Parents' Involvement in Young People's Sexuality Education: A Qualitative Study of Five Schools in Ghana

BENEDICT EKOW OCRAN

A thesis submitted in partial fulfilment of the

requirements of Nottingham Trent University

for the degree of

Doctor of Philosophy

Submitted on:

September 2024

Table of Contents

Contents

LIST OF TABLES

Table of Figures

List of Abbreviations

CSE	Comprehensive Sexuality Education
GES	Ghana Education Service
GHS	Ghana Health Service
GSS	Ghana Statistical Service
JHS	Junior High School
KEEA	Komenda-Edina-Eguafo-Abrem-Municipality
MoFEP	Ministry of Finance and Economic Planning
MoE	Ministry of Education
SHEP	School Health Education Program
SSA	Sub-Saharan Africa
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organisation

Acknowledgements

My most profound appreciation goes to my Director of Studies, Prof. Pam Alldred, for her endless devotion to my dissertation and my health and well-being throughout my PhD's challenging but exciting journey. I can only say thank you, Prof Alldred, for all that you have done for me. The same appreciation goes to my co-supervisors, Prof Geraldine Brady and Dr Mathew Nyashanu, who worked as a team to ensure I received the best support for completing my studies.

My studies were only possible with funding from Nottingham Trent University. I am very grateful for the funding I received from the University to pay for my fees, daily subsistence and other research expenses, such as the Turing Grant, which only enriched my fieldwork experience for the kind of insights my PhD has been able to produce.

My wife, Mercy Ama Gyamfuah Ocran, played a pivotal role in supporting me throughout the entire journey of my PhD, taking up additional parental responsibilities, coping with my absence for long periods of time, and keeping the home, a home when there was a void to be filled. She is an indispensable support for completing my studies, and for that, Ama, thank you. Then to my lovely children, Lynette Mansfield Yawson Ocran, Edward Mansfield Yawson Ocran, Nana Banyin Ekow Ocran and Nana Ekow Ocran (who was born during my PhD), for coping and loving a father who was almost absent this three years-I love you so much, and I dedicate my PhD to you.

My appreciation also goes out to my parents, Mr Joseph George Ocran, for his continuous support and encouragement, and to my mother, Mrs Regina Ocran, for her constant devotion to prayer to help me complete. Dad and Mom, I am genuinely grateful.

I also thank my lovely siblings, Irene Ocran, Bernard Ocran, Leo Ocran, and Joseph Ocran, for their support to a brother who was almost absent from their lives these past three years but only showed continuous love and support by checking on me, encouraging me and praying for me. May God Bless you!

Finally, I appreciate the two best friends in my life, Nana Amankwah Peprah and Martin Maxmillian Acquah, for their edits, opinions and support. Thank you so much.

Abstract

The challenges faced by parents in effectively addressing the sexual and reproductive health interests of young people at home can be attributed to various socio-cultural and religious barriers. The aim of this study was to investigate the factors that influence parental engagement in the sexuality education of young people and to discern parental perspectives on the design of a sexuality education curriculum. The study utilized a multi-theoretical framework, drawing on the Sociology of Child Health and Illness and New Materialism perspectives, both of which highlight the importance of relationality. It employed a qualitative approach through focus group discussions (Five Focus Groups, n=41 parents) and in-depth interviews (n=10 parents) selected from five schools in the Komenda-Edina-Eguafo-Abrem Municipality in the Central Region of Ghana. In the thematic analysis conducted, it was found that parents' involvement in young people's sexuality education is underpinned by three general themes: policy-related factors (with five subthemes), social factors (with eight sub-themes), and individual and family-based factors (with seven sub-themes). Furthermore, parents' recommendations on young people's sexuality education curricula and the concerns guiding these recommendations were encapsulated by three additional general themes: values relating to sexual behavior (with three sub-themes), moral and personal hygiene (with two subthemes), and experiences and role models (with three sub-themes). It was observed that parents' interpretations, which could also be described as perceptions of sexuality education programs, significantly shaped their preferences, attitudes, and discussions of young people's sexuality.

Furthermore, it is important to consider that the social and material environment in which sexual discussions take place is complex and interconnected, influenced by gender, cultural, and religious norms. This can lead to the illusion that girls are more socially adept in sexual matters than boys. However, the reality is that the social and material environment surrounding sexual discussions

often leaves young girls ill-prepared to recognize and address gender-based violence, or to prevent early and unintended pregnancies, as well as sexually transmitted infections (STIs) and HIV/AIDS. The influence of local cultural and gender norms, as well as power dynamics within familial relationships, significantly shapes the extent to which young people can actively engage with their sexuality, and how parents can contribute to their sexuality education. The prevailing parental tendency to avoid discussing important topics like gender, power dynamics, and contraception significantly hinders girls' capacity to navigate the challenges of their immediate social and physical environments. It is essential for Comprehensive Sexuality Education Programs to design age-appropriate and gender-inclusive approaches that encourage parents to engage with young girls and boys equally on matters relating to their sexuality and relationships. Furthermore, it is important for future research to explore effective strategies for parents in providing age-appropriate sexuality education to young people, with the aim of reducing controversy. Additionally, it would be valuable to investigate how parents' sexual values influence their involvement in young people’s sexuality education.

CHAPTER ONE

INTRODUCTION

1. Background and Context

Globally, the sexual and reproductive health of young people remains a critical focus for health promotion policy (Budu, et al. 2023, Awusabo-Asare, Abane and Kumi-Kyereme 2004, Awusabo-Asare, et al. 2017a). The focus is ever more critical now, in the wake of the aftermath of the pandemic, which challenges global efforts to identify collaborative ways to engage with and address the sexual health of young people in the Global North and South. Thus, sexual health research and its related sustainable development goals are challenged now, more than ever, and require more than twice the collaborative effort with stakeholders, including parents, to ensure that young people receive age-appropriate and relevant sexual health information that aligns with their sexual health needs, curiosities and expectations (Sidamo, et al. 2023).

This paper is motivated by the context above to interrogate the contextual issues that shape parents' involvement in young people's sexuality education. The background and context are divided into two sections. To facilitate a better understanding of sexual health and its relationship with sexuality education (to be used interchangeably with sex education), the first section (1.1) looks at the concept of sexual health and the historical and challenging dimensions associated with its global implementation. The second part (1.2) analyses sexuality education to implement sexual health. It discusses two strategies: Comprehensive sexuality education (CSE) and abstinence-based methods.

1.1 Sexual Health: An attempt at definition and operationalisation

As part of attempts over the century to address the health and well-being of populations, including young people 10-24 years old, *sexual health* as a concept evolved since 1975 in response to the call for broader relational approaches to sexuality and its related concerns (Edwards and Coleman 2004). Under this mandate, the World Health Organization (WHO) spearheaded a series of worldwide consultations over 30 years to adopt a holistic approach to sexual health *to* an equally diversified array of socio-cultural contexts within which sexuality evolves (World Health Organization 2017).

Consultations at the global level, such as the International Conference on Population and Development, spearheaded a shifting focus away from highly medicalised approaches to diseases and illnesses such as HIV/AIDS to the social dimensions within which infections occur. However, this approach seemed inadequate as linking discussions on sexual health to sexually transmitted diseases or the socio-relational aspects of illnesses such as HIV resulted in a narrow focus on reproductive health, overshadowing other essential elements such as human rights and sexual pleasure (Robinson, B., et al. 2002), and other underpinning factors such as gender, harmful sexual norms and other inequities (Bashford-Squires, Gibson and Nyashanu 2022).

Informed by these consultations, the WHO proposed a working definition of sexual health in 2002 to mean:

> *Sexual health is a state of physical, emotional, mental and social well-being about sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships and the possibility of having pleasurable and safe sexual experiences*

> *free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled* (World Health Organization 2017, p. 3)

While sexual health researchers and practitioners have argued that the definition above has been instrumental in operationalising sexual health in specific contexts (World Health Organization 2010), reviews by Robinson et al. (2002) and Giami (2002) suggest that deep, underlying issues and norms underpin the sexual behaviour of young people. Therefore, there cannot be one universally applicable model for sexual health (Giami 2002). Instead, the approach should be to apply the working definition of Sexual Health contextually and design local models of health promotion to address particular conditions within which sexual health occurs.

Two key points can be gleaned from the context above. The first is that sexual health goes beyond medicalised and even reproductive health to more careful considerations such as sexual rights, sexual knowledge, sexual pleasure and mental health. Under the expanded focus on sexual health, the World Health Organization expands sexual health challenges to include '*infections with human immunodeficiency virus (HIV), sexually transmitted infections (STIs) and reproductive tract infections (RTIs) and their adverse outcomes (such as cancer and infertility); unintended pregnancy and abortion; sexual dysfunction; sexual violence; and harmful practices (such as female genital mutilation, FGM)*' (World Health Organization 2022).

Secondly, due to the multi-layered socio-cultural underpinnings of sexual health, young people are disproportionately affected across the globe. Moreover, in the context of poverty and other deep underlying factors shaping sexual health, young people in the Global South are more confronted with sexual health burdens and challenges than those in the Global North. For example, HIV/AIDS continues to affect young sexual people, with 410,000 global infections in 2021 alone (UNICEF

2022). One out of every seven new HIV infections affected young people 15-24 years in SSA in 2019 (UNAIDS 2021). In Eastern and Southern Africa, where the world records the highest rates of HIV, testing has been very discouraging, with only 25% of young girls and 17% of young boys tested (UNICEF 2022). By 2030, UNICEF (2022) will extrapolate a whopping increase of 183,000 per year in new infections from the current figure of 410,000 if low testing rates and ineffective prevention strategies persist. Early and Unintended pregnancies continue to disrupt the education cycles of young girls with pregnancy-related complications and maternal deaths from unsafe abortions, contributing to high maternal deaths in SSA (World Health Organization 2020, Kassa, et al. 2018, Ganchimeg, et al. 2014). Mental health comes into play in the reported sexual health burdens above, with increased substance abuse reported among HIV patients (Lule 2020) and herbal and orthodox medicinal abuse linked to sexual dysfunction in SSA and elsewhere (Ho and Tan 2011, Ajao, Sibiya and Moteetee 2019). A very recent Lancet 2022 review of self-harm and suicidal behaviours among pregnant adolescent girls and young women (aged 12−24 years) suggests that parental and community attitudes towards early and unintended pregnancies could be a contributory factor to high rates of depression and suicides that has received very little attention in sub-Saharan Africa (Quarshie and Asante 2022). These diverse but interrelated sexual health outcomes call for a nuanced approach to sexual health, bringing to the fore the following discussion on sexuality education.

1.2 Sexuality education: An approach to sexual health

Sexuality education is one of the popular and promising approaches to implementing sexual health within the context of WHO's definition of sexual health. School-based sexuality education programs could prevent 700,000 new HIV/AIDS infections yearly among young people (Jellema and Philips 2004), a fundamental estimation for improving other adverse sexual health outcomes

confronting young people in Sub-Saharan Africa (SSA) (UNESCO 2020).

Similar to the development of sexual health (1.1), sexuality education has been influenced by the westernised, Eurocentric biomedical model, which emphasises the body and the absence of disease (Moore, et al. 2004). Under the biomedical model, one of the two main modes of sexuality education, abstinence from premarital sex, features prominently (Haberland and Rogow 2015). Many writers have criticised negative tactics such as scare tactics or fear-based approaches to sexual health as being unrealistic for many young people (Alldred, Pam and Fox 2015a) and failing to engage with their interests and needs (Ocran, Benedict E. 2021a, Kirby 2008a). Recently, more pragmatic approaches to sex and relationships education, such as action research by Alldred, Fox and Kulpa (2016a), have shown that engaging parents in sexuality education facilitated a more comprehensive understanding of how local norms shape young people's behaviour. Such an approach in health education and sexual health is reflexive of a more comprehensive materialistic theory such as the sexualities assemblage (Fox and Alldred 2013), which engineers a shift in focus from the human body and diseases to social processes interrelating in complex ways. Arguably, the sexuality assemblage resonates with comprehensive sexuality education (CSE), moving discussions of sexual health beyond preventing illness to gender, power and socio-cultural factors that are more likely to achieve public health and development goals (World Health Organization 2020).

