

Perceptions about sexuality education in Ghana

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Abstract

Sexuality education as a concept and practice has contextual understandings. Ghana's understanding of the discourse is generally uniform in the classroom because in all secondary schools a common curriculum and syllabi are used. However, variation of perceptions exists among key stakeholders. The paper analyses these perceptions and the possible implications on teaching and learning of sexuality education in the country. The paper uses data from a larger study by Guttmacher Institute, USA and University of Cape Coast, Ghana, where both quantitative and qualitative data were collected from students, teachers, headteachers (quantitative data) and key stakeholders such as policy makers and implementers, traditional and religious leaders as well as civil society organizations (qualitative data) in three regions (Greater Accra, Brong Ahafo and Northern regions) in Ghana. This study utilizes the student (3002), teachers (346) data and 15 interviews with key stakeholder. Almost all the students opined that sexuality education should be taught to prevent infection of STIs (80.9%) and unwanted pregnancies (75.6%). More than 70 percent of teacher-respondents and the policy makers and implementers were of the view that abstinence was the key message to be emphasized in the classroom; this is consistent with the content of the curricula and syllabi. Although it was argued that such a view reflects societal beliefs and expectations, it is contrary to contemporary views and standards regarding comprehensive sexuality education. The Ministry of Education could engage with other stakeholders to reach a consensus that would enhance the comprehensiveness of sexuality education in Ghana to respond to the needs of adolescents.

Keywords: education, perception, reproductive, sexuality, sexual.

Introduction

Contemporarily, sexuality education has gained a considerable attention. The argument that children and adolescent especially need comprehensive education about sex and sexuality has even heightened due to incidence of teenage pregnancy, abortion and sexually transmitted infections. The emergence of HIV made the call for sexuality education not only imperative but also timely. The introduction of formal and mass education makes all forms of education including the teaching of sexuality education appropriate within this context. In Europe, Asia and America, sexuality education has been integrated into the formal school curricula (Long, 2016; Eko et al, 2013; European Union, 2013; Planned Parenthood Federation of America, 2012) and it is oriented towards personal growth, problem-solving or problem-prevention (Eko et al, 2013).

In Africa, controversy surrounds the teaching of sexuality education in schools. For instance, the content of the subject has been a contest. Largely, the argument is not against the teaching of sexuality education, but what to teach. For instance, the societal expectation is that topics such as sexual orientation, sexual practices, condom use, etc. must be avoided in the curricula. However, abstinence, chastity and marital sex must not only be taught but emphasized. This expectation is underpinned by the socio-cultural and religious worldviews which dominate Africa's cultural plurality and complexity (Awusabo-Asare, 2015; Esohe & Inyang, 2015; van der Geuten et al, 2015; Akpama, 2013; Eko et al, 2013).

Ghana embraced the concept of school-based teaching of adolescent sexual and reproductive health education mainly because there were diverse sexual and reproductive health needs of adolescents across the country as evidenced from the various demographic health surveys that have been conducted in the country since 1998. Again, it was recognized that access to high-quality information and services is critical to improving sexual and reproductive health outcomes of adolescents, hence, the introduction of policies and programmes and stakeholders such as the Ministry of Education and Ghana Education Service as well as the Ministry of Health and the Ghana Health Service playing notable collaborative roles (Awusabo-Asare et al., 2017). The rationale to provide formal education to all children, and possibly, adolescents at the primary and secondary levels provided and promoted access to sexual and reproductive health education to in-school children.

Thus, Ghana, largely adopted the curriculum-based approach where teachers were trained or expected to be trained on topics on sexual and reproductive health, and to teach the children in the classroom as well as to coordinate other co-curricular activities out-of-class to deepen and broaden the knowledge, develop the skills and improve the attitude of the pupils and students in the primary and secondary schools. The topics on sexual and reproductive health are integrated into subjects such as Religious and Moral Education, Social Studies and Integrated Science at the basic level of education, and in selected core (Social Studies, Integrated Science, and Religious and Moral Education) and elective (Management-in-Living, and Biology) subjects (Awusabo-Asare et al., 2017).

