attitude towards fear of dying since the overall grand mean of 2.58 is greater than the criterion mean of 2.50.

### Research question 2.

What is the attitude of secondary school physical and health education teachers towards fear of the dead? The data answering the above question are contained in Table 2 below.

Table 2:

#### Attitude of Secondary School PHETs towards Fear of the Dead (n= 94)

| Item   | $\bar{x}$   | SD           | Decision |
|--|-------------|--------------|----------|
| 7. I do not dread visiting a funeral home                              | 2.65        | 1.114        | negative |
| 8. Touching a corpse would bother me                                   | 2.39        | 1.060        | positive |
| 9. Discovering a dead body would be a horrifying experience            | 2.73        | 1.079        | negative |
| 10. I would not be afraid to walk through a graveyard, alone, at night | 2.62        | 1.118        | negative |
| 11. It would bother me to remove a dead animal from the road           | 2.18        | 1.077        | positive |
| 12. I am not afraid of things which have died                          | 2.60        | 1.148        | negative |
| <b>Grand mean</b>  | <b>2.53</b> | <b>1.010</b> |          |

From Table 2, item 7, 9, 10 and 12 have mean scores higher than the criterion mean of 2.50 which implies that the secondary school physical and health education teachers have negative attitude towards fear of the dead while item 8 and 11 show positive attitude. In general, the teachers have negative attitude towards fear of the dead since the overall grand mean of 2.53 is greater than the criterion mean of 2.50.

### Research question 3.

What is the attitude of secondary school physical and health education teachers towards fear of being destroyed? The data answering the above question are contained in Table 3 below.

Table 3

#### Attitude of Secondary School PHETs towards Fear of being Destroyed (n= 94)

| Item  | $\bar{x}$   | SD           | Decision |
|---|-------------|--------------|----------|
| 13. I would like to donate my body to science                             | 2.24        | 1.189        | positive |
| 14. I do not want medical students using my body for practice after I die | 2.65        | 1.15         | negative |
| 15. I do not like the thought of being cremated                           | 2.72        | 1.051        | negative |
| 16. I do not want to donate my eyes after I die                           | 2.90        | 1.117        | negative |
| <b>Grand mean</b>   | <b>2.63</b> | <b>1.127</b> |          |

From Table 3, item 14, 15 and 16 have mean scores higher than the criterion mean of 2.50 which implies that the secondary school physical and health education teachers have negative attitude towards fear of being destroyed while item 13 shows positive attitude. In general, the teachers have negative attitude towards fear of being destroyed since the overall grand mean of 2.63 is greater than the criterion mean of 2.50.

#### **Research question 4.**

What is the attitude of secondary school physical and health education teachers towards fear of significant others? The data answering the above question are contained in Table 4 below.

Table 4

#### **Attitude of Secondary School PHETs towards Fear of Significant Others (n= 94)**

|     | Item  | $\bar{X}$   | SD           | Decision |
|-----|---|-------------|--------------|----------|
| 17. | I have a fear of people in my family dying  | 3.07        | .930         | negative |
| 18. | If the people I am very close to were to suddenly die, I would not suffer for a long time | 2.44        | 1.241        | positive |
| 19. | If I would die tomorrow, my family would be upset for a long time                         | 2.96        | 1.026        | negative |
| 20. | Since everyone dies, I won't be too upset when my friends die                             | 2.54        | 1.023        | negative |
| 21. | I sometimes get upset when acquaintances die  | 2.91        | .935         | negative |
| 22. | If I die, my friends would be upset for a long time                                       | 2.79        | 1.002        | negative |
|     | <b>Grand mean</b>   | <b>2.79</b> | <b>1.026</b> |          |

Results from Table 4 above show that item 17, 19, 20, 21 and 22 have mean scores greater than the criterion mean of 2.50 that is indicative of negative attitude of secondary school physical and health education teachers towards fear of significant others while item 18 shows positive attitude. In general, the teachers have negative attitude towards fear of significant others since the overall grand mean score of 2.79 is greater than the criterion mean of 2.50.

### Research question 5.

What is the attitude of secondary school physical and health education teachers towards fear of the unknown? Data answering the above question are contained in Table 5 below.

Table 5

#### Attitude of Secondary School PHETs towards Fear of the unknown (n= 94)

|                   | Item   | $\bar{X}$   | SD           | Decision |
|-------------------|--|-------------|--------------|----------|
| 23.               | I am not afraid that there is no afterlife             | 2.39        | 1.109        | positive |
| 24.               | I am not afraid of meeting my creator                  | 3.09        | 1.002        | negative |
| 25.               | I am afraid that death is the end of one's existence   | 2.44        | 1.141        | positive |
| 26.               | I am afraid that there may not be a supreme being      | 2.33        | 1.177        | positive |
| 27.               | No one can say, for sure, what will happen after death | 2.79        | 1.106        | negative |
| <b>Grand mean</b> |  | <b>2.61</b> | <b>1.107</b> |          |

Results from Table 5 above show that item 24 and 27 have mean scores greater than the criterion mean of 2.50 which implies negative attitude of secondary school physical and health education teachers towards fear of unknown while item 23, 25 and 26 show positive attitude. In general, the teachers have negative attitude towards fear of the unknown since the overall grand mean score of 2.61 is greater than the criterion mean of 2.50.

### Research question 6.

What is the attitude of secondary school physical and health education teachers towards fear of conscious death? Data answering the above question are contained in Table 6 below.

Table 6

#### Attitude of Secondary School PHETs towards Fear of Conscious Death (n= 94)

|                   | Item   | $\bar{X}$   | SD           | Decision |
|-------------------|--|-------------|--------------|----------|
| 28.               | There are probably many people pronounced dead that are really still alive | 2.77        | 1.010        | negative |
| 29.               | I am not afraid of being buried alive                                      | 1.94        | 1.086        | positive |
| 30.               | People should have autopsies to ensure that they are dead                  | 2.73        | .964         | negative |
| 31.               | It does not scare me to think I may be conscious while lying in a morgue   | 2.52        | 1.034        | negative |
| 32.               | I hope more than one doctor examines me before I am pronounced dead        | 3.04        | .903         | negative |
| <b>Grand mean</b> |  | <b>2.60</b> | <b>0.999</b> |          |

From Table 6, item 28, 30, 31 and 32 have mean scores higher than the criterion mean of 2.50 which implies that the secondary school physical and health education teachers have negative attitude towards fear of conscious death while item 29 shows positive attitude. In general, the teachers have negative attitude towards fear of conscious death since the overall grand mean score of 2.6 is greater than the criterion mean of 2.50.

### Research question 7.

What is the attitude of secondary school physical and health education teachers towards fear of body after death? The data answering the above question are contained in Table 7 below.

Table 7

#### Attitude of Secondary School PHETs towards Fear of Body after Death (n= 94)

| Item   | $\bar{x}$   | SD           | Decision |
|--|-------------|--------------|----------|
| 33. I am not afraid of my body being disfigured when I die                 | 2.37        | 1.155        | positive |
| 34. I dread the thought of my body being embalmed someday                  | 2.64        | .926         | negative |
| 35. The thought of my body never being found after I die scares me         | 2.67        | 1.072        | negative |
| 36. It doesn't matter whether I am buried in a wooden box or a steel vault | 3.00        | .973         | negative |
| 37. The thought of being locked in a coffin after I die scares me          | 2.27        | 1.028        | positive |
| 38. The thought of my body decaying after I die does not scare me          | 2.73        | 1.1089       | negative |
| <b>Grand mean</b>  | <b>2.61</b> | <b>1.044</b> |          |

Results from Table 7 above show that item 34, 35, 36 and 38 have mean scores greater than the criterion mean of 2.50 which implies negative attitude of secondary school physical and health education teachers towards fear of body after death while item 33 and 37 show positive attitude. In general, the teachers have negative attitude towards fear of body after death since the overall grand mean score of 2.61 is greater than the criterion mean of 2.50.

### Research question 8.

What is the attitude of secondary school physical and health education teachers towards fear of premature death? Data answering the above question are contained in Table 8 below.

Table 8

#### Attitude of Secondary School PHETs towards Fear of Premature Death (n= 94)

|     | Item   | $\bar{X}$   | SD           | Decision |
|-----|--|-------------|--------------|----------|
| 39. | I have a fear of not accomplishing my goals in life before dying   | 2.81        | 1.060        | negative |
| 40. | I am afraid I will not live long enough to enjoy my retirement     | 2.50        | 1.250        | negative |
| 41. | I am afraid I will not have time to experience everything I desire | 2.50        | .992         | negative |
| 42. | I am afraid I may never see my children grow up                    | 2.53        | 1.276        | negative |
|     | <b>Grand mean</b>  | <b>2.59</b> | <b>1.145</b> |          |

From Table 8, all the items 39, 40, 41 and 42 have mean scores higher than the criterion mean of 2.50 which implies that the secondary school physical and health education teachers have negative attitude towards fear of premature death. In general, the secondary school physical and health education teachers have negative attitude towards fear of premature death since the overall grand mean score of 2.59 is greater than the criterion mean of 2.50.

### Research question 9.

What is the difference in the attitude of secondary school physical and health education teachers towards death according to age? Data answering the above question are contained in Tables below.