The evidence suggests that parents are critical in implementing CSE programs (Alldred, Fox and Kulpa 2016, UNESCO 2018). While CSE remains widely acknowledged as the most appropriate approach to promoting the sexual health of young people (Kirby 2008), significant reviews in Ghana and elsewhere suggest that parents exhibit a variety of negative attitudes to CSE (Baku, et al. 2018, Nyarko, et al. 2014, Kumi-Kyereme, Awusabo-Asare and Darteh 2014a). Some parents are hostile toward

the terms ‘sex education’ and ‘condom education’ due to the perception that it promotes promiscuity (Ocran, Benedict 2016). Misaligned sex education policies also influence mixed parental attitudes toward sex education (Ocran, 2021). Poverty may also mean parents encourage cross-generational relationships while encouraging contraception (Ocran & Alldred Under Review). Brady, Lowe and Olin Lauritzen (2015), under the Sociology of Child Health and Illness framework, show that intergenerational gaps between parents and young people limit young people’s access to relevant sexual health services. This situation pertains to Ghana. The variation in parental attitudes towards CSE challenges parental involvement in CSE programs (UNESCO 2018a). In essence, the engagement of parents in this issue is critical. This study focuses on including parents in the evaluation of sex education programs. This study aims to improve sexuality education with the participation of parents by listening to their views and eliciting suggestions on what a sex education curriculum should be.

While studies have examined the socio-cultural factors that shape parental involvement in sex education programs in Ghana (Amo-Adjei 2022a), other research has investigated educators’ and young people’s preferences for abstinence or complete forms of sex education (Awusabo-Asare, et al. 2017a, Panchaud, et al. 2019a, Keogh, et al. 2018a). Some research has also drawn on parents’ perspectives to understand the socio-cultural factors that influence their inclusion in programs (UNESCO 2018a, Anarfi and Owusu 2011). However, no study has attempted to understand local factors that shape parental involvement in sex education programs from parents’ perspectives for and against sex education under a New Materialist framework.

1.3 Aim and Research Questions

1.3.1 Overall Aim

This study examines parental disapproval or approval of sex education programs in five basic

Ghanaian junior high schools.

1.3.2 Research Questions

The following research questions guide the study:

1. Building on existing literature and the Sociology of Child Health and Illness, what is already known about the socio-cultural factors influencing parental approval or disapproval of sexuality education programs?

2. Through a qualitative design, what influences parental preferences for/against sexuality education in Ghanaian schools?

3. Under a sexuality assemblage framework, how do socio-cultural and material factors influence parental preferences for sex education?

1.4 Biographical & Cultural Context of Study Area

In this sub-section, I give an overview of some basic demographics of the study area, the Komenda-Edina-Eguafo-Abrem Municipality (KEEA), followed by the educational and administrative structure of education and school health, and then a socio-economic and cultural profile of the area. I then describe my perspective on how educational policy and the socio-economic and cultural profile of KEEA influence parental involvement in young people's sexuality education. I conclude by showing how I will draw on my personal experience of the demographic, educational, socio-economic, and cultural profile of KEEA to engage parents in what shapes their involvement in young people's sexuality education.

1.4.1 Demography of Study Area

The KEEA Municipality is one of the 20 districts of the Central Region of Ghana. It is divided into four traditional areas, each headed by a paramountcy. The administrative capital of the Municipality, Elmina, hosts the educational and administrative offices and facilities of the

Municipality.

According to the 2021 Population and Housing Census, the municipality has a population of 166, 017, representing 5.8% of the Central Region's population (Figure 1). Over half the population is female, nearly 51.5 % (85,447), with 48.50 % (80,570) representing males (Ghana Statistical Service 2021b).

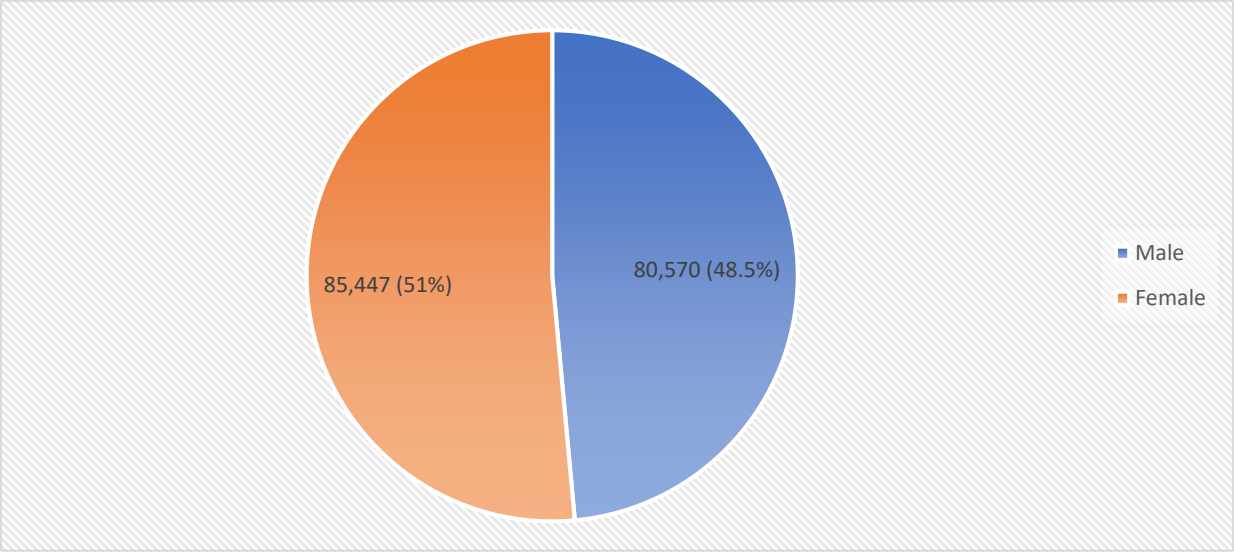

Figure 1: Population of Municipality

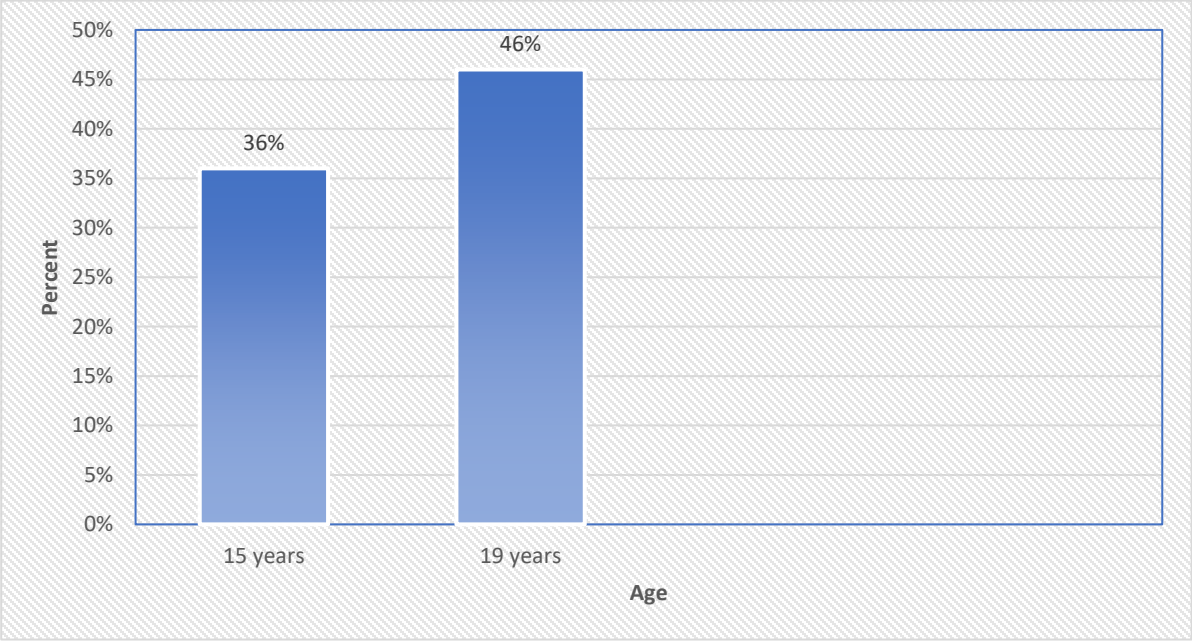

Figure 2: Population of Young People in the Municipality

Inferring from Figure 2 above, recent statistics from the 2021 Population and Housing Census and the official website of the KEEA Municipal Assembly also predict the municipality to be youthful, with 36% (59,766) of the population below 15 years old and 46% (76,368) between 0 and 19 years (KEEA Municipal Assembly 2021, Ghana Statistical Service 2021b)

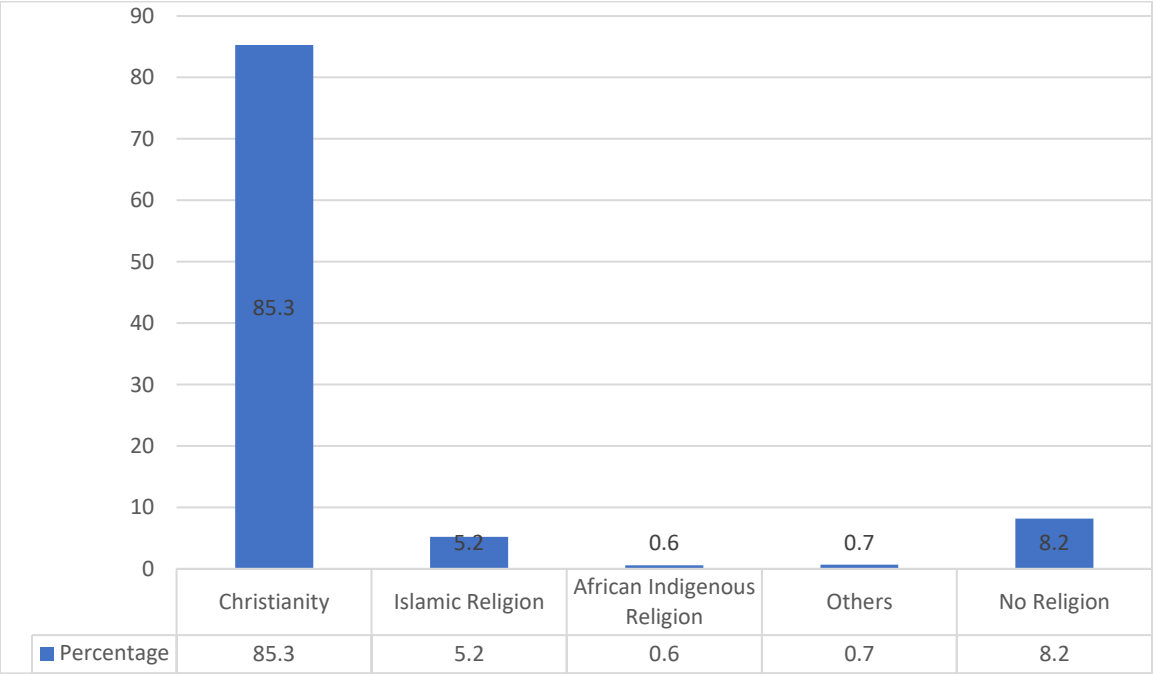

Figure 3: Religious Stratification of KEEA Municipality

The municipality has relatively high proportions of people who ascribe to the three major religions in Ghana (Figure 3): Christianity (85.3%), African Traditional Religion (0.6%) and Islamic Religion (5.2%) (Ghana Statistical Service 2014).

According to the Municipal Education statistics, there are a total of 385 schools across various levels, including preschool, kindergarten, primary, junior high, senior high, and tertiary. Figure 4 below indicates that the total school enrollment for Basic and Secondary Schools in the Municipality for the 2020/2021 academic year was 55009, with 43495 (78%) attending public schools and 11,514 (22%) attending private schools (KEEA Municipal Assembly 2021).

