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**How do Teachers and Parents Perceive Comprehensive Sexual Education for Children and Youth in Ghana? A Case Study of two Senior Secondary Schools in Brong Ahafo Region, Ghana**

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## **Abstract**

Sex education in Africa is a very complex socio-cultural issue where it is a taboo for sexuality to be discussed between the adults and children. Ghana is not an exception in this situation. Meanwhile, the HIV and AID), teenage pregnancy continues to have the greatest impact in Sub-Saharan Africa, despite adult desires to construct children as ‘innocent. However, due to cultural tensions and a lack of clarity about what to teach.

CSE uses a learner-centered approach to provide age-appropriate and phased education on human rights, gender equality, relationships, reproduction, sexual behavior risks, and disease prevention for children and young people. This study therefore seeks to understand how Ghanaian teachers and parents perceive the introduction of comprehensive sexual education for children and youth. The study adopted a qualitative research approach as to investigation into things in their natural settings. Fifteen teachers and parents’ participants were interviewed.

Findings revealed that CSE had a positive on the impact on students to obtained knowledge on prevention of teenage pregnancy, promote girl’s empowerment and the fulfillment of their human rights, rape, and sexual harassment, help them to understand reproductive health issues better. Moreover, findings revealed that teenage pregnancy can be prevented through proper upbringing, educating students on sex, parental control and societal control. Lastly findings on the content of CSE in Ghana education systems were in line with the UNESCO guide as participants preferred their children to be educated on relationship and values, rights and culture, violence and staying safe, skills for health and well-being, sexual and reproductive health. Participants were against the education of children in relationship to lesbianism, gay and bisexual transgender. The study concludes that teachers and parents had a positive perception on the implementation of comprehensive sexual education in Ghana’s education system.



**Abbreviations**

ABCs: Abstinence, Sexual Partner Faithfulness, And Condom Usage

AIDS: Acquired Immunodeficiency Syndrome

AO: abstinence-only

ARCSHS: Australian Research Center in Sex, Health and Society

CSE: Comprehensive Sexual Education

FDGs: Focused Group Discussions

GES: Ghana Educational Service

GEU: Girls Education Units

HIV: Human Immunodeficiency Virus

IASSCS: International Association for the Study of Sexuality, Culture and Society

ICPD: International Conference on Population and Development

IPPF: International Planned Parenthood Federation

JHS: Junior High School

LGBTI: Comprehensive Abortion Care and Lesbian, Homosexual, Bisexual, Transgender, And Intersex

LGBTI: Lesbian Gay Bisexual Transgender and Intersex

NGOs: Non-Governmental Organisations

NPC: National Population Council

PPAG: Planned Parenthood Association of Ghana

SDGs: Sustainable Development Goals

SE: Sexual Education

SIECUS: Sexuality information and education council of the United States

SRH: Sexual and Reproductive Health

STIs: Sexually Transmitted Infections

UN: United Nations

UNESCO: United Nations Educational Scientific and Cultural Organisation

UNFPA: United Nations Population Fund

USA: United States of American

WSWM: World Starts With Me program

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## **1. Introduction**

### **1.1 Background of the Study**

This study focuses on child and youth sexual education in Ghana. According to the population census in 2010, Ghana has a youthful population with more than 50% of its population within the ages of 15-35 (GSS, 2010). IPPF (2018) identifies that people who fall within this age cohort, especially the adolescents' stage, is characterized by a lot of confusion as one experiences physical, biological, psychological and social changes. Hence, children and youth alike, need to be informed, through education, about the changes they are going through or will go through. This has led to what is known as Comprehensive Sexuality Education (CSE). CSE is a rights-based and gender-focused approach to sexuality education in school and/or out of school (IPPF, 2018b) and advocated globally to be implemented in all countries.

On the other hand, discussions on sexuality in most Ghanaian homes and schools is still considered a taboo (Nyarko et al., 2014). This study therefore seeks to understand how Ghanaian teachers and parents perceive the introduction of sexuality education for children and youth in schools and out of schools.

Many issues are believed to influence young peoples' choice to experiment with sex. Issues such as pleasure seeking, curiosity, use of substances such as alcohol, and an inability to regulate one's self are some of the things which contribute to the problem (Dingeta et al., 2012). It is believed that adolescents do not have enough knowledge about sexual and reproductive health and are not very well informed about the natural process of puberty and sex (Fortenberry, 2013). Panchaud et al., (2018) also indicates that poor knowledge is manifested in the adolescents and youth through their lack of access to reliable and dependable information on gender, sex, relationships and sexuality. Fortenberry (2013) further states that this lack of information is believed to have very serious consequences not only on adolescents but on the nation as a whole.

Adding on to this, statistics put more than half of the world's population below 25 years and a person in four is under the age of 18 (UNFPA, 2014). Vanwesenbeeck, Westeneng, Boer, & Reinders (2016) stipulates that the majority (that is 60%) of the youth live in Asia but the African continent will see an unprecedented growth in the coming decades.

In the wake of the above, the global community have been advocating for sex education in and across the globe. They call for countries to put in legislature and measures to ensure that all adolescents whether in school or out of school are provided with information, education and communication on reproductive and sexual health, prevention of early pregnancy, family planning and sexually transmission prevention (Force, 2014; UNFPA, 2014). Comprehensive Sexuality Education (CSE) is seen as a remedy for present and future generations in African (UNFPA, 2014). According to UNFPA (2014), CSE has the potential to provide the adolescents and youth with the required information about their sexual life which the young can make informed decisions about their sexual and reproductive life. UNFPA indicates that CSE can contribute to the reduction on early childbirth, sexual violence among many others. Awusabo-asare et al., (2017) also indicates that while recognizing that sexuality education is one component of a complex approach addressing the challenges that adolescents face. It provides a structured opportunity for adolescents to gain knowledge and skills to explore their attitudes and values. This then can help them make meaningful and informed choices about their sexual lives.

In view of this, the Government of Ghana, since 1998, has embraced the concept of school-based teaching of adolescent sexual and reproductive health education in the country (Awusabo-Asare et al., 2017). Adding to this, a national document- titled "Guidelines for Comprehensive Sexuality Education (CSE) in Ghana"-that seeks to ensure that young people receive a comprehensive sexual and reproductive health education- has been developed for schools and Civil Society Organisations (CSOs) in the country (Augustine, 2018). However, discussions on sexuality in most Ghanaian homes and schools, and among African countries is still considered a taboo. This is reinforced by the perception that discussing sexuality with children makes them sexually active (Nyarko, Adentwi, Asumeng, & Ahulu, 2014). The traditional Ghanaian home and school believes that children should be brought up with strict discipline and fear, and punished for asking questions that are considered to be inappropriate for children to ask (Nyarko, Adentwi, Asumeng, & Ahulu, 2014). Studies by Osaikhuwuomwan & Osemwenkha (2013); Aninanya et al., 2015; Decat et al., 2015; and Holloway et al., 2012 shows that the silent approach adopted by most African parents does not stop adolescents from becoming sexually active. A significant number of adolescents are sexually active and the approach has not reversed the negative consequences of teenage sexual activity that is facing the world at large.

More so, in a study conducted by Awusabo-asare et al., (2017), 74% of students never or only sometimes felt safe expressing themselves in front of others at school, 51% feared being teased and 39% feared physical harm whereas three-fourths of students said they had experienced having a question in classes related to sexual education but not asking it. One thing that is still lacking in the discussion thus far is the implication of teaching of sexual education in an environment where students are socially and culturally tied and lack the ability to express themselves as studies by Nyarko, Adentwi, Asumeng, & Ahulu, (2014) and Awusabo-asare et al., (2017) have revealed.

Keogh, Stillman, Awusabo-asare, & Sidze (2018) adds that the translation of CSE policies from practice is always challenged by a range of bottlenecks that hinder their full implementation in schools. They further state that these challenges ranges and operate from national to classroom level. There is a need to have a better understanding of the major challenges encountered at the various levels to help identify appropriate strategies. This also can help identify the commonalities and differences from which lessons can be drawn to fit particular context (Awusabo-asare et al., 2017). Vanwesenbeeck et al., (2016) write that CSE can be effective and enhanced if the many challenges in the implementation and delivery could be met. As studies from Nyarko, Adentwi, Asumeng, & Ahulu, (2014); Osaikhuwuomwan & Osemwenkha (2013); Aninanya et al., (2015); Decat et al., (2015); and Holloway et al., (2012) has revealed, the parents and teachers have a far reaching effect on the successful implementation of CSE. Hence, a comprehensive research is needed to improve sexual education in Ghana and Africa at large. It is therefore important to understanding the perceptions of teachers and parents on sexual education in Ghana can offer insights to appreciate the challenges in the country and how best to address their concerns.

## **1.2 Rationale**

Studies by Huaynoca, Chandra-mouli, Jr, & Denno, (2014) has shown that the barriers at many levels have contributed to the patchy and low coverage of CSE in some developing countries. Where technical and financial factors are coupled by issues such as the reluctance or lack of commitment and lack of delivery capacity. As a result, the effectiveness of the CSE policy and program in Ghana is likely not going to achieve its objectives if issues relating to reluctance and acceptance by stakeholders is taken for granted.

Panchaud et al., (2018) indicates that ensuring that the youth realize their potential requires providing them with education and skills at the early stage. However, they stipulate that the scope of sexuality education must be understood within a global framework but country specific educational settings and cultural practices are things that has to be recognized and reconciled with intentional definitions and guidelines. Which also requires creating an enabling environment which considers the cultural norms and values, and exploring links between schools and communities within which they find themselves. It therefore important to incorporate the perceptions of parents and teachers who influence the enabling environment for making CSE a success.

### **1.3 Theoretical Framework**

According Cohen et al, (2018) a theory is a slippery term. It sometimes connotes binary oppositions (theory versus practice, abstract versus concrete, possible but unlikely ('in theory') versus actual or empirical ('in practice'), general versus specific, theoretical versus useful). A theory can be meaning an opinion or a belief. The study is guided by two theories, namely: Transactive Theory and Grounded theory. The details of the two are elaborated below.

#### **1.3.1 The Transactive Theory**

This study is grounded on the transactive theory as propounded by Friedman (1973). In his book, he avers that it is citizens rather than planner/policy makers who should be leading the planning process as facilitators. While the role of policy makers are as facilitators, citizens should utilize social knowledge to effectively guide the development of their society. Within an active society there is the need for personal dialogue between planners and clients which is essential to capturing sufficient knowledge to address problems as they are being defined and as information is being exchanged. This in turn reminds us and promotes an environment of mutual learning among the participant in a society that is able to transform knowledge into consensus of community action. Given the recent emphasis on the stakeholder communication and dialogue, scholars have not only examined the importance of dialogue but also the likely negative effects and its remedy. The transactive planning theory as propounded by Friedman (1973) is a classic example of a theory based on a communicative rationality. This implies human communication and dialogue between planners or policy makers and the local people who are affected by the planning activity. The study will therefore adopt this theory and ascertain to how local

knowledge, that is the teachers and parents can help improve Sexual education in schools and communities. Arnstein (1969) indicates that society is made up of various interests and the people in these societies are rational. Interpersonal dialogue with people at the grassroots generates a mutual learning process which can lead to measures of solving a particular problem (Bessette, 2004).

### 1.3.2 Grounded Theory

According to Strauss & Corbin (1994) seen in Cohen, Manion, & Morrison (2018) defines grounded theory as a methodological approach to developing a theory which has its roots embedded in analysed data gathered systematically. Grounded theory is further explained to as following a prudent analytical procedure of moving data to theory. According to Cohen, Manion, & Morrison (2018), it is more inductive than content analysis as theory materializes from a specific/collected data set instead of an existing theory.

Furthermore, as explained in Cohen, Manion, & Morrison (2018), it is seen as a body of plausible and reasonable enlightenment that offers insights into a phenomenon under study. The systematic methods employed in Grounded theory are based on following a sequence of; *theoretical sampling, coding and categorization, constant comparison, memoing, the identification of a core variable, and saturation*- which then leads to theory generation. A major characteristic of the grounded theory is that it does not force data to fit a predetermined theory, but rather, it builds and generates a new theory, in the stead of testing an existing theory. That is, the theory begins with an analysed data which enable a theory to be developed from the data under consideration.

According to Cohen, Manion, & Morrison (2018), there are several versions of the grounded theory, however, the most cited versions are; the original, emergent model by Glaser & Strauss (1967); the revised, systematic model by Strauss & Corbin (1990, 1998, 2008); and the constructivist model by Charmaz (2006). These versions differ in their processes, key elements, epistemologies, ontologies, theoretical foundations and frameworks.

This study adopts the revised, systematic model by Strauss and Corbin (1990, 1998). The revised, systematic grounded theory model is a systematic and prescriptive as compared to its original model. Whilst, the original, emergent model by Glaser and Strauss (1967) is conceived

by Strauss and Corbin as formulaic and too prescriptive which forces a theory onto a given data, as to the core aim of grounded theory is to avoid forcing. What differs from the revised, systematic grounded theory to the original, emergent model is the distinction and importance to *axial coding*, which was not part of the original model. It follows from a recommended sequence of *open coding* which leads to *axial coding* which also leads to *selective coding*. This makes the revised, systematic theory model more prescriptive, detailed and predetermined than the original, emergent model. The revised, systematic theory also has a *conditional matrix* which is also not part of the original model.

Again, the revised, systematic model also gives recognition literature review early on in the research process as against the notion of not conducting literature review in advance in the original model. The revised, systematic theory also has new a feature which allows for a more prescriptive approach to the types of memos researchers write whilst the original model emphasized on an inductive approach to data analysis.

The revised, systematic model also argues for; the need of sampling to proceed theoretical grounds; developing and verifying hypotheses; induction, deduction and abduction can be used whilst the original model favors induction alone and rejects deduction; and paying attention to broader structural contents and influences.

The study will be based on the revised, systematic grounded theory to provide an explanation to the perception of teachers and parents about sexual education and how this perception can be used to shape sexual education in Ghana.

#### **1.4 Research Questions**

This study therefore seeks to understand perception of teachers and parents about sexual education and how this perception can help shape sexual education in Ghana. The study will specifically look at these questions:

- What do parents and teachers understand by comprehensive sexuality education in Ghana?;
- What do parents and teachers expect students and children to learn from sexual education in Ghana?;



- What are the local practices of parents and teachers in preventing teenage pregnancy and preparing youth towards to adulthood?
- What do parents and teachers perceive as the challenges to studying sexual education in Ghana ?; and
- How can these challenges be incorporated into the pedagogy of sexual education in the context of Ghana?

### **1.5 Research Objectives**

The objectives of the study will be:

- To highlight the understanding of teachers and parents on comprehensive sexual education;
- To identify what parents and teachers expect students to learn from sexual education in Ghana;
- To identify the local practices of parents and teachers in preventing teenage pregnancy and preparing youth towards to adulthood;
- To identify the challenges parents and teachers perceive to studying sexual education in Ghana;
- To make recommendations to be considered in the pedagogy of sexual education in Ghana.

### **1.6 Research Design**

The research design is a qualitative. The qualitative approach is a way to gain insights through discovering meaning by improving the comprehension of the whole (Denzin & Lincoln, 2006). Also, the study adopted an exploratory research based on a case study approach. An exploratory research aims to explore the research questions and does not intend to propose final and conclusive solutions to existing problems (Dudovskiy, 2017). It was also be based on a Case study approach. Yin (2009) defines case study as a method “used by investigators in many situations, to gain a holistic and meaningful understanding of real-life events, and also contribute to the knowledge of individuals, groups, organizations, social, political, and related phenomena”.

#### **1.6.1 Procedure**

The study relied on both primary and secondary sources of data. Secondary data sources for this research were obtained from books, journals, reports in the libraries and the internet which are well related to the topic under discourse.

The primary data were derived from qualitative studies from selected Senior High Schools (SHS) in the country. A purposive sampling technique was used for the selection of teachers and parents. The selection of the participants, for this study, were based on the aims and objectives of the study. The data were collected from both teachers and parents who will be the key informants through the use of interviews. In-depth interview and focused group discussions were used to capture people's individual voices and stories. It will also serve as an important method in collecting sensitive issues that require confidentiality (Hennink et al., 2011).

### **1.6.2 Analysis**

Thematic analysis as explained and used by researchers such as: Braun and Clarke, (2006); Säynäjoki, Heinonen and Junnila, (2014); Maguire and Delahunt, (2017); Nowell *et al.*, (2017) was used to analysis the data collected, Transcripts were entered into QSR NVivo version 11 qualitative data analysis software.

### **1.7 Significance of the study**

Due to the attention of existing literature on CSE, a lot is known about the challenges that comes about in the absence of CSE in any given contest (see Airton & Koecher, 2019; Cort & Tu, 2018; G.D. Zaney, 2019; Kangaude, 2015; Panchaud et al., 2018; Zaney, 2015 among others). Nevertheless, little is known about the perceptions of parents and teachers who influence the enabling environment for making CSE a success, especially in Ghana. To fill this, the study will capture these perceptions of parents and teachers in the context of Ghana and how this knowledge can be used to improve CSE in classrooms and in communities.

Similarly, IPPF (2016) suggests that even though there are scaled up CSE programmes in schools, successful implementation of these programmes eludes most countries. This, the institution states is caused by a range of factors include; outdated and non-participatory, and teaching staff are not adequately trained among others. The study therefore seek to look critically from the angle of teachers and parents to draw out the main limitations to successful implementation of CSE in Ghana and propose steps to eliminating the identified challenges.

This study will also contribute to the ongoing discourse on inclusive participation in the preparation of policies and plans of CSE across the globe. It will provide insights to address some gaps in the CSE program in Ghana and provide suggestions to improving and ensuring a successful implementation of CSE in the country.

### **1.8 Content/outline of the thesis**

The study is organized into five chapters. Chapter one of the study covers the introduction. It involves a brief coverage of the background, rationale, theoretical framework, research questions and objectives. The chapter also covers the research design, significance of the study and the content of the study. The chapter two contains the literature review, theories of sexuality, the effects of comprehensive sexuality education on the health of young. It defines key terms and discusses the discourse on CSE across the Globe and in the context of Ghana. Chapter three focuses on the methodology adopted for the study. It covers issues of the scope of the study, research design, selection of participants, sources of data and data collection methods as well as the analytical method adopted for the study. Chapter four covers presentation of research findings according to research objectives. Chapter five covers discussion of findings, and relating of findings to the theories adopted, summary, conclusion and recommendations of the study.

## **2. Literature Review**

This section reviews literature materials concerning sexuality, sexual education and the perception of teachers and parents about it. The review of other materials which are related to the topic was taken into consideration. The topics covered in this section are theories on sexuality and sexual behavior, developments in sexual behavior, School based CSE programmes, barriers to the implementation of CSE in Africa amongst others. This helped with the extensive understanding of the issues concerning sex education and the proper analysis of the topic.

### **2.1 Theories of Sexuality**

#### **2.1.1 Beach's Biosocial Theory**

Frank Beach, a psychologist, suggested another method of recognizing non-reproductive sexual conduct. Beach contrasted between sex, which he defined as syngamy and meiosis, and sexuality, which he defined as behaviors, thoughts, and attitudes that humans couldn't have if the anatomical differences that allowed syngamy and meiosis didn't exist (Diorio, 2001).