### Differences in the Attitude of Secondary School PHETs towards Death according to Age (n= 94)

|                   |   | Young Adult<br>(20-30) n=35 |              | Middle Adult<br>(31-50) n=56 |              | Old Adult<br>(51+) |              |
|-------------------|---|-----------------------------|--------------|------------------------------|--------------|--------------------|--------------|
|                   |   | $\bar{X}$                   | SD           | $\bar{X}$                    | SD           | $\bar{X}$          | SD           |
| 1.                | I am afraid of dying slowly                                     | 2.86                        | 1.141        | 2.46                         | 1.334        | 2.67               | 1.528        |
| 2.                | I am not afraid of dying in a fire                              | 2.26                        | 1.245        | 2.32                         | 1.266        | 2.00               | 1.000        |
| 3.                | I am not afraid of experiencing a great deal of pain when I die | 2.49                        | 1.147        | 2.46                         | 1.111        | 2.00               | 1.000        |
| 4.                | I am afraid of dying of cancer                                  | 3.11                        | 1.183        | 3.00                         | 1.044        | 1.67               | .577         |
| 5.                | I have fear of suffocating (including drowning)                 | 2.60                        | 1.218        | 2.71                         | 1.202        | 2.00               | 1.000        |
| 6.                | I do not have a fear of dying violently                         | 2.46                        | 1.146        | 2.38                         | 1.019        | 3.00               | 1.000        |
| <b>Grand mean</b> |   | <b>2.63</b>                 | <b>1.180</b> | <b>2.56</b>                  | <b>1.163</b> | <b>2.22</b>        | <b>1.018</b> |

**Table 10: Differences in the Attitude of Secondary School PHETs towards Fear of the Dead according to Age**

|                   |  | $\bar{X}$   | SD           | $\bar{X}$   | SD           | $\bar{X}$   | SD           |
|-------------------|--|-------------|--------------|-------------|--------------|-------------|--------------|
| 7.                | I do not dread visiting a funeral home                             | 2.69        | 1.183        | 2.66        | 1.083        | 2.00        | 1.000        |
| 8.                | Touching a corpse would bother me                                  | 2.46        | 1.120        | 2.36        | 1.034        | 2.33        | 1.155        |
| 9.                | Discovering a dead body would be a horrifying experience           | 2.94        | 1.136        | 2.66        | 1.032        | 1.67        | .577         |
| 10.               | I would not be afraid to walk through a graveyard, alone, at night | 2.34        | 1.056        | 2.86        | 1.103        | 1.33        | .577         |
| 11.               | It would bother me to remove a dead animal from the road           | 1.86        | 1.061        | 2.39        | 1.056        | 2.00        | 1.000        |
| 12.               | I am not afraid of things which have died                          | 2.51        | 1.173        | 2.68        | 1.146        | 2.00        | 1.000        |
| <b>Grand mean</b> |  | <b>2.47</b> | <b>1.122</b> | <b>2.60</b> | <b>1.076</b> | <b>1.89</b> | <b>0.885</b> |



**Table 11: Differences in the Attitude of Secondary School PHETs towards Fear of being Destroyed according to Age**

| Item  | $\bar{X}$   | SD           | $\bar{X}$   | SD           | $\bar{X}$   | SD           |
|---|-------------|--------------|-------------|--------------|-------------|--------------|
| 13. I would like to donate my body to science                             | 1.97        | 1.098        | 2.41        | 1.233        | 2.33        | 1.155        |
| 14. I do not want medical students using my body for practice after I die | 2.91        | 1.147        | 2.55        | 1.127        | 1.33        | .577         |
| 15. I do not like the thought of being cremated                           | 2.83        | .923         | 2.70        | 1.127        | 2.00        | 1.000        |
| 16. I do not want to donate my eyes after I die                           | 2.97        | 1.098        | 2.86        | 1.151        | 3.00        | 1.000        |
| <b>Grand mean</b>   | <b>2.67</b> | <b>1.067</b> | <b>2.63</b> | <b>1.161</b> | <b>2.17</b> | <b>0.933</b> |

**Table 12: Differences in the Attitude of Secondary School PHETs towards Fear of Significant Others according to Age**

| Item  | $\bar{X}$   | SD           | $\bar{X}$   | SD           | $\bar{X}$   | SD           |
|---|-------------|--------------|-------------|--------------|-------------|--------------|
| 17. I have a fear of people in my family dying  | 2.94        | .968         | 3.16        | .869         | 3.00        | 1.732        |
| 18. If the people I am very close to were to suddenly die, I would not suffer for a long time | 2.43        | 1.119        | 2.41        | 1.304        | 3.00        | 1.732        |
| 19. If I would die tomorrow, my family would be upset for a long time                         | 2.91        | 1.095        | 3.02        | .963         | 2.33        | 1.528        |
| 20. Since everyone dies, I won't be too upset when my friends die                             | 2.46        | .919         | 2.62        | 1.088        | 2.00        | 1.000        |
| 21. I sometimes get upset when acquaintances die  | 2.89        | .900         | 2.96        | .934         | 2.33        | 1.528        |
| 22. If I die, my friends would be upset for a long time                                       | 2.77        | 1.114        | 2.77        | .934         | 2.33        | 1.155        |
| <b>Grand mean</b>   | <b>2.73</b> | <b>1.019</b> | <b>2.82</b> | <b>1.015</b> | <b>2.50</b> | <b>1.446</b> |

**Table 13: Differences in the Attitude of Secondary School PHETs towards Fear of the Unknown according to Age**

| Item   | $\bar{X}$   | SD           | $\bar{X}$   | SD           | $\bar{X}$   | SD           |
|--|-------------|--------------|-------------|--------------|-------------|--------------|
| 23. I am not afraid that there is no afterlife             | 2.29        | 1.126        | 2.48        | 1.112        | 2.00        | 1.000        |
| 24. I am not afraid of meeting my creator                  | 3.20        | .964         | 3.05        | .999         | 2.33        | 1.528        |
| 25. I am afraid that death is the end of one's existence   | 2.31        | 1.255        | 2.52        | 1.095        | 2.33        | .577         |
| 26. I am afraid that there may not be a supreme being      | 2.26        | 1.094        | 2.38        | 1.229        | 2.33        | 1.528        |
| 27. No one can say, for sure, what will happen after death | 2.89        | 1.132        | 2.70        | 1.111        | 3.33        | .577         |
| <b>Grand mean</b>  | <b>2.59</b> | <b>1.114</b> | <b>2.63</b> | <b>1.109</b> | <b>2.50</b> | <b>1.042</b> |

**Table 14: Differences in the Attitude of Secondary School PHETs towards Fear of Conscious Death according to Age**

| Item   | $\bar{X}$   | SD           | $\bar{X}$   | SD           | $\bar{X}$   | SD           |
|--|-------------|--------------|-------------|--------------|-------------|--------------|
| 28. There are probably many people pronounced dead that are really still alive | 2.86        | .912         | 2.73        | 1.053        | 2.33        | 1.528        |
| 29. I am not afraid of being buried alive                                      | 1.71        | 1.017        | 2.11        | 1.123        | 1.33        | .577         |
| 30. People should have autopsies to ensure that they are dead                  | 2.66        | 1.110        | 2.80        | .883         | 2.33        | .577         |
| 31. It does not scare me to think I may be conscious while lying in a morgue   | 2.43        | 1.008        | 2.61        | 1.056        | 2.00        | 1.000        |
| 32. I hope more than one doctor examines me before I am pronounced dead        | 3.06        | .906         | 3.05        | .923         | 2.67        | .577         |
| <b>Grand mean</b>  | <b>2.54</b> | <b>0.991</b> | <b>2.66</b> | <b>1.008</b> | <b>2.13</b> | <b>0.852</b> |

**Table 15: Differences in the Attitude of Secondary School PHETs towards Fear of Body after Death according to Age**

| Item   | $\bar{X}$   | SD           | $\bar{X}$   | SD           | $\bar{X}$   | SD           |
|--|-------------|--------------|-------------|--------------|-------------|--------------|
| 33. I am not afraid of my body being disfigured when I die                 | 2.83        | 1.043        | 2.09        | 1.133        | 2.33        | 1.528        |
| 34. I dread the thought of my body being embalmed someday                  | 2.49        | .919         | 2.75        | .899         | 2.33        | 1.528        |
| 35. The thought of my body never being found after I die scares me         | 2.71        | 1.152        | 2.63        | 1.037        | 3.00        | 1.000        |
| 36. It doesn't matter whether I am buried in a wooden box or a steel vault | 3.00        | 1.057        | 3.04        | .914         | 2.33        | 1.155        |
| 37. The thought of being locked in a coffin after I die scares me          | 2.09        | .951         | 2.39        | 1.073        | 2.00        | 1.000        |
| 38. The thought of my body decaying after I die does not scare me          | 2.86        | 1.141        | 2.68        | 1.081        | 2.33        | .577         |
| <b>Grand mean</b>  | <b>2.66</b> | <b>1.044</b> | <b>2.60</b> | <b>1.023</b> | <b>2.39</b> | <b>1.131</b> |

**Table 16: Differences in the Attitude of Secondary School PHETs towards Fear of Premature Death according to Age**

| Item   | $\bar{X}$   | SD           | $\bar{X}$   | SD           | $\bar{X}$   | SD           |
|--|-------------|--------------|-------------|--------------|-------------|--------------|
| 39. I have a fear of not accomplishing my goals in life before dying   | 2.69        | 1.207        | 2.93        | .0970        | 2.00        | .000         |
| 40. I am afraid I will not live long enough to enjoy my retirement     | 2.26        | 1.336        | 2.57        | 1.189        | 2.33        | 1.528        |
| 41. I am afraid I will not have time to experience everything I desire | 2.29        | 1.073        | 2.61        | .947         | 3.00        | .000         |
| 42. I am afraid I may never see my children grow up                    | 2.29        | 1.250        | 2.61        | 1.275        | 4.00        | .000         |
| <b>Grand mean</b>  | <b>2.38</b> | <b>1.217</b> | <b>2.68</b> | <b>0.877</b> | <b>2.83</b> | <b>0.382</b> |

|                           |             |              |             |              |             |              |
|---------------------------|-------------|--------------|-------------|--------------|-------------|--------------|
| <b>OVERALL GRAND MEAN</b> | <b>2.58</b> | <b>0.954</b> | <b>2.65</b> | <b>1.054</b> | <b>2.32</b> | <b>0.961</b> |
|---------------------------|-------------|--------------|-------------|--------------|-------------|--------------|