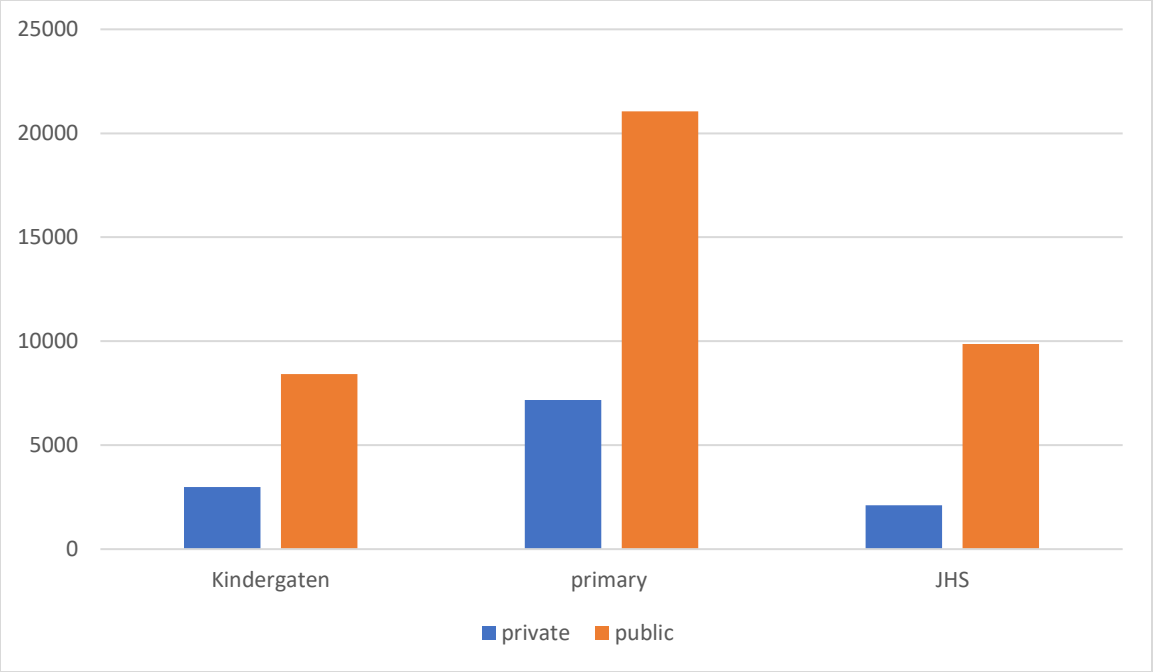

Figure 4: School Enrollment for Basic and Secondary Education, 2020.21 academic year

Educational Facility	**Distance from Residential Structures**
Kindergarten	Within One Km
Primary Schools	Within Three Km
Junior High Schools	Within Five Km
Senior High Schools	Unavailable

Table 1: Proximity of Residential Structures to Educational Facilities

Religious denominations such as the Catholic Church, Methodists, and private individuals are involved in establishing and administrating private schools. Furthermore, certain public schools that were previously under the management of churches retain ties to religious leadership through entities such as Parent-Teacher Associations and School Management Committees.

An estimated 72% of children in the Municipality aged three and older, have attended school up to the Junior High School (JHS) level, with approximately 13.2% continuing to the middle level (KEEA Municipal Assembly 2021). According to the same Municipal report (Please see Figure 4),

11,135 individuals, constituting 20% of the population aged three years and younger, are enrolled in Kindergarten. Additionally, the report indicates that the greatest percentage of individuals aged three years and older attending school are enrolled in primary school, with 28,235 individuals accounting for 50% of this population segment. The primary schools in the Municipality are conveniently located within three kilometres or less from residential facilities (Table 1), which may partly explain the relatively high attendance of young people at that level (Ghana Statistical Service 2021a).

1.4.2 Educational/School Health Administration Structure

The Ghana Education Service (GES), an agency under the Ministry of Education, implements, coordinates and monitors all educational programs at the basic level of education. This comprises kindergarten, primary, and lower secondary school, also called Junior High School; secondary education (upper secondary school, also called Senior high School); and technical and vocational education (Ghana Education Service 2022a). The GES is decentralised in all districts and municipalities across the country, with representation in Municipal and District Education Offices and headed by a Municipal Education Officer. The Municipal Education offices also have representations of all units of the GES, which locally implements all educational policies from the national level (Ghana Education Service 2022a).

Figure 5 represents the organisational structure for implementing school health education programs, such as Sexuality education, run by the School Health Education Unit in the schools.

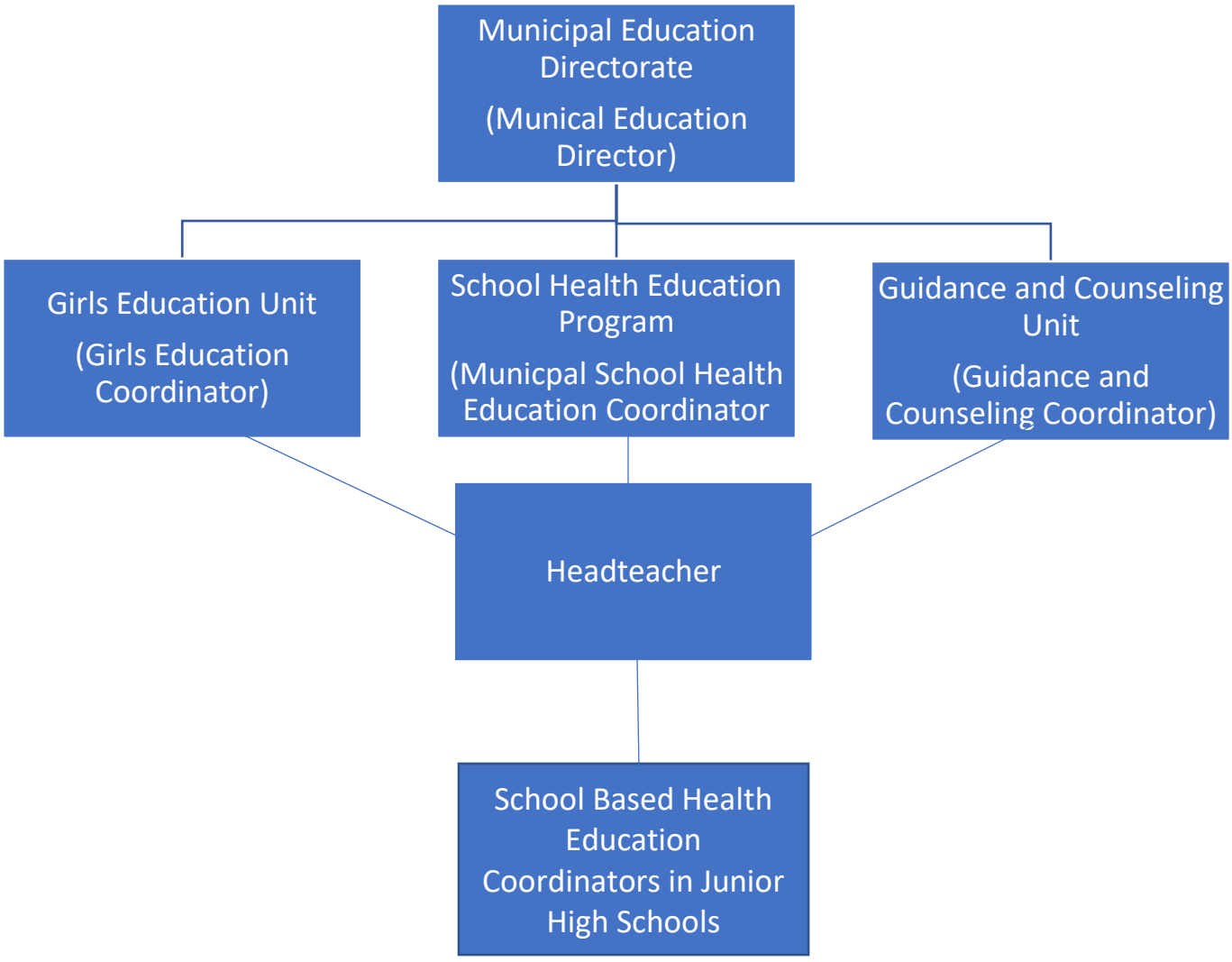

Figure 5: Organogram of Units Responsible for School Health Programs

The Girls' Education Coordinator and the Guidance and Counselling Coordinator support the School Health Educational Program Unit in implementing School Health Education programs in all basic schools, including junior High Schools. Each school, per the structure, has a School Health Education Coordinator to support the Municipal School Health Education Coordinator at the Municipal level in implementing the School Health Education Policy. However, the Municipal School Health Education Coordinator and the School-Based Health Education Coordinator coordinate activities through the Headteacher, who oversees all educational interventions implemented at the school level. The School Health Education Policy from the national level aims 'To equip school children with basic life skills for healthy living through skills-based health education, promoting good health and preventing diseases among the school population' (Ghana Education Service 2022b).

In addition, the organisational structure of the School Health Education program invites the Ministry of Health to offer technical support in school health programs through school education services such as condom education and prevention (Ghana Education Service 2012). I have described this as having the potential for clashing aims or creating a dual approach to sex education in my recent publications (Ocran et al., 2022, Ocran 2021) and corroborated by more recent Ghanaian research (Shamrock and Ginn 2021).

1.4.3 Socio-Economic and Cultural Profile of Municipality

The municipality covers a total land area of more than 900 square kilometres. According to official estimates, 86% (791.2 sq. km) of arable land is available, with just about 395.6 km2 under cultivation of different food crops (Ghana Statistical Service 2014). The coastal stretch of the Municipality enables fishing to be the main economic activity of the people, as well as other related activities such as fish smoking, fish selling, and charcoal business (Ghana Statistical Service 2014).

The abundance of land and coastal features facilitates skilled agricultural, forestry and fishing

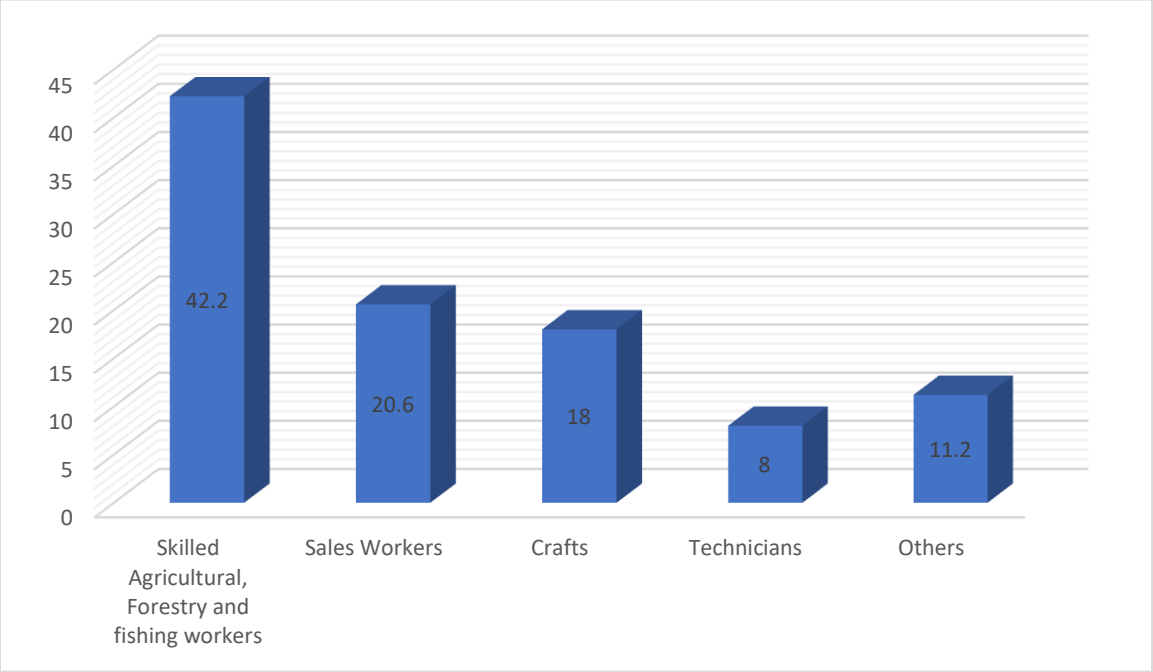

Figure 6: Stratification of KEEA Municipality per Sources of Livelihood

workers who form the largest occupation group within the municipality, employing 42.2 per cent of all employed persons (Figure 6). The second largest group is service and sales workers (20.6%). Also, 18% of employed persons are engaged in crafts, and technicians form 8% of employed persons (Ghana Statistical Service 2014).

In recent years, the KEEA Municipality has witnessed a significant decline in the livelihood of its fishermen, who constitute a majority of the working population. This decline is attributed to factors such as illegal activities of fish trawlers, inefficient fishing methods, and the lack of a fishing routine in line with the breeding trends of fish species (Nunoo and Asiedu 2013).

1.5 Biographical Context for Study

Recent research in Ghana (Ocran, Benedict Ekow and Atiigah 2022) and the UK (Nyashanu 2021) argues the importance of positioning oneself in the research process. This ensures that aspects of one's positionality (including ethnicity) augment rather than disrupt the research process.