According Beach (1977) without the ideas of male and female, any concept of sexuality would be hard to comprehend. Of course, there can be reproduction without sex, as in the case of living forms that reproduce by simple division; and there can also be sex without sexuality, as in the case of plants and some lower animals, but sexuality without sex is impossible. This is the primary basis for starting our investigation of sexuality development by looking at how males and females separate in the first place. We cannot comprehend sexuality without first comprehending sex. Before we can understand the differences between masculine and feminine, we must first understand the differences between male and female (Beach, 1977 & 1978, pp. 3–4). Beach defines sexuality as "any activity whose performance is contingent on an organism's possession of sex-differentiated features." Sexuality refers to any non-reproductive behavior that organisms would be unable to engage in if their bodies lacked sex-related characteristics. Beach believes that sexual behavior is based on anatomical reproductive differences, but that sexual conduct does not have to be about reproduction because sex-differentiated body parts can be employed in ways that are unrelated to syngamy and meiosis (Dioro, 2001).

Beach broadened the definition of human sexuality to encompass behaviors that were previously only related with culture and society's sexed aspects of human bodies:

*“The] socialization of sex . . . stands for changes in which primary male-female differences essential to reproduction serve as a central core from which more and more differences between the sexes are derived. The most enduring and ubiquitous of such secondary differences are those related to division of various sex-related economic functions essential to group survival; but third order differences arose to separate the sexes on the basis of still other types of behavior, important to the internal logic and consistency of the culture, though not immediately relevant to the vital functions of survival and reproduction. Sexualization of society refers to the consequences of the foregoing process which is to lend sexual color or significance to many aspects of social behavior having no obvious or obligatory connection with biological differences between males and females. (1978, p. 19)”*

As a result, societies can imbue sexual value to actions that are not directly related to reproduction. Individuals perceive erotic force in activities or situations that have been socially sexualized. The social construction of sexuality, according to Beach, is a complex structure built on the common and necessary foundation of male-female reproductive differences. There would be no sexuality at all without this distinction, whether socially constructed or not. Although sexuality must always be related to male-female reproductive differences, the link simply needs to be social; no underlying structure is required to put socially defined sexual behaviors in a natural category (Dioro, 2001). Beach employed social construction to fill in the gaps left by Bermant and Davidson (1974), who didn't present a mechanism to connect non-syngametic and sexually reproductive actions. This relationship, according to Beach, was established by social forces' ability to eroticize non-reproductive areas of human life (Dioro, 2001). Many people who want to acknowledge the societal influences on sexuality would embrace Beach's sophisticated version of a theory of sexuality based on difference. His argument raises the basic issue of whether his premise that the socially generated sexualization of non-reproductive behaviors would be impossible without the male-female distinctions that allow reproduction to occur is acceptable. Do sexuality and eroticism depend on reproductive differences, as Beach claimed, or are they previous to and independent of these differences? The dispute between difference dependent and difference independent theories of sexuality revolves on this point (Dioro, 2001).

### **2.1.2 Soble's Philosophical Analysis**

According to Soble (1996), we can have "little understanding about what is necessary" for an act to be sexual, according to Alan Soble (1996, p. 142). However, he proposes two characteristics, either of which must be met for an activity to be classified as sexual: (1) "sexual activities are those that provide sexual pleasure" (1996, p.127); and (2) "sexual acts are those that are procreative in nature" (1996, p.127) (1996, p.134). Soble's second criterion, like Bermant and Davidson's (1974), is that action is sexual if it increases the possibility of gametic union, while his first is an attempt to determine whether non-copulative activities are sexual (Dorio, 2001). Soble's requirements are not mutually exclusive. How can we tell if a pleasure is sexual if the behavior that produces it cannot be classified as such because it is procreative in nature? Soble makes it plain that an act can be sexual simply because it is procreative in nature, but it does not have to produce sexual pleasure (1996, p. 130). Non-pleasurable behaviors that are procreative in nature, on the other hand, can be objectively classified as sexual because they promote gametic union. However, we must be able to distinguish sexual pleasures from other types of satisfaction in order to label behaviors that are not procreative in nature as sexual since they elicit sexual pleasure (Dorio, 2001). The pleasure derived from a sexual act could be referred to as sexual pleasure. If procreative acts are sexual, then the pleasures received from them may be sexual as well (Dorio, 2001). However, non-procreative activities, according to Soble (1996), cannot be classified as sexual in terms of the type of act they are, but rather in terms of the type of pleasure they provide. If a pleasure is derived from a non-procreative act, the pleasure must be distinguishable from the act that produced it. But how do we define a sexual pleasure apart from the sexuality of the act?

Our educational programs teach about sexuality in ways that assume the accuracy of its link to reproductive difference, setting young people up for problems if they can't or won't meet the attitudinal and behavioral prescriptions that this normative, difference-based conception of sexuality necessitates. Educators' conceptions of sexuality are normative, but they are not justified; rather, they are presumed based on presumptively natural and scientific grounds. This prevalent understanding of sexuality's normativity and need have both been questioned. Sex educators communicate a disputed normative image of sexuality that is directly troublesome for some young people and has been accused—as we will see—of having a harmful impact on human existence, as if it were undeniable. The incapacity of sex educators to comprehend the problematic content of their own subject is a serious ethical failing, made worse by the harmful

implications that their own contested understandings of sexuality may have on human happiness (Dorio, 2001).

### **2.1.3 The development of sexual education**

Sexual education has over the years evolved differently in various countries with different methods in teaching the youth about the topic. However, the main channel to the provision of information concerning sexuality and sexual health is through formal sexuality education in classrooms (Peter et al., 2014).

Different countries have introduced such formal education at different times, but with similar objectives. In 1913, USA introduced the teaching of sexuality education in their primary and high schools. This change occurred out of the social hygiene movement in the time of the World War 1 with its objective of the prevention of disease and unwanted pregnancies (?), and to increase sexuality morality amongst the youth in the country. By the 20<sup>th</sup> century, education about sexuality involved biological science, physical education and health (Elia et al., 2015). In 1991, China introduced sexuality education in schools to educate their adolescent students about psychological health and social guidance when it comes to sexuality. Wales in 1992 admitted to having the highest number of teenage conception in the Western Europe (Song, 2015). This issue was observed to be a national public health priority therefore from 2007; the Welsh government introduced sexual education in schools in the country and noticed a decrease in the number of pregnancies recorded (Roberts, 2014). 85% of people between the ages of 10-19 years live in developing countries and are faced with issues of sexuality (Keenay et al., 2004). One major cause of deaths and morbidity among young people is sexual health and reproductive ill health (Archaya, 2015). Also a recent issue facing the world was the spread of sexual transmitted diseases between the youth and the anxiety that AIDS will spread among the youth (Kirby, 2014).

The predominant idea behind the introduction of school based sexuality education worldwide was obtained from a traditional public health perspective which was focused on preventing risk behaviors that would lead to sexually transmitted infections, sexual violence and unwanted pregnancies (Simovska & Kane, 2015). In school, sexuality health education is highly esteemed as a way to introduce and expand the knowledge of young people about the prevalent issues in

the society such as unwanted pregnancies, abortion, sexually transmitted diseases and infertility (Archaya, 2015).

#### **2.1.4 Recent Developments of sexuality studies**

In the early years of the 20th century, Richard Krafft-Ebing, Havelock Ellis and Sigmund Freud founded the field of sexuality studies and over the years there have been an exponential growth in the studies changing from one form to another (Fletcher et al., 2012). A new form of sexuality studies called the Critical Sexuality Studies emerged in the 1900s and 2000s and took over. CSS is a multidisciplinary, multi-faceted and interdisciplinary sexuality theory research (Fletcher et al., 2012). The CSS research, training and scholarship interrogate questions of truth, power and claims to knowledge, and recognize the shifting, culturally embedded context dependent experiential nature of meanings attributed to sexuality.

In 2012, the International Association for the Study of Sexuality, Culture and Society (IASSCS, <https://www.iasscs.org>) took on the ideal of CSS as an organization to strengthen the field of social and cultural sexuality research globally. IASSCS is committed to building equity in research capacity worldwide and broaden the range of research activities concerning sexuality. The advancement of the sexuality studies was built upon the original idea (of what?). The advanced sexuality studies are in four phases. These are

- 1) A scoping and feasibility study in late 2006 – late 2007
- 2) A curriculum development in late 2007 – late 2008
- 3) Piloting and evaluation late (2008 – late 2010)
- 4) Roll-out (2011 – 2012)

The phase one to three was implemented by a project team at Australian Research Center in Sex, Health and Society (ARCSHS). Phase four was implemented by IASSCS. In 2010, a CSE course outline was released in modules with the following topics (Fletcher et al., 2012):

- 1) Introduction
- 2) Biopower Sexuality
- 3) CSS and research methodologies



- 4) Media and sexuality
- 5) Sex, sexuality and gender: basic concept
- 6) Sexuality and Islamic societies
- 7) Kinship and sexuality
- 8) Sexuality and Christianity
- 9) Sexuality, the body and personhood
- 10) Sexuality, politics and policy
- 11) Young people and sexuality
- 12) The social construction of sexual identities

Currently, there are two main programmes concerning sexuality education found in the USA. These are the comprehensive sexuality education (CSE) and the abstinence-only (AO) sexuality education (Elia & Tokunga, 2015). The difference between AO and CSE is that AO increases the awareness of abstaining from sex and anything related to it with the assumption that young people are willing to wait to engage in sex after marriage, whilst CSE views more young people to be sexual active and therefore a need to enlighten and teach them about sexually transmitted diseases and other issues around sexuality (Francis & DePalma, 2013).

## **2.2 Comprehensive Sexual Education**

Sex education in Africa is a very complex socio cultural issue (Cobbett & Mclaughlin, 2013) where it is a taboo for sexuality to be discussed between the adults and children; Ghana is not an exception in this situation. Comprehensive sexuality education (CSE) is a curriculum-based process of participatory teaching and learning about sexuality that aims to equip children and young people with knowledge, skills, attitudes, and values that enable them to realize their sexual and reproductive health, well-being, and rights; develop healthy interpersonal relationships; and reflect on the impact of their choices (UNESCO, 2018). According to Sexuality information and education council of the United States (SIECUS) sexuality is defined as:

*“Sexuality education is a life-long process of acquiring information and forming attitudes, beliefs and values about identity, relationships and intimacy. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image and gender roles. Sexuality education addresses the biological, socio cultural, psychological and spiritual dimensions of sexuality from a cognitive, affective and behavioural domain including skills to communicate effectively and make responsible decisions.”*

Concurrently, IPPF (2018b) defines CSE as “*a rights-based and gender-focused approach to sexuality education, whether in school or out of school*”. It relates more to a process more than a one off initiative as it is taught over a period of years focusing on providing age-specific and appropriate information which is also culturally sensitive and based on scientifically accepted information appropriate for evolving cycle of children/young people (IPPF, 2018b). Therefore, CSE provides an opportunity to equip young people with the knowledge and skills to make responsible choices in their lives, particularly where HIV prevalence is high. Other benefits include abstinence from or delay having sexual relations, avoiding the frequency of unprotected sex when they become sexually active, know the risk of having several sexual partners and so therefore will stick to one partner, understanding the benefits of family planning methods during adulthood stage. It covers relevant discussions of human development, anatomy and reproductive health and also provides information about protective sex including contraception, childbirth and STIs (IPPF, 2018b). Additionally, it also aims at providing children with skills, attitudes, values and knowledge required of them to determine and enjoy, on their own, their sexuality (that is, their physicality and emotionality, individuality and relationships). Hence, CSE help adolescents understand themselves biologically and prepare to face the world so that they do not fall victim to sexual predators. CSE is critical in addressing children's and young people's health and well-being. CSE uses a learner-centered approach to provide age-appropriate and phased education on human rights, gender equality, relationships, reproduction, sexual behavior risks, and disease prevention for children and young people, as well as an opportunity to present sexuality in a positive light, emphasizing values such as respect, inclusion, non-discrimination, and equality (UNESCO, 2018). Therefore encouraging children to develop and be more confident, have improved communication skills while offering approaches/ measures to addressing gender inequality, vulnerabilities, exclusion and human rights violation, including gender-based violence and sexual abuse (IPPF, 2018b). According to (UNESCO 2018 & 2015) as children advance from childhood to adulthood, too many young people are given confused and contradictory information about relationships and sex, as a result, there is a growing desire among young people for accurate information that will help them live a safe, productive, and satisfying life. According to UNESCO (2015), UNFPA (2010), and UNESCO (2018) reports when CSE is delivered well, it responds to this demand, empowering young people to make informed decisions about relationships and sexuality and navigate a world where gender-based

violence, gender inequality, early and unintended pregnancies, HIV and other sexually transmitted infections (STIs) still pose serious health risks. In addition, a lack of high-quality, age- and developmentally appropriate sexuality and relationship education may expose children and adolescents to dangerous sexual behaviors and sexual exploitation (UNESCO, 2018). CSE in schools has been identified as a multi-faceted and multi-disciplinary strategy to meeting the sexual health needs of adolescents and young people all over the world (UNESCO, 2015; United Nations Population Fund [UNFPA], 2010). CSE strives to provide young people with the information, skills, attitudes, and values they need to make important decisions regarding their sexual health and overall well-being (UNESCO, 2015). Sex education provided to children in the country would be a source of encouragement for immorality amongst them. In the religious view, it has been said that it could make adolescents who are not sexually active endeavor to start sexual experimentation due to the knowledge acquired (Ankomah, 2001). To do so, the initiative employs schools to distribute knowledge about adolescent development, namely psychological, emotional, physical, and social development. There are eight key themes in the structure of CSE according to the UNESCO International Technical guidelines on CSE. These are;

1. Relationships
2. Values, Rights, Culture and Sexuality.
3. Understanding Gender
4. Violence and Staying Safe
5. Skills for Health and well-being
6. The Human body and Development
7. Sexuality and Sexual behavior, and
8. Sexual and Reproductive Health.

Instructions under these themes have been grouped into age brackets of 5-8 years; 9-12 years; 12-15 years; and 15-18+ years according to UNESCO guidelines to enable each child under their age bracket to achieve adequate knowledge in relation to sex education at their various level of understanding.

### **2.3. The effects of Comprehensive Sexuality Education on the Health of Young People**

There are numerous ways in which CSE has affected the lives of young people around the world. According to IPPF (2016), an approach to the benefits received from CSE should not only focus

on health but also on the reduction of pregnancy or sexually transmitted diseases. Again, CSE has reduced gender inequality and violence against women and girls, increased young people's confidence in decision making and negotiation skills and increased young people's capacities to claim their rights and citizenships.

CSE led to delayed sexual initiation in Kenya (IPPF, 2016) and also increased the use of condom during sexual active stages in the life of young people in the country. It promotes safer sexual behaviors, increasing their control over when, where, how and with who, they have sex, delaying sexual debut amongst the youth. Again the impacts of school based CSE in developed and developing countries have observed an increase in knowledge about HIV with two thirds demonstrating positive impacts on behavior which include self-efficacy related to condom use and refusing sex, increased contraceptive and condom use, reduced number of sexual partners. UNAIDS identifies the impact of increasing condom use, voluntary HIV testing and reduction of pregnancy amongst adolescent girls (IPPF, 2016).

### **2.3.1 Impacts of Sex education on the children and youth**

According to Kirby (2007), a lot of people working with adolescents and children have viewed sexuality education as a partial answer to the various social and sexual problems which are experienced by the youth. These impacts have over the years been noticed to affect not just one

### **2.3.2 Impact on attitudes**

Attitudes towards sex education differs from one group to another, depending on religious factors, cultural factors, family socialization amongst other in which the children grow up or are brought up. It is also dependent on the teachers responsible for teaching of the sexual education to the learners.

Studies conducted by different researchers show that sexuality education has impacted the attitudes of the youth. The attitudes concern premarital sexual activities, sexually transmitted diseases, masturbation, getting pregnant, personal sexual values and other sexual activities (Kirby, 2007). Kirby (1984) found that courses in sex education increased the clarity of the student's values concerning sex, while other courses offered did not have any significant change. The programs mostly did not bring any effect on the self-esteem and satisfaction of

sexual relationship of the youth. Also, the attitude towards gender roles, birth control and sexuality in their lives were unchanged.

Significant alterations in attitudes were found in high school student's knowledge about personal responsibility for their own behavior and attitude towards gender roles (Finkel & Finkel, 1975). Sex education programs and initiatives have aided students to be more open minded about issues of contraception and family planning (Hoch, 1971). Kirby (2007) added that during the past few years, emphasis have been on abstinence in the programs developed for the education of the youth. The attitudes before and after the program was implemented were measured. It showed that the student became significantly more supportive of the idea of abstaining from premarital sex and less likely to engage in sexual intercourse (Weed & Olsen, 1988)

Studies carried out by Song (2015) showed that the source of knowledge and information relating to sex were provided by their fellow schoolmates and the internet. However the participants reported that insufficient information was a key factor to the increase in unprotected sex. Attitudes of the students towards premarital sex were reported to be more open and tolerant than the older generation.

### **2.3.3 Impacts on knowledge**

The effects of sex education on the knowledge of the youth showed that the younger students with less knowledge about sexuality learn more than older students who are already informed about issues on sex. The findings of the research reported that the instruction in sex education was having an impact on the youth by increasing their factual knowledge about sexuality ((Finkel & Finkel, 1975; Hoch, 1971).

### **2.3.4 Impact on skills**

Schinke et al. (1981) researched an intensive cognitive behavioral training program in order to measure the impact of sex education on the skills level of the youth. The results showed that the participants had better eye contact and were more likely to declare a 'no' in response to pressure from the society, they were also willing to refuse the risk of getting pregnant and willing to share responsibility for child birth control methods

### **2.3.5 Impacts on behavior**

Studies conducted by Kirby (1984) on the impacts of sexuality education on youth found that none of the courses offered had a measurable impact on the participants' involvement in sex whether previously or never or number of times engaged in sex in the previous month. However, Marsiglio & Mott's (1986) survey indicated that at the age of 14 and 15, females having had an exposure to sex education courses had initiated sex the following year. The females from 16 to 17 rather did not engage in sexual activities when exposed to the courses. This research was confirmed by Dawson (1986) as the 14 to 15 years of age female had sex after they were exposed to the courses of sex education whilst 16 – 17 year olds were not involved.

#### **2.4 Comprehensive Sexuality Education in Africa**

In Africa, as in other parts of the world, sex education is a multifaceted sociocultural endeavor. For example, in many cultures, adults are forbidden from discussing sex with children (Gwanzura-Ottmoller and Kesby 2005; Pattman and Chege 2003), and sex is veiled in secret and silence or discussed using euphemisms (Preston-Whyte 2003). When the target of intervention is primary school children who are assumed to be "innocent," tensions are amplified (Gwanzura-Ottmoller and Kesby 2005; Bhana 2007a; McLaughlin et al. 2012). Tensions and taboos, on the other hand, are not always symptomatic of unfavorable views about sexuality. Indeed, as Kesby, Gwanzura-Ottmoller, and Chizororo (2006) argue, it is the high societal value placed on sex that necessitates the establishment of laws and taboos to govern it. Meanwhile, the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) continue to have the greatest impact in Sub-Saharan Africa, and previous research (see McLaughlin et al. 2012) shows that, despite adult desires to construct children as 'innocent,' children in poverty live in highly sexualised environments, heightening the need to protect them. However, due to cultural tensions and a lack of clarity about what to teach, HIV, AIDS, and sex education has largely focused on disseminating medical facts or propagating prohibitive discourses, and as a result, has often been disconnected from the realities of children's social, cultural, and sexual worlds (Campbell 2003; Pattman and Chege 2003).