Results in Tables above, show the differences in the attitude of secondary school physical and health education teachers towards death according to age. Data in Table 9 revealed that Young Adults (20-30) with  $\bar{x}=2.63$  and Middle Adults (31-50) with  $\bar{x}=2.56$  have negative attitude towards fear of dying while the Old Adults (51+) with  $\bar{x}=2.22$  do not. Data in Table 10 revealed that Old Adults (51+) with  $\bar{x}=1.89$  have positive attitude towards fear of the dead while Young Adults (20-30) with  $\bar{x}=2.50$  and Middle Adults (31-50) with  $\bar{x}=2.60$  do not. Data in Table 11 revealed that both Young Adults (20-30) with  $\bar{x}=2.67$  and Middle Adults (31-50) with  $\bar{x}=2.63$  have negative attitude towards fear of being destroyed while the Old Adults (51+) with  $\bar{x}=2.17$  do not. Data in Table 12 revealed that the Old Adults (51+) with  $\bar{x}=2.50$  as well as Young Adults (20-30) with  $\bar{x}=2.73$  and Middle Adults (31-50) with  $\bar{x}=2.82$  have negative attitude towards fear of significant others. However, data in Table 13 revealed that the Young Adults (20-30) with  $\bar{x}=2.59$  and Middle Adults (31-50) with  $\bar{x}=2.63$  as well as the Old Adults (51+) with  $\bar{x}=2.50$  have negative attitude towards fear of the unknown. Data in Table 14 revealed that Old Adults (51+) with  $\bar{x}=2.13$  have positive attitude towards fear of conscious death while both the Young Adults (20-30) with  $\bar{x}=2.54$  and Middle Adults (31-50) with  $\bar{x}=2.66$  have not. Furthermore, data in Table 15 revealed that both the Young Adults (20-30) with  $\bar{x}=2.66$  and Middle Adults (31-50) with  $\bar{x}=2.60$  have negative attitude towards fear of the body after death while the Old Adults (51+) with  $\bar{x}=2.39$  do not. Finally, data in Table 16 revealed that Young Adults (20-30) with  $\bar{x}=2.38$  have positive attitude towards fear of premature death while the Middle Adults (31-50) with  $\bar{x}=2.68$  and Old Adults (51+) with  $\bar{x}=2.83$  have negative attitude.

In general, the overall grand mean scores of 2.58 of Young Adults (20-30) and 2.65 of Middle Adults (31-50) show that secondary school physical and health education teachers between the ages 20-30 and 31-50 years have negative attitude towards death since their overall grand mean is greater than the criterion mean of 2.50 while the Old Adults (51+) have positive attitude since their grand mean of 2.32 is less than the criterion mean of 2.50.

### Research question 10.

What is the difference in the attitude of secondary school physical and health education teachers towards death according to gender? Data answering the above question are contained in Tables below.

### Difference in the Attitude of Secondary School PHETs towards Death according to Gender (n= 94)

| Item   | Male (n=51) |              | Female (n=42) |              |
|--|-------------|--------------|---------------|--------------|
|  | $\bar{x}$   | SD           | $\bar{x}$     | SD           |
| 1. I am afraid of dying slowly                                     | 2.43        | 1.237        | 2.84          | 1.290        |
| 2. I am not afraid of dying in a fire                              | 2.06        | 1.139        | 2.56          | 1.315        |
| 3. I am not afraid of experiencing a great deal of pain when I die | 2.51        | 1.120        | 2.40          | 1.116        |
| 4. I am afraid of dying of cancer                                  | 3.12        | 1.032        | 2.86          | 1.187        |
| 5. I have fear of suffocating (including drowning)                 | 2.59        | 1.186        | 2.72          | 1.221        |
| 6. I do not have a fear of dying violently                         | 2.49        | 1.049        | 2.35          | 1.089        |
| <b>Grand mean</b>  | <b>2.53</b> | <b>1.127</b> | <b>2.62</b>   | <b>1.203</b> |

**Table 18: Differences in the Attitude of Secondary School PHETs towards Fear of the Dead according to Gender**

| Item   | Male (n=51) |              | Female (n=42) |              |
|--|-------------|--------------|---------------|--------------|
|  | $\bar{x}$   | SD           | $\bar{x}$     | SD           |
| 7. I do not dread visiting a funeral home                              | 2.55        | 1.137        | 2.77          | 1.088        |
| 8. Touching a corpse would bother me                                   | 2.12        | 1.052        | 2.72          | .984         |
| 9. Discovering a dead body would be a horrifying experience            | 2.57        | 1.082        | 2.93          | 1.055        |
| 10. I would not be afraid to walk through a graveyard, alone, at night | 2.78        | 1.045        | 2.42          | 1.180        |
| 11. It would bother me to remove a dead animal from the road           | 2.20        | 1.077        | 2.16          | 1.090        |
| 12. I am not afraid of things which have died                          | 2.63        | 1.131        | 2.56          | 1.181        |
| <b>Grand mean</b>  | <b>2.57</b> | <b>1.087</b> | <b>2.60</b>   | <b>1.096</b> |

**Table 19: Differences in the Attitude of Secondary School PHETs towards Fear of being Destroyed according to Gender**

| Item  | Male (n=51) |              | Female (n=42) |              |
|---|-------------|--------------|---------------|--------------|
|   | $\bar{x}$   | SD           | $\bar{x}$     | SD           |
| 13. I would like to donate my body to science                             | 2.31        | 1.241        | 2.16          | 1.132        |
| 14. I do not want medical students using my body for practice after I die | 2.59        | 1.080        | 2.72          | 1.241        |
| 15. I do not like the thought of being cremated                           | 2.76        | 1.069        | 2.67          | 1.040        |
| 16. I do not want to donate my eyes after I die                           | 2.96        | 1.038        | 2.84          | 1.214        |
| <b>Grand mean</b>   | <b>2.66</b> | <b>1.107</b> | <b>2.60</b>   | <b>1.157</b> |

**Table 20: Differences in the Attitude of Secondary School PHETs towards Fear of Significant Others according to Gender**

| Item   | $\bar{X}$   | SD           | $\bar{X}$   | SD           |
|--|-------------|--------------|-------------|--------------|
| 17. I have a fear of people in my family dying   | 3.00        | .917         | 3.16        | .949         |
| 18. If the people I am very close to are to suddenly die, I would not suffer for a long time | 2.51        | 1.286        | 2.35        | 1.193        |
| 19. If I would die tomorrow, my family would be upset for a long time                        | 2.82        | 1.072        | 3.12        | .956         |
| 20. Since everyone dies, I won't be too upset when my friends die                            | 2.57        | 1.025        | 2.51        | 1.032        |
| 21. I sometimes get upset when acquaintances die   | 2.82        | .932         | 3.02        | .938         |
| 22. If I die, my friends would be upset for a long time                                      | 2.43        | 1.005        | 3.14        | .861         |
| <b>Grand mean</b>  | <b>2.69</b> | <b>1.040</b> | <b>2.88</b> | <b>0.988</b> |

**Table 21: Differences in the Attitude of Secondary School PHETs towards Fear of the Unknown according to Gender**

| Item   | $\bar{X}$   | SD           | $\bar{X}$   | SD           |
|--|-------------|--------------|-------------|--------------|
| 23. I am not afraid that there is no afterlife             | 2.41        | 1.043        | 2.37        | 1.196        |
| 24. I am not afraid of meeting my creator                  | 3.00        | .980         | 3.19        | 1.029        |
| 25. I am afraid that death is the end of one's existence   | 2.37        | 1.148        | 2.51        | 1.142        |
| 26. I am afraid that there may not be a supreme being      | 2.55        | 1.137        | 2.07        | 1.183        |
| 27. No one can say, for sure, what will happen after death | 2.57        | 1.082        | 3.05        | 1.090        |
| <b>Grand mean</b>  | <b>2.58</b> | <b>1.078</b> | <b>2.64</b> | <b>1.128</b> |

**Table 22: Differences in the Attitude of Secondary School PHETs towards Fear of Conscious Death according to Gender**

| Item   | $\bar{X}$   | SD           | $\bar{X}$   | SD           |
|--|-------------|--------------|-------------|--------------|
| 28. There are probably many people pronounced dead that are really still alive | 2.75        | 1.055        | 2.79        | .965         |
| 29. I am not afraid of being buried alive                                      | 1.98        | 1.086        | 1.88        | 1.096        |
| 30. People should have autopsies to ensure that they are dead                  | 2.55        | 1.006        | 2.95        | .872         |
| 31. It does not scare me to think I may be conscious while lying in a morgue   | 2.57        | 1.044        | 2.47        | 1.032        |
| 32. I hope more than one doctor examines me before I am pronounced dead        | 2.82        | .910         | 3.30        | .832         |
| <b>Grand mean</b>  | <b>2.53</b> | <b>1.020</b> | <b>2.68</b> | <b>0.959</b> |

**Table 23: Differences in the Attitude of Secondary School PHETs towards Fear of Body after Death according to Gender**

| Item   | Male        |              | Female      |              |
|--|-------------|--------------|-------------|--------------|
|  | $\bar{X}$   | SD           | $\bar{X}$   | SD           |
| 33. I am not afraid of my body being disfigured when I die                 | 2.27        | 1.185        | 2.49        | 1.121        |
| 34. I dread the thought of my body being embalmed someday                  | 2.45        | .923         | 2.86        | .889         |
| 35. The thought of my body never being found after I die scares me         | 2.69        | 1.068        | 2.65        | 1.089        |
| 36. It doesn't matter whether I am buried in a wooden box or a steel vault | 2.96        | .937         | 3.05        | 1.022        |
| 37. The thought of being locked in a coffin after I die scares me          | 2.31        | 1.068        | 2.21        | .989         |
| 38. The thought of my body decaying after I die does not scare me          | 2.67        | 1.089        | 2.81        | 1.097        |
| <b>Grand mean</b>  | <b>2.56</b> | <b>1.045</b> | <b>2.68</b> | <b>1.035</b> |