Motivated by this research, I remain sensitive to my multiple positionalities as a native of the town of Elmina, the administrative capital of the research area, a sexual health educator with prior experience teaching sexuality in the research area, and now a foreign student undertaking research in sexuality education among some communities. I grew up in a different part of the country. However, I have studied the basic school system in Ghana and have personally experienced some extracurricular programs for sex education. I also taught at the Junior High and Senior High levels (Basic School level) in the KEEA Municipality for five years and at the College of Education (tertiary level) for over five years. In addition, I have been involved in voluntary school health education programs with the education office, evaluated the school health education program under the auspices of my research consultancy, EduServe Consult, and also assessed the sexuality education component of the school health education program of the Municipality for my MA dissertation. The amalgamation of my experiences as a student, educator, sexual health researcher, an indigene, and an insider from the KEEA Municipality, collectively lays a robust groundwork for comprehending the socio-economic and cultural milieu in which parents partake in interventions concerning the sexuality of young people.

My experience as a teacher at the primary school level has helped me establish a professional network with headteachers of basic schools in the Municipality and Municipal Education officers in charge of the School Health, Girls' Education and Community Participation and Engagement Units. Most significantly, my association with officers at the municipal education office allows a continuous network with school managers across school terms, even when administrative changes to headteachers and school-based health coordinators are made from the Municipal Education Office.

As a teacher in the municipality, I understand that sex education delivery is the responsibility of all school teachers, and a school-based health education coordinator coordinates it (Please see Figure 5). Specific challenges come to the fore due to other forms of sex education, such as condom education implemented in schools by nurses from the Ministry of Health. The first challenge I identified is administrative; from the perspective of a teacher under GES, I was disallowed from teaching any form of sex education besides abstinence and chastity. However, young people were interested, and I had a challenge negotiating young people's requests for more information beyond abstinence. In cases where other colleague teachers went further to explain content such as condom education taught by nurses, tensions arose with parents and the community because young people were being 'taught to be promiscuous'. This opposition of parents to young people's sexuality education beyond abstinence may reflect the highly religious characteristic of the municipality (Ghana Statistical Service 2014), which only approves abstinence before marriage. In Chapter Three, section 3.5, the pivotal role of parents in the sexuality education of young people is underscored. As the primary source of guidance, parents wield significant influence in matters pertaining to the sexuality education of young people. Research findings by Martin et al. (2007) further affirm that parents overwhelmingly endorse sexuality education for young people. Despite the recognized significance of parental involvement in the sexuality education of young people, I found it disconcerting to note instances where certain parents voiced opposition to sexuality education programs within the schools I taught.

In chapters two and three, it is discussed that parents and community opposition to young people's sexuality education is partly due to cultural norms that conceptualize young people as asexual and unqualified to receive sexual health information beyond abstinence (Bochow 2012). This creates an intergenerational gap in the flow of sexual health information between parents and young

people, leading to parents' opposition to young people's sexuality education and a lack of parental involvement in educating young people about sexuality. This challenge, as highlighted by the Municipal School Health Education Officer, continues to persist within the Municipality. Such resistance poses a potential hindrance to parental engagement in young people's sexuality education in the Municipality.

Teaching at the primary school in the Municipality also helped me understand how socio-economic factors in the area limited parental involvement in young people's education in general and young people's sexuality education in particular. An example of a socio-economic barrier to parents' participation in the sexuality education of young people is the reduction in revenue from fish harvests for parents. The decline in income from poor fish harvests forces parents to focus on money-making ventures, to the detriment of parental interest and involvement in young people's education and sexual health. Under these conditions, young people are expected to fend for themselves (Britwum, et al. 2017), rendering young women/young women and girls vulnerable to exploitation by older men in consensual relationships.

I also identified that many young people are sexually engaging in relationships. Meanwhile, parents who act as important sources of information on young people's sexual health are occupied with revenue-making activities, resulting in low/poor parental interest in sex education for young people. With a lack of parental involvement and teachers' limitations to sharing sexual health information, young people seek sexual health information from peers, and unreliable information poses a threat to the sexual health of young people.

These experiences informed my sexual health research into sex education policy in KEEA for my Master's research and a more extensive qualitative study into dual modes of sexuality education offered to young people (12-15 years) in 10 Junior High Schools in the Lower Manya Krobo

Municipality, Ghana. Findings from these two studies reported low parental involvement in young people's sexuality education (Ocran, Benedict, Talboys and Shoaf 2022a, Ocran, Benedict E. 2021a).

Under this current study, I investigate the socio-cultural factors shaping views about young people's sexuality education. I build on three strengths: my knowledge of the socio-economic and cultural issues as a basis for exploring further underlying issues shaping parental involvement in young people's sex education. Secondly, I draw on my social network with the municipal education office and school managers to engage with Parent Teacher Associations for an introduction of the project in schools across the municipality and the selection of parents for participation in the study. My third strength lies in my proficiency with the community's first language, Fante, to engage with parents in in-depth interviews and focus group discussions. This will allow a rich interaction to elicit diverse perspectives on what they perceive a sex education curriculum should be in schools across the municipality. Drawing upon my strengths, I am fully committed to developing an evidence-based approach that fosters parental engagement in teaching sexuality education at home and in schools. The ultimate objective is to bring about positive behavioural changes that can positively impact the sexual health outcomes of young people.

1.6 Thesis Structure

This thesis is divided into eight parts. Chapter One introduces the background and context for studying sexual health and situates sexuality education as the most prominent approach to addressing young people's sexual health. It raises the overall aim and guiding research questions for this study. Chapter One also discusses the biographical and cultural context of the study area and positions the researcher in the context of the demography of the research area.

Chapter Two is the Literature Review. In this Chapter, I synthesise bodies of literature on what shapes parents' involvement in young people's sexuality education.

Chapter Three deals with the two theoretical frameworks guiding the primary and secondary data analysis. The first theoretical framework, the Sexuality Assemblage framework, analyses the shift from medicalised, materialistic approaches to discussing sexuality/sexual health, which focuses on bodies, to new materialistic systems which are more in tune with contextually sensitive approaches to examining the factors that shape young people's sexual behaviour as well as parental attitudes to young people's sexuality education. These discussions are linked to the two approaches to sexuality education to show how the Sexuality Assemblage framework aligns more with the CSE framework.

The second theoretical framework, the Sociology of Child Health and Illness, is to understand the socio-cultural and religious background to engage with young people as (a)sexual beings and how these conceptualisations shape the attitudes of parents toward young people's sex education and their concerns.

Chapter Four gives an overview of the research methods, materials, and processes used in the study. It is divided into three parts. The first part outlines the research design, approach, sampling methods, data collection instruments, and analysis methods.

The second part of Chapter Four outlines all the ethical considerations and Positionality (insider and Outsider expectations) on paper before undertaking studies one (in-depth interviews) and two (focus groups).

The third part of Chapter Four depicts the realities of ethical considerations and Positionality assumptions before data collection. In essence, the third part of Chapter Four shows how my Positionality played out while engaging with gatekeepers and participants in the research area.

Chapters Five and Six constitute the findings of the study. Concerning the second research question, Chapter Five reports findings from in-depth interviews and focus groups on what shapes parents' involvement in young people's sexuality education at home. Chapter Six covers the third research question by reporting on parents' preferences for sexuality education topics. Additionally, Chapter Six details what shapes concerns on sexuality education topics. Thus, Chapter Six also covers the second research question.

In Chapter Seven, I apply the Sociology of Child Health and Illness to juxtapose the literature reviewed in Chapter Two and the primary data reported in Chapter Five to fulfil the second research question.

Chapter Eight, which is the conclusion, constitutes two parts. Part One employs the Sexuality Assemblage to synthesise the various social and material factors reported in the findings and discussion chapters, culminating in parents' preferences for sexuality education topics. In part two of the concluding chapter, I infer implications of the significant findings of the study for theory, policy and practice of parents' involvement in young people's sexuality education at home.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

Sexuality education, and therefore the sexual socialization of young people (to be used interchangeably in this chapter), is challenging in both developing and developed contexts due to political, cultural, and religious oppositions (Yankah and Aggleton 2017). The Sociology of Child Health and Illness framework (discussed in the next chapter) is argued to be an excellent lens for understanding how sexual socialization occurs as a prelude to sexuality education. This chapter argues for a link between the Sociology of Child Health and Illness and the sexual socialization of young people. In this review, I argue that if the Sociology of Child Health and Illness explains the dynamics underpinning the sexual socialization of young people, it could be applied to the synthesis and understanding of (existing) data on the challenges that come to the fore when parents (attempt to) engage young people in discussions on their sexuality. This is done by summarizing, very briefly (a more comprehensive analysis of the theory is given in Chapter Three), the three tenets of the Sociology of Child Health and Illness, followed by discussing the barriers to parents' involvement in sexuality education under the three levels of policy, social processes, and individual interaction.

2.1 Barriers to Parents' Involvement in Sexuality Education: A Synthesis Using the Sociology of Child Health and Illness

In this section, the barriers to parents' involvement in young people's sexual socialisation are explored using the three tenets of the Sociology of Child Health and Illness Framework (Brady, Geraldine, Lowe and Lauritzen 2015). Each of the three sections begins with a summary of the tenet followed by a discussion on the barriers and facilitating factors to parents' involvement in young people's sexuality education.

2.1.1 Policy-related barriers

In the framework of the Sociology of Child Health and Illness, policy constitutes the first tenet. An initial approach to interaction with young individuals involves sexual socialization. Literature suggests that the manner in which parents engage with young people on matters of sexuality is largely moderated by sexuality education policy frameworks. Discussions predominantly center on the effectiveness of sex education policies, particularly comprehensive sexuality education (CSE) and abstinence. CSE policies, as evidenced in the literature, facilitate in-depth engagement between parents and young people regarding their sexuality (Huaynoca, et al. 2014, Eisenberg, et al. 2008, Leung, et al. 2019). In contrast, abstinence-based policies vary in the extent to which parents are involved in sexuality education (Santelli, et al. 2006, Kantor, et al. 2008). Three themes are used to explain this point:

2.1.1.1 Perceptions attached to sexuality education policies

The perceptions of the effectiveness of sexuality education significantly influence parents' willingness to discuss sexuality with young people. A qualitative study conducted in Australia, which involved 10 focus groups with parents from secondary schools across the country, revealed that the quality of sex education in schools directly impacted their comfort in engaging with young people on this topic (Berne, et al. 2000). In a similar vein, an in-depth qualitative analysis of communication regarding sex education with adolescents revealed that parents expressed hesitance in initiating discussions with young people due to concerns about the caliber of sexual health information being imparted in schools (Kajula, et al. 2014)

The perceived deficiencies in sex education strategies have also influenced parents' decisions regarding the method they opt to use when addressing sexuality with young individuals. This indicates a range of subjects that parents choose to broach with young people. In the case of Berne et al. (2000), the aversion towards abstinence-until-marriage messages hindered parents from

employing this approach to initiate conversations about sexuality with young people. A qualitative study conducted in Ghana, based on 60 in-depth interviews with adults, underscored the pivotal role of parental perceptions, fears, and concerns regarding adolescent sexual and reproductive health in shaping their ability to engage in discussing young people's sexuality (Kumi-Kyereme, Awusabo-Asare and Darteh 2014b).

2.1.1.2 Sexuality Education Policies and Varying Discussions on Sexuality

The examination of parents' perceptions of sexuality education approaches and their influence on attitudes towards sex education, as discussed in 2.1.1.1, suggests that national-level sex education policies may play a pivotal role in shaping the content and quality of parent-young people's conversations about sexuality. It is evident that parental attitudes towards the sexual health of young individuals are not singularly influenced by their views on sex education policies. Instead, it is reasonable to contend that sex education policies potentially impact parental perspectives on sexual education topics to a certain extent. This discourse will reference four qualitative studies carried out in Ghana to illustrate how policy interventions can influence parental attitudes regarding the sexual health of young people. The assumption is that excluding parents from crucial discussions excludes them from young people's sexuality education.

The first case study examined the obstacles faced in implementing sexuality education policies in three Junior High Schools with different characteristics located in the Komenda-Edina-Eguafo-Abrem Municipality of the Central Region in Ghana. A significant finding emerging from this research is that the misalignment between sexuality education policies and the personal values of teachers, who are also parents, has made it difficult for them to deliver effective sexuality education programs (Ocran, Benedict E. 2021c, Ocran, Benedict 2016). Misaligned sexuality education refers to the implementation of both abstinence-only and Comprehensive Sexuality Education in

school settings.