Although sexuality education, or adolescent sexual and reproductive health education has been integrated and taught particularly in Ghana's secondary education decades ago, a comprehensive research to assess its teaching and learning from the perspective of broad spectra of key stakeholders was conducted in 2015 by the Guttmacher Institute (USA) and University of Cape Coast (Ghana). This paper assesses the perceptions of these stakeholders and discusses their implications on teaching and learning of sexuality education in secondary schools in Ghana.

Conceptual issues, theoretical perspectives and empirical evidence on sexuality education

The concept of sex, according to Stones (1958) goes beyond the physiological distinction of being a male or female. Stones believes that the concept is not just physical but consists of moral and ethical aspects too. He explains that sex is the total adjustment of the individual and to the social setting in which he lives (cited Kirkendall, 1950). In Stones' view, therefore, sex or sexuality education must be concerned with furnishing the individual

with the necessary information and understanding in building the proper attitudes as they relate to desirable social responsibility and community living (p 1).

Kirkendall and Stones' perspective underscores that information and content of education and social expectations are inseparable. This philosophy continues to guide the teaching and learning of sexuality education within the context of morality and society's perception about moral desires. What is, therefore, wrong or right, and within this context, good or bad to teach is usually determined by societal moral ethics or deontology in many countries (Tanner, Medin & Rumen, 2007). Thus, societies that are rooted in culture and religion are more likely to restrict the teaching of aspects in sexuality education that seem inappropriate or 'immoral' especially in schools of children and adolescents but will emphasise aspects deemed 'morally correct'.

The relativity of morality (in teaching sexuality education) is gradually shifting from the societal perspective to individual rights-based perspective. Currently, the concept of comprehensive sexuality education is tailored to the needs of adolescents, especially, to equip them with knowledge, skills, attitudes and values they need to determine and enjoy their sexuality-physically and emotionally, and individually and in relationships (International Planned Parenthood Federation (IPPF), 2010).

Previously, issues about adolescent sexual and reproductive health focused on issues and topics that were of concern to policy makers and development planners: teenage pregnancy and transmission of STIs including HIV. Currently, the emergence of other issues such as empowerment, human rights, gender equality, social distortion and discrimination due to social development has led to the inclusion of these emergent topics in adolescent sexual and reproductive health (Haberland, 2015). The inclusion of these new topics does not only broaden the scope but also makes sexuality education comprehensive and holistic to equip the adolescent with the needed skills to make informed decisions, and to transit from adolescence to adulthood effectively (IPPF, 2010; WHO, 2010; UNESCO, 2009).

For example, to the IPPF, comprehensive sexuality education seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality – physically and emotionally, individually and in relationships. Again, UNESCO defines it as an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, nonjudgmental information. By extension, UNESCO explains that sexuality education provides opportunities to explore one's own values and attitudes and to build decision-making, communication and risk-reduction skills about many aspects of sexuality. That of WHO is not different in meaning and understanding from these two definitions. However, whether the society or the individual adolescent should be the 'mirror of reflection' as far as comprehensive sexuality education is concerned, breeds varied perceptions particular in Africa.

In most African countries, the society seems to impact and influence the content and approach to teaching. For instance, in Egypt, attempts have been made to regulate the content and teaching of sexuality education. Wahba and Rhoudi-Fahimi (2012) state that in 2011, the press reported that the Minister of Education has ordered the removal of the contents related to male and female genital systems and sexually transmitted diseases from the school curriculum in the grade 9 science books, although the order was not carried out. However, in 2012, the newly appointed minister (post the revolution) ordered the removal of the same

topics in addition to family planning methods from the grade 12 curriculum with the reason to reduce the content of the curriculum. In Nigeria, although teachers interviewed in a study by Aransiola et al. (2013) consented to the teaching of sex education, most of them were against the teaching of family planning and contraceptive use in secondary schools. Perhaps, the idea that the content of (sexuality) education and social expectations are inseparable still matters in Africa.