**Table 24: Differences in the Attitude of Secondary School PHETs towards Fear of Premature Death according to Gender**

| Item   | Male         |              | Female       |              |
|--|--------------|--------------|--------------|--------------|
|  | $\bar{X}$    | SD           | $\bar{X}$    | SD           |
| 39. I have a fear of not accomplishing my goals in life before dying   | 2.82         | 1.034        | 2.79         | 1.103        |
| 40. I am afraid I will not live long enough to enjoy my retirement     | 2.39         | 1.234        | 2.51         | 1.279        |
| 41. I am afraid I will not have time to experience everything I desire | 2.45         | .923         | 2.56         | 1.076        |
| 42. I am afraid I may never see my children grow up                    | 2.51         | 1.255        | 2.56         | 1.315        |
| <b>Grand mean</b>  | <b>2.543</b> | <b>1.112</b> | <b>2.605</b> | <b>1.193</b> |
| <b>OVERALL GRAND MEAN</b>  | <b>2.60</b>  | <b>1.077</b> | <b>2.70</b>  | <b>1.095</b> |

Results from Tables above, show the differences in the attitude of secondary school physical and health education teachers towards death according to gender. Data in Table 17 revealed that both male and female secondary school physical and health education teachers have negative attitude towards fear of dying (Male with  $\bar{x}=2.53$  and Female with  $\bar{x}=2.62$ ); Data in Table 18 revealed that both male and female secondary school physical and health education teachers have negative attitude towards fear of the dead (Male with  $\bar{x}=2.57$  and Female with  $\bar{x}=2.60$ ); Data in Table 19 revealed that both male and female secondary school physical and health education teachers have negative attitude towards fear of being destroyed (Male with  $\bar{x}=2.66$  and Female with  $\bar{x}=2.60$ ); Data in Table 20 revealed that both male and female secondary school physical and health education teachers have negative attitude towards fear of significant others (Male with  $\bar{x}=2.69$  and Female with  $\bar{x}=2.88$ ); Data in Table 21 revealed that both male and female secondary school physical and health education teachers have negative attitude towards fear of the unknown (Male with  $\bar{x}=2.58$  and Female with  $\bar{x}=2.64$ ); Data in Table 22 revealed that both male and female secondary school physical and health education teachers have negative attitude towards fear of conscious death (Male with  $\bar{x}=2.53$  and Female with  $\bar{x}=2.68$ ); Data in Table 23 revealed that both male and female secondary school physical and health education teachers have negative attitude towards fear of the body after death (Male with  $\bar{x}=2.56$  and Female with  $\bar{x}=2.68$ ) and Data in Table 24 revealed that both male and female secondary school physical and health education teachers have negative attitude towards fear of premature death (Male with  $\bar{x}=2.60$  and Female with  $\bar{x}=2.70$ ) since their grand mean score is greater than the criterion mean of 2.50.

In general, the overall grand mean of 2.60 (Male) and 2.70 (Female) reveal that secondary school physical and health education teachers have negative attitude towards death since their overall grand mean is greater than the criterion mean of 2.50.

### Hypothesis One.

There is no significant difference on the attitude of secondary school physical and health education teachers towards death according to age. Data testing the above hypothesis are contained in Table 25.

Table 25

### Summary of ANOVA Analysis of No Significant Difference on the Attitude of Secondary School Physical and Health Education Teachers towards Death according to Age.

#### ANOVA

|                            |                | Sum of squares | d.f. | Mean square | F-cal | p-value     |
|----------------------------|----------------|----------------|------|-------------|-------|-------------|
| Fear of Dying              | Between Groups | 17.725         | 2    | 8.863       | .780  | .461        |
|                            | Within Groups  | 1033.392       | 91   | 11.356      |       |             |
|                            | Total          | 1051.117       | 93   |             |       |             |
| Fear of the Dead           | Between Groups | 59.653         | 2    | 29.826      | 2.591 | .080        |
|                            | Within Groups  | 1047.624       | 91   | 11.512      |       |             |
|                            | Total          | 1107.277       | 93   |             |       |             |
| Fear of Being Destroyed    | Between Groups | 11.266         | 2    | 5.633       | .743  | .479        |
|                            | Within Groups  | 690.192        | 91   | 7.585       |       |             |
|                            | Total          | 701.457        | 93   |             |       |             |
| Fear of Significant Others | Between Groups | 15.186         | 2    | 7.593       | 1.123 | .330        |
|                            | Within Groups  | 615.239        | 91   | 6.761       |       |             |
|                            | Total          | 630.426        | 93   |             |       |             |
| Fear of the Unknown        | Between Groups | 2.227          | 2    | 1.113       | .137  | .872        |
|                            | Within Groups  | 738.677        | 91   | 8.117       |       |             |
|                            | Total          | 740.904        | 93   |             |       |             |
| Fear of Conscious Death    | Between Groups | 24.351         | 2    | 12.176      | 1.575 | .213        |
|                            | Within Groups  | 703.649        | 91   | 7.732       |       |             |
|                            | Total          | 728.000        | 93   |             |       |             |
| Fear of Body after Death   | Between Groups | 9.073          | 2    | 4.537       | .577  | .564        |
|                            | Within Groups  | 715.352        | 91   | 7.861       |       |             |
|                            | Total          | 724.426        | 93   |             |       |             |
| Fear of Premature Death    | Between Groups | 34.407         | 2    | 17.203      | 1.657 | .196        |
|                            | Within Groups  | 944.838        | 91   | 10.383      |       |             |
|                            | Total          | 979.245        | 93   |             |       |             |
| <b>Overall p-value</b>     |                |                |      |             |       | <b>.399</b> |





From Table 26 above, the p-value for each of the dimensions of death fear 1, 2, 3, 5, 6, 7 and 8 is greater than .05 level of significance. Therefore, the null hypothesis that there is no significant difference on the attitude of secondary school physical and health education teachers towards death according to gender is accepted while that of dimension 4 with p-value =0.033 is rejected since the p-value is less than .05 level of significance. This means that gender does not statistically determine attitude of secondary school physical and health education teachers towards fear of significant others. Finally, the overall p-value =0.409 is greater than 0.05 level of significance. This implies that the null hypothesis that there is no significant difference on the attitude of secondary school physical and health education teachers towards death is accepted.

### **Summary of Major Findings**

The major findings of the study from the data analyzed that:

1. Secondary school physical and health education teachers have negative attitude towards fear of dying with the overall grand mean of 2.58 and criterion mean of 2.50 (Table 1)
2. Secondary school physical and health education teachers have negative attitude towards fear of the dead with the overall grand mean of 2.53 and criterion mean of 2.50 (Table 2)
3. Secondary school physical and health education teachers have negative attitude towards fear of being destroyed with the overall grand mean of 2.63 and criterion mean of 2.50 (Table 3)
4. Secondary school physical and health education teachers have negative attitude towards fear of significant others with the overall grand mean of 2.79 and criterion mean of 2.50 (Table 4)
5. Secondary school physical and health education teachers have negative attitude towards fear of the unknown with the overall grand mean of 2.61 and criterion mean of 2.50 (Table 5)
6. Secondary school physical and health education teachers have negative attitude towards fear of conscious death with the overall grand mean of 2.60 and criterion mean of 2.50 (Table 6)

7. Secondary school physical and health education teachers have negative attitude towards fear of body after death with the overall grand mean of 2.61 and criterion mean of 2.50 (Table 7)
8. Secondary school physical and health education teachers have negative attitude towards fear of premature death with the overall grand mean of 2.59 and criterion mean of 2.50 (Table 8)
9. The Young and Middle Age Adults of secondary school physical and health education teachers have negative attitude towards death while the Old Adults have positive attitude with overall grand mean of 2.32. (Young Adult 2.58 and Middle Adults 2.65 > criterion mean 2.50 while Old Adults 2.32 < criterion mean 2.50) (Table 9).
10. Both male and female secondary school physical and health education teachers have negative attitude towards death with overall grand mean of 2.6 for males and 2.7 of female against criterion mean of 2.50.
11. There is no significant difference on the attitude of secondary school physical and health education teachers towards death according to age since the overall p-value of .399 is greater than .05 level of significance.
12. There is no significant difference on the attitude of secondary school physical and health education teachers towards death according gender since the overall p-value of .409 is greater than .05 level of significance.

### **Discussion of Findings**

The findings of the study are hereby discussed under the following headings which represent the major themes that were investigated.

1. Dimensions of death fears
2. Age differences on the attitude towards death
3. Gender differences on the attitude towards death

#### **Dimensions of death fears**

Result in Table 1 indicated that secondary school physical and health teachers (PHETs) have negative attitude towards fear of dying generally. Though, they generally

showed negative attitude towards fear of dying, their attitude were not totally negative because they showed positive attitude in two items of fear of dying which include: (2). I am not afraid of dying in a fire ( $\bar{x}=2.29$ ) and (6). I do not have fear of dying violently ( $\bar{x}=2.43$ ). These findings were not surprising but expected as Iranmanash, Stevenstedt and Abbaszadeh (2008) had earlier stated that fear which could influence attitude either positively or negatively are unnatural and could be transferred from person to person. Similarly, result in Table 2 also revealed that secondary school PHETs generally, have negative attitude towards fear of the dead. Their attitudes were not totally negative because they showed positive attitudes in two items of fear of the dead which include: (8) Touching a corpse would bother me ( $\bar{x}=2.39$ ) and (11) It would bother me to remove a dead animal from the road ( $\bar{x}=2.18$ ). The finding was not surprising but expected in line with Gerry (2005) who noted that people hold bias feelings towards death because of fear of reincarnation and reappearance of the dead person in spirit forms before the livings. This no doubt could be responsible for peoples' negative attitude towards fear of the dead.