The second study by Ocran, Talboys, and Shoaf (2022) evaluated the effectiveness of HIV/AIDS sex education programs in ten public schools in the Lower Manya Krobo Municipality using feedback from teachers and students. Ocran et al. (2022) demonstrated that sexuality education policies were misaligned and, therefore, resulted in mixed parental attitudes towards essential topics such as contraception. Considering the perceived sexual activity of young people in the community, the limited involvement of parents in discussing essential topics makes young girls vulnerable to HIV because of highly reported sexual activity (Ocran et al., 2022).

The third study (Ocran & Alldred, 2024, under review) investigated community attitudes towards contraception in the context of dual/misaligned policies to sex education. The study found that the confluence of misaligned sex education policies and cultural and religious norms resulted in hostile parental attitudes towards contraception. This corroborates the arguments above on the role of (misaligned) sex education policies in shaping parents' attitudes towards sex education topics. Indeed, studies upon studies (Halabi, et al. 2013, Shamrock and Ginn 2021) corroborate the evidence on the dual modes of sexuality education in the Ghanaian basic school system.

The fourth qualitative study by Ocran and Atiigah (2022) is a sexuality education model to address the prevalence of Female Genital Mutilation/Cutting in Pusiga in the Upper East Region of Ghana. This study contributes to the central theme of this subsection on the varying attitudes to sexuality education (content) introduced by overarching sexuality education policies. Drawing on reports of victims and non-victims of FGM/C, it was identified by Ocran and Atiigah (2022) that the prevalence of FGM/C might result from patriarchal norms that are reinforced by overarching policies on abstinence that place less importance on sexual pleasure. The paper argues that aligning community values with the abstinence agenda in schools might reinforce myths around sex and

relationships, which avoid discussing sexual displeasure to the disadvantage of women. Here, we see the role of the Ghanaian government's abstinence policy and how it reinforces harmful sexual norms, such as avoiding sexual pleasure among gatekeepers such as parents. *In such an environment, it is improbable that parents will discuss topics on sexual pleasure with young people*.

These studies show that sexuality perceptions about sexuality education policies not only drive parents' attitudes towards sexuality education but, in reality, policies shape parents' attitudes towards sexuality education and how they engage in it.

2.1.1.3 Sexuality Education Policies in Spaces and Influence on Parental Attitudes

Since most policies on in-school sex education are developed directly considering schools and communities, it is helpful to look at the overarching guidelines for implementing sexuality education policies in spaces such as schools and communities and how such frameworks inform or vary parents' involvement in sexuality education.

An established body of literature suggests that sexuality education policy frameworks that do not guarantee sufficient resources for schools hinder efforts to promote effective sexuality education programs (Motta, et al. 2017, Monzón, et al. 2017, Awusabo-Asare, et al. 2017b, Sidze, et al. 2017, Vanwesenbeeck, et al. 2016). Similarly, inadequate allocation of resources neglects the capacity of school-based sexuality educators to enhance their proficiency for effectively engaging with young people on matters of sexuality (George, et al. 2018, Jimmyns and Meyer-Weitz 2019, UNESCO 2018b, UNESCO 2009a). Furthermore, insufficient policies result in the utilization of outdated teaching and learning materials, as evidenced by my research publications, which in turn hinders the effective implementation of sexuality programs (Ocran, Benedict 2020). As a result of these resource barriers, young people lose interest in school-based sex education programs. In a related study conducted in Ghana (Ocran, 2021), it was found that teacher inadequacy led to a lack of student engagement

in sexuality education. Allen's research in a different region of New Zealand, involving participants aged 16 to 19, underscored the critical importance of topics such as teacher competency, content, and classroom organization. It was found that effectively addressing these areas rendered programs ineffective (2005). These findings by young people represented a shift from the popular emphasis on 'sexually transmissible infections and unplanned pregnancy' as the significant focus of sexuality education programs and the parameters for assessing the effectiveness of sexuality education programs (Allen, 2005). It is crucial to note that when adolescents disengage from formal educational programs, they are also likely to exhibit lower levels of interest in receiving sexuality education at home. This trend is supported by existing research, which has observed uncooperative attitudes among young people when it comes to participating in parental discussions on sexuality education at home. For instance, a study conducted in Northwest Ethiopia found that parents faced unfavorable attitudes from young people when trying to engage in conversations about sexuality (Dagnachew Adam, Demissie and Gelagay 2020).

The final inference drawn from these research frameworks suggests that deficient policies could impede student engagement in sexuality education and the involvement of parents in the discourse on sexuality education.

Three trends can be seen from the review above. First, the perceptions of parents about the effectiveness of policies varied in how they engage with young people; next, the type of policy shaped the type of discussions parents engage in with young people on sexuality; and thirdly, sexuality education policies for schools and communities shaped ways in which parents engage with young people on their sexuality. These three conclusions support the first tenet of the Sociology of Child Health and Illness that sexuality education policy is essential to understanding

how parents can engage with young people regarding their sexuality.

2.1.2 The Social Processes Underpinning Parents and Young People's Sexuality

Brady et al.'s framework on the Sociology of Child Health and Illness includes a second concept that emphasizes the relational and social aspects of health practices and processes. This concept is applicable to examining sexuality education and the power dynamics that exist in discussions about sex, love, and relationships. Hence, the exchange of sexual health information between parents and young individuals is situated within the sexual socialization process (2015). Within this context, there are several themes that outline existing trends in barriers to parental involvement in young people's sexuality. These include the pervasive culture of silence and intergenerational differences influenced by cultural norms. Additionally, the varying nature of intergenerational differences in sexual communication between parents and young people in different contexts is a key theme. These themes will be further explored to illustrate their impact on parents' involvement in sex education.

2.1.2.1 Cultural Norms and The Culture of Silence

The literature supports the general argument on the importance of culture in discussions on love, sex, and relationships (Bochow 2012, Robinson, K. H., Smith and Davies 2017). These studies reveal that cultural norms vary in discussion on sex and relationships. This aligns with the argument by Brady et al. (2015) that children and young people are considered asexual. The evidence suggests that children and young people are not regarded as sexual beings because cultural norms determine it taboo for children to discuss sex and relationships. 'Sexual talk' is, therefore, the prerogative of adults (Lukolo and van Dyk 2015, Committee on Psychosocial Aspects of Child and Family Health and Committee on Adolescence 2001, Bastien, Kajula and Muhwezi 2011). Bastien, Kajula and Muhwezi (2011), in a systematic review of parent-child communication on HIV/AIDS communication in SSA, confirm the indispensable role of culture in ascribing a *culture of silence* in sexual socialization

with children and young people.

This further results in a culture of silence on sexuality in communities, schools and even among sexuality educators as they attempt to engage with young people on their sexuality (DePalma and Francis 2014, Hyde, et al. 2010, Hanass-Hancock, et al. 2018). The culture of silence also plays out in different ways, discussed in the succeeding two sub-themes.

2.1.2.1.1 Cultural Norms, Intergenerational Gaps, and Power Dynamics in sexual socialisation

Cultural norms that allow for discussions on sexuality among adults but prohibit similar discussions with young people contribute to a significant intergenerational gap in sexual communication between parents and young individuals. This gap, combined with power dynamics, has been shown to create challenges in parental approaches to sexuality education, as indicated by numerous studies. The emergence of feelings of *shamefulness* and *shyness* has proven to present challenges for parents when it comes to engaging in conversations about sensitive topics pertaining to sexuality (Namisi, et al. 2009, Kamangu, John and Nyakoki 2017). These challenges are evident even though sexual socialization positions parents as the best to engage with children and young people before formal sexuality education begins in schools. In a systematic review of the nature and relevance of parental-adolescent communication on sexual and reproductive health and the barriers to communication in SSA (Usonwu, Ahmad and Curtis-Tyler 2021), 15 shortlisted studies showed that parents are ashamed to discuss sexuality with adolescents. This implies that shyness may be a result of cultural norms when parents try to discuss sexuality with young people.

The intergenerational gap also indicates a power dynamic, with cultural norms permitting parents to limit young people's access to sexual health information and, more critically, for this review, further limiting parents from engaging with young people's sexuality education (Yarber 1992, Kim and Ward 2007, Robinson, K. H., Smith and Davies 2017, Anarfi and Owusu 2011). Two seminal papers

on the making of a sexual being in Ghana (Anarfi and Owusu 2011) and barriers to sexual health information for young people (Bochow 2012) in two research sites in Ghana agree on the role of the cultural obstacles in sifting sexual health information for young people as they engage with their sexuality. Elsewhere, 342 Australian parents believed primary school-aged young people (6-12 years) were too young to be taught sexuality education. Therefore, recommendations were made to limit the kind of sexual health information young people were given (Robinson, Smith and Davies 2017). Hence, the influence of cultural and religious norms creates a power dynamic that restricts parents from engaging in open discussions about sexuality with young people. This dynamic also empowers parents to control the type of sexual health information that young people can be exposed to.

2.1.2.1.2 Cultural Norms and Gendered Sexual Socialization

Cultural norms also play out differently by *varying* the extent to which mothers or fathers (can) engage with young people on sexuality. In this case, many studies point to the confluence of existing patriarchal and matriarchal norms that conflate with other sexual norms, resulting in gendered forms of sexual socialization. Gendered roles in parenting in many contexts, particularly in SSA, determine that mothers spend more time with young people. Qualitative evidence from a mixed methods study evaluating sexual communication between parents and unmarried adolescents in Ghana revealed that sexual communication between parents and young people is heavily gendered (Kumi-Kyereme, et al. 2007). Fathers typically assume breadwinner roles (Silberschmidt 2004, Maurer and Pleck 2006), as evidenced by Ghanaian research during the recent pandemic (Asravor 2021). By default, and per this arrangement, mothers are generally proven to discuss sexual matters with young people more than fathers (Usonwu, Ahmad and Curtis-Tyler 2021, Kelleher, et al. 2013), who spend more time outside the home looking for resources. Thus, explaining

how cultural norms underpin why mothers engage more with young people than fathers.

2.1.2.2 Social Status and Fear-based Approaches to sexuality education

The second tenet on social processes also helps to understand the immediate social environment and how this affects parents' attitudes to sexual education. In this case, the stigma and fear of consequences of early sexual activity of young people, such as early and unintended pregnancies, shape parents' attitudes towards sexuality education, motivating parents to use fear-based approaches to sexuality education (Goldman 2008, Kantor, et al. 2008, Usonwu, Ahmad and Curtis-Tyler 2021). Fear-based approaches are also called scare tactics and are used in other cultures. For example, the UK Teenage Pregnancy Strategy Prevention strand focused on the risk of pregnancy and STIs, including HIV/AIDS (Alldred, Pam, Fox and Kulpa 2016a, Alldred, P. and David 2007, Osei Owusu, Salifu Yendork and Osafo 2022, Singh, A., Both and Philpott 2021). Usonwu et al. (2021), in their systematic review of barriers to parent-adolescent communication on sexuality, found that the fear attached to the social implications of early and unintended pregnancies among young people motivated parents to engage with young people on matters of sexuality.

Per the literature (Kirby 2008b, Stout and Kirby 1993), the scare tactics are informed by abstinence-based approaches to sexuality that draw on abstinence before marriage and, therefore, omit essential topics such as harmful gender norms, contraception, and gender. These studies show that the social consequences of early and unintended pregnancies play a variable factor in the topics and extent to which parents discuss sexual health with young people.

Another dimension, outlined in existing literature, to the link between the social environment and sexual socialization is the sexual behaviours of young people and the sexual changes they go through. To explain the sexual behaviours of young people and how they trigger sexual socialisation, young girls are considered more vulnerable to sexual health challenges due to the

onset of menstruation (Sommer 2009). In addition to the physical change of menstruation and sexuality education, other research includes young people's social life, such as perceived communication and friendship with the opposite sex as a potential danger to their sexual health and an opportunity to engage with young people on their sexuality. Therefore, biological changes are not the only considerations for sexual socialisation by parents but the social lifestyle of young people as well.

2.1.2.3 Socio-demographics and Parents' Abilities as Sexuality Socialisers

The present findings underscore that the intricate interplay of cultural and religious norms with gendered notions engenders variations in sexual socialisation. Mothers take up more roles than fathers in sexual socialisation and the extent to which parents engage in sexuality education. Other quantitative research has also highlighted the role of socio-demographic factors such as gender (which has already been highlighted) and economic status in shaping attitudes and dispositions of parents towards sexual socialisation.