However, over the past two decades, the implementation of programs concerning CSE has received recognition in Africa due to a meeting held by the International Conference on Population and Development (ICPD) in Cairo in 1994. In the year 2013, a declaration was signed to increase the teaching of comprehensive rights based sexuality education beginning at the

primary school stage. The reason for this addition was based on the high prevalence of HIV/AIDS found amongst the young people in the sub Saharan region (UNESCO, 2013b). This situation was brought about by the issues of risky sexual behavior, insufficient sexuality knowledge and early debut into sexuality by the youth (UNESCO, 2013b). The development of programs for the CSE course was done with a wide range of stakeholders such as local communities, government ministries, religious leaders and groups, local and international NGOs (Sidze et al., 2017). The program is mostly coordinated in the various countries by the ministry of education in collaboration with the ministry of health and departments in charge of child protection.

According to UNESCO, 2018, Comprehensive Sexual Education (CSE) is

*“a curriculum based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims at equipping children and young people with knowledge, skills, attitudes and values that will empower them to realize their health well-being and dignity, develop respectful social and sexual relationships, consider how their choices affect their own well-being and that of others, and understand and ensure the protection of their rights throughout their lives.”*

The United Nations and other international and local NGOs as well as civil society organizations (CSOs) are mostly responsible for the funding the adoption and implementation of the CSE in the African countries.

#### **2.4.1 School-Based CSE Programs**

The comprehensive sexuality education programs found in the sub Saharan Africa are mostly school based. The course is delivered in the classrooms of primary and secondary students by teachers. In some countries such as South Africa, Namibia and Zimbabwe, CSE is a standalone subject with specially trained teachers taking charge of the teaching of the subject (UNESCO, 2015a) whilst the subject is also integrated with subjects such as life skills to be taught in class.

There are specific CSE topics that are taught which are related to subjects found in the school's curriculum. Pubertal changes and reproduction are taught in biological subjects whilst values and norms are covered in religious and moral education. This integration was proposed to prevent

additional pressures of adding another subject to the curriculum. Also, it lowers the pressure of bringing on board a specially trained teacher to handle the course.

Again, in some countries CSE is part of a non-mandatory or elective course where the student has a choice to learn it or not, such as home economics (Zambia) and management in living (Ghana). Some school based CSE programs in sub Saharan Africa are Family Life and HIV Education in Nigeria, Life Orientation in South Africa, Family Life Education (Senegal).

#### **2.4.2 Out-of school Programs**

To reach the youth out of school, peer led programs are organized for young people in the communities as to get knowledge about sexuality. Trained peer educators are responsible for delivering CSE information to the youth. In Namibia, the *My Future My Choice*-program gives CSE interventions to young people found in the communities. Also in Tanzania, the health based facility *Mema kwa vijana*-program is endowed with workers who deliver CSE to any youth that visits the facility.

#### **2.4.3 CSE programs in forms of Mass and Digital media**

The use of mass and digital media approaches in delivering CSE has been adopted by some countries in Africa as a means of spreading information about sexuality to a large group of people. *The World Starts With Me program (WSWM)* employs the use of digital media to disseminate the CSE program. The program was developed by Uganda and later implemented by Ghana and Malawi.

### **2.5 Policies on CSE**

A number of countries globally have enacted guidelines and policies which are important for the effective delivery of CSE (UNESCO, 2015b). Both supportive frameworks and barriers for CSE are to be found. The barriers relate to a number of issues.

#### **2.5.1 Supportive frameworks for CSE in Africa**

For these policies and guidelines to work well, there are frameworks that have to be in place. These are; active involvement of youth and youth focused organisations, availability of appropriate technical support from UN agencies and international NGOs, government



willingness to adhere to international commitment in support of sexuality education, tradition of addressing sexuality within the education system and high level political support and commitment to CSE (Panchard et al., 2019).

### **2.5.2 Barriers to the implementation of CSE in Africa**

There have been issues regarding the teaching of CSE in schools in Africa. These issues have been raised as serious challenges to the implementation of the subject in the region. The focus on gender and human rights becomes very weak where parts of the subject such as contraceptive methods, sexuality and abortion are totally avoided when delivering the course (Wekesh, 2019).

#### ***Socio cultural Norms***

According to Wekesh (2019), sociocultural norms and values have been observed to be the main barrier to effective implementation of CSE in Africa. In certain situations, teachers are not able to provide information because it is considered as a taboo in the community or society in which they find themselves. In such cases, the teachers then totally avoid the teaching of sensitive topics such as homosexuality and abortion.

Again, young people in the society are tagged with issues concerning sexual promiscuity (Braeken and Cardinal, 2014). Some school of thought from community individuals indicated that the youth were more involved in sexuality issues as they were exposed to discussions about their sexuality health. This mentality aided the youth to involve themselves in sexual activities.

#### ***Parental Attitudes towards the subject***

Khau (2012) found in Lesotho that although parents were not upfront against CSE, they were anxious about what was taught to their wards in schools. However, parents were ready to support aspects of the CSE that was in tune with their cultural beliefs and thought it would benefit their wards when taught. The parts which were against their beliefs were however ignored.

Oppositions from parents in Ghana were largely determined by their level of education and their residential places (Nyarko, 2014). In a survey conducted by Nyarko (2014), uneducated parents and those who reside in rural areas were more likely to hold strongly to traditional belief systems

on sexuality and thereby were more hostile to the idea of teaching CSE in schools. Also, parents are not in agreement with the age at which their wards are introduced to CSE in schools.

### ***Teacher related challenges***

The delivery of CSE is rendered ineffective by the teachers due to the external pressures like opposition from the parents, religious leaders, community members and government regulation on them (Khau, 2012). Also challenges in the provision of infrastructure needed to enhance the teaching of CSE, has slowed the progress of teaching the subject in many African countries. In Zambia, Zulu et al., (2019) reported that individual teachers were responsible for taking decisions regarding what and when to teach CSE. The discretion used was to withhold some parts of the information from the students, thereby teaching abstinence as the only method of preventing pregnancy amongst the youth.

### **2.6 Concepts and contentions in Ghana**

According to Akorsu (2019) the concept of CSE, and its associated scope of implementation has become a major bone of contention among different cultures and faiths globally. As a concept, CSE has an elastic range of acceptable behaviors that too many defy nature, common sense and human identity and dignity (Akorsu 2019). Other terms used interchangeably for CSE globally are Prevention Education, Relationship and Sexuality Education, Family-Life Education, HIV Education, Life Skills Education, Healthy Lifestyles and Basic Life Safety (International Technical Guidance on Sexuality Education, page 12, cited in Akorsu 2019). The International Technical Guidelines further states that, *“regardless of the term used, comprehensive refers to the development of learners’ knowledge, skills and attitudes for positive sexuality and good sexual and reproductive health. The guidelines indicate irrespective of the term used in implementing CSE, it should have a firm grounding in human rights and recognition of the broad concept of sexuality as a natural part of human development (page 12 of the International guidelines).”*

Sexuality in CSE relates to ‘the understanding of, and relationship to, the human body; emotional attachment and love; gender; gender identity; sexual orientation; sexual intimacy; pleasure and reproduction (International Technical guidelines on sexuality education, revised edition, page 17). The technical guidelines referred to clearly recognize the scope of sexuality in CSE to

include biological, social, psychological, spiritual, religious, political, legal, historical, ethical and cultural dimensions that evolve over a lifespan.

### **2.6.1 CSE implementation in Ghana**

CSE implementation in Ghana is guided by the GES National guidelines on CSE which also derives its strength from the UNESCO International Technical Guidelines on CSE. In fact, the objective of CSE is to educate youth on better sexual and reproductive health. CSE is part of the Educational Goals (SDG 4) of the 17 Sustainable Development Goals (SDGs) adopted by member countries of UNESCO. Ghana has signed on to these 17 SDGs (Akorsu, 2019).

In February 2019, at the joint launch of CSE between UNESCO and Ghana, it was made very clear that six countries in Africa have been selected for full implementation of CSE in 2019. These countries are Ghana, Eswatini, Malawi, Tanzania, Zambia and Zimbabwe. It is therefore obvious that the objectives of CSE in Ghana cannot be different from the global objectives set by UNESCO as enshrined in its International Technical guidelines. Prior to this, in 2017, the PPAG launched in Accra the ‘knowitownitliveit’ document as a ‘sexuality education material for the youth’.

The approach to CSE education is not only school-based, as Ghana adopted the integrated approach which is both community and school based. It is also worthy of note that, Ghana’s guidelines reiterate Planned Parenthood’s global definition of CSE which is a “*systematic approach to equip young people with the knowledge, skills , attitude and values they need to determine and enjoy their sexuality - physically, emotionally, individually and in relationships... a lifelong process that begins in childhood and progresses through adolescence and adulthood*” With PPAG on-going twitter engagement of the youth on CSE, the community-based approach to CSE is actively being pursued. Indeed, the International guidelines acknowledge that some sexual orientation and behaviors may be offensive to certain cultures and faiths. The International guidelines on page 35 says ‘**the guidance is voluntary and non-mandatory, based on universal evidence and practice, and recognizes the diversity of different national contexts in which sexuality education is taking place**’ view on the Ghana guidelines is that to ensure that we construct the subject of sexuality and the age of introduction to suit the social,

economic, culture and religious beliefs of the people of Ghana. We have also failed to empower parents, faith based organizations, traditional rulers to champion the education of our children and youth on appropriate sexual behavior (Akorsu, 2019).

According to IPPF (2018), CSE in Ghana can traced as far back at 1957. During the period, the focus on civic and hygiene, human biology, personal hygiene and civic responsibilities. Also, after the establishment of PPAG in 1967, a government policy on Population Planning for National progress was published, making Ghana one of three African countries with a population policy (IPPF, 2018). This policy pioneered in-school teaching of adolescent sexual and reproductive health. In 1972, government introduced the Environmental/Social Studies syllabus, with aspects such as sexual and reproductive health, the family, reproduction and sexuality with emphasis on abstinence. Later in 1987, the government introduced a new Structure of education and with it, came the introduction of Life Skills. In 1998, the Life skills syllabus was replaced with Social Students and was expanded to include issues on HIV and AIDS (IPPF, 2018).

According to IPPF (2018) the CSE in Ghana is aimed at achieving the following:

- A chance to equip children with the knowledge and skills to make responsible choices when it comes to their (sexual) lives, particularly where HIV prevalence is high.
- abstinence from or delay having sexual relations, evading the regularity of unprotected sex when they are sexually active, know the risk of having several sexual partners and so therefore will stick to one partner, understanding the benefits of family planning methods during adulthood stage. CSE help adolescents understand themselves biologically and prepare to face the world so that they do not fall victim to sexual predators.

The current version of the National CSE guidelines were developed by the National Population Council with the aim of CSOs such as PPAG among others, with the aim of mainstreaming CSE education into what IPPF (2018) describes as in school adolescents and out of school adolescents in Ghana. It is based on cover themes on; Culture, Values and Attitudes, Keeping Healthy, Human Development and Family and Building Good Relationships with Others.

### **2.6.2 Content of CSE in Ghana**

As we saw above, there are eight key themes in the structure of CSE according to the UNESCO International Technical guidelines on CSE.

K. Emmanuel, (2019) made it known that the eight themes specify as follows:

<b>Class and age</b>	<b>Selected topics</b>
<b>Pre-school (4-5 years)</b>	What we believe in; how we interact and Personal Hygiene
<b>Class 1 (6 years)</b>	Values and Society, Personal hygiene and Myself: Being a male or a female
<b>Class 2 (7 years)</b>	Reflecting on our own attitudes, Personal hygiene and Roles and responsibilities as a child
<b>Class 3 (8 years)</b>	Recognizing if something is fair or unfair, Understanding inter-personal relationships, Families and relationships in our lives and Concept of gender
<b>Class 4 (9 years)</b>	Human growth Development life cycle, Knowing about one's body/sexual and reproductive organs, Seeking healthcare, Developing self-esteem, Leadership skills
<b>Class 5 (10 years)</b>	Religion and social values, Puberty/changes as we grow, Relationships: friendship, dating and courting and Population of Ghana
<b>Class 6 (11 years)</b>	Fertility, pregnancy related issues and childbirth, Relationships: Marriage and family life, Concept of gender: norms, roles and stereotyping, Decision making skills and Population as a resource
<b>JHS 1 (12 years)</b>	Norms in inter-personal relationships, Sources for SHR services, Fertility regulation - abstinence, contraceptives and other methods, Unintended pregnancies and abortions, Human rights and Sexual and reproductive health rights
<b>JHS 2 (13 years)</b>	Alcohol, drug and substance abuse, Respecting gender differences/dealing with gender discrimination, Gender and power relations, Communication, Negotiation skills and Assertive skills

**JHS 3 (14 years)** Preventing common diseases/infections among adolescents, Seeking help for drug abuse, Developing self-esteem, Reproductive tract infections, About sexually transmitted infections and Protection against STIs and HIV

Source: Author’s construct (2020) based on (Emmanuel, 2019)

According to S.K Akorsu the major drive for implementation of CSE Internationally and in Ghana is to achieve SDG goal 5 (gender equality) using SDG goal 4 (education) as a medium. In his opinion, however, we have in our execution woefully failed to take advantage of the provision in the UNESCO guidelines to tailor the topics to suit our culture and faiths as a necessary step to preserve the rich values we have as a country. As it stands and in the Ghanaian context, the current CSE structure will over sexualize children, and destroy sexual sanctity of the future generation of the country. It does not meet basic common-sense test, is unnatural, and offends the culture, traditions and faith of the people of Ghana (S.K Akorsu, 2019).

The table shows some selected themes and topics for ages 5-8 years for illustration in the light of the Ghana guidelines. (The linkages between Ghana topics and International topics are taken from Akorsu, 2019).

<b>Examples of themes.</b>	<b>Main Selected topics under age 5-8 years Internationally</b>	<b>Ghana guidelines in comparative age brackets</b>
1. Relationships	Different kinds of families; egs are <b>two-parents</b> , single parent, child-headed; guardian-headed, extended, nuclear and <b>non-traditional families</b> .	Families and relationships in our lives (age 8 and primary 2) 3) Roles and responsibilities as a child (age 7 and primary 2)
2. Understanding Gender	Understand the difference between <b>biological sex</b> and <b>gender</b> ; Define biological sex, and how they are different. Reflect on how they feel about their biological sex and gender.	Being a Male or Female (age 6 and primary 1) Concept of gender (maleness and femaleness) age 8 and primary 3
3. The Human body and Development	Know the names and functions of the body including sexual and reproductive organs. Identify and describe the basic functions of <b>internal and external genitals</b> Pregnancy: Explain that a sperm and egg must both join and then implant in the uterus for pregnancy to begin.	Knowing about one’s body/sexual and reproductive organs (age 9 and primary 4)

4. Sexuality and It is natural for people to enjoy their bodies. understanding interpersonal Sexual behavior, State different ways people show love including relationships- types and forms and **kissing, hugging, touching and sometimes** (age 8 and primary 3) **through sexual behaviors.**

Source: Akorsu, 2019

For each of the topics above the learning objectives are;

- To impact knowledge
- To ensure attitudinal changes in children and youth
- And to demonstrate skills development in the subject areas that are taught.

**(Reference: The Contents reviewed in the above table are extracts from Pages 35 to 80 of the International Technical guidelines on CSE and the Ghana National guidelines)**

According to S.K Akorsu although the GES National guidelines teaches these eight themes at different levels throughout the life of the student from age 4 to 18, it does not specify the sub-topics/themes and its associated desired content to guide teachers. Teachers are requested to look for relevant materials from other sources to teach children. In the absence of a GES content-specific material for teachers, the relevant documents that are known are the ones launched by PPAG, IPPF, UNFPA, UNESCO etc. It would have been expected that due to the sensitivity/complexity of this subject, content-specific material would have been developed for teachers in line with the culture and faith of the people of Ghana to preserve the valuable family structures we have. Parents and families should be given adequate information on the scope of subject matter in the implementation of this program. This will enable parents' guide children's understanding, interpretation and use of CSE instructions they receive in schools and the community including social media instructions.

### **2.6.2 Adolescent Development and Ghana's CSE programs**

Adolescence is a pivotal time in the lives of young people all around the world. Youth are exposed to sexual and reproductive health risks and vulnerabilities during this period of biological, social, and psychological maturation, including early sexual debut (usually marked by first sexual intercourse before the age of 15), teenage pregnancy, early childbearing, and other negative health behaviors and outcomes (Chandra-Mouli et al., 2017; Naswa & Marfatia, 2010).

According to a poll done in Ghana, one out of every five Ghanaians is an adolescent aged 10 to 19 (Performance Monitoring and Accountability, 2020). Adolescents in Ghana, like those in other parts of the world, confront serious reproductive health issues; they engage in sexual activity early in life, and many have several sexual partners (Awusabo-Asare et al., 2017; Guttmacher Institute 2004). It is believed that roughly 12% of Ghanaian adolescent females and 9% of Ghanaian adolescent boys had begun sex before the age of 15, respectively (Awusabo-Asare et al., 2017). According to regional analyses, a higher percentage of adolescent females in the Brong Ahafo area (21%) initiate sex before turning 15 than those in Greater Accra (5%) and the Northern region (8 percent ). It is also established that over 69 percent of Ghanaian teenagers aged 15 to 19 years have had unwanted pregnancies, and over one-third do not take contraception (Ameyaw, 2018; Awusabo-Asare & Annim, 2008).

Given these issues, Ghanaian officials place a high premium on adolescent sexual and reproductive health (SRH) (Awusabo-Asare et al., 2017; Esantsi et al., 2015). Ghana has had a strong legal and policy hold on the development and implementation of SRH education for a long time (Awusabo-Asare et al., 2017). When the country's first Adolescent Sexual and Reproductive Health Policy went into force in 2000, schools became formalized as conduits for teaching SRH (Ghana Education Service, Ministry of Education, 2012). The policy explicitly encouraged and led to the inclusion of a reproductive health component in the educational curriculum at the primary, junior high and senior high school levels. HIV/STI prevention, gender and reproductive rights, contraception and unwanted pregnancies, values and interpersonal skills, and sexual and reproductive physiology are all addressed in the 2015 modifications to the policy (Awusabo-Asare et al., 2017). The HIV/STI prevention component focuses on providing information about HIV/AIDS and sexually transmitted infections (STIs), as well as providing access to HIV services and preventing mother-to-child transmission. Gender and reproductive health is concerned with a wide range of gender and SRH concerns, such as sexual violence prevention, gender equality, sexual orientation, and so on. Young people learn how to communicate and make decisions in their sexual relationships, how to say no and refrain from sex, and how to deal with other critical concerns connected to their sexuality through values and interpersonal skills. Sexual and reproductive physiology, the third component, focuses on



physical changes in the body, information on the reproductive organs, and pregnancy and childbirth (Awusabo-Asare et al., 2017).