Result in Table 3 indicated that secondary school PHETs have negative attitude towards fear of being destroyed generally. Though they generally showed negative attitude towards fear of being destroyed, their attitude were not totally negative because they showed positive attitude in one item of fear of being destroyed which is: (13). I would like to donate my body to science ( $\bar{x}=2.24$ ). The finding was not surprising but expected as had earlier posited by Samiha, Khaled and Jafar (2010) that most people would plan and prepare on the type of treatment and care their body will receive when they die. As seen in our society today, most wealthy people do plan and arrange their funerals while still alive including the type of care that would be given to the corps. The reasons could be traced that they would not allow their corps to be carelessly handled or destroyed after death. Result in Table 4 also revealed that secondary school PHETs generally, have negative attitude towards fear of significant others. Their attitudes were not totally negative because they showed positive attitude in one item of fear of significant others which is: (18). If the people I am very close to were to suddenly die, I would not suffer for a long time ( $\bar{x}=2.44$ ). The finding was not surprising but expected in

line with Abdel-Khalek and Al-Kandari (2006) who stated that human beings are mortal but our legacy are immortal. We live life to make impact in other peoples' lives. Their negative attitude towards fear of significant others could be linked with one's role in another person's life. It is believed that when one dies, no other person could assume his roles especially in the family settings. This could be responsible for negative attitude of the subjects towards fear of significant others.

Result in Table 5 indicated that secondary school PHETs generally have negative attitude towards fear of the unknown. It was revealed that their attitudes were not totally negative towards fear of the unknown because they showed positive attitudes in three items of fear of the unknown which include: (23). I am not afraid that there is no afterlife ( $\bar{x}=2.39$ ); (25). I am afraid that death is the end of one's existence ( $\bar{x}=2.44$ ) and (26). I am afraid that there may not be a supreme being ( $\bar{x}=2.33$ ). The finding was not surprising but expected. The findings agreed with that of Durosaro (1996) who recognizing the complexity of death fear conducted a study on the attitude of Nigerian women towards dimensions of death and concluded that people hold negative attitude towards death because no one knows what happens to life when death is pronounced. Similarly, result in Table 6 indicated that generally, secondary school PHETs have negative attitude towards fear of conscious death. Though they generally showed negative attitudes towards fear of conscious death, their attitude were not totally negative because they showed positive attitude in one item of fear of conscious death which is: (29). I am not afraid of being buried alive ( $\bar{x}=1.94$ ). The finding was not surprising but expected as has earlier noted by Steginga, Dunn, Dewar, McCarthy, Yates and Beadle (2005) who conducted a study on the impact of intensive nursing education course on nurses' knowledge, confidence, attitude and perceived skills in the care of patients with cancer. It was revealed that every one holds negative attitude towards conscious death. Only the hopeless commits suicide.

However, result in Table 7 indicated that secondary school PHETs have negative attitude towards fear of body after death. It was observed that their attitude were not totally negative towards fear of body after death because they showed positive attitude in two items of fear of body after death which include: (33). I am not afraid of my body being disfigured when I die ( $\bar{x}=2.37$ ) and (37). Thought of being locked in a coffin after I

die scares me ( $\bar{x}=2.27$ ). The finding was not surprising but expected. It is therefore, not surprising because as Deffner and Bell (2005) noted that death fears are not instinctive, they exist because our culture may have created fearful meaning and ascribed them to death. It may not also be surprising that the fear is not total because the subjects may have developed their own philosophical and religious beliefs which might have defined their reactions to death fears.

Finally, result in Table 8 indicated that secondary school PHETs generally had negative attitudes towards fear of premature death. The finding was not surprising but expected as Iranmanash, Stevenstedt and Abbaszadeh (2008) had earlier stated that fear which could influence attitude either positively or negatively are unnatural and could be transferred from person to person. The Nigerian culture to which secondary school physical and health education teachers belong have not yet at academic or discussion level learn to be free and comfortable with death fears and death related issues.

It is possible that the subjects showed positive attitudes in some items of fear of dying (2, 6); fear of the dead (8, 11); fear of being destroyed (13); fear of significant others (18); fear of the unknown (23, 26); fear of conscious death (29) and fear of body after death (33, 37) respectively because they may not have being exposed to all the horrors of death fears. Samiha, Khaled and Jafar (2010) had earlier posited that since the concept of death is in the future, it seems more likely to elicit fear than in the dying process. These no doubt could be responsible for the positive attitude of the subjects on some of the items in fear of being destroyed; fear of significant others; fear of the unknown; and fear of conscious death as well as fear of body after death, the subjects may hope on the existence after death and the type of care the people take of corpse that is laying in state. Anybody that has lost its quality may be buried immediately. Therefore, the subjects may not be so worried about their own body. The subject showed no positive attitudes in all the items in fear of premature death. This could be due to the fact that people due think of death, it may not be out of place not to talk about premature death and fears.

### **Age differences on the attitude towards death.**

Research question 9 sought to determine the differences on the attitude of secondary school physical and health education teachers towards death according to age and Hypothesis One tested if there were significant differences on the attitude of secondary school PHETs towards death according to age. Data in Table 9 revealed that there were differences on the attitude of Young Adults (YA), Middle Adult (MA) and Old Adult (OA) of secondary school PHETs attitudes towards fear of dying with YA ( $\bar{x}=2.63$ ); MA ( $\bar{x}=2.56$ ) and OA ( $\bar{x}=2.22$ ). Data in Table 10 revealed that there were differences on the attitude of Young Adults (YA), Middle Adult (MA) and Old Adult (OA) of secondary school PHETs attitudes towards fear of the dead with YA ( $\bar{x}=2.50$ ); MA ( $\bar{x}=2.60$ ) and OA (1.89). Data in Table 11 revealed that there were differences on the attitude of Young Adults (YA), Middle Adult (MA) and Old Adult (OA) of secondary school PHETs attitudes towards fear of being destroyed with YA ( $\bar{x}=2.67$ ); MA ( $\bar{x}=2.63$ ) and OA ( $\bar{x}=2.17$ ). Data in Table 12 revealed that there were differences on the attitude of Young Adults (YA), Middle Adult (MA) and Old Adult (OA) of secondary school PHETs attitudes towards fear of significant others with YA ( $\bar{x}=2.73$ ); MA ( $\bar{x}=2.82$ ) and OA ( $\bar{x}=2.50$ ). Data in Table 13 revealed that there were differences on the attitude of Young Adults (YA), Middle Adult (MA) and Old Adult (OA) of secondary school PHETs attitudes towards fear of the unknown with YA ( $\bar{x}=2.59$ ); MA ( $\bar{x}=2.63$ ) and OA ( $\bar{x}=2.50$ ). Data in Table 14 revealed that there were differences on the attitude of Young Adults (YA), Middle Adult (MA) and Old Adult (OA) of secondary school PHETs attitudes towards fear of conscious death with YA ( $\bar{x}=2.54$ ); MA ( $\bar{x}=2.66$ ) and OA ( $\bar{x}=2.13$ ). Data in Table 15 revealed that there were differences on the attitude of Young Adults (YA), Middle Adult (MA) and Old Adult (OA) of secondary school PHETs attitudes towards fear of body after death with YA ( $\bar{x}=2.66$ ); MA ( $\bar{x}=2.60$ ) and OA ( $\bar{x}=2.39$ ). Finally, data in Table 16 revealed that there were differences on the attitude of Young Adults (YA), Middle Adult (MA) and Old Adult (OA) of secondary school PHETs attitudes towards fear of premature death with YA ( $\bar{x}=2.58$ ); MA ( $\bar{x}=2.65$ ) and OA ( $\bar{x}=2.32$ ). These differences were not significant since the overall

grand mean of 2.58 of YA (20-30) and 2.65 of MA (31-50) are above criterion mean of 2.50 indicating negative attitude and  $\bar{x}=2.32$  of OA (51+) indicating positive attitude.

Results in Table 25 tested the null Hypothesis that there were no significant differences on the attitude of secondary school PHETs towards death according to age. The findings revealed that there were differences on the attitude of the subjects towards death according to age but the differences were not statistically significant since the overall p-value of .399 is greater than .05 level of significance. Therefore, age does not statistically determine the attitude of the subjects towards death.

These findings on the age differences on the attitudes of the subjects were not surprising but expected in line with Deffner and Bell (2005) postulations that different age groups varied on their attitude towards death. The differences also supported the opinion of Abdel-Khalek and Al-Kandari (2007) that age bracket is spared by the effect of death. It is possible that the relative high level of negative attitudes towards dimensions of death fears among the YA (20-30) and MA (31-50) could be because death is more threatening to them since they have more to lose if they die now. The reason for the high positive attitudes of OA (51+) could be that they have had a lot of death experiences, achieved a lot in life and had also accomplished much of their missions on earth; and therefore have nothing to lose or fear for if death occurs.

Another reason for high level of negative attitude of YA (20-30) and MA (31-50) could be that they may not even have had time to think of death let alone developing fear for it. Due to their age bracket, they may think that they are still developing and ready to move from one stage of development to another. It could also be that they are highly optimistic at this age with a lot of positive imaginations of futuristic achievements, so they may hardly perceive events as fearful. As Kinlaw and Dixon (1980) had earlier noted that Young and Middle adults cannot view their life experiences with feelings of satisfaction and accomplishment as such cannot but hold some fears about death. Since they are still young and highly productive, it is not surprising that they hold negative attitudes towards death.