Many studies identify gender to have a significant association(s) or not with parents and young people's sexuality education. Wamoyi et al. (2010), in exploring parent-child communication on sexual and reproductive health and HIV/AIDS in Tanzania, found that mothers were more engaged in sexuality education with young people. Wamoyi and colleagues' findings and other studies in other parts of SSA (Usonwu, Ahmad and Curtis-Tyler 2021) and Europe (Kelleher, et al. 2013) corroborate earlier discussions on the predominant role of women in sexuality education. Within these studies, there is a common trend of sexuality education between similar genders, *id est* mothers sexually socialising more with daughters and fathers engaging in sexual and reproductive health with sons (Wamoyi, et al. 2010, Muhwezi, et al. 2015, Kamangu, John and Nyakoki 2017). Moreover, since it is well established that fathers (due to breadwinner roles) and busy schedules

hardly engage in sexuality education, it is unsurprising that mothers and daughters are recognised to engage more in sexuality education discussions at home.

Parents' level of education plays a role in how they can sexually educate young people. The higher the educational status of a parent, the better the ability to engage as sexual socialisers. This was the finding by Kamangu et al. (2017) when they investigated barriers to parent-child sexual communication in four East African countries. They identified that parents' abilities as asexual socialisers were hugely influenced by the extent of formal education they had received (Kamangu, John and Nyakoki 2017). A more recent examination of communication patterns between parents and young people in Ghana on SRH by Adzovie and Adzovie (2020) offers an interesting explanation for the positive correlation between education and sexual socialisation. They argue that parents faced with shyness (because of cultural norms) require more facts to negotiate the problematic discussions that characterise sexual communication with young people. They argue that parents with lower academic training hardly possess such know-how, but this is highly probable for parents with tertiary education (Adzovie and Adzovie 2020).

2.1.3 Limitations to Children's Participation in Sexuality as Limitations to Parents' Involvement

The third tenet of Brady et al. is used to access factors that directly inhibit children and young people's active participation in their sexuality. Then, it is argued that any barriers to young people's direct involvement in their sexuality imply an incomplete participation of parents in young people's sexuality education. Therefore, there is a limitation to their involvement-which is the subject under investigation in this Chapter.

It is important to note, however, the difference between the social factors, such as cultural norms described above, which limit parental involvement in sexuality, as against social factors that limit young people's participation in sexuality. While parents are the active agents under the second tenet, over here in this subsection, young people are the active agents, being excluded from

discussions on sexuality. So, the discussions here focus on what shapes children and young people's abilities to participate in health practices relevant to their sexuality, but keeping in mind that what limits young people's role as sexual actors limits parents' engagements with young people's sexuality as well.

2.1.3.1 The Exclusion of young people's sexual language

In section 2.1.2.1, it is shown that the culture of silence prohibited open discussions about sexuality with young people and between young people. The culture of silence, to a large extent, underpins young people's abilities to develop their language to code sexual communication and make it accessible and tailored to their needs. Wangamati (2020), in a review of implementation challenges for CSE in SSA, identified that in Kenya, young people have invented a song which is a mixture of English, Swahili and Local languages to shroud discussions on sexuality in secrecy. This song, for example, '…discusses foreplay and sexual intercourse in graphic details' (Wangamati 2020,p. 5). Consequently, parents may be oblivious to the diction and meanings attached to such discussions and may not connect with young people in any attempts to discuss sexuality.

During adolescence and young adulthood, individuals encounter asexually challenging and frequently misunderstood phases. This applies not only to those navigating the sexual and pubertal transition themselves, but also to those indirectly involved in the process (Liang, et al. 2019, World Health Organization 2018). Thus, in many ways, the codified use of sexual language by young people implies that when parents discuss sexual and reproductive health with young people, young people may be misunderstood because the kind of language used by adults in everyday conversations about sexuality may be different from that used by young people. By implication, the difference in sexual language limits discussions on sexuality between parents and young people and limits parental spaces that could have been used to discuss sexuality.

2.1.3.2 Exclusion of young people from sexual health research

Under the Sociology of Childhood, sociologists attempted to engage young people in research on their sexuality (Dentith, Measor and O'Malley 2012). This links directly to the first tenet of the Sociology of Child Health and Illness: how young people can be engaged in policy. Under this third tenet, the review refers to any methodological research gaps that fail to include the perspectives of young people in sexual health research as a barrier to parents' involvement in young people's sexuality education.

Sexuality education thrives on evidence from varying geographical, social, cultural, and economic contexts, as seen in the continuous publications of the International Technical Guidance on Sexuality Education (UNESCO, 2009; 2018). It is generally agreed in research that the Sexual socialisation of young people is effective when sexual socialisation occurs *with* and not *for* young people. This is why many organisations operate in different contexts (See, e.g. (Simuyaba, et al. 2021, Vanwesenbeeck, et al. 2016) have designed programs with and by (and not for) young people to empower them to make responsible decisions.

Another aim of evidence-based sexual socialisation with young people is to improve services such as parental involvement in sexuality education to meet the needs of young people. However, a close analysis of existing sexual and reproductive health interventions with young people reveals bottlenecks (Vanwesenbeeck, et al. 2016), some of which are cultural, social, structural, and institutional. These encompass the inability of such interventions to even communicate appropriately with young people in a language they understand (Wangamati 2020).

It suggests, therefore, that the evidence generated from sexuality education interventions designed with and by young people, in the end, excludes them from implementation, thereby making such evidence inappropriate to be used to inform parents' involvement in sexuality education.

2.2 Conclusion

In partial fulfilment of the first research question, this chapter synthesises literature, using the Sociology of Child Health and Illness as a compass, on the factors that shape parents' involvement in young people's sexual health. The review highlighted 10 barriers, which are summarized in Table 2 below.

Table 2: Barriers to Parents Involvement in Sexuality Education

Tenet under Sociology of Childhood Framework	**Identified Barrier to Parents' Involvement in Sexual Socialization of Young People**
Policy	Perceptions attached to Sex Education Policies
	Sexuality Education Policies and Varying discussions on sexuality
	Sexuality education policies in spaces and influence on parental attitudes
Social Processes	Cultural Norms and the Culture of Silence
	Cultural Norms, Intergenerational gaps and power dynamics in sexual socialization
	Cultural Norms and Gendered Sexual Socialization
Limitations to Young People's participation	The Exclusion of young people's sexual language
	Exclusion of young people from sexual health research

The aforementioned factors are supported and enhanced by interviews and focus group data which aim to comprehend the obstacles influencing parental engagement in sexuality education within the research site and beyond.

CHAPTER THREE

THEORETICAL FRAMEWORKS: THE SEXUALITIES ASSEMBLAGE AND SEXUALITY EDUCATION AND THE SOCIOLOGY OF CHILD HEALTH AND ILLNESS

3.0 Introduction

In the introduction, it is noted that the discussion and analysis of this study are guided by two sociological theories. This chapter provides an in-depth discussion of these two theories: the Sexualities Assemblage and the Sociology of Child Health and Illness frameworks, and their relevance to the study. The first section of this chapter presents a historical overview of the development of Materialism and New Materialism (NM), succeeding with a summary of the distinguishing characteristics of NM. The discourse on NM concludes by advocating for a linkage between NM and Comprehensive Sexuality Education (CSE), pinpointing an existing gap in NM and Sexualities Education research, with the notable exception of the Palgrave Handbook of Sexuality (Allen and Rasmussen 2017). The chapter's second section provides an overview of the Sociology of Child Health and Illness, exploring its connection to parents' perceptions of young people's sexuality and the implications for the sexual socialization of youth. The chapter concludes by presenting the key principles of both theories and their relevance to the subsequent analysis of factors influencing parents' role in the sexual education of young people.

3.1 Materialism: A Historical Overview

Historically, Materialism as a sociological concept evolved in response to attempts at understanding how secular forces contributed to the sociological process, such as society's production. A closer look at the evolvement of materialism will show that at each stage in its development, the gaps identified led to nuanced approaches to its utilisation, finally leading to the concept of NM, which is a focus of this chapter. Several writers have demonstrated this point (Fox and Alldred 2016c, Alldred, Pam and Fox 2017b, Alldred, Pam and Fox 2015b, Fox and Alldred 2016a, Fox

and Alldred 2022a, Alldred, Pam and Fox 2017a, Thrift 2004), some of which are reviewed here to provide a systematic understanding of the shift from Materialism to NM.

Historical Materialism (HM) evolved in the mid-19th century (1846) to describe economic modes of production of goods and services between social classes. For Karl Marx, the way goods and services were produced over time, in terms of the *kind of actual labour* producing goods and services, and the *work owners* explained the *status quo* of society and how society evolved. Per this explanation, HM was viewed as a part of the Marxist ideology, a theory, and a transitionary phase in producing goods and services. However, it was critiqued for overlooking factors such as gender, power, and between social classes or groups, which are micro-factors that inform differences between social types (Marx 2019). Therefore, the Marxist conception of Materialism was viewed as reductionist, assuming a top-down approach and missing the eye on power relations between gender, race and other social divisions prevalent at that time (Fox and Alldred 2016b, p. 5). Interestingly, recent research has argued strongly against capitalism as reproducing ideologies that perpetuate different power relations between gender and class relations (Bakker and Gill 2019, Marx 2019, Mezzadri 2019, Gimenez 2018), a gap highlighted as missing from Marxist conceptualisations of HM in the early 19th century. It is also important to note that the gap in power relations identified in HM creates a massive dent in Marxist theory, considering that in religion, HM may have contributed to an awareness of the gap between the rich (owners of labour) and poor ('labourers') in his most popular assertion that religion is the opiate of the masses (Yılmaz 2018).

Subsequently, feminists and post-structuralist thinkers such as Braidotti (2019, 2013) came into play to incorporate factors such as gender and power among social classes, which was argued to be a weakness of the Marxist Historical Materialistic approach. Even with post-structuralism, sociological scholarship is deemed inadequate, accusing post-structuralism of overly focusing on

textuality and cultural integration (Fox and Alldred 2016b).

Informed by the identified gaps in historical materialism (HM) and post-structuralism, the theoretical framework of new materialism (NM) has emerged to address the lacunae in materialist perspectives at both micro and macro levels of society. To gain insights into NM, scholarly discussions have centered on the works of two influential figures: the philosopher Gilles Deleuze and the psychoanalyst Felix Guattari.

3.2 Distinguishing characteristics of NM

In order to comprehend the field of New Materialism (NM), it is crucial to delineate its epistemological and ontological standpoint regarding materiality and, based on this perspective, its related features.

Firstly, NM focuses on ontology rather than Epistemology (Fox and Alldred 2016a, Fox and Alldred 2022b), as a way of establishing a common ground between two distinct philosophical approaches: Realism - a belief that phenomena such as sexuality are shaped by structures/mechanisms - and Idealism, which holds that the shaping forces are the subjective interpretations of what phenomena such as sexuality are.

Next, as a definition of the ontological stance, NM makes no distinction between the *physical world* as perceived by humans and *human thoughts/desires* as the product of human studies. Therefore, in any NM conceptualisation of how phenomena are constructed, there is an element of relationality, an intimate interaction between human factors such as thoughts/desires/feelings/emotions (human elements) and non-human components (the physical world), what Deleuze refers to as *affects* (Deleuze, 1988, p. 123; Deleuze & Guattari, 1988, p. 261).

Deleuze and Guattari further describe the capacities or processes that affects interrelate. Due to the dynamic nature of humans (e.g. human thoughts and desires) and non-human elements (for

instance, animals or the weather), the interactions between effects can't be static. In essence, humans and non-human impact have the potential to influence/shape/relate to each other equally. Similarly, the reproductions of these interactions are as fluid as the affects themselves, leading to reproductions that only a holistic consideration of human and non-human affects can decode.

The relationality between affects, the 'capacities' for human and non-human considerations to relate, is called *assemblages,* where, in one moment, there is an arrangement of affects in relation to each other (Alldred, Pam and Fox 2015b). Returning to the earlier rejection of social structures, Deleuze replaces top-down approaches with *micropolitics*, focusing on power and resistance between and within assemblages. Under micropolitics, there are two types of assemblages. The first, territorialisation/deterritorialisation, shows what a body consisting of different affects can do (Alldred, Pam and Fox 2017b). Guattari describes territorialisation (1995a, p. 28) as '…territories' produced and disputed by the impact of relations'. Fox and Alldred give this example to buttress the point, '…a stone may be territorialised/specified by a hand that uses it as a weapon. When that weapon is cast aside, it is de-territorialised/generalised back into a stone, thus regaining its previous multiple capacities' (Fox and Alldred 2022c, p. 6).