The sexual health information offered to Ghanaian youth is extensive, as the following framework implies. It also aligns with UNFPA's operational guidance for CSE, which is a holistic approach to sexual health education aimed at educating teenagers and children with the skills and values they need to develop a healthy sexuality view (UNFPA, 2010). This method of teaching sex education is based on the belief that knowledge and information are critical for young people's sexual development, and that schools provide feasible and long-lasting systems/infrastructure for delivering CSE programs. When compared to the importance CSE places on providing learners with scientifically accurate information, the function of the educational setting becomes more persuasive. Young people in Ghana are taught SRH beginning in primary school (grade 4), when some begin sexual engagement, and continuing through junior and senior high school (Panchaud et al., 2019). Given the high enrolments at this level, which is mostly due to free obligatory basic education, incorporating SRH within basic education is considered desirable. Alternative out-of-school sources, such as leaflets, friends, family members, radio, television, and other social media venues supplied by sexual reproductive health rigs, convey SRH information to those who are not in school. Although Ghana has a higher level of CSE coverage and content than other nations with similar features, the method has been criticized for being reactive and focusing too much on abstinence-only messages. Condom use is under-emphasized, and premarital sexual behavior is stigmatized (Keogh et al., 2018). Furthermore, few students are taught about contraceptive techniques, relationship communication, and other crucial aspects of CSE. There has been open public opposition to incorporating CSE into the educational curriculum in Ghana and many other Sub-Saharan African countries. The opposition stems mostly from deep-seated misunderstandings regarding CSE's aims. For example, it has been portrayed as a Western goal to instill sexual norms that are “alien” to African societies (e.g., comprehensive abortion care and lesbian, homosexual, bisexual, transgender, and intersex—LGBTI) (CitizenGO Africa 2019; Nggenbe, 2019). Nonetheless, CSE is projected to boost Ghanaian youth's confidence and improve their ability to negotiate safer sex, such as refraining or delaying sexual activity (Awusabo-Asare et al., 2017; Panchaud et al., 2019).

However, we are currently unaware of any research that looks into how important values, concepts, and messages in Ghana's comprehensive sexuality curriculum influence the reproductive health outcomes of Ghanaian youth. We do not know whether exposure to various CSE components or notions is linked to the timing of a young person's sexual debut. Also teachers and parents' views on CSE and its impact on students have been ignored all these while since the implementation of CSE in Ghana's education system since 2000.

This study adds to the body of knowledge by looking into the relationships between Ghana's sexuality education program's themes and looks at teachers and parents perception about the implementation of the new CSE model in Ghana since 2015 and modifying it in 2019.

### **2.7. Empirical review of sexuality education**

Peter et al. (2014) studied the attitudes of parents toward comprehensive and inclusive sexuality education in Illinois, USA. The research was aimed at the examination of the different approaches to measure the parent's attitudes towards sexuality information given to their wards. 301 parents of adolescents participated in an online survey about sexuality education programmes and 18 sexual health topics. Data collected were analyzed through the confirmatory factor analysis. It was revealed that parents were uncertain about what form of sexuality education was offered to their children. Most of the parents however were more comfortable with both abstinence only and comprehensive programmes.

Smith & Harrison (2015) researched the attitudes of teachers and school administrators towards sex education and sexuality among young people and how it affected sex education in KwaZulu-Natal, South Africa. Data was collected through personal interviews. A study using a qualitative research method was conducted with 43 teachers and school administrations at 19 secondary schools in the districts. The analysis of data was done using NVivo 7.0 qualitative analysis software. The results of the analysis showed that few teachers perceived the HIV epidemic as a serious threat. Teachers perceived themselves as people with an upper hand concerning issues of personal standards and moral authority than members of the community and schools in which they taught as they have significant impact on students' knowledge.

Panchaud et al. (2019) studied the comprehensive sexuality education: a comparative analysis of the policy environment surrounding school-based sexuality education in Ghana, Peru, Kenya and

Guatemala. The objective of the study was to compare the comprehensive sexuality education across middle income and low income countries. Review of policy documents concerning sexuality education in the various countries was done to obtain data for the study. The analysis showed that the four countries used for the survey had advantages from the policy environment if properly leveraged and could in the long run result in the a tougher and stronger implementation of the comprehensive sexuality education programs in schools. However, it was noticed that there were challenges that needed to be resolved to promote the proper health and well-being of the young people in the country.

Phasha & Mcgogo (2012) researched sexual education in rural schools found the Mpumalanga province of South Africa. The study was aimed at getting the views about how sex related issues were addressed in the schools. Samples were selected purposefully for the study. Data was collected through qualitative research methods (individual and focus group interviews). After the analysis of the data the paper concluded that there should be an intensification of teacher education and in service training to equip teachers with all the essential skills and knowledge to address sexual education in schools.

In Ghana, Nyarko et al. (2014) studied the parental attitude towards sex education in the lower primary. A purposive sampling method was used to select the participants for the survey. A total of 100 questionnaires were administered to parents with children in the lower primary. 63% percent of the parents lived in the urban areas whilst 37% lived in the rural areas. Multiple statistical methods were applied in the analysis of the data; descriptive analysis, test statistics and analysis of variance. The results showed that 58% of the parents were not in favor of their children being taught sexual education because they were too young; however 42% were in favor to support the teaching of the programme.

Asampong et al. (2013) studied parents and adolescent's perceptions of the best sexual education in two communities located in the Eastern and Volta regions of Ghana and how it has impacted on HIV and AIDS education. Data was collected through focus group interviews with parents and adolescents from the two communities. The results from the survey showed that parents and adolescents both agree that the best period for sexual activity amongst adolescents is determined by socioeconomic viability. Furthermore, one community relied on a communal approach (whole community coming together) in controlling their children whilst the other relied on a family

confrontational approach in solving problems. Parents from the two study areas differed in perception about sex education. One community attributed a reduction in teenage pregnancies to sex education offered to their wards whilst the other community had the perception that the widespread presence of youth delinquency in the community could be attributed to the generalized adolescent's sexual activeness.

Phasha et al. (2017) studied how sex education in the rural schools of Mpumalanga Province, South Africa is conducted. The research was composed of the views of 14 life orientation teachers between the ages of 30 and 45 years. A purposive sampling method was used on the basis that the teachers had undergone sex education training were selected for the study. The qualitative method of research was used involving individual and focus group interviews. The findings were the preferences of the teachers concerning the delivery of sex education, a) outsource the services to other non-teaching professionals b) omit the content which they consider sensitive c) to postpone sex-related lesson units until the end of the academic year.

Zulu et al. (2019) studied teacher's discretion in implementing comprehensive sexuality education in rural Zambia. It was aimed at exploring how teachers perceive the curriculum and practice discretion when implementing the CSE in mid-level school in Nyimba district in Zambia. The research adopted the case study approach. Interviews were conducted with 18 teachers being analyzed thematically drawing upon theories of discretion and policy implementation. After the analysis it was concluded that teacher's choice about the CSE programs were linked to lack of guidance on teaching of the curriculum and the teachers individually choose which topic to teach the learners when it was time for CSE.

Tenkorang et al. (2020) studied the components of Ghana's Comprehensive Sexuality Education on the timing of sexual debut among the In-School youth. The aim of the study was to find out about the information that about the various components of the comprehensive sexual health education program is linked to the delays in the timing of sexual debut among the in-school youth found in Ghana. Data was collected from three zones in the country namely, the southern, the middle and the northern belts. A total of 82 schools were randomly sampled from the three regions. In each of the school sampled the head teacher or the assistant head teacher was asked to complete the survey. 2982 youth in schools were used as respondents for the survey. In the analysis of the data, discrete-time hazard models were adopted to examine the link between the

components Ghana's comprehensive sexuality education on the timing of sexual debut among the in school youth. The results revealed that male youth who studied about HIV prevention delayed sexual debut but the male youth however who endorsed the myths about HIV transmission started to have sex early. On the other hand, the females who learned about the interpersonal skills and values delayed their sexual debut however the responses were influenced by demographic issues. The females in some regions delayed sex as compared to others located in other regions of the country.

Kemigisha et al. (2019) evaluated the school based comprehensive sexuality education program among very young adolescents located in the rural areas of Uganda. A mixed method of research was adopted with pupils from 33 schools randomly selected to partake in the research. Interviews and focus group discussions were organized for pupils, teachers and parents. The data collected was analysed using an ordered logistic regression analysis. The results showed that there was greater improvement in sexual and reproductive health knowledge in the schools.

### **2.8 Teacher and parents perceptions about sexual education**

Around the world especially in the African communities, there are lot of conflicting issues between parents, teachers and children about sex education (Acharya et al., 2009). This has brought about various disagreements on the educating of youth and children on sexuality. The attitude and perception held by parents and teachers differs from one place to another depending on the social belief systems, religious factors and others (Gallagher & Gallagher, 1996).

According to Nyarko (2014), parents in **Ghana** have an unfavorable attitude towards teaching their children about sexuality education. Most parents do not support sex education in school because it exposes them to knowledge about sex informing the children to take part in it. Parents believe sex education should be initiated at the upper primary rather than starting at the lower primary. Some parents also believe that the introduction of sex education to their wards is a way to introduce them to how to have sex.

In **South Africa**, although policies about sexual education in the schools were laid, teachers were found to be reluctant in the teaching of the subject to the students (Phasha & Mcgogo, 2012). Teachers consider the teaching about sexuality education as their responsibility to restore societal values (Hovell, 1994). Teachers also worry that teaching about safe sex might promote sexual

activity and therefore try to minimize this area of curriculum. The teachers are more ready to teach about abstinence than to teach about comprehensive sex education. The teachers associate teaching about sex with increased sexual experimentation. However some teachers also believe that today's openness on issues of sexuality is positive and benefits both the learners and themselves. Teachers also believe that 14-years old should not be sexually active and that the provision of messages of safe sex will promote promiscuity (Francis & Depalma, 2014). For most of the teachers, HIV is commonly taught as a moral injunction against promiscuity in the youth, others also think it is too early to introduce the topic of sexuality to the children at a tender age. Sexuality is something that can be handed to young people in appropriate doses (Lesko, 2010).

## **2.9 Barriers to sexual education**

Sexuality education in Ghana is a serious issue. Over the years there have been challenges and barriers to educating youth and children about sexuality. The following are some barriers to the provision of sexuality education:

### **2.9.1 Limitations in teaching**

An important role played by education in the lives of young people is the guiding and changing of their behavior for good results. Generally, teachers are the main channels to the delivery of sex and reproductive health education to students in the classrooms (Acharya et al., 2009), but only a small number of teachers have received specific training on how to teach this course to the children. Most teachers, especially from African countries are reluctant when it comes to discussing these topics with their students. However, some few are also very ready anytime to avail themselves to educate the children about sex and reproductive health.

Some studies have noticed that ongoing professional development is required to sustain the confidence of teachers in delivering effective sex education (Acharya et al., 2009; Buston et al., 2002). Some teachers believe the students are too young to be educated about sex which may increase the chances of them engaging in sex. This brings about limitations in the teaching of all the topics of the course thereby not exposing the people to some critical components of the course.

### **2.9.2 Community and parental support**

In Ghana, many parents believe that their wards are too young to learn about things concerning sexuality (Nyarko, 2014). This is as results of the perception held by parents that the more their children hear about sex, the more likely it is that they will be interested and curious to engage in it. Also, lack of dialogue between the parents and the school in the context of sex education because it might destroy the reputation of the school limits the teaching of sex education to the children.

### **2.9.3 Review and research in sex education**

Sexual education is an important part of the educational curriculum. However, in most countries little or no research is done to assess the quality and effectiveness of this course on the lives of the students. Schools do not have strategic approaches to research and evaluate the taught program. Others are not consistent in the review and evaluation of the program. In Ghana since the interest of most parents and teachers are not found in this course, schools do not take into the consideration the need for research on methods of improving the program. This has resulted in the low patronage of the program in schools found in the country.

### **2.9.4 Existing policies and practices**

In order for the program to be a success, the support of the government is greatly needed in the formulation of policies to guide the teaching of sex education. In Ghana, there are a few policies laid down concerning sex education. However, with the existence of these policies schools and parents do not have an in-depth understanding of these policies. Appropriate policies laid down will enable the delivery of sex education which educates and protects young people (Acharya et al., 2009). Also a concerted effort and collaboration between education stakeholders and curriculum developers is need for the effective execution of the program in various schools (Khou, 2012).

### **2.10 The Present Study**

Ghana's CSE program has concentrated on aspects/dimensions of HIV prevention among young people in school since its start (Biddlecom et al., 2007; Keogh et al., 2018; National Population Council, 2000). The curriculum addresses the “ABCs” of HIV prevention (abstinence, sexual partner faithfulness, and condom usage), as well as other important aspects of youth sexual

reproductive health in the country. Interpersonal skills and values, reproductive physiology, contraception, and pregnancy prevention are just a few of the topics covered. At this time, no research has looked into the links between CSE program components and its impact on students.

Sexuality education is a curriculum -based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. The of sexuality education is equip children and young people with knowledge, skills, attitudes and values aimed at helping them in life. The appropriate way of transferring to children and young people is to provide learners with information which is scientifically correct, appropriate to their age and development and sensitive to the local cultures as well as legal provisions. And how does this transfer into the school curriculum? Element of sexuality education has been taught in Ghanaian schools before Ghanas independence, 1957. This was taught under different subjects in integrated approach at the pre-tertiary level, (Amo-Adjei, 2021) .

According to Amo-Adjei, 2021, conducted a study to find out the relationship and the depth of coverage of topics taught in Ghana schools in three regions that were Greater Accra, Bong Ahafo and Northern. The study looked at five themes and they were sexual reproductive physiology, HIV and sexual transmitted infection prevention, contraception and pregnancy prevention and values and interpersonal skills. In addition, he looked at the grades when students first started learning sexuality education.

Findings were that limited attention was given to sexual and reproduction physiology with limited coverage at the other themes. In all findings shows pupils who studied sexuality education topics between primary 6 (around 11years) and Junior High School 1-3 (around 12-15 years) has better chances of being introduced to a wider range of the content. He concluded that the expansion coverage of sexuality education concepts depends on the early introduction of students to these issues are the best because it reduces negative norms and values which formed in early life of children rather than learned in older adolescence. He recommended that knowledge and behavioural outcomes on sexual and reproduction health could be better enhanced with early introduction of sexuality education topics.

The research shown that sexuality education has positive impact on children and young people. These includes delays in the timing of first performance of sex, a higher use of contraceptives



and safe sex among adolescences, which leads to reducing unintended pregnancy, unsafe abortion, sexually transmitted infections and HIV infections. It also shapes gender norms in a positive way, and this reduces the likelihood of violent practices such as rape and domestic violence etc. Sexuality education has also been shown to improve decision-making skills, competences and respectful, sexual practices and behaviours, which leads to empowerment, promote human rights, gender equality and reducing child or early marriage among children and young people. However, the continues to be a major cause of disagreement among parents, teachers, school administrators and religious leaders involved in education.

This study looks to investigate on teachers and parents' perception about CSE in Ghana education system and seek to enlighten the world whether the implementation of CSE in Ghana education system has had either significant positive or negative impact on students using the views of teachers and parents as findings for the study

### **3. Methodology**

This chapter covers the approaches and methods adopted to achieve the objectives of the study. It also covers the processes of study, participants, sampling techniques and procedures, data collection, data analysis, trustworthiness of the study, themes and headings, analytical framework, ethical considerations and conclusion of the chapter.

#### **3.1 Study design**

Considering the objective of the study, it seeks to investigate teachers' and parents' perception on comprehensive sexual education, expectations of teachers and parents from students learning sexual education, challenges of sexual education and local practices in preventing teenage pregnancy. The study investigated education on sexual and reproductive health, knowledge, values, skills and attitudinal change of students in and out of school.

The qualitative research approach was best for this study as it helped in getting answers on participant's point of view or their standpoint on comprehensive sex education and it is deemed appropriate for descriptive and explanatory studies (Babbie, 2004; Yin, 1984).The study adopted a qualitative, exploratory research approach as it enables credible investigation into things in their natural settings, something which helps to make sense of, or interpret, phenomena in terms

of meanings people bring along (Denzin and Lincoln, 2005). Exploratory research is a method that provides first hand insights into problems that have not been clearly defined- as in the case of the objectives of the study. Consequently, it is important to, first of all, gain an understanding of the challenges before further studies can focus on providing solutions to remedying the challenges they face. This made the exploratory research appropriate for the study. Qualitative research involves interpretation of certain phenomena such as words, speeches, and stories by interviewing and listening without the use of statistical methods in analysis. The qualitative research approach was used for the study to obtain an in-depth picture of the perception teachers, parents and students have on sexual education. The result of this research will be a backbone or guide for other research work to be carried on in the field of sex education.

Exploratory research had to be adopted also because little research done on Comprehensive Sexual Education in Ghana. This situation also led to a case study design for the study since it gives an in-depth, multi-faceted understanding of a complex phenomenon in real-life situation. The case study approach was adopted because as a research method, “it is used by investigators in many situations, to gain a holistic and meaningful understanding of real-life events, and also contribute to the knowledge of individuals, groups, organizations, social, political, and related phenomena” (Yin, 2009). Additionally, the case study is used to gain a deeper understanding of the complexities of real life and how they influence decisions. The case study was used because the study wanted to gain an in-depth understanding of the contextual conditions and how parents and teachers perceived CSE in Ghana.

The goal of the study, then, is to find out teachers’ and parents perception of comprehensive sexual education in Ghana. The exploratory research design was used in the study to strategically make connections between elements of the study and to ensure its fitness for the purpose of the research findings, implications and priorities of Comprehensive Sexual Education. In order to enhance an in-depth explanation of the contextual dynamics of the perception of CSEs in Ghana, the study adopted the case study design since it enhances empirical inquiries that investigate a contemporary phenomenon within its real-life context or when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used (Yin, 1984). A case study is described as *a type of design in qualitative research that may be an object of study, as well as a product of the inquiry* (Creswell, 2013). A case study design

offers three ways of reducing errors and inconsistencies, based on purpose of study, the nature and relevance of data to collect and analysis of the data appropriately. In my study, the case study design enabled me to better understand the perception of teachers and parents on comprehensive sexual education in Ghana.

### **3.2 Population, sampling and data collection**

#### **3.2.1 Population**

The data collection was conducted in Sunyani, which is the capital town of the Bono region and the Sunyani Municipality of Ghana, with a population of 74, 240 in the population and housing census in the year 2010. The municipality has several higher education institutions in which comprehensive sexual education is introduced in some courses in the primary and second cycle institutions. There are both public and private secondary schools, and while the public schools are mandated (obligated) to include sexual education in their syllabus, the private secondary schools are not so mandated. For this reason, all public schools in the municipality were candidates to be included in the study while all private senior high schools and day schools were excluded from the study. As such five secondary schools qualified to partake in the study, and these secondary schools were both mixed and single sex schools boarding schools.

All teachers, heads of departments, parents and headmasters or -mistresses of the five selected public senior high schools in the Sunyani municipal in Ghana formed the candidate population of the study. The table below presents the selected schools in the data collection

#### **3.2.2 Sampling Technique**

**TABLE 3.1 NAMES OF SENIOR HIGH SCHOOLS IN THE DISTRICT AND THE SEX**

<b>No</b>	<b>Name of Senior High School</b>	<b>Sex</b>
1	Notre Dame Girls Senior High	Girls
2	St James Seminary Senior High	Boys
3	Sunyani Senior High	Mixed
4	Twene Amanfo Senior High School	Mixed
5	St Augustine's Senior High	Boys

Source: Author's construct (2020)

A multi-staged sampling technique was used in the sampling process. There were five public senior high schools in Sunyani town in Ghana and any senior high school can be classified as either boys, girls and mixed schools. The selected senior high school group had two boys' schools, one girl's schools and two mixed schools. There is reason to believe that teachers in single sex schools will concentrate on only one aspect of comprehensive sexual education. All single sex senior high schools were therefore excluded from the study, in order to have a more diverse opinion from parents and teachers on sexual educations of students. Both mixed schools in Sunyani Municipal assembly were thus included in the study. These mixed schools were purposively chosen for two other reasons as well. A purposive sample is a sampling technique in which the researcher relies on his/her own judgement to choose members of the population to participate in the study. The students in mixed schools will gain insight in various perspective and experiences on sex education which will create more opportunities concerning their sex life. Also these mixed schools were purposively chosen as students in their education cycle have to deal with their opposite sex and the impetus for sexual activities in mixed schools is higher compared to those in single sex schools. A study conducted by the Girl's Education Unit (GEU) of the Ghana Education Service (GES) in collaboration with UNICEF (2017) revealed that adolescent girls in mixed schools are highly prone to teenage pregnancy. Based on these findings I purposively chose mixed schools for the study. By this criterion only two senior high schools were selected to be included in the research.