As had earlier been stated, secondary school PHETs especially the young and middle aged adults who see themselves as physically fit, healthy and vibrant individuals hardly think of death. It is possible that they may deny death or even fail to finalize their



philosophy about mortality and so, for them, it may be out of place to think of, talk about or even accept fear of premature death, let alone developing some fears for it. The findings that death attitudes becomes more positive as the ages of the individual increases agreed with the findings of Lamb (1980), Stevens, Cooper and Thomas (1980) and Abdel-Khalek and Al-Kandari (2007). Lamb (1980) reported that age is a demographic variable capable of affecting the responses of people to questionnaire on death related behaviours. Stevens, Cooper and Thomas (1980) noted that age contributed significantly to variances in death fears. Abdel-Khalek and Al-Kandari (2007) submitted that the older adults had lower death fears than the younger age groups. The agreement was possible probably because the subjects may have had similar experiences and exposures within their respective age groups. It could also be possible that the differences on the attitude of the subjects towards death as regards to age could be attributed to differences in their environments and the varying experiences they had in their different geographical areas.

#### **Gender differences on the attitude towards death.**

Research question 10 sought to determine the differences on the attitude of secondary school physical and health education teachers towards death according to gender and Hypothesis Two tested if there were significant differences on the attitude of secondary school PHETs towards death according to gender. Data in Table 17 revealed that there were differences on the attitude of male and female secondary school PHETs towards fear of dying with male ( $\bar{x}=2.53$ ) and female ( $\bar{x}=2.62$ ). Data in Table 18 revealed that there were differences on the attitude of male and female secondary school PHETs towards fear of the dead with male ( $\bar{x}=2.57$ ) and female ( $\bar{x}=2.60$ ). Data in Table 19 revealed that there were differences on the attitude of male and female secondary school PHETs towards fear of being destroyed with male ( $\bar{x}=2.66$ ) and female ( $\bar{x}=2.68$ ). Data in Table 20 revealed that there were differences on the attitude of male and female secondary school PHETs towards fear of significant others with male ( $\bar{x}=2.69$ ) and female ( $\bar{x}=2.88$ ). Data in Table 21 revealed that there were differences on the attitude of male and female secondary school PHETs towards fear of the unknown with male ( $\bar{x}=2.58$ ) and female ( $\bar{x}=2.64$ ). Data in Table 22 revealed that there were differences on

the attitude of male and female secondary school PHETs towards fear of conscious death with male ( $\bar{x}=2.53$ ) and female ( $\bar{x}=2.68$ ). Data in Table 23 revealed that there were differences on the attitude of male and female secondary school PHETs towards fear of body after death with male ( $\bar{x}=2.56$ ) and female ( $\bar{x}=2.68$ ). Finally, Data in Table 24 revealed that there were differences on the attitude of male and female secondary school PHETs towards fear of premature death with male ( $\bar{x}=2.60$ ) and female ( $\bar{x}=2.70$ ). These differences were not statistically significant since the overall grand mean of 2.60 of male and 2.70 of female are above criterion mean of 2.50 indicating negative attitude.

Result in Table 26 revealed that there is differences on the attitude of secondary school PHETs towards death according to gender but the differences were not statistically significant since the overall p-value of .409 is greater than .05 level of significance. The female secondary school physical and health education teachers showed more negative attitude towards death fears than their male counterparts. It was found in the present study that the negative attitude of the subjects towards dimensions of death fear were not total but mixed. The males showed positive attitude in items 1 and 2 of fear of dying while the females were negative. The females showed positive attitude in item 10 of fear of the dead while the males were negative.

The surprising finding was that females had higher grand mean scores than males on fear of dying, fear of the dead, fear of significant others, fear of the unknown, fear of conscious death, fear of body after death and fear of premature death excluding fear of being destroyed as shown above indicating higher negative attitude of the female towards death. The reason could be attributed to cultural norms of the subjects which confers the responsibility of handling and preparing of dead bodies for burial by men. This could have helped the male to build some levels of confidence and braveness towards death fears and may have accounted for the surprising finding of females having higher negative attitude towards death than the males.

These differences in gender are not surprising but expected considering the traditional gender role of the respondents. Cultural influences on the teachers' socializations are definitely found in distinctions that appear to be correlated with gender role. The responses of the subjects could be said to have reflected the prevailing cultural tendency towards death denial, aversion or avoidance. The subjects may have also fallen

into their various categories of gender stereotypic attitudes which have direct or indirect consequences on the way each sex may have viewed death and expressed those views. Males are encouraged to be less expressive than females in areas of internal lives, including their feelings concerning death.

However, these variations in findings might have prompted McCaughan and Parahoo (2000) submission that before instructional programmes on death and death related concepts are formally introduced in schools, it is important to examine participants' prevailing death attitudes. The differences in the findings could also be attributed to cultural influence on peoples' roles. Though they show no significant difference, the minor differences so far observed are as has earlier been stated could be viewed as normal since in Nigeria culture, women are generally regarded and treated as weaker sex. They are, therefore, culturally expected to show fear in situations where the males play "the man role". Though these gender roles vary from culture to culture, it does seem that when gender is isolated as a correlate of death attitude, it is likely to portray the female gender as weaker than the male, the multiple nature of Nigerian culture notwithstanding.

Another reason for no significant difference on the male and female attitudes towards death could be that, the subjects had the same course of study and area of specialization in higher institutions. Besides, the female teachers may have been influenced by the recent slogan that "what a man can do; a woman can do even better" and as they are teachers in the converging centres of various cultural norms, schools, the female may most likely be compelled to compete favourably with the male counterparts. These circumstances may have contributed greatly to the non-significant differences reported in the present study. The little differences indicated on gender could be attributed to the original cultural influence on peoples' roles as either male or females. A significant gender difference may have been reported if the populations were of diverse cultural differences.

Part of the findings that females had more negative attitudes towards death corresponded mostly with the findings of Lamb (1980), Myers, Wass and Morphey (1980), Stevens, Cooper and Thomas (1980), Okafor (1993) and Abdel-Khalek and Al-Kandari (2006) who reported in their studies that females had more negative attitudes

towards death than males. These agreements could be attributed to gender roles in schools and homes. Okafor's findings may be attributed to the two studies being conducted in the same Nigerian setting. While Okafor carried out his own study on the attitude of undergraduate students towards death, the present study was on the attitude of secondary school physical and health education teachers towards death both in the same eastern states of Nigeria.

The findings of the present study also corresponded partially with the findings of Durosaro (1996) and Abdel-Khalek and Al-Kandari (2006). The agreement was partial because the present study, like the findings of these researchers, found that males had lesser death fear than the females, but differed with them in the aspect of statistical significance. While the researchers reported significant differences, the present study reported that the differences between death attitudes of males and females were not significant at .05 level of significance. The partial agreement could be as a result of differences in the areas of study by the above researchers and the present study.

## CHAPTER FIVE

### Summary, Conclusion and Recommendation

#### Summary

The purpose of the study was to determine the attitude of secondary school physical and health education teachers in Nsukka education zone towards death. To achieve the purpose of the study, ten research questions and two null hypotheses were postulated to guide the study. Literature pertinent to the study were reviewed. The study utilized descriptive survey research design. Ninety-five subjects constituted the population and also formed the sample for the study. The instrument used for data collection was questionnaire. The research questions were answered using mean and standard deviation while t-test and analysis of variance (ANOVA) were used to test the hypotheses at .05 level of significance. The following major findings were obtained:

1. Secondary school physical and health education teachers have negative attitude towards fear of dying with the overall grand mean of 2.58 and criterion mean of 2.50.
2. Secondary school physical and health education teachers have negative attitude towards fear of the dead with the overall grand mean of 2.53 and criterion mean of 2.50.
3. Secondary school physical and health education teachers have negative attitude towards fear of being destroyed with the overall grand mean of 2.58 and criterion mean of 2.50.
4. Secondary school physical and health education teachers have negative attitude towards fear of significant others with the overall grand mean of 2.78 and criterion mean of 2.50.
5. Secondary school physical and health education teachers have negative attitude towards fear of the unknown with the overall grand mean of 2.61 and criterion mean of 2.50.
6. Secondary school physical and health education teachers have negative attitude towards fear of conscious death with the overall grand mean of 2.6 and criterion mean of 2.50.

7. Secondary school physical and health education teachers have negative attitude towards fear of body after death with the overall grand mean of 2.6 and criterion mean of 2.50.
8. Secondary school physical and health education teachers have negative attitude towards fear of premature death with the overall grand mean of 2.58 and criterion mean of 2.50.
9. The Young and Middle Adults of secondary school physical and health education teachers have negative attitude towards death while the Old Adults have positive attitude with overall grand mean of 2.32. (Young Adult 2.58 and Middle Adults 2.65 > criterion mean 2.50 while Old Adults 2.32 < criterion mean 2.50).
10. Both male and female secondary school physical and health education teachers have negative attitude towards death with overall grand mean of 2.6 for males and 2.7 of female against criterion mean of 2.50.
11. There is no significant difference on the attitude of secondary school physical and health education teachers towards death according to age since the overall p-value of .399 is greater than .05 level of significance.
12. There is no significant difference on the attitude of secondary school physical and health education teachers towards death according gender since the overall p-value of .409 is greater than .05 level of significance.

## **Conclusion**

On the basis of the findings and discussion, the following conclusions were made.

1. Secondary school physical and health education teachers have negative attitude towards fear of dying.
2. Secondary school physical and health education teachers have negative attitude towards fear of the dead.
3. Secondary school physical and health education teachers have negative attitude towards fear of being destroyed.
4. Secondary school physical and health education teachers have negative attitude towards fear of significant others.

5. Secondary school physical and health education teachers have negative attitude towards fear of the unknown.
6. Secondary school physical and health education teachers have negative attitude towards fear of conscious death.
7. Secondary school physical and health education teachers have negative attitude towards fear of body after death.
8. Secondary school physical and health education teachers have negative attitude towards fear of premature death.
9. The Young Adults (20-30) and Middle Adults (31-50) of secondary school physical and health education teachers have negative attitude towards death while the Old Adults (51+) have positive attitude.
10. Both male and female secondary school physical and health education teachers have negative attitude towards death.
11. There is no significant difference on the attitude of secondary school physical and health education teachers towards death according to age.
12. There is no significant difference on the attitude of secondary school physical and health education teachers towards death according gender.