On the other hand, there is a second type of micro-political, aggregating or disaggregating affects, previously referred to as molar/molecular forces by Deleuze and Guattari (Fox and Alldred 2022c). The interactions within assemblages sometimes result in 'lines of flight' (Ansell-Pearson 1999, p. 172). Fox and Alldred further explain the aggregating/disaggregation process:

> 'Aggregating (molar) affects classify or group bodies together, for instance, classifying people into nationalities, social classes, races and genders, as well as establishing social identities such as 'patient', 'housewife', 'mother', or 'victim' of violence, even though the people thus aggregated may be in most other respects entirely dissimilar. By contrast, disaggregating (molecular) affects act singularly on bodies and, as such, can undo or undermine aggregations, opening up possibilities beyond the constraints of a particular stratification or social identity (2022b, p. 6)

This territorialisation/deterritorialization, aggregation/disaggregation leads to an unfolding of phenomena in societies, 'which is constantly becoming' (Thrift 2004, p. 61).

The above explanation on the sociological production of phenomena such as sexual health and sexuality education are constantly (re)produced and shaped and explains the rejection of traditional structures in sociology such as patriarchy/matriarchal norms that seek to explain concepts in societies (Alldred, Pam and Fox 2017a, Fox and Alldred). These structures, understood as operating 'top-down', are replaced with a more relational model that may still produce patriarchal affects but through a state of continuous becoming of all concepts/phenomena, physical, psychological, emotional or social. Affects produce different affective capacities within assemblages (Deleuze & Guattari, 1988, p. 400) in (Alldred, Pam and Fox 2015c, p. 401).

The concept of assemblages has been applied broadly in sociology in areas such as Gender Based Violence (Fox and Alldred 2022b) and even environmental justice (Fox and Alldred 2021a, Fox and Alldred 2021b). In sexual health, a focus of this study, we can refer to a sexuality assemblage of everyday phenomena such as a kiss. Such an assemblage may consist of human and non-human elements, as depicted in the Table 3 below:

Table 3: Tabular depiction of affects embedded in an everyday kiss

Human affects	Non-Human affects
Past experiences	Social, cultural and religious norms
The two individual's attributes	Dating conventions
*Other affects	Other affects

Source (Fox and Alldred 2017, p. 17)

*In the example given here, there may be other human and non-human affects that the context may determine- the third-row leaves room for such contextually defined affects.

A single kiss between two human beings, or 'two bodies' as described by Fox and Alldred, consists of human feelings and non-human affects. Under a sexuality assemblage, it takes a relational, new materialistic approach to appreciate the various components of a sexual event, such as a kiss, which are underpinned and shaped by examples of human and non-human factors shown in Table 3 above.

Indeed, 'sexuality is everywhere' (Deleuze and Guattari 184, p. 25) in (Alldred, Pam and Fox 2017a, p. 658), and it is essential to make room for factors that could account for attitudes towards sexual health. This same argument is detailed in the next section on NM and Sexuality Education.

3.3 Sexuality Assemblage and CSE: A Gap in NM and Sexualities Education Research

The discussions above summarise NM's clear, relational focus. I seek to show how the sexuality assemblage, as an example of NM, can be linked to sexuality education in general but comprehensive sexuality education (CSE) in particular. To better understand the link between NM and CSE, there is a need to revisit earlier discussions in Chapter One on the encompassing definition of sexual health and sexuality education and the shift in focus from bodies to more relational and broader aspects of sexual health. I will apply this approach to CSE in this context; to my knowledge, no one has done that.

In Chapter One, sections 1.1 and 1.2, it was identified that the definition and operationalisation of sexual health and sexuality education were attainable only when discussions moved from the focus of bodies, *id est* the medicalised model of health to a more relational socio-ecological approach. The shift from bodies to socio-ecological approaches is more sensitive to the many local factors, both human and non-human, that shape young people's sexual health and attitudes towards sexual health and sexuality education. It was also introduced in Section 2 of Chapter One that CSE resonated more with the shift from the medicalised model to the more relational approach, which goes beyond the mere prevention of illness to gender, power and socio-cultural factors. Socio-

ecological approaches are, therefore, more likely to achieve public health and development goals beyond physical health outcomes. Applying the Sexualities Assemblage also allows me to acknowledge the contexts within which social and material considerations on sexuality occur and the underpinning dynamics shaping specific contexts.

Building on these trends in UNIT One's discussion of the relational, socio-ecological approach to sexual health and sexuality education promoted by CSE and drawing on the above discussion on NM's relational characteristics, I argue for a close link between CSE and NM.

Some research has linked NM with sexual health (Alldred, Pam and Fox 2015a). In addition, some recent studies by the same authors (Fox and Alldred 2022a) have argued for an NM approach to data analysis. Thus, this allows for considering micropolitics, which characterizes the interaction between affects, capacities, and assemblages.

Little research has been done to understand sexuality education using NM analysis, such as the sexuality assemblage. This study takes a novel approach to sexualities education research and NM analysis. By applying Alldred and Fox (2017a), this study attempts to understand an aspect of sexualities education, parents' involvement in sexuality education, using an NM approach, and studying the particular sexuality assemblage in these communities. This analysis is complemented by the Sociology of Child Health and Illness framework, discussed in the next section.

3.4 The Sexual Socialization of Young People by Parents: An Analysis through the Sociology of Child Health and Illness

The previous section discussed how the Sexuality Assemblage, as an example of New Materialism (NM), provides a novel approach to understanding sexuality education and the various attitudes presented by parents on the topic. This second part of chapter three focuses on the background and

context within which sexuality education and the involvement of parents occurs. To provide a better understanding of the background within which varying degrees of parental involvement in young people's sexuality occur, the tenets of the Sociology of Child Health and Illness framework (Brady, Geraldine, Lowe and Lauritzen 2015) are explored to understand how young people in the context of social values and norms are considered a(sexual), and how these considerations inform the way young people are engaged within policy and programs to address their sexuality. This chapter introduces sexual socialization and its importance in engaging young people in sex education. Next, a historical overview of the Sociology of Childhood is presented, narrowing the literature down to the Sociology of Child Health and Illness by Brady et al. (2015). Through recent findings, the tenets of the Sociology of Child Health and Illness by Brady and her colleagues are used to show how the sexual socialization of young people occurs and can be interrogated. Finally, an attempt is made to draw lines of commonality between the Sexuality Assemblage framework and the Sociology of Child Health and Illness, and how and where the two theories will be used in analysing data in subsequent chapters.

3.5 Sexual Socialization and its Importance for Parents' Involvement in Young People's Sexuality Education

Briefly, before discussions delve into a deeper understanding of the Sociology of Child Health and Illness framework, it is crucial to lay out the argument for why sexual socialisation, which is a sociological concept, will be used interchangeably with sexuality education in this chapter and chapter six (when the sociology of child health and illness is used to synthesise data on parents' involvement in young people's sexuality education), and less frequently when the data is analysed using both sociological theories (chapters seven and eight).

First, a brief distinction is required between sexual socialisation and sexuality education. Schneewind (2001) defines Sexual socialisation as '…the process through which an individual

acquires an understanding of ideas, beliefs and values, shared cultural symbols, meanings and codes of conduct' (Shtarkshall, Santelli and Hirsch 2007). Sexuality education, on the other hand, has been more closely associated with enhancing sexual literacy in individuals to enable them to gain skills and competencies on sexuality to make well-informed decisions (Shtarkshall, Santelli and Hirsch 2007). While the two concepts are closely related, sexual socialisation, in the literature, has been discussed as a prelude to sexuality education in school. Thus, the home and parents are considered the first agents of socialisation on sexuality. Notwithstanding, sexual socialisation does not preclude other structures that partake in the sexual upbringing of children and young people, such as the school and the local community. Instead, sexual socialisation offers a platform to project parents as an essential first step to introducing children and young people to their sexuality before they become overwhelmed with such topics through sexuality education at school.

To conclude, Martin et al. (2007) proffer three reasons why sexual socialisation is fundamental for assessing how gatekeepers such as parents engage with young people on their sexuality. The first argument, already stated, is that parents should be the first point of sexual socialization (Martin, Luke and Verduzco-Baker 2007). According to traditional family structures, individuals are born into families, whether headed by a two-parent (father and mother) household or a single parent. Parents are naturally assigned the role of satisfying the innate curiosity of children and helping them decode the complex aspects of the world around them, including those related to sexuality.

The second argument by Martin and her colleagues is that parents impart so much influence on young people, including their sexuality, and it makes sense to view parents as the first point of call in any attempt to engage children on their sexuality.

It is also evident from many studies that parents do support sex education (UNESCO 2018). In many ways, the support of parents may align or misalign with that of young people (Martin, Luke and

Verduzco-Baker 2007). Hence, sexual socialization enables the facilitation of discourse and interventions in domains where parental attitudes towards sexuality diverge from the perceptions of sexuality held by children and adolescents. This approach is instrumental in fostering better comprehension of young people, thereby aiding any endeavors to engage in conversations about their sexual development.

By considering these points, sexual socialization intersects with the focus of this study, which aims to investigate how young individuals are perceived as sexual beings by influential figures like parents. In this dissertation, sexual socialization is placed within the framework of the Sociology of Child Health and Illness to comprehend the environments in which young people are defined as sexual beings.

3.6 The Sociology of Childhood: A Historical Summary

This section delves into the historical development of the Sociology of Childhood to elucidate its evolution. As noted in Mayall's seminal study on the history of the Sociology of Childhood, the concept has undergone a complex evolution, drawing from various academic disciplines with a primary focus on comprehending the position of children and adolescents and exploring effective ways of engaging with them (Mayall 2013).

Mayall (2013) cites developmental psychology as one major discipline that contributed to the growth of the Sociology of Childhood. Psychology is conflated with the child's state on two main fronts- the need to provide evidence for universalist systems of education and the attempts of psychology to produce insights into the child's development at every stage of life.

From the early 1970s and 80s, other disciplines and interests in the state of the child garnered the interests of scholars in the field of medical sociology, feminism, historical studies, and ethnography (Ethnography of Childhood), followed by more recent research in the UK to problematise childhood around child poverty, participatory approaches with and for children and

young people, power dynamics between adults and young people, and a body of research on children's rights and competencies, including sexual rights and sexual status (Bluebond-Langner and Korbin 2007, Mayall 2013).

In connection to the sexual status of the children and young people (and more closely aligned to the interests of this dissertation), childhood studies have also centred on the 'embodiment of social relations, where children's bodies are understudied under the social structures of the school and the home (Coffey, Budgeon and Cahill 2016). For example, a body of research by Casper et al. (1996) investigated children's everyday life experiences concerning education through teachers' views. Still closely related to the topic of discussion of this project (Sexuality education of young people), adult relations with children are considered by many studies as an embodiment of social relations (Mayall 2013, p. 25). This is where other studies have examined research methods and approaches for investigating children's lives and political status (Beazley, et al. 2009, Lange and Mierendorff 2009).

3.7 The Sociology of Child Health and Illness

Three premises (from the previous section) can be inferred for continuing discussions: The Sociology of Childhood in history has focused on the child's (and young person's) status as a constituent member of society. Next, the 'quality of the child' in childhood studies is dissected as an embodiment of social relations, which (thirdly) also consists of how adults conceive children and young people and, therefore, how adults relate to them. This returns the discussion to the earlier topic of sexual socialization in section 3.5. A recent theory of the Sociology of Childhood, the Sociology of Child Health and Illness by Brady et al. (2015), will be used to explain how children are conceived in terms of sexual status and how these conceptions, to a large extent, shape the way young children are perceived, engaged with and included in sexuality education.

3.7.1 The Sociology of Child Health and Illness by Brady et al. (2015)

Brady et al. (2015) argue for a conception of childhood as complete beings, not beings *en route* to adulthood. In line with this argument, they further argue that children and young people can be better understood when discussing how they are perceived and related by other individuals, a view similar to that which states that childhood embodies social relations (Mayall 2013, p. 13). This is where earlier discussions on the sexual socialization of the child are a meeting point with the debate here on the Sociology of Child Health and Illness. According to Brady and her colleagues, the sexual socialization of the child occurs at three levels-policy, social processes and individual levels.

Under the policy, Brady and her colleagues discuss the extent to which children are considered in health policy initiatives. Since children must be constituent members of society (Mayall 2000, Mayall 2013), including their interests in national policies is imperative. A comprehensive attempt to cover the health needs of young people through overarching national health policies speaks to society's social, political, and cultural status (Brady, Geraldine, Lowe and Lauritzen 2015).