### **3.2.3 Sample Size**

The use of sample size is relevant in every study, the present study included. As noted above, the sample was chosen from only two out of five possible senior high schools. This narrowing down of was based on the fact that correct sample size will help provide both more accurate results and also as a lone MA student cannot take on a too large sample size due to the time limit for the study and resources available during the study. This principle was applied also to the sampling of teacher and parent participants in the study. Additionally, the purposive sampling technique was used to effectively limit the number of participants to reduce repetition of data by focusing on key informants.

The selected schools (Twene Twene Amanfo Senior High School and Sunyani Senior High School) had five and seven departments respectively. The departments were business, science, general arts, home economics, visual arts, agricultural science and technical department. All departments with less than three class room blocks were excluded from the study, thus those departments included in the study was the business, science and general arts departments. The study choose departments with the highest classroom blocks to partake in the study as teachers of these departments are tasked with increase responsibility of taking care of more students than those department with less classroom blocks.

**TABLE 3.2 SENIOR HIGH SCHOOLS AND THE SAMPLE SIZE**

<b>No</b>	<b>Name of Senior High</b>	<b>Number of Departments</b>	<b>Number of Class room Blocks</b>
1.	Sunyani Senior High School	7	23
2.	Twene Amanfo Senior High School	5	17
<b>Total</b>		<b>12</b>	<b>40</b>

Source: Author’s construct (2020)

The same purposive sampling procedure was used in selecting teacher participants for the study. Within each school, the heads of departments were chosen for the data collection since they had explicit knowledge on students in the school for the past five years and are in charge of implementing educational syllabus in their department. In the chosen departments, any teacher who had not lectured for at least five years was eliminated, since comprehensive sexual education was introduced in Ghana education syllabus only in 2018. Those who had taught less than five years therefore could not compare the benefits or drawbacks of its implementation to when it was not implemented (put in argument about their deeper knowledge of their students). The lottery method was used in selecting two of the remaining teachers in the department through the use of simple random sampling: a ballot took place where yes or no was written in a paper and folded, all teachers who selected “yes” was then included in the study, while those who selected “no” was excluded from the study. In both the chosen senior high schools, six

teachers and three heads of departments were chosen from each school. This produced nine participants from each of the two senior high schools, making the total number of teacher participants eighteen.

In order to select parents to participate in the research, I used the convenience sampling technique. The heads of the three selected departments were tasked with selecting two parents from each department, since the schools for the study are boarding schools and these heads therefore had the parents' contact information. The criteria for selection were parents who lived closer to the school and were willing to participate in the research.

Table 3.2.1 Sample size for teachers and parents (participants) for selected senior high schools

<b>Name of Senior High School</b>	<b>No of heads of department chosen</b>	<b>No of teachers chosen</b>	<b>No of parents selected</b>	<b>Total</b>
Sunyani Senior High School	3	6	6	15
Twene Amanfo Senior High School	3	6	6	15
<b>Total</b>	<b>6</b>	<b>12</b>	<b>12</b>	<b>30</b>

Source: Author's construct (2020)

### **3.3 Data Collection**

The study had both primary and secondary data collection procedures. The secondary data sources consisted of relevant reference documents, such as publications of CSEs articles and relevant literature, and were used in the research from the beginning of the research to the final drafting of the study. I also had the help of Mr. Emmanuel Nyamekye in arranging the interview guides.

The primary data collection instruments that were used, however, were primarily interviews, both with individuals and focus groups. According to Henning et al (2004), interviews are communicative events which aim at finding what the participants think, know and feel, and are used to collect relevant, valuable and analytical data (Barbour, 2008). The reason for using interviews to collect data is in line with the qualitative approach of my research. Wahyuni (2012)

explains that interviews enable a researcher to understand the social world from the experiences and subjective meanings that people attach to it. The interviews provided me as researcher with opportunities to dialogue with the studied participants, and thus to obtain data which was substantial and helped to build significant analyses of feelings, views and experiences of teachers and parents about their perception on comprehensive sex education. The study used focus group interviews to collect data from the head of departments, parents and selected teachers. The focus group interviews was a good tool in conducting research of this type as it gives an in-depth understanding of the perception of teachers and parents on comprehensive sexual education in Ghana.

The interview format adopted was a semi structured interview, where an interview guide was used. This allowed questions which were not included in the guide but popped out and were deemed to be useful to the research. It gave room for participants to express their opinions and stand on comprehensive sexual education.

The focus group interviews were conducted by me as researcher. They were conducted with selected groups comprised of teachers and parents, combined for discussions by me as researcher in each of the schools. The reason for combining both teachers and parents was to get in-depth information as people talk more in a group. They were asked about their opinion or perception about comprehensive sexual education. The purpose of using the focus group interview was to create an interactive environment where parents and teachers (participants) were able to express and discuss the subject matter freely with each other. Furthermore, the semi structured interview format allowed brainstorming to take place on relevant topics of comprehensive sexual education. Topics relevant to sexual education based on the research objectives were brought up by me for parents and teachers to discuss. The first focused group discussion took place at Sunyani Senior High School lasting for 50 minutes on the 6<sup>th</sup> – 8<sup>th</sup> Jan. 2020. The second focus group discussion took place at the assembly Hall of Twene Amanfo Senior High School on 9<sup>th</sup> – 11<sup>th</sup> Jan, and it lasted for 63 minutes. The focus group interviews were conducted in the local language Bono and English. The interviews and FDGs concentrated on providing relevant answers to the research questions of this study. These questions are

- What do parents and teachers understand by comprehensive sexuality education in Ghana?;

- What do parents and teachers expect students and children to learn from sexual education in Ghana?;
- What are the local practices of parents and teachers in preventing teenage pregnancy and preparing youth towards to adulthood?
- What do parents and teachers perceive as the challenges to studying sexual education in Ghana ?; and
- How can these challenges be incorporated into the pedagogy of sexual education in the context of Ghana?

A detailed outline of the interview guides and FDGs are attached at the appendix.

The individual interviews took place in the various schools between 12<sup>th</sup> and 22<sup>nd</sup> Jan. 2020. The study design took into consideration the prevailing environmental circumstances in order to avoid interferences and ensure enough privacy. The semi structured interview guides were divided into different themes and topics in concordance with the research objectives and questions. For easy comprehension and preferences of the key informants, the interview guides for the parents were translated into Bono from English, the local language used in the region. This was done only for the parents as English is the medium of communication in Senior High Schools in Ghana and thus well known for teachers.

In addition, questions were asked in order to support or refute certain claims made by the participants after gaining more insights in the subject matter. The key informants (parents and teachers) were consulted and reviewed in validating the finding of the study at the initial stages.

### **3.3.1 Pretesting/Piloting of the instrument**

A pretesting or pilot interview was performed in the study to detect flaws or weakness within the design. Postlethwaite (2005) posits that there are two reasons for pretesting of instruments. Firstly, it is done to assess whether the instrument has been designed in a manner that will elicit the required information from respondents. Secondly, pretesting helps to determine whether questions are pitched at the appropriate level. The pre-testing took place at Notre Dame Girls Senior High on 3<sup>rd</sup> Jan, 2020. This school had similar boarding facilities and conditions as those senior high schools where the actual research was conducted. There were three categories of participants (heads of departments, teachers and parents) who were involved in the pretesting.



Specifically, those who were involved in the pretesting stage included four participants (two teachers, one head of department and one parent). The pretesting interview took an hour and thirty minutes which was quite more than the anticipated forty-five minutes. The pretesting experience enabled me to rephrase questions which were difficult for parents and teachers to understand.

### **3.4 Data analysis**

The process of data analysis in the study followed a qualitative model in the choice of techniques used to make sense out of the data, for people to appreciate its significance. Data analysis helps to convey the thoughts, feelings and sentiments the respondents expressed about the phenomena under study. As remarked by Symon and Cassel (1998), data processing goes on at all stages of the research and it is linked with data gathering (Cousin, 2009). The data analysis starts with the decision of choosing sampling and goes through questions and forms of methodology, as these forms the basis of judgement, evaluation and interpretation. Gibbs (2002) asserts that qualitative analysis is mostly iterative, recursive and dynamic and it is not treated separately from data gathering.

In the present study, QSR NVivo7 was chosen for the analysis work. QSR NVivo7 is a software package which aids qualitative researchers in managing the processing of quality research. The software was chosen because of its features which can help manage the relationships in the text. For the data to be well analysed it was grouped into themes for analysis, organising, explaining and reporting of data sets. All the processes and proceedings were recorded, translated, transcribed and validated by me as a fully competent speaker in the two languages involved, Bono and English. By selecting samples, the translated materials were also checked to ensure concise and precise transcriptions and translations.

The study used manual analysis due to small data set. I followed a six-phased process employed under thematic analysis (Nowell et al., 2017). These were as follows;

Phase 1: Familiarization with the data- the focus group discussions transcripts were read and re-read to ensure familiarity with the content of the transcripts.

Phase 2: Generating preliminary codes- Those sections of the interviews and focus group discussions relevant to the research question were then coded according to their semantic and

latent content; codes were generated, following the main topics, including both individual and focus group discussions guides.

Phase 3: Search for themes- emergent codes to capture new themes that arose during analysis.

Phase 4: Reviewing Themes;

Phase 5: Defining and naming themes- The codes and the data located under them were then collated into potential themes and reviewed to ensure that they were coherent and reflected the content of the data set.

Phase 6: Reporting of findings.

### **3.5 Trustworthiness of the study**

The trustworthiness of any study must be checked to ensure that the data collected follow logical procedures and patterns conforming to quality standards based on validity and reliability of the research instruments for data collection. The researcher should establish the appropriateness, quality and accuracy of the procedures he or she adopted for finding answers to his or her research questions (Kumar, 2013). In the present study, the trustworthiness of the study was based on construct validity, internal validity, external validity and reliability (Yin 2009). The two tests used by the study are Validity and Reliability. The Validity test captures both external and internal validity measures as stated by Yin (2009). The data collected for the study was of quality as all needed procedures were followed during the study. The interview guides used for the study was based on the approval of my supervisors and an expert, Mr. Emmanuel Nyamekye in the field of CSE in Ghana. All relevant citations during discussion of data were referenced in the work. The moods of participants and researcher and the physical setting where the data was collected were considered. Participants were further contacted after the transcriptions and analyzing the data to review whether the findings reflected on their opinions.

The study was undertaken with great care of ensuring that all findings are reliable and valid. According to Mustafa (2011) validity is a tool for determining whether the research measures what it was intended to measure or the truthfulness of the results obtained from the research. What reliability seeks to solve is whether the results can be reproduced using similar methodology. Whether a research study is either qualitative or quantitative, it should be possible to produce the same or a similar truthfulness with a similar procedure, thus proving the accuracy and dependability of the research findings (Lewis, 2009).

### **3.5.1 Validity**

The primary data collected through the use of semi-structured individual interviews and focus group interviews was found to be meaningful and relevant to the study, thus valid data in reaching the objectives of the study. In every stage during data collection, every key individual was involved in the data collection process and their views were the ones used to form the key findings of the research. The information from other scholars and from secondary sources also helped to validate the findings, as did the feedback sessions with the participants.

### **3.5.2 Reliability**

Research is said to be reliable if the research tool is consistent and stable, hence predictable and accurate (Kumar, 2013). The present study took into consideration challenges and different environmental settings in order not to compromise the quality of the information gathered. One of the measures taken to enhance the reliability of the study was to translate the interview guides into Bono, the widely spoken local language in the region. This provided for parents' better understanding, and was a result of the pretesting done before the data collection proper. The process of designing the study took into consideration how the choice of words, the environmental situation and the sentiments of the researcher and the participant towards CSE might influence the data. It also factored in the interpretation of similar results of comparable research under the same conditions to help shape the study design. Both primary and secondary data used for the research was reliable, and all secondary data used for the research has been properly cited and referenced.

### **3.6 Ethical considerations**

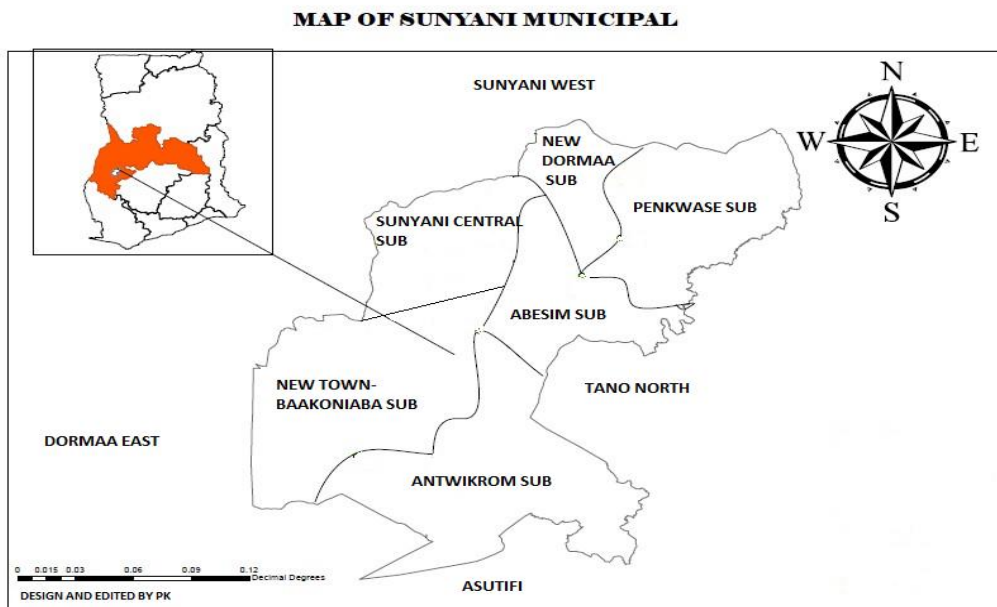
The study took into consideration the Convention on the Rights of the Child (CRC) by ensuring that all rights of children and adolescents were well factored in the methodology. The study is conforming to the usual standards of research ethics concerning consent of participants and safe guarding of sensitive personal information. I have been aware of the need to be sensitive as a guest (s) in private spaces of the world (Stake 2005), and of the assertion of Cohen et al. (2000) that ethical considerations are described as a matter of principled sensitivity to rights of others.

The research was undertaken with the full knowledge, agreement and participation of all the institutions. As researcher I sought consent from the head of the schools, parents and teachers to ensure interview guides met all the requirements of research, schools, and Ghanaian academics ethics. I also sought permission from the Norwegian Centre for Research Data (NSD).

Permissions were also sought from school administrators and parents in the chosen high schools in Bono Region to ensure that the research does not violate any laws. The participants were interviewed based on the willingness to take part and could opt out at any point in time without infringements of their rights. I also took into consideration the time and the physical setting for interviews so that they were favourable and preferred by the participants.

### 3.7 Research Area

Sunyani Municipal is one of the oldest districts created and one of the twenty-seven administrative districts in the Brong Ahafo Region of Ghana. It has Sunyani as its municipal capital. The district lies between Latitudes  $7^{\circ} 20'N$  and  $7^{\circ} 05'N$  and Longitudes  $2^{\circ} 30'W$  and  $2^{\circ}10'W$  and shares boundaries with Sunyani West District to the North, Dormaa District to the West, Asutifi District to the South and Tano North District to the East. There are effective economic and social interactions with the neighboring districts which promote resource flow among these districts. The municipality has a total land area of 829.3 Square Kilometres (320.1square miles). One third of the total land area is not inhabited or cultivated which provides arable lands for future investment. The study focuses mainly on the two senior high schools in the Sunyani Municipal assembly. These schools are Sunyani Senior High School and Twene Amanfo Senior High School.



***FIGURE 3.1 MAP OF THE MUNICIPALITY SHOWING THE SIX SUBDISTRICTS AND THEIR BOUNDARIES***

**3.8 Conclusion of the chapter**

The study adopts a qualitative and exploratory design based on case study. The rights of participants were considered due to the sensitive nature of the research, in order to get the valid data. The case study used semi structured interviews in collecting the data, in both individual and group interviews. In the interview guides developed for the interviews, the data was grouped based on themes to correct inconsistencies and ensure proper analysis. Ethical considerations considered the interests and priorities of the participants without infringement of their rights.

#### 4. Findings and Analysis

This study therefore sought to understand how Ghanaian teachers and parents perceive the introduction of comprehensive sexual education for children and youth in schools and general parental guidance. The study undertook this task by discussing issues that relate to the central question of the study. They are grouped into five main themes:

- the **socio-demographic characteristics** presented in tables and analyzed into frequency and percentages as follows; education, age, number of wards a parent or teacher cater for.
- highlight **the understanding of teachers and parents** on comprehensive sexual education,
- **local practices of parent and teachers** in the prevention of teenage pregnancy.
- **Challenges** parents and teachers perceive to studying sex education in Ghana and
- what parents and teachers **expect students to learn** from comprehensive sex education in Ghana.

The chapter provides quotes from the focus group discussions (see 3.3.) and also secondary data sources, grouped according to the themes above.

#### 4.1 Socio-demographic characteristics of the participant

The section presents the findings of socio-demographic characteristics of the study which include educational background, age and number of wards a participant caters for. Findings from the study revealed that 28 out of 30 participants were first degree holders. One participant in each held senior high school and diploma certificate respectively. However, the high level could also be influenced by the level of education required by teachers to teach at all levels of education in Ghana. The table 4.1 below represents the educational background of teachers and parents that took part in the focus group discussion.

**TABLE 4.1 PARTICIPANTS EDUCATION**

Educational background	Number (30)	Percentage (approx.100 %)
Senior High School (SHS)	1	3%
Diploma	1	3%

Degree (12 Masters included)	28	94%
No higher education	-	-
P H. D.	-	-

Source: Author's construct (2020)

Participants were between the ages of 28-50 years. This represented teachers and parents who had knowledge on what comprehensive sex education is about. From table 4.2, the majority of the participants fell between the ages of 41-50 or above, followed by those between ages of 31-40 and then 28-30 with 56.6%, 33.3% and 10% representation respectively.

**TABLE 4.2: PARTICIPANTS AGE**

AGE (years)	NUMBER (30)	PERCENTAGE
28-30	3	10 %
31-40	10	33.3%
41-50 above	17	56.6%

Source: Author's construct (2020)

Table 4.3 below shows the number of wards each participant had. All participants had at least a child under their care, while the maximum number of children under a participant was six. Participants with 1-2 children had the highest frequency (50%). This was followed by those with 3-4 children, 5 and above children, and then 4-5 children having frequencies of 43.3%, 16.6% and 10% respectively. Also, the number of wards a participant has is a factor that influences their experience on sex education.