### **Recommendation**

On the basis of the findings of the present study, the discussion and conclusions thereof, it was recommended as follows:

1. The Department of Health and Physical Education of Nigerian universities and Colleges of Education should provide more effective death education programmes and courses that can change or modify the attitudes of the students and teachers towards death and death related concepts. This could be achieved by setting up a Curriculum Innovation Committee to plan a more detailed programme or improve on the already established ones.
2. The Ministries of Education should borrow a leaf from the NUC by also introducing death education at the lower levels of education since the negative death attitudes of individuals were most probably established from their earlier levels of education into the Universities levels.

3. A homogenous group or squad teaching approach to death education is recommended. This may help to take care of the differences found in such demographic variables as age and gender. Individualized approach to teaching death education is recommended in the alternative or to be jointly used with the group approach to cater for the differences identified in the present study.
4. The NUC may be advised to organize workshops, seminars and symposia for teachers and lecturers in order to help prepare them better for the task of teaching death education to students in schools, colleges and universities.

### **Suggestions for further Studies**

On the basis of the findings of the present study, the discussion and conclusions thereof, it is recommended that further researchers address the following:

1. The present study only determined the attitude of secondary school physical and health education teachers in Nsukka education zone towards death. A study could be carried out to determine the effect of death education on the attitude of health and physical education students, teachers or other groups of people in Nigeria.
2. Carrying out another study of this kind on a wider scope to include lecturers, parents, and more educational zones or exactly within the present scope to include secondary schools in other parts, south, north and west, of the country would be necessary.
3. The present study was limited to the determination of attitude of secondary school physical and health education teachers in Nsukka education zone towards death. A comparative study of pattern of death attitudes among physical and health education teachers in secondary schools all over the country and teachers in other disciplines could be undertaken to establish similarities and differences.
4. A similar study may be carried out using other dimensions of death attitudes such as death threat, concern and aversion, or using other demographic variables such as marital status, level of education, ethnicity, and others.



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### APPENDIX I

#### LIST OF GOVERNMENT OWNED SECONDARY SCHOOLS IN NSUKKA LOCAL GOVERNMENT AREA AND THE DISTRIBUTION OF PHYSICAL AND HEALTH EDUCATION TEACHERS

| S/N | NAME OF SCHOOL                                | PHYSICAL AND HEALTH EDUCATION TEACHERS |
|-----|---|--|
| 1   | St. Theresa College Nsukka                    | 1                                      |
| 2   | Nsukka High School                            | 1                                      |
| 3   | Queen of the Rosary Secondary School          | 1                                      |
| 4   | Community Secondary School, Isenu             | 1                                      |
| 5   | Urban Girls Secondary School, Nsukka          | 1                                      |
| 6   | Opi High School, Opi                          | 1                                      |
| 7   | Community Secondary School, Lejja             | 1                                      |
| 8   | Community Secondary School, Edem              | 1                                      |
| 9   | Community High School, Umabor                 | 1                                      |
| 10  | Government Technical College, Nsukka          | 1                                      |
| 11  | Community Secondary School, Ehandiagu         | 1                                      |
| 12  | Community Secondary School, Okpuje            | 1                                      |
| 13  | Community Secondary School, Ibagwa-ani        | 1                                      |
| 14  | Community Secondary School, Obimo             | 1                                      |
| 15  | Community Secondary School, Obukpa            | 1                                      |
| 16  | Community Secondary School, Ede-Oballa        | 1                                      |
| 17  | Community Secondary School, Ezebunagu         | 1                                      |
| 18  | St. Cyprians Science Secondary School, Nsukka | 1                                      |
| 19  | St. Cyprians Girls Secondary School, Nsukka   | 1                                      |
| 20  | Community Secondary School, Nru               | 1                                      |
| 21  | Model Secondary School, Nsukka                | 1                                      |
| 22  | Girls Secondary School, Opi                   | 1                                      |
| 23  | Community Secondary School, Alor-uno          | 1                                      |
| 24  | Opi Secondary School, Opi-agu                 | 1                                      |

|    |   |           |
|----|---|-----------|
| 25 | Community High School, Lejja                      | 1         |
| 26 | Community Secondary School, Umabor                | 1         |
| 27 | Urban Boys Secondary School, Nsukka               | 1         |
| 28 | Community Junior Secondary School, Akpotoro-Obimo | 1         |
| 29 | Okutu Community Secondary School, Okutu           | 1         |
| 30 | Community Junior Secondary School, Edem-ani       | 1         |
| 31 | Community Secondary School, Breme                 | 1         |
| 32 | Community High School, Ejuona-Obimo               | 1         |
|    | <b>TOTAL</b>                                      | <b>32</b> |

**LIST OF GOVERNMENT OWNED SECONDARY SCHOOLS IN IGBO-ETITI  
LOCAL GOVERNMENT AREA AND THE DISTRIBUTION OF PHYSICAL  
AND HEALTH EDUCATION TEACHERS**

| <b>S/N</b> | <b>NAME OF SCHOOL</b>                 | <b>NO. OF PHYSICAL AND<br/>HEALTH EDUCATION<br/>TEACHERS</b> |
|------------|---------------------------------------|--|
| 1          | Premier Secondary School, Ukehe       | 1  |
| 2          | St. James College, Aku                | 1  |
| 3          | Community High School, Ukehe          | 1  |
| 4          | Girls Secondary School, Aku           | 1  |
| 5          | Community Secondary School, Aku       | 1  |
| 6          | Community Secondary School, Ukopi     | 1  |
| 7          | Community High School, Ekwegbe        | 1  |
| 8          | Community Secondary School, Ohebe-Dim | 1  |
| 9          | Community Secondary School, Ohodo     | 1  |
| 10         | Community Secondary School, Ozalla    | 1  |
| 11         | Community Secondary School, Umunko    | 1  |
| 12         | Community Secondary School, Umuna     | 1  |
| 13         | Igbo-Etiti Secondary School, Ikolo    | 1  |



|    |   |           |
|----|---|-----------|
| 14 | Akutara Community Secondary School, Ohodo | 1         |
| 15 | Orinandu Secondary School, Ukehe          | 1         |
| 16 | Comprehensive Secondary School, Diogbe    | 1         |
|    | <b>TOTAL</b>                              | <b>16</b> |

**LIST OF GOVERNMENT OWNED SECONDARY SCHOOLS IN UZO-UWANI LOCAL GOVERNMENT AREA AND THE DISTRIBUTION OF PHYSICAL AND HEALTH EDUCATION TEACHERS**

| <b>S/N</b> | <b>NAME OF SCHOOL</b>                       | <b>NO. OF PHYSICAL AND HEALTH EDUCATION TEACHERS</b> |
|------------|---|--|
| 1          | Adada Secondary School, Nkpologu            | 1  |
| 2          | Community Secondary School, Ogurugu         | 1  |
| 3          | Community Secondary School, Uvuru           | 1  |
| 4          | Welfare Secondary School, Opanda            | 1  |
| 5          | Uzo-Uwani Community Secondary School, Adani | 1  |
| 6          | Community Secondary School, Ukpata          | 1  |
| 7          | Community High School, Ugbene-Ajima         | 1  |
| 8          | Girls Secondary School, Umulopka            | 1  |
| 9          | Boys Secondary School, Umulokpa             | 1  |
| 10         | Community High School, Urobo                | 1  |
| 11         | Community Secondary School, Abbi-Ugbene     | 1  |
| 12         | A.M.H.S Adaba                               | 1  |
| 13         | Community Secondary School, Nimbo           | 1  |
|            | <b>TOTAL</b>                                | <b>13</b>  |

**LIST OF APPROVED PRIVATE SECONDARY SCHOOLS IN NSUKKA LOCAL GOVERNMENT AREA AND THE DISTRIBUTION OF PHYSICAL AND HEALTH EDUCATION TEACHERS**

| <b>S/N</b> | <b>NAME OF SCHOOL</b>                            | <b>NO. OF PHYSICAL AND HEALTH EDUCATION TEACHERS</b> |
|------------|--|--|
| 1          | University Secondary School, UNN                 | 1  |
| 2          | Shalom Academy Nsukka                            | 1  |
| 3          | Inland Secondary School, Opi                     | 1  |
| 4          | St. Catherine Secondary School, Nsukka           | 1  |
| 5          | Christ the same Secondary School, Nsukka         | 1  |
| 6          | Igwe, C.N. Ezea Memorial Secondary School, Ozzi  | 1  |
| 7          | Modern Comprehensive Secondary School, Nsukka    | 1  |
| 8          | City Comprehensive Secondary School, Nsukka      | 1  |
| 9          | All Saints Secondary School, Nru Nsukka          | 1  |
| 10         | PROFARM Secondary School, Nsukka                 | 1  |
| 11         | Universal Comprehensive Secondary School, Nsukka | 1  |
| 12         | Royal Academy Secondary School, Edem Nsukka      | 1  |
| 13         | Onward Secondary School, Nsukka                  | 1  |
| 14         | Madonna Secondary School, Eha-Alumona            | 1  |
| 15         | Royal Crown Academy, Nsukka                      | 1  |
| 16         | OBFO International Academy, Nsukka               | 1  |
| 17         | Wisdom Secondary School, Ibagwa                  | 1  |
| 18         | Madonna International College Eha-Alumona        | 1  |
| 19         | Profam's Trinity Secondary School, Eha-Alumona   | 1  |
| 20         | Our Savior the Kings College Eha-Alumona         | 1  |
|            | <b>TOTAL</b>                                     | <b>20</b>  |