Methods

This paper draws data from a sexuality education study in Ghana by Guttmacher Institute and University of Cape Coast. The study purposively selected the Greater Accra region (since it has the national character) from the south, and randomly selected two other regions, namely, Brong Ahafo and Northern regions from the middle and northern parts. A multi-staged sampling was employed to select 80 secondary schools (Greater Accra 28; Brong Ahafo 28; Northern 26) where 346 teachers (who taught subject with topics related to sexuality and reproductive health), 3002 students (who were in their second year and aged 15-17) and 78 headteachers for surveys. In addition, development partners, education policy makers, implementers, civil society organisations and community opinion leaders were selected purposively to participate in in-depth interviews (see Awusabo-Asare et al., for detail about the methodology). This paper utilizes the students and teachers' survey data as well as 15 in-depth interview data sourced from the stakeholders comprising respondents from the Curriculum and Research Development Division (CRDD) (1), School Health Education Programme (SHEP) (1), National Population Council (NPC) (1), UNFPA (1), Civil Society Organisation (2), Board of Governors of secondary schools (2), Parent-Teacher Association executive (2), community chiefs (2) and religious leaders (3).

Findings

Background characteristics of respondents

The number of teachers interviewed in each of the regions was as follows: BrongAhafo (117), Greater Accra (115) and Northern (114). There were more teachers interviewed in BrongAhafo (72.6%) and Northern (80.1%) regions while in Greater Accra region, female teachers constituted the majority (54.6%). About 81 percent of the teachers were Christians. However, by region, 60 percent of the teachers in Northern region were Muslims. On the other hand, the 60 percent of the students sampled were females. Majority (80.4%) of the students were aged 17 years. The religious affiliations were similar to that of the teachers. About 84 percent of the students stayed with their parents while school is in session or during vacation. The background characteristics of the other key stakeholders were diverse. However, a few were less than 45 years; most of them had attained highest (tertiary) education and were Christians.

Perceptions of teachers and students

Majority (96%) of the teachers expressed that sexuality education is relevant because it affects the knowledge of students needed for positive lifestyle. They were also of the view that sexuality education impacts on the knowledge (95.9%), attitudes (83.2%), opinions (50.7%), life skills/practical skills (62.3%) and self confidence (56.8%). Nearly eight out of

ten teachers in the regions (Brong Ahafo, 73%; Greater Accra, 74%; and Northern, 76%) opined that abstinence must be emphasized in teaching sexuality education because it is the best way to prevent unwanted pregnancies and STI including HIV. Less than half of them were of the view that young people should not have sex until they marry.

Among the students who were interviewed, almost all of them were of the view that sexuality education should be taught in secondary schools to help prevent STIs including HIV (81%) and unwanted pregnancies (76%). Almost all of the students (BrongAhafo, 95%; Greater Accra, 93.3%; and Northern, 97.2%) perceived that sexual and reproductive health information and knowledge gained have been useful in their personal lives. About 77 percent opined that they enjoyed sexual and reproductive health topics more than other subjects.

Perceptions of PTA and board members of schools

Opinions of the members of Board of Governors and PTAs across the regions were in favour of the teaching of sexuality education. Generally, they were of the view that such education is vital in that it comprises a knowledge development and life skills package that provides students with the decision making skills and to address issues relating to healthy sexual behaviours. One of the PTA members had this perception:

In fact, it [RHE] has got immense importance... if the adolescent should be made aware of what goes on...at that stage of their physiological development and the changes that they should expect, and also by knowing more about that, they would be able to manage their health... personal hygiene as well as the proper functioning of the sex organs and the effects of not abstaining from sex; the contraction of these deadly diseases like HIV and the rest. [Board Member, Brong Ahafo region]

Although supportive of the teaching of sexuality education, generally, they emphasised abstinence, while others supported the view that contraception and sexual relations should not be taught in schools. These views, to a large extent were based on the religious characteristics of the respondents. For instance, one of the respondents used the teachings of Islam as the reason topics on male and female genitalia, contraceptive use and family planning methods must not be taught in secondary schools. This was how he put it:

I am saying that these religious leaders oppose it. If you are found mentioning it, you are not attacked physically but you are told its repercussions in Islam. They tell you that as a respectable adult, your mouth should not be speaking certain forbidden words like the vagina and penis...hence, my perception that these must not be taught in our schools. [Board Member, Northern region]

Perceptions of community leaders and religious leaders

Views of chiefs and religious leaders represent largely the views of the communities they represent and the traditions they advocate. The perceptions of this category of respondents were diverse although related: some opined that sexuality education must highlight abstinence and the dangers associated with premarital sex. Others viewed that teaching topics that touch on sexuality will rather promote promiscuity among the children. It

was also perceived by some of the religious leaders that it was against the teachings of Islam for someone to teach unmarried females issues that touch on sex and sexuality. These were some of the diverse views shared:

It's good we teach them how to relate with each other; both male and female, and also teach them the hazards in those kinds of activities such as sexual intercourse... It's like sometimes some of our people think that going into those issues would make you a bad person so sometimes some of the teachers feel shy to talk about them to the students which should not be so. [Traditional Leader, Northern region]

If you teach them in the schools now, it will not help them.The result will not be good as we are seeing it. It will bring teenage pregnancy. If we teach them that in schools, the children will even practice it...It is not helping because before the girl will complete her level of education, she will know well about these things so when she takes that [knowledge] to marriage, she cannot stay [be faithful] to her husband. [Religious leader, Northern region]

...In Islamic teachings, one is not permitted to teach topics that touch on sex and sexuality to the unmarried woman...it is the husband that must teach the wife such things; if the woman is not your wife, you the teacher you don't have the right to teach her that. [Religious leader, Northern region]

Perceptions of government officials and development partners

Whilst the government officials acknowledged the essence of sexuality education, they perceived that the content that touch on sexual intercourse must focus on abstinence and dangers associated with sex before marriage. The officials were of the view that every curriculum must portray the values and aspirations of the society, hence, the content of Ghana's curriculum. These were how some of the government officials put it:

...because as a society we are very religious, we believe in morals and so we want the young ones to know what the values of society are. [A Policy Maker]

The children need to know themselves, the changes they go through to become adolescents and how their bodies work so that when they see certain changes in their bodies they would understand and act accordingly... they must understand the effects of engaging in early sex like contracting sexually transmitted infections, and they must pay attention on the need for abstinence and the dangers of having sex at a certain age; if you are not married and you start having sex, some of the dangers such as teenage pregnancy, child birth, abortions, and how

these can retard their progress in school must be taught them. [A Policy Implementer]

However, these views were contrasted by the views of others who perceived that young people must be provided with all the necessary information about sexual and reproductive health to enable them to acquire the right information for decisions making. This was how the view was expressed:

We all have to learn somewhere and the school is, of course, the formal system. It is one of the places or institutions where we acquire knowledge so if issues of sexuality are not always spoken openly, there has to be somewhere one has to be able to get better and accurate information on it. So, I think that the school is certainly a place where we can provide that information...for me, it is critical, it's like there is no option, it has to be. [Official, National Population Council, Accra]

I presuppose that these are young people going to school. Many of them get information from their peers, which are not right. So teaching it in school makes the information they get more authentic. [Development Partner, Accra]

Who to teach sexuality education

The teacher was viewed by almost all the respondents as the key agent of knowledge transmission to young people in Ghana's secondary schools. The belief was that the right, accurate, adequate, reliable and available knowledge needed by young people to understand issues about sexuality can best be obtained from the formal school system. Some were of the view that the sex of the teacher is critical to sexuality education; that female teachers were best positioned to teach sexuality education because they have had practical experience of most of the issues and topics in the curriculum. That notwithstanding, there were others who were of the view that some teachers are not well trained to handle topics that touch on sexuality. Below were the views of some of the respondents:

Because women who teach this topic have had experiences, it makes the lesson practical. When such lessons are taught by men, we only make assumptions...The women are more aware of the menstrual cycles of their colleagues than the man. This helps them to easily mention sensitive areas and issues a male teacher may not even know. [A Board member, Northern region]

Some of the teachers have studied subjects that don't relate to such topics and if you ask that person to teach social studies he may skip these topics because he does not have the adequate knowledge. [A PTA Secretary, Northern region]

The second most-mentioned agent by the respondent was the parent. The view was that parents could be able to discuss other pertinent sexuality issues that their children may find difficult to share in class. Again, the female parents were better positioned to discuss such issues with their female wards adequately. The other agents of knowledge transmission that were mentioned were medical personnel and the media.

However, some of the respondents opined that the teaching of sexuality education must be a collective responsibility of all and sundry: teachers, parents, doctors, religious leaders, etc. One of the religious leaders, for example, said: *'this one [teaching of sexuality education], all hands should be on deck; right from the parents, teachers, pastors and all stakeholders.*

Discussion

Comprehensive sexuality education has become a key component of the adolescent's development and effective decision making as well as the transition to adult life. In fact, WHO (2017) has reiterated that investments in adolescent health and wellbeing bring a triple dividend of benefits now, into future adult life, and for the next generation of children. This makes the teaching of comprehensive sexuality education especially in secondary schools not only critical but timely.

Although, admittedly, all the key stakeholders in this study agreed to the teaching of sexuality education, three main issues emerged from their perceptions. The first is that the school system is currently viewed as the appropriate platform and the teacher the key agent to transmit quality information to young people. Since currently, students largely spend more contacts hours in school than with their parents, the school becomes the main avenue for knowledge gathering, attitude formation and skill development necessary for effective decision making (Awusabo-Asare, 2015; Aransiola, 2013). This has become even more critical with the introduction of free secondary education in 2017. The expectation is that almost all secondary school going adolescents are more likely to be in school. Ghana therefore stands to achieve the triple dividends if comprehensive sexuality education is invested in its school-going adolescents in her (secondary) schools.

The second issue relates to the content. Generally, societal beliefs, cultural perspectives, and religious orientation continue to inform what is right and not right to teach (see Tanner, Medin and Rumen, 2007; Stone, 1958). Although there is a gradual shift from societal influence to individual rights and needs, this is yet to reflect the orientation of Ghana's school society. The longer such perceptions translate into curriculum development, the implication will be that the comprehensiveness of sexuality education in Ghana will not fully address the needs of her adolescents nor meet the international standards.

Lastly, the perception that students will practice what is taught (for example, sexual intercourse and condom use) is entertained. Perhaps, that explains the reason certain topics are concealed and the teaching, based on the curriculum is fear-based (Awusabo-Asare, et. al., 2017). This fear-based perception can be explained by the historical rationale for sexual and reproductive health education that was 'informally' taught females who reached their menarche, which in the past, ushered the young females into adulthood and subsequently, marriage (the education was part of the puberty rites). However, evidence does not support the view that knowledge, although a precondition to practice, does not automatically translate

to practice (Ghana Demographic Health Survey, 2008, 2012, 2015). The other side is that if certain topics are deemed ‘immoral’ and not taught, students would rely on information from peers and the media which may not be reliable, accurate and helpful for skill development and attitude formation. This could rather breed undesirable consequences to the adolescent and the society now and the future (WHO, 2017).

Conclusion

There is a common perception that the teaching of sexuality education is relevant. The school system and the teacher are perceived as the key agency and agent for the teaching of sexuality education to young people. Variations, however, exist in these perceptions with regard to the teaching of certain topics such as contraceptive use and family planning methods. The variations are underpinned by socio-cultural beliefs and religious factors.

Recommendations

There is the need for further engagements by stakeholders to analytically discuss these perceptions to arrive at an informed consensus. The Ministry of Education with its implementing agency, the Ghana Education Service could lead to involve partners such as the Ministry of Health and Ghana Health Service, religious and traditional organisations, civil society and young people in this discourse. This could further enhance the sexuality education in Ghana to be comprehensive.

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