**TABLE 4.3: NUMBERS OF WARDS UNDER EACH PARTICIPANT**

Number of wards	Number of participants (30)	Percentage
1-2	15	50.0%
3-4	13	43.3%

4-5	3	10%
5 and above	5	16.6%

Source: Author's construct (2020)

#### **4.2 How Teachers and Parents understand comprehensive Sex Education**

Participants understanding sex education and its influence on their wards are a determining factor for a successful implementation of Comprehensive Sexual Education in the Ghanaian education syllabus. According to the World Health Organization (WHO, 2010) knowledge on sex education is essential when people are sexually healthy. People involved in providing sex and relationship education are to be trained continuously to ensure that the information and counseling given are accurate, evidence-based, and appropriate and free from gender bias, stigma and discrimination. Out of the thirty (30) participants, twenty-eight (28) participants in the focus group discussion agreed on having the knowledge on what comprehensive sex education was. Only two parent participants stated that they did not know much about comprehensive sex education. This finding is likely to be influenced by the level of education of the participants. As shown in table 4.3, the majority of the participants were educated. Our findings are in accordance with the study by Nyarko (2014) who found out that parents who have less education or are uneducated are likely to hold on to their cultural & religious values and traditions on sexuality, and oppose the idea of Comprehensive Sex Education, especially as concerns the age that it should be introduced. The educational level attained by teachers and parents were a major factor in the acceptance of comprehensive sex education implementation in the two schools for the study as the majority of participants supported the implementation of CSE in the schools education system. Findings revealed that most teachers and parents of Twene Amanfo Senior High and Sunyani Senior High School were for the implementation of CSE in these schools. From the findings it can be posited that people who are educated, thus from secondary school to the tertiary level, are open to the understanding and knowledge on comprehensive sex education of their wards. The findings were in line with that of Nyarko (2014) who posited in his studies that those educated are most likely to accept the implementation of CSE as they have knowledge on what CSE entails.



Participants expressed during the focus group discussion that they agreed with as morally right teaching or educating children on sex. A minority of three participants, approximately 10 %, said that comprehensive sex education was morally wrong. The knowledge on sex education was supported during the focus group discussion with some parents participants' views tabulated below:

***TABLE 4.4: PARENTS' VIEW ON SEXUAL EDUCATION AS A POSITIVE***

PP 1	“Teaching student about sex in school is beneficial to the student because it makes them aware about reality in life and enable them to abstain from sex”
PP 2	“Teaching students sex in school and in the house will enable them to approach the phenomenon with ease and aid them in avoiding sexually related issues as they grow.”
PP 3	“Teaching students about sex education puts the children in an informed state about sex”
PP 4	“It will prepare and also create an awareness for the students what sex education is about”
PP 5	“It will create awareness that protect the children from sexual exploitation”
PP 6	“It is very beneficial since it’s their right to know about their reproductive health”
PP 7	“It will highlight the needs and challenges girls face whilst coupled with prevention of early pregnancy”
PP 8	“Comprehensive sex education helps young people to protect their health, well-being and dignity”
PP 9	“It helps them to acquire knowledge about their sexual activity”
PP 10	“It enhances their understanding of sexually related activities and their consequences

Source: Author’s construct (2020)

Other parents and teachers had a different view and their view, even though they were educated, were in line with Nyarko (2014) who pinpointed that parents who have less education or are uneducated as likely to hold on their cultural & religious values and traditions on sexuality Comprehensive Sex Education will be opposed by such parents who strongly believe that children who have not reached their puberty stage (13 years and above) should not be exposed to things about sex. Some parents during the focus group discussion seconded a teacher who expressed that teaching children sex in school will teach them immoral behavior which is not good for the society. Their views are tabulated below:

***TABLE 4.5: PARENTS' AND TEACHERS VIEW ON SEXUAL EDUCATION AS A NEGATIVE***

PP 11	“Comprehensive sex education should be left to the home and churches”.
TT 9	“it will teach about immoral behavior and that it is not good in our society”
TT 12	“It will introduce them to early sex”.
TT 13	“Teaching students about sex in school is not beneficial since students may practice what they hear”.
TP 4	“Teaching of sex in schools will expose the student to the dangers in engaging in early sex”.

Source: Author's construct (2020)

The education on sexuality in school has been opposed by some communities due to its religious values and morality on CSE materials and what it entails; this has become a challenge for teachers in these communities (Zulu et al, 2019). In my findings, it was widely believed that teaching about sex organs to students is inappropriate in most communities in Ghana. The mentioning of sex organs by teachers to students was absent, especially with children below the ages of fifteen (15) years. Some parents preferred comprehensive sex education should be taught at home and not in school. This is as a result of the cultural beliefs of the people as parents see it inappropriate to discuss sexual life with their wards. In my research findings, however, the

majority of the teachers who participated find it necessary to introduce comprehensive sex education in schools. Even though this was supported by most participants (teachers and parents), other participants refuted the need of CSE in school.

The participants avers that such information may only arouse the curiosity of children rather than helping them control their desires. Which in turn could counteract the very bases for introducing sexual education in the country. This finding can be related to that of Dingeta et al. (2012), that suggests that children are always seeking for pleasure and curious about their bodies and face challenges in controlling themselves. Again, when we put this finding in the context of Ghana, even though the participants were highly educated, there are some elements of cultural and religious influences in the finding, notwithstanding the high educational level of participants. As found elsewhere (Nyarko, Adentwi, Asumeng, & Ahulu 2014, Gwanzura-Ottmoller and Kesby 2005; Pattman and Chege 2003), discipline especially when it comes to sex remains an important matter in the traditional Ghanaian home.

The views of participants are tabulated below:

**TABLE 4.6: TEACHERS POSITIVE VIEWS ON SEXUAL EDUCATION**

TP 1	“It will prepare and also enroll the students to approach the issue of sex in a mature way”
TP 2	“It is part of the growth process about life”.
TP 3	“If sex education is taught well it will help students to make informed choice about their sexuality”.
TP 5	“ CSE may help students to understand sexuality education”
TP 6	“It enlightens them on sexual issues”
TP 7	“Teaching of sex education is beneficial because it will open up students’ perception about sex on what they should do and not to do.”
TP 8	“It equip them the knowledge of self-consciousness of their sexuality to

avoid immoral practice.

TP 12            “Teaching sex will create curiosity among students which will make students practice vice and not virtue.”

Source: Author’s construct (2020)

Others teacher participants suggested that teaching sex students about sex will guide students from involving themselves in unacceptable practice (TP 13)”. TP18 also refuted TP12 suggestions by stating that “the extent of sex education students learn will rather determine if they practice vice and not virtue”. A parent also revealed that “teaching of sex education is beneficial because it will open up students’ perception about sex, on what they should do and not to do”.

Therefore the study avers that some traditional and religious concerns especially on sex should be considered in the design and implementation of the sexual education in the country. Also, since certain courses in sex education increased the clarity of the student’s values concerning sex, while other courses offered did not have any significant change (Kirby, 1984), it is therefore important that the sexual education in Ghana while enlightening students should also consider abstinence which remains important in the cultural and religious believe of Ghanaians.

### **4.3 Introduction of SE/CSE**

#### **4.3.1 Age of introduction of SE /CSE**

As noted in chapter 2, the rising number of unplanned pregnancies, Sexually Transmitted Infections (STI’s) and early child marriage in some communities in Ghana, lead to the implementation of CSE in Ghana’s educational system. It was introduced in the 1970’s by the Planned Parenthood Association of Ghana (PPAG) in some subjects such as environmental studies and social studies in the basic, junior high and senior high schools, to help curb teenage pregnancy and STI’s (Emmanuel, 2019). The implementation of comprehensive sex education was frowned upon by some members in the society due to its lack of quality control and the limited knowledge and skills of teachers.

The above findings reveal that a majority of participants supported the implementation of comprehensive sex education in Ghana's education system. A few participants were against the implementation of comprehensive sex education in Ghana's education system. Those against the implementation of comprehensive sexual education in Ghana's education system were of the notion that CSE should not be implemented in Ghana's education yet, due to the lack of quality control on what children should be taught and teachers' limited knowledge and skills on comprehensive sexual education. Most of the participant suggested that comprehensive sex education should be introduced at an early age, thus the ages of seven to twelve years and above. Despite this, the suggestion made by some parents was that comprehensive sexual education would be best introduced to their wards during their puberty /adolescent stage (12 years to 15 years); this was in line with studies conducted by Nyarko (2014) who found that parents were not in favor of their children being taught sexual education at their young age. Other initiations were made that the introduction of comprehensive sex education at an early stage will help children to be aware of themselves and acquire knowledge about it. Participants' response varied, with twelve years being most selected during the focus group discussion. Below represents what some participants said:

***TABLE 4. 7: MAJORITY'S PARENTS VIEW ON THE INTRODUCTION OF CSE***

PP 1	“From ten years going, it is at this age early pregnancy could take place”.
PP 3	“Ten years because it will make them aware of their puberty life which one cannot avoid”.
PP 4	“Age twelve when the girls and boys are beginning to enter adolescent age. However about the sex organs, introductory should be taught as at four years”.
PP 10	“At ages twelve. By this age the average child will be old and sensitive enough to understand issues”.
PP 12	“I think it will be much appropriate from nine years thus stage four through to the tertiary level of education
PP 5	Five years because at that age they begin to be aware of themselves and what is around them. They also become adventurous”.

PP 7                Seven years. It will help them internalize what they have been taught”.

Source: Author’s construct (2020)

The view of teachers on the age in which wards should be taught about sex varied from that of parents with most teachers vouching for the adolescent ages that is from fourteen onwards. Teachers views on what age children should be educated on sex is tabulated below:

**TABLE 4.8: TEACHERS VIEW ON WHAT AGE CSE SHOULD BE TAUGHT**

TP 1	“at the age of eighteen years. By that time the child will be grown to know what is right from what is wrong , and have the understanding on moral right
TP 2	“at the age of sixteen. They will be at the senior high school”
TP 3	“I suggest fifteen years, because the children being in adolescence need sex education”.
TP 7	“right from the adolescent stage. This is due to the changes that occur during this stage. The children are supposed to be educated on their development and their sexual needs”.

Source: Author’s construct (2020)

**4.3.2 Content of CSE**

Findings from the study revealed that most parents and teachers preferred the content of comprehensive sex education to focus mostly on menstrual hygiene, STI’s, teenage pregnancy, chastity, sexual harassment and reproductive health care. The opinions on what should be the content of comprehensive sex education by some parents and teachers are tabulated below:

**Table 9: Teachers view on what comprehensive sex education should be based on**

TP 1	“In my opinion, CSE should teach discipline and menstrual hygiene, STI’s, introduction on contraceptives”.
------	------------------------------------------------------------------------------------------------------------

- TP 2 “Good and bad side about sex”.
- TP 3 “A knowledge of the female/male genital organs, contraceptives, teenage pregnancy and chastity”

Source: Author’s construct (2020)

**Table 10: Parent view on what comprehensive sex education should be based on**

- PP 1 “The content should cover areas such as puberty stage, teenage pregnancy. Feeling towards opposite sex, rape, sexual harassment”
- PP 2 “The study of human body sexuality in men and women, purpose of comprehensive sexual education, sexuality and sexual behavior”
- PP 6 “Growth and development, adolescent reproductive health care, personal hygiene, harassment”

Source: Author’s construct (2020)

**4.3.3 Impact of CSE on students**

The implementation of CSE in Ghana is afflicted with significant socio-cultural, political and economic challenges, but other countries have made progress in the implementation of CSE (Nyarko, 2014, Akorsu, 2019). My findings show that most participants, both teachers and parents were positive about the implementation of CSE in Ghana’s education system. During the focus group discussion, however, a teacher participant said that “the implementation of CSE in Ghana’s education system has led to immoral behavior, disrespect and teenage pregnancy among students in Ghana.” This was countered by a parent who said that “CSE has brought a positive impact to ignorant youth who have no knowledge about what sexuality education entails and its implications”. Concurrently, a number of studies including IPPF (2016) have proven that CSE education has accrued some benefits especially on reduction of pregnancy or sexually transmitted diseases. There are increased reduction gender inequality and usage of condoms. The positive views of participants are tabulated below during the focus group discussion:

**TABLE 4.9: POSITIVE VIEWS ON THE IMPACT OF CSE**

TP 3	“It helps to prevent teenage pregnancy, child delinquency”
TP 5	“It will go a long way to produce effective, efficient responsible human resources for the country.”
PP 1	“Because it will promote girls empowerment and the fulfillment of their human rights”
PP 10	“It will be beneficial because it will help curb the growing number of teenage pregnancy, rape, sexual harassment.”
PP 7	“It will help populace to understand reproductive health issues better”
PP 8	“Students, parents will be enlightened about reproductive health”
TP 11	“It will reduce teenage pregnancy and unsafe abortions”

Source: Author’s construct (2020)

Other participants stated that the implementation of CSE in Ghana was not beneficial because:

**TABLE 4.10: NEGATIVE VIEWS ON THE IMPACT OF CSE**

PP 11	“Our culture as Ghanaians does not permit such education for young children”
TT 12	“I do not think sex education system is beneficial to the country because students may think they are more knowledgeable and so can have safe sex.”

Source: Author’s construct (2020)

Even though the both parents and teachers agree to the importance of sexual education, there are differences between parents and teachers as to the age at which sexual education could be thought. A close look at the reasons from both parties seem credible however there is a need to pay attention to the physiological readiness of children in the context for such discussions. As such, the kind of education offered at every age of the child is what must be considered. The study supports the sexual education in Ghana which follows the eight themes according to



UNESCO International Technical Guidelines as identified in Emmanuel (2019) seems practical and may be able to address such concerns of both parents and teachers.

The eight themes indicate what should be taught from ages 4-5 years up unto 14 years which duly focuses on what is relevant to the sexual development of children given their ages. More aptly, pre-school (4-5 years) and class 1 (6 years) focus on values and society, personal hygiene and believe. Class 2 (7 years) focuses on attitudes, intensified education on personal hygiene and roles and responsibilities of children. Class 3 (8 years) on understanding inter-personal relationships, families and relationships. Class 4 (9 years) on hum growth development life cycle, and Class 5 (10 years) on religion and social values and puberty changes. The rest are Class 6 (11 years) on fertility, pregnancy related issues and childbirth, concept of gender; norms and roles, JHS 1 (12 years) Norms in inter-personal relationships, JHS 2 (13 years) on alcohol, drug and substance abuse and respecting gender differences, and JHS 3 (14 years) on preventing common diseases/infections among adolescents among others

#### **4.4 Local practices of Parents and Teachers in preventing teenage pregnancy and preparing the youth into adulthood**

I start the discussion on the local practices of parents and teachers in preventing teenage pregnancy and preparing the youth by first discussing the current nature of teenage pregnancy according to the participants and the perceived causes so as to provide and understanding of the approaches used by the parents and teachers to preventing teenage pregnancy. Teenage pregnancy has become one of the major social problems in the society. In the study conducted, participants revealed that a majority of family members, students, church members and wards under the age of eighteen have become a victim. In the view of the participants, the causes of teenage pregnancy were due to poverty and the lack of proper CSE in our educational system. During the focus group interview both parents and teachers agreed to as a fact that teenage pregnancy is one of the many social problems in Ghana's society. A teacher participant reported that for the past five years more than seven students have been a victim of this social canker. Teachers and parents both gave examples citing family members, students, church members who have fallen victim to teenage pregnancy.

A teacher participant (TP1) stated that “one student who was so brilliant and had good future ambitions got pregnant, the student was then expelled but the TP1 stood in for the student to attend classes for the final exams, in which she excelled”.

Another teacher (TP2) also stated that “Her sister’s ward under her care got herself pregnant before her BECE exams; She was shocked to the bone marrow on how she got pregnant at such a tender age.”

Some parents also stated on record that “Some children in their communities have fallen victim to teenage pregnancy and this is caused by bad parenting”. Another participant disagreed to parents not taking up their responsibilities. TP2 stated that “Some parents help in the moral upbringing of their children by providing for their needs, but children can be easily influenced by peers and as such bad parenting should not be the major cause of teenage pregnancy”.

#### **4.4.1 Perceived causes of teenage pregnancy**

Some participants during a focus group discussion said the causes of teenage pregnancy were a result of neglect, curiosity, peer pressure, poverty, non-use or improper use of contraceptives, child marriage, inadequate parental control, indecent lifestyle, broken homes, and ignorance. A teacher participant expressed that “the society as a whole plays a vital role in the increasing number of teenage pregnancy in our communities.” Parents said that they do talk with their children on sex related issues, and only a few parents expressed that talking to their ward on sex related issues were much difficult for them. The number of times parents talked or educated their children on sex issues varied with most participants stating during the discussion as either once or twice within a week or a month. This find is also found elsewhere (Osaikhuwuomwan & Osemwenkha (2013); Aninanya et al., 2015; Decat et al., 2015; and Holloway et al., 2012) especially for neglect, ignorance and inadequate parental control as a result of traditional practices that frown on such discussions on sexual education. Therefore since there is a lack of such education, children are therefore left alone to muddle through on their own. As a result of the lack of guidance and appropriate approach to sexual education, it has contributed to the increased number of teenage pregnancy in the country.

A parent stated (PP 15) that “Each day he ensures that he sits their wards together to talk about their sexual life, the children are allowed to tell him their problems which he addressed as such.”

Other participants' response on the causes of teenage pregnancy is tabulated below:

**TABLE 4.11: SUGGESTIONS ON THE CAUSES OF TEENAGE PREGNANCY**

PP 2, PP 1, "Peer pressure [to have sex]".

PP 4

PP 3 "The influence from the media, peers and some bad adults"

TP 13 "Lack of information about sexual and reproductive health, child marriage"

PP 6 "The society hails western fashion; elders have failed to discipline recalcitrant children. Politicians have implemented child right policy of no-caning, and love for money".

PP11 "Communal and social values are lost and society fears to discipline other children for fear of being attacked".

TP12 "The society has allowed all sort of pornographic materials to be distributed and published with very little protection for children".

TP13 "The society nowadays has neglected the sensitive education about the consequences in engaging in early sex for example abolishing the local rite "Bragoro".(Puberty rite)

Source: Author's construct (2020)

The upbringing of children by parents plays a vital role in teenage pregnancy. Family share the greater responsibility of educating children with the purpose of helping them attain sexual health to promote their well-being since the upbringing of a child starts from the home. Parents usually take on the task of educating their children about sexuality. Due to this they might also need support involving information strategies which will aid in the achievement of the result (Walker, 2004; Bersamin et al, 2008; Vidourek, Bernard& King, 2009; Goldman, 2008). Linking to the above findings on the subject matter, participants explained during the focus group discussion that children upbringing plays a vital role in teenage pregnancy.

A teacher participant stated that "Children with strong and proper upbringing are less likely to be involved in teenage pregnancy as compared with those without it". This was also backed by a

teacher respondent who stated that “Children should be taught the virtue of patience on the whole and the essence of waiting and not rushing to get their emotions and hormones all over the place”.

Some parents’ participants stated that “when the child is brought up well he or she may control the sex drive”. This was backed by another parent who stated that “The holy Bible says train up the child the way he should be and he will not depart from it, as such good upbringing of children eventually curbs all deviant behaviors”.

Some of the comments made by some PPs and TPs are tabulated below:

**TABLE 4.12: VIEWS BY PPS & TPs ON THE UPBRINGING OF CHILDREN**

PP 5	“Parents set standards for children by bringing them up in the way they should live”.
PP 6	“Charity begins at home”.
TP 7	“Because parents are supposed to educate their wards on sex before they start engaging themselves in it”.
TP 8	“ train up the child the way he should go and when he grows up, he will not depart from it (Prov. 22:6)”
TP 10	“Most well brought up children do not usually fall victims to teenage pregnancy”.
PP 3	“When children are left on their own it can lead to teenage pregnancy as such children upbringing plays a vital role in teenage pregnancy”.
TP18	“Children upbringing plays a vital role in teenage pregnancy as the attitude of parents would determine the actions of the student”.