**LIST OF APPROVED PRIVATE SECONDARY SCHOOLS IN IGBO-ETITI  
LOCAL GOVERNMENT AREA AND THE DISTRIBUTION OF PHYSICAL  
AND HEALTH EDUCATION TEACHERS**

| <b>S/N</b> | <b>NAME OF SCHOOL</b>                          | <b>NO. OF PHYSICAL AND<br/>HEALTH EDUCATION<br/>TEACHERS</b> |
|------------|--|--|
| 1          | Model Comprehensive College Ohodo              | 1  |
| 2          | Milkyloui Memorial Secondary School Ohodo      | 1  |
| 3          | Legacy International College Ozalla            | 1  |
| 4          | Universal Comprehensive Secondary School Ohodo | 1  |
| 5          | Christ the King College Umunko                 | 1  |
| 6          | Edoga Memorial Secondary School, Aku           | 1  |
| 7          | Choice Comprehensive College Ohodo             | 1  |
| 8          | Royal Secondary School Ekwegbe                 | 1  |
|            | <b>TOTAL</b>                                   | <b>8</b>   |

**LIST OF APPROVED PRIVATE SECONDARY SCHOOLS IN UZO-UWANI  
LOCAL GOVERNMENT AREA AND THE DISTRIBUTION OF PHYSICAL  
AND HEALTH EDUCATION TEACHERS**

| <b>S/N</b> | <b>NAME OF SCHOOL</b>                                    | <b>NO. OF PHYSICAL AND<br/>HEALTH EDUCATION<br/>TEACHERS</b> |
|------------|--|--|
| 1          | Mater Aniabilis Comprehensive Secondary School,<br>Adani | 1  |
| 2          | Madonna Secondary School, Adani                          | 1  |
| 3          | Immaculate Heart Of Mary Secondary School, Adaba         | 1  |
| 4          | Sinai Comprehensive College, Adani                       | 1  |
| 5          | Providence Comprehensive College, Ugbene-Ajima           | 1  |
| 6          | St. Joseph's College Adaba                               | 1  |
|            | <b>TOTAL</b>   | <b>6</b>   |

**APPENDIX 11**  
**Questionnaire**

Department of Health and Physical Education  
University of Nigeria, Nsukka.

Dear Respondent,

A study on attitude of secondary school physical and health education teachers in Nsukka Education Zone towards death is being conducted and your school has been selected as one of the schools to be used for the study. Section A asks for your personal data. Section B of the instrument is meant to elicit your feelings and responses on death phenomena. This means that none of the items in section B is intended to test your knowledge. There are, therefore, no correct or wrong answers to the items in section B.

The questionnaire is purely for research purposes and your honest answers or responses will be highly appreciated. Responses to all items will be treated anonymously. So DO NOT write your name anywhere on the questionnaire.

Thanks for your honest cooperation

With sincere gratitude

UGWU, Cosmas Uchenna

PG/M.Ed/08/49534

Investigator

**SECTION A: Personal Data**

Please tick (✓) in the appropriate space.

1. Gender:      Male                            Female
  
2. Age: Young adult (20-30)  Middle Adult (31-50)  Old Adult (51+)

**SECTION B**

For each of the statement in this section, decide whether you Strongly Agree (SA); Agree (A); Disagree (D) or Strongly Disagree (SD) and tick in the appropriate space as it applies to your opinion. Indicate what you believe rather than what you think.

|    |  | SA | A | D | SD |
|----|--|----|---|---|----|
|    | <b>Fear of Dying</b>   |    |   |   |    |
| 3  | I am afraid of dying slowly  |    |   |   |    |
| 4  | I am not afraid of dying in a fire                                   |    |   |   |    |
| 5  | I am not afraid of experiencing a great deal of pain when I am dying |    |   |   |    |
| 6  | I am afraid of dying of cancer                                       |    |   |   |    |
| 7  | I have fear of suffocating (including drowning)                      |    |   |   |    |
| 8  | I do not have fear of dying violently                                |    |   |   |    |
|    | <b>Fear of the Dead</b>  | SA | A | D | SD |
| 9  | I do not dread visiting a funeral home                               |    |   |   |    |
| 10 | Touching a corpse would bother me                                    |    |   |   |    |
| 11 | Discovering a dead body is a horrifying experience                   |    |   |   |    |
| 12 | I would not be afraid to walk through a graveyard, alone at night    |    |   |   |    |
| 13 | It would bother me to remove a dead animal from the road             |    |   |   |    |
| 14 | I am not afraid of things which have died                            |    |   |   |    |
|    | <b>Fear of being Destroyed</b>                                       | SA | A | D | SD |
| 15 | I would like to donate my body to science                            |    |   |   |    |

|    |   |    |   |   |    |
|----|---|----|---|---|----|
| 16 | I do not want medical students using mu body for practice after I die                     |    |   |   |    |
| 17 | I do not like the thought of being cremated   |    |   |   |    |
| 18 | I do not want to donate my eyes after I die   |    |   |   |    |
|    | <b>Fear of Significant Others</b>   | SA | A | D | SD |
| 19 | I have a fear of people in my family dying  |    |   |   |    |
| 20 | If the people I am very close to were to suddenly die, I would not suffer for a long time |    |   |   |    |
| 21 | If I would die tomorrow, my family would be upset for a long time                         |    |   |   |    |
| 22 | Since everyone dies, I won't be too upset when my friends die                             |    |   |   |    |
| 23 | I sometimes get upset when acquaintances die  |    |   |   |    |
| 24 | If I die, my friends would be upset for a long time                                       |    |   |   |    |
|    | <b>Fear of the Unknown</b>  | SA | A | D | SD |
| 25 | I am not afraid that there is no afterlife  |    |   |   |    |
| 26 | I am not afraid of meeting my creator   |    |   |   |    |
| 27 | I am afraid that death is the end of one's existence                                      |    |   |   |    |
| 28 | I am afraid that there may not be a supreme being   |    |   |   |    |
| 29 | No one can say, for sure, what will happen after death                                    |    |   |   |    |
|    | <b>Fear of Conscious Death</b>  | SA | A | D | SD |
| 30 | There are probably many people pronounced dead that are really still alive                |    |   |   |    |

|    |  |    |   |   |    |
|----|--|----|---|---|----|
| 31 | I am not afraid of being buried alive                                    |    |   |   |    |
| 32 | People should have autopsies to ensure that they are dead                |    |   |   |    |
| 33 | It does not scare me to think I may be conscious while lying in a morgue |    |   |   |    |
| 34 | I hope more than one doctor examines me before I am pronounced dead      |    |   |   |    |
|    | <b>Fear of Body After Death</b>  | SA | A | D | SD |
| 35 | I am not afraid of my body being disfigured when I die                   |    |   |   |    |
| 36 | I dread the thought of my body being embalmed some day                   |    |   |   |    |
| 37 | The thought of my body never being found after I die scares me           |    |   |   |    |
| 38 | It doesn't matter whether I am buried in a wooden box or a steel vault   |    |   |   |    |
| 39 | The thought of being locked in a coffin after I die scares me            |    |   |   |    |
| 40 | The thought of my body decaying after I die does not scare me            |    |   |   |    |
|    | <b>Fear of Premature Death</b>   | SA | A | D | SD |
| 41 | I have a fear of not accomplishing my goals in life before dying         |    |   |   |    |
| 42 | I am afraid I will not live long enough to enjoy my retirement           |    |   |   |    |
| 43 | I am afraid I will not have time to experience everything I desire       |    |   |   |    |
| 44 | I am afraid I may never see my children grow up                          |    |   |   |    |

**APPENDIX 111****Original MFODS by J. W. Hoelter****Fear of Dying**

1. I am afraid of dying slowly
2. I am afraid of dying in a fire
3. I am afraid of experiencing a great deal of pain when I die
4. I am afraid of dying of cancer
5. I have fear of suffocating (including drowning)
6. I have a fear of dying violently

**Fear of the Dead**

7. I dread visiting a funeral home
8. Touching a corpse would bother me
9. Discovering a dead body would be a horrifying experience
10. I would be afraid to walk through a graveyard, alone, at night
11. It would bother me to remove a dead animal from the road
12. I am afraid of things which have died

**Fear of being Destroyed**

13. I would like to donate my body to science
14. I do not want medical students using my body for practice after I die
15. I do not like the thought of being cremated
16. I do not want to donate my eyes after I die

**Fear of Significant Others**

17. I have a fear of people in my family dying
18. If the people I am very close to were to suddenly die, I would suffer for a long time
19. If I would die tomorrow, my family would be upset for a long time
20. Since everyone dies, I won't be too upset when my friends die



21. I sometimes get upset when acquaintances die

22. If I die, my friends would be upset for a long time

### **Fear of the Unknown**

23. I am afraid that there is no afterlife

24. I am afraid of meeting my creator

25. I am afraid that death is the end of one's existence

26. I am afraid that there may not be a supreme being

27. No one can say, for sure, what will happen after death

### **Fear of Conscious Death**

28. There are probably many people pronounced dead that are really still alive

29. I am afraid of being buried alive

30. People should have autopsies to certify one dead

31. It scares me to think I may be conscious while lying in a morgue

32. I hope more than one doctor examines me before I am pronounced dead

### **Fear of Body after Death**

33. I am afraid of my body being disfigured when I die

34. I dread the thought of my body being embalmed some day

35. The thought of my body never being found after I die scares me

36. It doesn't matter whether I am buried in a wooden box or a steel vault

37. The thought of being locked in a coffin after I die scares me

38. The thought of my body decaying after I die scares me

**Fear of Premature Death**

- 39. I have a fear of not accomplishing my goals in life before dying
- 40. I am afraid I will not live long enough to enjoy my retirement
- 41. I am afraid I will not have time to experience everything I want to
- 42. I am afraid I may never see my children grow up