Source: Author’s construct (2020)

#### **4.4.2 The role of society**

During the focus group discussion both parents and teachers were of the view that the society plays a vital role in teenage pregnancy. The comments of teachers and parents during the discussion are discussed below:

A parent stated that *“the society plays a vital role in teenage pregnancy as there is a lot of sex education on social media”*. Another parent seconded and stated that *“the values of the society and culture of the society plays a vital role in teenage pregnancy”*

According to a teacher participant *“the society provides enough grounds for the prevention of teenage pregnancies, societies with more recreational facilities are more likely to reduce the increase in the causes of teenage pregnancy.”* Another teacher participant said that in his opinion when the society fails in its responsibility in taking care of teenagers there is likely an increase in teenage pregnancy and sexually transmitted Infections which will later affect population growth and the development of the country.

A teacher participant also said that *“lack of information about sexual and reproductive health and child marriage from the society plays a role in teenage pregnancy.”* This was backed by one parent who pinpointed that *“societal values are lost and society fears to discipline others children as now people care for their wards alone and fear to discipline other people’s wards with the fear of being attacked.”* A parent participant revealed that in his opinion *“the society at first played a vital role in teenage pregnancy but now everybody in the society seems to be busy with work, work, work and leaving the teenagers to fight for themselves as nobody seems to find time for their wards problem.”*

A lot of measures have been put in place to curb/ prevent teenage pregnancy in Ghanaian societies. This is to help achieve the sustainable Development Goals (SDG’s) of gender equality and education stated in the literature review (SDG 4 and 5). Ensuring sexuality education and introduction of comprehensive sex education and programs are ways to prevent unplanned pregnancies in teens. I also conclude and in support of the many literature on CSE in Africa and Ghana that in fact the current societal practices, ranging from traditional and religious believes and practices have contributed to the current nature of teenage pregnancy in Ghana as demonstrated from the above findings. Whiles focusing on formal education to reduce teenage pregnancy, it is important to also focus on traditional and religious practices that serve as a

negator of to such efforts in formalizing CSE in the country. As such the current CSE policy could offer such insights in educating children on discarding such believes. Also the media could be used as a means by government to sensitize parents, children who do not go through formal education and all on the relevance of CSE and of course the importance of discarding such traditional practices that directly and indirectly contribute to teenage pregnancy.

The participants in the focus group discussion also explained some ways of preventing teenage pregnancy in our societies. This is shown in the table below

**TABLE 4.13: PARENTS VIEW ON HOW TO PREVENT TEENAGE PREGNANCY**

PP 1	“Disassociating one’s self from bad friends, discussion of public health issues at all level and spheres, parental control thus taking care of the needs of children and teaching them
PP 5	the effects of teenage pregnancy, other participants seconded that the needs of children could be met by providing financial help to their children”
PP 2	“Teaching our toddlers and children societal values of honesty, sacrifice, obedience, pure love, patriotism, loyalty, perseverance, commitment, diligence, respect for elders and being religious will prevent teenage pregnancy in the society”
PP 3	“Teenage pregnancy can be prevented when sex education is intensifying”
PP 4	“Parents should provide their ward with financial help by providing them with their needs to prevent teenage pregnancy”
PP 5	“Teenage Pregnancy can be prevented through good parental care, engaging children in adolescent reproductive health, enacting good social interventions to educate children on sex education
PP 6	“Teenagers should be educated on the risks of pregnancy at tender age

Source: Author’s construct (2020)

**TABLE 4.14: SUGGESTIONS MADE BY TEACHERS ON THE PREVENTION OF TEENAGE PREGNANCY**

TP 2	“Parents should take good care of their children and advise them on the problems that they will encounter when they engage in sex, as this will prevent teenage pregnancy”
TP 3	“Good upbringing of children, training children religiously, educating teenagers about teenage pregnancy and the disadvantages of sex is the best way to prevent teenage pregnancy”
TP 4	“In order to prevent teenage pregnancy, parents should talk to wards early on sex, love their children, monitor their activities, know their friends and discourage early dating
TP 5	“Teenage pregnancy can be curbed by creating more recreational centers, organizing more seminars on reproductive health, engaging youth in more educative programs and educating youth on the effects of STI’s”
TP 6	“Teenage Pregnancy can be prevented through good parental care, engaging children in adolescent reproductive health, enacting good social interventions to educate children on sex education

Source: Author’s construct (2020)

The Sexuality Information and Education Council of the United States published a guide which sums up key concepts on topics on sexuality education for age 5 to 18 years (SIECUS (2004)). This includes human development, relationships, personal skills, sexual behavior, sexual health and society and culture. The majority of the participants expressed during the focus group discussion that sex education, good parenting, providing for wards’ needs were the best way to prevent teenage pregnancy in the society, which was partially in line with SIECUS (2004) guide on sexuality education. The rising number of teenage pregnancies in both rural and urban areas, sexually transmitted infections and the increasing number of school drop outs among adolescents

of school going age signaled the adoption of programs and subjects on Comprehensive Sex Education which is to be taught in schools. During the focus group discussion, a majority of the participants agreed that the introduction of such programs and topics in schools will help reduce the increasing number of pregnancies in our communities. In the findings, participants stated why implementation of CSE will help eradicate teenage pregnancy. Some participants clarified that

**TABLE 4.15: SUGGESTIONS MADE BY TEACHERS AND PARENTS ON THE BENEFITS OF CSE**

- |             |                                                                                                                                                                                                                   |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>TP 1</b> | CSE will prevent teenage pregnancy by giving students enough education on the effects of sex, students will be sufficiently informed to lead a responsible sexual life.                                           |
| <b>PP 1</b> | CSE will prevent teenage pregnancy by educating students about the exposure to dangers of sex”                                                                                                                    |
| <b>PP 2</b> | CSE implementation will create awareness for student to know about the causes of teenage pregnancy.                                                                                                               |
| <b>TP 2</b> | The implementation of CSE in Ghana’s education system will help eradicate teenage pregnancy by educating children to learn so many things about their sexual drive                                                |
| <b>TP 3</b> | “CSE’s implementation can help reduce teenage pregnancy since a major factor pertaining to teenage pregnancy is ignorance.”                                                                                       |
| <b>PP 4</b> | “CSE implementation can curb the ‘mystery’ that urge students to get curious to find answers on their own. Students should be comfortable enough to open up and learn it”                                         |
| <b>TP 4</b> | “CSE implementation will eliminate teenage pregnancy when it is implemented well with its content being beneficial, on the other hand poor implementation of CSE will have negative impact on teenage pregnancy.” |



**TP 10** “CSE implementation will prevent teenage pregnancy as most parents are either refusing to talk about sex with their wards and others just do not have time to educate their children on sex.”

**PP 5** “CSE implementation will only curtail teenage pregnancy if the content and extent is beneficial.”

Source: Author’s construct (2020)

Other’s participants were of the view that CSE will not be able to prevent or reduce teenage pregnancy, those with these opinions revealed in the table below

***TABLE 4.16: PARTICIPANTS NEGATIVE REMARKS ON CSE IMPLEMENTATION***

**PP 11** “CSE implementation will not prevent or reduce teenage pregnancy but rather could even worsen the situation. Government should stop the implementation”

**TP 9** “Research shows that educated people have less children and do not give birth early. The implementation of CSE will only led to students using contraceptive and not willing to give birth in future”

**PP 7** “CSE implementation will rather increase teenage pregnancy since the students will practice whatever they learn”.

**TP 12** “per what I saw of CSE implementation in schools will rather make teenage pregnancy worse, during prep time students are rather seen standing in pairs engaging in immoral acts, the teaching of CSE in schools will rather arouse the sexual life of students.”

**PP 12** “if they are being taught and do not have money on them, they will go out for it”

**PP 11** “it has nothing to with comprehensive sex education. It is teenagers that get pregnant not kids”.

Source: Author’s construct (2020)

The last question on who to be blame for teenage pregnancy among children revealed that both parents and teachers have a role to play in the upbringing of children in the boarding schools and day schools. In sharing knowledge, values and beliefs are passed on to children by parents; teachers on the other hand are well trained with the requisite skills in the upbringing of students. This testifies to the fact that both play a vital role in the training process. Therefore, both are to be blamed for teenage pregnancy among children or students. Parents own their children most times during vacations vice versa teachers own students. Also, the child decides whether to heed to the advice given. Some participants' views are tabulated below:

**TABLE 4.17: PARTICIPANTS VIEW ON WHOM TO BE BLAME FOR TEENAGE PREGNANCY**

<b>TP 1</b>	“Everyone has the role to play in everyone’s life; sheer negligence can be a factor”.
<b>PP 10</b>	
<b>PP 1, TP 3, TP 5, PP 9</b>	“All the actors (teachers, students and parents) have a role to play; failure on the part of one can cause or contribute to the teenage pregnancy.”
<b>TP 3</b>	Teachers, parents, the society and students have a vital role to play in preventing teenage pregnancy and as such all have to be blamed for the causes of teenage pregnancy”.
<b>PP 4, PP 5, TP 18, TP 17</b>	“It is our duty to educate our wards about sex but we fail to do so which has led to teenage pregnancy.”
<b>PP 5</b>	“Both parents and teachers have all failed in one way or the other to instill discipline in their wards which has led to teenage pregnancy”.
<b>PP 11</b>	“it has nothing to with comprehensive sex education. It is teenagers that get pregnant not kids”.

Source: Author’s construct (2020)

Others participants, mostly teachers, pinpointed that the blame of teenage pregnancy should be shifting to parents. Their comments are stated below:

**TABLE 4.18: PARTICIPANTS VIEW ON WHOM TO BE BLAME FOR TEENAGE PREGNANCY**

- TP 8** “Parents do not take good care of children, as a result they look to cater for themselves by entering into early relationships”.
- TP 9, TP 18, TP 5** “Parents are to be blamed for teenage pregnancy because they spend much time with children and have greater influence on their wards”.
- TP 12** “Students are to be blamed for teenage pregnancy as they do not control their urge for sex”.
- TP 15, TP 18, TP 17** “Parents are the first agency of socializing a child and as such it is their duty to train their child well to be able to withstand any peer influences which may lead to teenage pregnancy”.

Source: Author’s construct (2020)

**4.5 Challenges parents and teachers perceive to studying sexual education in Ghana.**

Participants pointed out that the implementation of CSE has both positive and negative implications in Ghana’s education system. Thus, organizing programs and the introduction of CSE creates awareness and reduces the increase in unplanned pregnancies, sexually transmitted disease and others. Some of their views are tabulated in Table 21 below:

**TABLE 4.19: PARTICIPANTS VIEW POSITIVE IMPACT OF CSE**

- TP 3** “CSE implementation is beneficial as it will help students focus on their education since they become aware of the implications of some decisions concerning sex”.
- PP 4** “care for adolescent sexuality, improvement of personal hygiene & protection from abuse”.
- TP 5** “it will help protect the health, well-being and dignity of people”

Source: Author's construct (2020)

As every good thing has its bad side, participants explained that “if a clear policy framework is not drawn, unhealthy sexual practices such as gay practices and lesbianism would end up being practiced also, the children will not respect the old ones.” Some further explained that once students are given information about sex, they may attempt to practice it. When the information is not properly channeled, people may misconstrue the whole thing and it can bring about chaos in the society. Also when it's not handled well, it will tarnish the image of the institution and in the end the impact it intends to make will be destroyed.

The majority of parents and teachers during the discussion said ‘yes’ to that they do educate their children and students on sex. This was either done on a daily base, weekly or once in a while. But mostly it was done once in a while. During the discussions, parents and teachers stated some of the things that were discussed with their wards on sexual issues. Participants' views are tabulated below:

**TABLE 4.20: PARTICIPANTS VIEW ON WHAT THEY DISCUSS WITH WARDS ON SEX**

<b>PP 8</b>	“The changes they will be experiencing as they grow, to report anyone who touches or attempt to touch their private parts whether consciously or unconsciously”.
<b>TP 9, TP 18,</b> <b>TP 5, PP 2,</b> <b>PP 3</b>	“Problems they will encounter if they indulge in sex (Teacher participant)”.
<b>PP 2, PP 3,</b> <b>TP 12</b>	“Dangers associated with sex”.
<b>PP 10, PP 7</b>	“Stages of development both physical and emotional, sexual organs, gender (Teacher participant and Parent participant)”.
<b>TP 2, TP 1,</b> <b>P 1</b>	“To educate wards to develop self-control and never abuse anyone and to respect the opposite sex”.

- PP 3** “I discuss secondary sexual characteristics, adolescents experience, adulthood, marriage, pregnancy” (Parent participant).”
- TP 13, TP 8, PP 5, PP 4** “I discuss with my wards the effects of unprotected sex, STI’s and their effects, teenage pregnancy (Parent and teacher participants)”.
- TP 7, TP 9** “I focus my discussion on menstrual cycle and its implications, dangers of pre-marital sex”.

Source: Author’s construct (2020)

According to Pop & Rusu (2015), “*Family shares the responsibility of educating children with the purpose of helping them attain sexual health and general well-being for the duration of their lives*”. Also, socialization starts from the home therefore parents are liable to provide adequate information on sexuality to their wards. Most parents explained that talking to their wards about sexual needs and issues was not difficult due to the kind of mutual relationships they had with their children. A teacher pinpointed that children should know about some basic things about sex and its issues, as one of the participants during the discussion stated. Another seconded that “I knew the dangers it could bring if I do not educate them on sexual needs and issues”.

Although parents take seriously the task of educating their ward about sexuality, they might also need support in terms of information provided and strategies to attain their result (Walker, 2004: Bersamint al, 2008; Vidourek, Bernard & King 2009; Goldman 2008), thus the development and provision of training and learning material helps. It was a great challenge for some parents when the subject sex issues were mentioned to their wards; some participants who were against the implementation of CSE said that the content need to be shown to stakeholders, CSE will do more harm to students, CSE will destroy social norms and value, the earlier they are introduced to sex the earlier they practice. A parent also revealed that:

“CSE will have negative impact on students depending on the content to be taught. If it goes beyond the above points of the first selection question and rather focusing on gay and lesbianism acceptance, then it will impact negatively on students and the nation at large (Parent participant)”.

Others explained that the implementation of CSE will not have any negative impact on students or wards but will have a rather positive impact on children as CSE will rather build their capacity and help them become knowledgeable in the field and no one can intimidate them. Others revealed that CSE will preorder their understanding about sex and its related consequences for teenagers' life. Other participants were of the view that CSE will rather allow teenagers to become aware of themselves. Some parents and teachers were of the view that CSE implementation will eradicate teenage pregnancy and provide student with knowledge about sex.

#### **4.6 What parents and teachers expect students to learn from sexual education in Ghana.**

During the focus group discussion, participant stated that they expect their wards to learn the following in school:

- “Anything apart from lesbianism, Gay, bisexual transgender”
- “sexuality and sexual behavior”
- “sexually transmitted infections and its effect”
- “adolescent reproductive health”
- “growth & development in adolescent drug abuse”
- Secondary sexual characteristics, menstrual cycle, marriage, relationship”
- “Personal hygiene”
- “teenage pregnancy-it causes, effect & prevention
- “chastity”

Weakness in assimilating CSE in schools and homes is as a result of the poor teacher or parent relationship with students /wards. This finding was disclosed during the discussion with some participants. CSE in other subjects was difficult for teachers to deliver due to its focus on maximizing learning rather than impacting skills despite its main objective was to change behavior which centers on having both skills & knowledge (POP & Runsu, 2015). These as a result made students/wards find it difficult to discuss sex issues worrying them. Some participants suggested that some aspect of sexuality such as ‘LGBTQ’ and family planning should not be discussed. The majority of the participants accepted that all aspects of sexuality should be discussed or taught in school.

Some parents expressed that they find it difficult to discuss issues relating to sex with their wards with some parents given reasons of not discussing sexuality with their wards as the following:

- “it will entice them to practice it.it can arouse their emotions”
- “such aspects have led to the practice of gay and lesbianism’
- “issues concerning sexual behavior such as kissing, hugging, touching &other sexual behavior should be taught as children are inquisitive & adventurous”
- “The ages participants suggested in their own free will of discussion sexual life range between 4-18 years. Reasons were given as to why such ages were safe. These are listed below:
- “comprehensive sex education is not accepted in their culture”
- “the introduction of CSE will destroy our Ghanaian culture”

**TABLE 4.21: PARTICIPANTS VIEW ON AGE TO DISCUSS SEX WITH WARDS**

<b>TP 1</b>	age 4 because they start asking questions about their genital”
<b>PP 12, TP 4</b>	“5 years, they begin to explore”
<b>PP 8, TP 5, TP 7</b>	“age 6, the child has started going out with peers”
<b>PP 10, PP 7,TP 18</b>	“9 years. The right age to discuss issues related to sex is nine, that is she or he has reached the adolescent stage where they could read and understand and communicate as well”
<b>PP 5, TP 17,TP 16,PP 3</b>	12 years that is the age of responsibility and accountability
<b>PP 1, TP 2, PP 6</b>	“13 years and above, they are very adventurous, they have reached their adolescent stage
<b>PP 11</b>	“at Senior High School when they know the difference between good and bad”
<b>PP 2</b>	“18 years, the child will understand the consequences of early sex; children

will be frowned and can make decisions”

**PP 4** “at adult stage at tertiary level of education”

Source: Author’s construct (2020)

The concept regarding sexuality on Beach’s biosocial theory (1974) stated in the literature review implies that, there is the need for understanding differences between male and female. Participants explained that the parts of education which should be discussed most by wards to parents rather than peers were; relationships, personal hygiene such as washing their underwear, menstrual cycle and implications, practicing chastity, disadvantages of teenage pregnancy, puberty rite, STD’s. The parts participants who contributed to discussion preferred to be taught in school and home were gender roles, changes in growth, menstrual cycle, STD’s, practicing personal hygiene, early child marriage, teenage pregnancy and adolescent behavior. The churches in Ghana should organize youth programs for teenage on personal hygiene, teenage pregnancy and on how to live a chaste life, the youth programs should involve camping which will enable the youth to know more about themselves and sexual life.

The transactive theory which has its bases from the rational communication implies a constant dialogue between policy makers and people of interest (stakeholders) in the design of policies or programs that affect such people. In this study, the transactive theory was applied to acquire knowledge from teachers and parents on how such information could be used to shape the design of sexual education in schools in Ghana. From the study findings, it can be seen that the involvement and active participation of parents and teachers in the preparation of CSE can contribute significantly to the acceptance of the policy and its program by teachers and parents. This study therefore acknowledges the importance of transactive theory in improving CSE in Ghana. The perspective of the teachers and parents about CSE in Ghana provides a road map for the preparation of the CSE in Ghana. It helped to identify what is accepted by parents and teachers. It also provided what is not accepted by parents and teachers as well-there by giving an indication of what could be supported by in the country by all its citizenry. It is therefore important that going forward the government should consider such discussions with all relevant stakeholders especially teachers and parents to ensure a context specific and supported CSE program based on the general UNESCO guidelines for preparation of CSE.



The grounded theory is premised on an inductive approach by collecting data set instead of an existing theory which offers plausible and reasonable enlightenment about a phenomenon. Which is based on a sequence of *theoretical sampling, coding and categorization, constant comparison, memoing, the identification of a core variable, and saturation*- which then leads to theory generation. This study adopted a revised version according to Strauss and Corbin (1990, 1998). With emphasis on axial coding as a contribution to the original model. It was adopted by this study to provide an explanation of the perception of teachers and parents about sexual education and how this perception can be used to shape sexual education in Ghana. From the study findings the grounded theory is relevant and provides an appropriate means of improving CSE education in Ghana. With the support of literature, this study has been able to identify and trash out relevant information needed to improve CSE in Ghana. Again, as with the transactive theory, the study has been able to identify what is needed in CSE in the Ghanaian context and offers suggestions to improving CSE in Ghana.

## **5. Summary, Conclusions and Recommendation**

### **5.1 Introduction**

The study examines child and youth sexual education in Ghana. It also summarizes the findings using theories stated in the literature review and recommendations of the study.

### **5.2 Discussion of findings**

Findings of the study revealed that majority of participants with higher education were for the implementation of CSE in Ghana education system, this finding were in line with Nyarko (2014) who posited in his study that the less educated are likely to oppose against the implementation of CSE. The alarming finding that contradicted with that of Nyarko (2014) on level of education been key to a successful implementation of CSE was some teachers (two teachers) been against the implementation of CSE in Ghana education system, these teachers were of the view that sex education should be left to parents at home as children educated on sex will rather practice it rather than to abstain from sex these findings is in line with the findings. Also, from the study conducted by Nyarko (2014) revealed that in his studies that some parents also believe that the introduction of sex education to their wards is a way to introduce them to how to have sex.

In Akorsu (2019) point of view GES failed to empower parents, faith based organizations, traditional rulers to champion the education of our children and youth on appropriate sexual behavior findings from the study differed from that of Akorsu (2019) as most parents and teachers participants had a clear understanding of what CSE is. The clear understanding of parents and teachers understanding of CSE could be linked with teachers and parents educational background which was posited by Nyarko (2014) that those educated are most likely to have a clear understanding of CSE. However, some traditional and religious practices still serve as a stumping block to the full acceptance of all the aims of CSE education in Ghana. There is a need to find a way to deal with such traditional and religious believes in the country.

The age at which students should be educated on sex was a talking point during the implementation and after the implementation of CSE in Ghana. Studies conducted before and after the implementation of CSE in Ghana by Nyarko (2014), Asampong (2013), Emmanuel (2019) and Akorsu (2019) all could not come out with a specific age where students should be educated on sex. Study from Nyarko (2014) revealed that parents were not in favor of their children been taught sexual education at their young age. These findings are similar to our findings, parents were of the opinion that it should be started earlier (even as young as 7 years for some) while teachers were of the opinion that it should at the age of 14 years. Moreover according to Akorsu (2019) the Ghanaian education syllabus on CSE starts from Age 5-8years. Findings from the study did not differ from these mentioned authors as many participants of the study were not in favor of their children being educated at a younger age. Majority of participants on an average agreed that children should be educated on sex between the ages of 12-15 years. However, a proper education and sensitization of the CSE program by government could help improve and even settle the differences on when to start the CSE program. I make this suggestion based on the bases that the CSE program offers required information for children based on their ages (Emmanuel, 2019).

There are eight key themes in the structure of CSE according to the UNESCO International Technical guidelines on CSE. These are; relationships, values, rights, culture and sexuality, understanding gender, violence and staying safe, skills for Health and well-being, the human body and development, sexuality and sexual behavior and sexual and reproductive health. According to the CSE program in Ghana, at each class of the child, relevant information about

sexual education is given to the child. Therefore an improved sensitization program about the CSE could help demystify parents and teachers weariness on when to start the program. Findings on the content of CSE in Ghana education systems were in line with the UNESCO guide as participants preferred their children to be educated on relationship and values, rights and culture, violence and staying safe, skills for health and well-being, sexual and reproductive health. Participants were against the education of children on sexuality and sexual behavior and anything in relationship to lesbianism, gay and bisexual transgender. However, there is more that could be done about the content and the actual implementation of the policy. While both parents and teachers welcome CSE education, it comes with some reservations that need to be considered. There are certain topics such as acceptance of gay as normal which is frowned upon by the society. Both teachers and parents also express the importance of focusing on abstinence in sexual education as both participants are of the view if not handled with care could escalate sexual challenges and teenage pregnancy in the country. This issue raised could be the deciding factor in the success or downfall of the CSE program in the country. As already found in Keogh, Stillman, Awusabo-asare, & Sidze (2018), there are a number of challenges in the translation of CSE policies into practice. This study suggests that such challenges are likely to occur if these opinions of both teachers and parents are overlooked.

Studies conducted on the impact of sex education on children and youth by Kirby (2007), and Song (2015) revealed that sex education impacts students or children attitude, knowledge, skills and behavior. Findings from the study on the impact of CSE on students were in line with Kirby (2007), and Song (2015) as participants revealed that CSE impacts students to obtain knowledge on prevention of teenage pregnancy, promote girls empowerment and the fulfillment of their human rights, help curb the growing number of teenage pregnancy, rape, and sexual harassment, help populace to understand reproductive health issues better. Others who were against the implementation of CSE were of the view that the Ghanaian culture does not permit such education for young children, this finding was in line with Akorsu (2019) and Nyarko (2014) who both revealed that the implementation of CSE in Ghana is oppressed with significant socio-cultural, political and economic challenges, but other countries have made progress in the implementation of CSE (Nyarko, 2014, Akorsu, 2019). As indicated earlier in this discussion,

even though the participants were highly educated, some traditional practices and religious beliefs are still a challenge to CSE and must be considered.

Pregnancy among girls aged 10 to 19 years is still a problem that needs to be addressed urgently all around the world. Despite this alarming sexual occurrence, research on prevention information and interventions in Sub-Saharan African countries such as Ghana is limited. Findings from the study revealed that most participant's family members, students, church members and wards under the age of eighteen have become a victim to teenage pregnancy. In the view of participants, the major causes of teenage pregnancy were due to poverty and the lack of CSE in our educational system. Some participants during a focus group discussion said the causes of teenage pregnancy were a result of neglect, curiosity, peer pressure, poverty, non-use or improper use of contraceptives, child marriage, inadequate parental control, indecent lifestyle, broken homes, and ignorance. In other to curtail teenage pregnancy participants revealed that teenage pregnancy can be prevented through proper upbringing, educating students on sex, parental control and societal control. Findings on prevention of teenage pregnancy were in line with various studies conducted by Walker (2004), Bersamin et al (2008), Goldman (2008) and Bersamin et al (2008) who revealed in their studies that the way parents raise their children has a big impact on teenage pregnancy, since a child's upbringing begins at home, families bear a higher duty for educating children with the goal of assisting them in achieving sexual health and promoting their well-being as parents are typically in charge of sexuality education for their children and may require assistance from the society as well.

In Africa, there have been concerns about the teaching of CSE in schools. These difficulties have been raised as substantial obstacles to the subject's implementation in the region. When teaching the course, sections of the subject such as contraceptive techniques, sexuality, and abortion are completely omitted; the focus on gender and human rights becomes very weak. Findings from the study revealed that the implementation of CSE in Ghana omitted the Ghanaian culture and copied all aspect of the western culture as most participants feared the introduction of CSE in the Ghana's education system will lead to children learning lesbianism, gay and bisexual transgender. This finding is in line with Wekesh (2019) who posited in his studies that sociocultural norms and values have been observed to be the main barrier to effective implementation of CSE in Africa as in certain situations, teachers are not able to provide

information because it is considered as a taboo in the community or society in which they find themselves. In such cases, the teachers then totally avoid the teaching of sensitive topics such as homosexuality and abortion. Findings further revealed that most parents and teachers find it difficult to discuss sexual issues with their wards this findings was in line with that of Khau (2012) who revealed in his studies that most parents and teachers are much anxious in discussing sexual matters with children.

## **5.2 Summary of Findings**

The first objective of this study was to find out how teachers and parents understand comprehensive sex education. Findings from the study revealed that participants have clear understandings of comprehensive sex education. The majority of the participants agreed that teaching or educating children on sex is morally right. A few participants who had no knowledge on what comprehensive education is were against the implementation of sexuality education. This was due to their cultural & religious values and traditions on sexuality as quite a few parents believe that discussion sex with their wards is immoral and unjust. These few participants who were against the implementation of CSE in Ghana's education system expressed that CSE implementation in school will teach students about immoral behavior and that it is not good in our society. They were also of the view that CSE will introduce students to early sex and teaching student about sex in school is not beneficial since students may practice what they hear. These participants said that the content of CSE in Ghana education system should only focus on personal hygiene, chastity and menstrual hygiene. Findings from participants further showed that they agreed that it is good to educate children about sex between the ages of 12 years and 18 years with most participants thinking that the age of twelve is the best age to educate children on sexuality. Participants further expressed that CSE content in Ghana should include female/male genital organs, contraceptives, teenage pregnancy, chastity, menstrual hygiene, STI's, adolescent reproductive health care, personal hygiene and sexual harassment. Participants further revealed that the content of CSE in Ghana should not include of lesbianism, gay and bisexual transgender.

The second objective of the study was to identify local practices of parents and teachers in preventing teenage pregnancy and preparing youth towards adulthood. Participants explained that the causes of teenage pregnancy were a result of neglect, curiosity, peer pressure, poverty, non-use or improper use of contraceptives, child marriage, inadequate parental control,

ignorance, broken homes and indecent lifestyles. Participants expressed that the society plays a vital role in teenage pregnancy. Participants were also of the view that children upbringing is one of the major causes of teenage pregnancy as the Holy Bible says train up the child the way he should be and he will not depart from it. Findings from participants revealed that the effective ways to prevent teenage pregnancy in the society was through sexual education, good parenting, providing wards with their needs and good upbringing of children. Findings of the study was divided in two opinion as some participants were of the view that CSE implementation will help to reduce and eradicate teenage pregnancy, others were of the view that the introducing of CSE in Ghana's education system will rather increase teenage pregnancy as children or students will practice vice rather than virtue. However, suggestions on the use of local practices such as ensuring that children are given the necessary attention and guidance to air out things concerning their sexual life and matters bothering them, introduction of sexuality education in the primary, junior high and senior high schools were raised. The mentioning of sex education in some communities was a challenge due to its religious values and morality. Also, due to the curiosity of children some find it difficult to raise the topic about sex since their wards may practise them.

The third objective of the study was to find out the challenges parents and teachers perceive to studying sexual education in Ghana's schools. Findings from participants revealed that the implementation of CSE has both positive and negative implications in Ghana's education system. On the positive side, organizing programs and the introduction of CSE creates awareness and reduces unplanned pregnancies, sexually transmitted disease and other problems. As every good thing has its bad side, participants pinpointed that if a clear policy framework is not drawn, unhealthy sexual practices such as gay relationships and lesbianism would end up being practiced as well, and children will not respect the old rules of behaviour. Some further explained that once students are given information about sex, they may attempt to practice it. When the information is not properly channeled, people may misconstrue the whole thing and it can bring about chaos in the society. Also, when CSE is not handled well, it will tarnish the image of the institution and in the end the impact it intends to make will be destroyed. Some participants' agreed that CSE is beneficial for all and also indicated that they once in a while educate and chat with their ward on sexuality. Few participants revealed that they find it difficult to educate their wards on sexuality.

The last objective of the study was to find out what parents and teachers expect students to learn from sexual education in school. Participants revealed that the content of CSE in schools should include adolescent reproductive health, drug abuse, personal hygiene, teenage pregnancy -its causes, effect & prevention and chastity transmitted infections and its effect, adolescent characteristics, menstrual cycle, marriage, and relationship. Most participants suggested that some aspects of sexuality such as 'LGBTQ' and family planning should not be discussed. Findings further revealed that parents had different views on what ages to discuss sexuality with children; some believe it was good to educate wards about sex from age six and above others were of the opinion that the best time to educate wards about sexuality was when they have reached their puberty stage thus twelve years and above.

### **5.3 Recommendation**

Given the identified challenges and potentials from the analysis and discussion, the following are recommended to be considered for the improvement of CSE education in Ghana:

- Aspects pertaining to parental education and workshops on comprehensive sexuality education should be encouraged, thus parents become more directive and will gain more experience and motivations to learn about the problem their wards are facing.
- Programmes on comprehensive sex education should not only be introduced in schools and homes but also in churches and other educational activities. This will improve the moral life of children in the society. Also, friendly & cordial relationships among parents, teachers and children should be encouraged.
- The government of Ghana with the support of media should host programs on national television and radio to educate teenager about sexuality as some parents find it difficult to educate their ward about sexuality.
- The young people found in the communities should advocate for the best services in comprehensive sexuality education in and out of school. Formal or informal education should be adopted by the youth in the spreading of messages concerning comprehensive sexuality education.
- Families should encourage the acceptance and communication of issues concerning sexuality within the home setting. Parents can have prior knowledge about the sexuality

education issues that is being taught to their wards in order to fully support the teaching of the subject in schools.

- The various communities must ensure that the young people found in their area have free access to information on any form of comprehensive sexuality education and thereby encourage the members of the communities to also support it.
- Non-governmental organisations found in the communities that are involved with sexual and reproductive health must see to it that any sexual education program that is formulated by them, support and address the sexuality needs of the inhabitants of the community.
- The government should also make available policies that supports sexuality comprehensive education in the country for all the young individuals to benefit from it. The right-based comprehensive education should be added to the curriculum of the students in order for it to be studied as a part of the courses or subjects studied in the Ghanaian schools.
- Professional who are involved in sexuality education should make sure that they are equipped with the right information, tools, training and skills. This will enable them to transfer needed information and skills to the young people concerning comprehensive sexuality education.

#### **5.4 Study limitations**

The study had a greater share of its participants having higher education. This could be as a result of the qualitative nature of the study which gives a cap on the number of participants that could be interviewed for the study. An expansion of the number of participants could give a different or more detailed understanding of parent teacher understanding of sexual education in the context of Ghana. A focus on just parents' perception on sexual education could also deepen the understanding of the sexual education in Ghana.

The study used the context of the Sunyani and considered only the two from 5 schools. It is relevant to be aware that the findings may vary from context to context and when the number of schools are increased. As a result, there are limitations in applying the findings and recommendations to other schools. Also, this was conducted in a two mixed schools, that is, a school that accepts both male and females students. The findings may be different when



same/single sex schools are considered. Therefore, the study findings and recommendations may not be applicable to other churches. Nonetheless, the findings offer a deep insight into the minds of parents and teachers about CSE in Sunyani, Ghana.

Lastly, the study findings offer a detailed view of the intricacies of parent-teacher perspectives on CSE in Sunyani, Ghana. Although the findings cannot be generalized to the entire Bono Region and the country at large, it offers useful indications of the opinions and challenges that parents go opine about CSE.

## **5.5 Conclusion**

On a daily basis, young people are bombarded with contradictory and perplexing messages about sexuality and gender. We believe that a comprehensive and high-quality curriculum-based sexuality education program can assist all children and young people in navigating these messages and developing healthy norms about themselves, relationships, and health, as well as civic responsibility. CSE stresses a whole-person approach to human development and sexuality. “Children and young people become prepared with the knowledge, skills, and values to make responsible choices regarding their sexual and social relationships in an HIV-affected world,” according to UNESCO. A rights-based approach to CSE is defined by the International Planned Parenthood Federation (IPPF) as “equipping young people with the knowledge, skills, attitudes, and values they need to determine and enjoy their sexuality — physically and emotionally, individually and in relationships. Evidence shows that scientifically correct, culturally and age-appropriate, gender-sensitive, and life skills-based comprehensive sexuality education (CSE) can provide young people with the knowledge, skills, and efficacy to make informed decisions about their sexuality and lifestyle. CSE can effectively delay sex among young people, according to research, while also increasing condom and total contraception use among sexually active youth. Sexuality education does not raise rates of sexual activity among teenagers, but it does enhance understanding about sexual behavior and its implications, according to scholarly research conducted over the last two decades. The sought to find the perception of teachers and parents on sexual education for children and youth in Ghana. The study revealed that teachers and parents agreed to the implementation of CSE in Ghana’s education system. The findings from my study can be inducted that parents and teachers believe that the implementation of comprehensive sex

education in Junior high and Senior high schools in Ghana will aid in the eradication of teenage pregnancy and help in the achievement of Ghana's Sustainable Development Goals such as gender equality and promote sexual health and well-being of children. The study concludes that teachers and parents had a positive perception on the implementation of comprehensive sexual education in Ghana's education system. Also, quality and the effective implementation of the comprehensive sexual education will be enhanced through the effective pre and in service training organised for the teachers and again, through mentorship and supervision programs at the zonal or regional levels.

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## **Appendix I**

### **INTERVIEW GUIDE FOR PARENTS AND TEACHERS**

#### **To highlight the understanding of teachers and parents on comprehensive sexual education**

- What is your understanding of comprehensive sex education?
- What is your perception about comprehensive sex education?

- At what age and time do you think is important to educate children on sex?
- In your on view what does sex education entails?
- Do you think its implementation in Ghana Education is helpful?

**To identify the local practices of parents and teachers in preventing teenage pregnancy and preparing youth towards to adulthood**

- What is your understanding of teenage pregnancy?
- What are the causes of teenage pregnancy?
- What are some practices done in the community that curbs teenage pregnancy?
- Do you think the introduction of comprehensive sexual education can reduce teenage pregnancy? If yes why and if no why?

**To identify the challenges parents and teachers perceive to studying sexual education in Ghana**

- What do you think are the benefits for the implementation of sex education in our education system?
- What do you think are the disadvantages for the implementation of sex education in our education system?
- How often do you educate your children on sex, if you do what are the things you discussed with them? (Parents and teachers)
- Who are to be blame for teenage pregnancy among children or student? a) Teachers b) Student c) Parents d) All the above.....Give reasons for your answer

**To identify what parents and teachers expect students to learn from sexual education in Ghana**

- What is the most sensitive part of sexual education you think is needed in teaching students?
- Do students or ward willing discuss problems of their sexual needs with you?
- Are there aspects of sexuality you think should not be discussed with students? If there is any what are they?
- Who are most responsible for educating students on comprehensive sex education?
- At your own free will at what age were you willing to discuss sexual life with your ward?

**To make recommendations to be considered in the pedagogy of sexual education in Ghana.**

- What are the parts of sexual education you will be happy your wards discussed with you rather than their peers?

- What are the parts of sexual education you would like to be taught in schools?
- What are the parts of sexual education you would like to be learnt in the homes?

## **INTERVIEW GUIDE FOR STUDENTS**

1. At what age did you become eager to know more about sexuality?
2. Had your parents ever discussed sexual life with you, if they have what did you talk about?
3. Who do you prefer to discuss your sexuality life with mostly and why? (a. Parents b. teachers' c. peers)?
4. Do you think your parents and teachers understand your sexual needs?
5. What do you understand by comprehensive sex education?
6. What are the causes of teenage pregnancy?
7. Do you think the introduction of comprehensive sexual education can reduce teenage pregnancy? If yes why and if no why?
8. Who are to be blame for teenage pregnancy among children or student? a) Teachers b) Student c) Parents d) All the above.....Give reasons for your answer
9. If students were educated on sex education will it reduce teenage pregnancy?
10. Has it implementation been helpful to you, if Yes how has it been helpful, If No why is it not helpful?
11. Is there too much sexual information on what you are taught in school?
12. What are the things you want your parents to discuss with you willing on sex?
13. Do you free shy discussing your sexual life or needs with your parents or teachers?
14. What are the basic sexual lives you will have liked to discuss with your parents rather than your peers?