This discussion can be extended under sexual socialisation to explain that the sexual health policies designed by national governments indicate the (nature of) sexual identity attached to children and young people. We can refer to sex education policies as an example. Abstinence-based approaches to sexuality limit all discussions on sexuality to abstaining from sex before marriage (UNESCO 2018a, UNESCO 2009b). Thus, under such a national policy, children and young people may not be accorded sexual identities but are accepted as asexual beings on the path to attaining sexual identities only after marriage (or 'maturity'). Comprehensive sexuality education, on the other hand, moves beyond abstinence and argues that young people may be sexually active before marriage; therefore, policies such as contraception should be put in place to stem the prevalence of sexually transmitted diseases such as HIV/AIDS (UNESCO 2018). The examples above on

Abstinence and CSE speak to how children and young people are included and how they are included in national health policies.

The second theme by Brady et al. (2015) proffers that all forms of health care are a relational, social process involving a flow of information between various actors. They further explain that power imbalances sometimes underpin communication between other actors, such as parents (adults) and children/young people. The intricate dynamics of power within these contexts necessitate careful consideration to ensure the best interests of children and young people are prioritized. For instance, an analysis of the sexual socialization process may illuminate the power differentials that may arise from intergenerational disparities between children/young people and adults (Anarfi and Owusu 2011, Shtarkshall, Santelli and Hirsch 2007). At the same time, cultural and religious norms can discourage open conversations about sex, leading to a prevailing culture of silence on the topic. This dynamic also creates a power imbalance, enabling adults to control the type of sexual health information that children and young people have access to (Yakpir 2020).

The third theme under the Sociology of Child Health and Illness by Brady et al. is a move to a more individual level of health care. At this level, consideration is given to whether or not children and young people are engaged in managing health conditions, designing interventions, and actively managing their bodies, minds and conscience (Brady, Lowe and Olin Lauritzen 2015). This returns the discussion to the type of identity ascribed to children and young people. For example, under sexual socialization, contexts in which young children are considered sexual beings will allow for active engagements with (instead of 'for) young people in decision-making processes, which also affects their lives. Also, in contexts where young people are considered as beings and not 'becomings', there will be conscious efforts to seek the views of young people on various topics under sexuality, as recommended by more participatory approaches to engaging with young people under the

sociology of childhood (Swauger, Castro and Harger 2017, Brown Geraldine, Brady Geraldine and Jones Chantel 2017).

3.7.2 The Dynamics of Sexual Socialization through Brady et al.'s Sociology of Child Health and Illness

When analysed together, the three levels of the Sociology of Child Health and Illness provide a firm foundation for understanding the dynamics and contexts within which sexual socialisation (and, therefore, ways and challenges stakeholders such as parents engage with children regarding their sexuality). Some recent findings are used to support this point.

Generally, at the policy level, there have been many discussions about the appropriate mode of sex education in school and at home in the British, American and Ghanaian research (Monk 2009, Monk 2004, Corteen 2006, Measor, Tiffin and Miller 2000, Ocran, Benedict 2020, Ocran, Benedict, Talboys, Sharon, Shoaf, Kimberley 2020, Alldred, P. and David 2007). Through the first tenet of the Sociology of Child Health and Illness by Brady et al., it is easy to understand that abstinence modes of sex education align more with the idea that children and young people are not sexual beings but are transitioning to adulthood (Brady, G., et al. 2022). On the contrary, CSE approaches, in large part, align with the notion of children as potential sexual beings, while overcoming local barriers to implementation in specific contexts.

However, when we move to the second level that Brady et al. (2015) ascribe, the sociology of Child Health and Illness as a social process, we identify that the correlation between the first and second levels is not necessarily linear. For example, the social context within which sexual socialisation occurs is particularly gendered. To explain, there is considerable evidence to suggest that young girls are more engaged with their sexuality than boys (Browes 2015, Trudell 2017), probably due to the onset of menarche, which provides evidence of the potential of young women to conceive and so the theoretical relevance of sexual activity. However, young girls face more

challenges when it comes to sexual health, especially with early and unintended pregnancies and unsafe abortions (Ocran, Benedict, Talboys and Shoaf 2022b). Stigmatization and poor re-entry policies hinder the education of pregnant and teenage mothers (Britwum et al. 2017). UK research also shows a high rate of child sexual abuse affecting young girls, for example (Brady, Geraldine, et al. 2018, Brady, Geraldine and Lowe 2020). The argument presented above underscores the prevalence of patriarchal norms and negative sexist values in influencing the inhibited sexual socialization of young girls and the sexual health challenges they encounter. It is crucial to note that this acknowledgement does not diminish the significance of the sexual health challenges experienced by young men, including the elevated HIV prevalence among men who have sex with men (Moore and Owusu 2016). Instead, the contention is that the three tenets of the Sociology of Child Health and Illness enable us to acknowledge some of these foundational factors in shaping attitudes towards young people's sexuality.

The argument is even more vital as we move to the third tenet, the more individual approach to engaging young people on their health. With the above discussions, the third personal approach allows researchers and gatekeepers, such as parents, to connect with young people about their sexuality. As indicated earlier, when young people are considered asexual, adult interests, opinions and views on sexuality may differ from young people's (Mayall 2000, Mayall 2013). Therefore, to avoid presumptions about sexuality, such as according to gender stereotypes, the third tenet suggests active engagement with young people in contexts that accord young people sexual or asexual identities and design interventions to empower young people regarding their sexuality.

Based on the preceding discussion, it is evident that the Sociology of Child Health and Illness by Brady et al. (2015) offers valuable insights into the social dynamics influencing sexual socialization. It sheds light on the various sexual health issues faced by young individuals,

including the global challenges of early and unintended pregnancies among young girls. This framework also facilitates a deeper understanding of the occurrence of diseases such as sexually transmitted infections. Moreover, an exploration of the Sociology of Child Health and Illness can contribute to a better understanding of the challenges involved in the implementation of health programs, such as sexuality education initiatives within the familial context, as facilitated by parents.

3.8 The Nexus between the Sociology of Child Health and Illness and the Sexuality Assemblage Frameworks

This chapter concludes with a comment on how and in which places/where the rest of the thesis will use the two sociological theories in the analysis. This proceeds by explaining the commonality between the two theories and how this commonality will be used to inform data analysis in succeeding chapters.

The common ground between both sociological theories is relationality. Both sociological theories agree on the relational nature of the factors that underpin health. The sexuality assemblage argues for the relational nature of affects, and the Sociology of Child Health and Illness argues for a relational nature of factors that shape child health.

Secondly, within this relationality of factors and affects, there are states of constant flux and the attainment of 'stability'; with the Sociology of Childhood (Mayall 2013), there is a state of abeyance where children and young people are ascribed no sexual identities, and sexual identities are attainable post-marriage. On the other hand, the sexuality assemblage assumes no fixed status, only constant flux where processes may make stable affects (Alldred, Pam and Fox 2015d).

Applying this argument to parental attitudes towards young people's sexuality education, the confluence of the two theories, and therefore their complementary roles in analysing this study can be argued thus: that under social sexualization, there is a state of abeyance for young people, *id est*

the period between when they transition from childhood to adulthood, and a period sexual identity where young people attain sexual maturity and are permitted to discuss and engage in sexuality.

In the literature review, the three tenets of the Sociology of Child Health and Illness were used to tease out the factors in the literature identified as shaping parents' engagement with young people's sexuality.

The data analysis aims to tease out factors that underpin the micropolitics of parents' involvement in young people's sexuality education. The first step will be to apply the three tents of the Sociology of Child Health and Illness in discussing the findings from the data reviewed in the literature. Following this, the sexuality assemblage will be used to identify the affects within the data from in-depth interviews and focus group discussions.

CHAPTER FOUR

RESEARCH METHODOLOGY

4.0 Introduction

This chapter details the research methods and processes that characterised fieldwork in the conduction of the study. It is in two parts. The first part details the philosophical approach, research design, data collection methods, selection of schools and participants, and ethical procedures. The second part describes positionality and how this plays out with data collection/fieldwork procedures.

4.1 Philosophical Approach

This dissertation aimed to generate parents' perspectives on what facilitates or hinders their involvement in young people's sex education. There was the need to consider a philosophical position that could accommodate how knowledge of parents and young people's sexuality would be gained, assessed and classified (also known as ontology) and the nature of human knowledge (epistemology). Interpretivism provides the epistemological and ontological foundation for this study, and it does this across three dimensions:

1. The local and international evidence on the political, socio-cultural, religious and gendered norms and values that underpin young people's sexuality education. Sexuality education is a diverse phenomenon informed by multiple social considerations, including politics, cultural norms and values (UNESCO 2018a). Therefore, the study required a philosophical position acknowledging the interplay of the many social factors underpinning sex education.

2. A consideration of the multiple perspectives of sexual health researchers and other stakeholders who produce and co-produce evidence on what shapes parents' involvement in young people's sexuality in similar contexts. Sexuality education thrives on success stories from different contexts and future interventions (UNESCO 2019).

3. The researcher's positionality was also a crucial consideration of the research philosophy. Positionality is the researcher's ethnic, political and religious affiliation considerations relative to the researched community and individuals and how positionality shapes knowledge/scholarship produced through the researcher's engagements with the data collected from the researched community (Nyashanu 2021). Positionality is also considered an essential consideration in this study to ensure appropriate engagement with participants on sensitive topics such as sexuality education (Shaw, et al. 2020). This has been discussed briefly in the introduction and more extensively in the second part of this chapter.

Interpretivism argues that knowledge can be understood through interaction with the social and material world surrounding us. This means that interpretivism maintains a subjective ontology to understanding and acquiring knowledge in social contexts (Potrac, Jones and Nelson 2014). For this argument, the search for knowledge is socially constructed. Additionally, 'The interpretivist paradigm would enable (enables) researchers to gain further depth through seeking experiences and perceptions of a particular social context' (Alharahsheh and Pius 2020, p. 39). The socially nuanced approach of interpretivism also acknowledges the norms and values of society as well as the personal values of the researcher exploring parents' involvement in young people's sexuality education, underpinning what we know about sexuality. Additionally, knowledge is diverse but subjective.

I now review the three other philosophical approaches, positivism, relativism, and pragmatism, to justify why the interpretive approach provides the ontological and epistemological basics for researching parents' involvement in young people's sexuality education.

The Positivist perspective argues that knowledge should be generated using the senses (Caldwell 2015, Alharahsheh and Pius 2020). Further, the tenets of the positivist philosophy proffer that in

deriving knowledge through senses, patterns can be inferred to arrive at general statements of expertise relative to the matter of inquiry. The foundation of knowledge to derive knowledge through our minds aligns with any investigation on sexuality education, which draws on observable behaviour and attitudes of stakeholders. Current research suggests a '*relation(ship) between knowledge and emotion, arguing that emotion is necessary for knowledge*' (Holland 2007,p. 195). The positivist perspective promotes the generalization of knowledge obtained through sensory experiences, disregarding the culturally diverse and subjective aspects of sexuality education as outlined in points 1, 2, and 3. Furthermore, this paper highlights the inconsistency in the positivist epistemological approach, which seeks *a priori* knowledge based on subjective considerations while rejecting the 'fragmented' nature of personally acquired knowledge. Consequently, the positivist philosophy is deemed inadequate for engaging in discussions pertaining to sexuality education.

On the other hand, Relativists contend that the authenticity of knowledge is not based on any scientific and determinate facts (Bellamy 2011a). Instead, the ability depends exclusively on the views and opinions of the person producing that knowledge (Caldwell 2015). Therefore, in contrast to the positivist philosophy, relativists' acceptability is based on the subjective interpretations described by the one making that knowledge. Thus, in line with the study's aims, the relativist philosophy acknowledges the role of emotional and personal considerations in discussing sexuality education. The relativist approach, to a large extent, covers the positionality of the researcher, which, as argued above, plays a huge role in either augmenting or marring conclusions derived from sexual health research. In addition, the relativist approach to accepting knowledge based on subjectivity aligns with the need to consider the views of other stakeholders, which play a role in informing the interactive nature of sexuality education, especially as it relates to young people.

However, the relativist approach places less emphasis on the social and material dimensions of sexual health. Yet, sexual health is a socially constructed phenomenon and, therefore, requires an in-depth analysis of the social dimensions shaping parents' involvement in young people's sexual health. For this reason, therefore, the relativist approach was seen as a less appropriate approach to discussing sexuality.

Realism draws on both interpretivism (to be discussed next) and positivist basics of research. Realism, per its essence, maintains a middle way, a flexible but consistent approach to deriving knowledge:

> 'Critical realists thus retain an ontological realism (there is a real world that exists independently of our perceptions, theories, and constructions) while accepting a form of epistemological constructivism and relativism (our understanding of this world is inevitably a construction from our perspectives and standpoint). The different forms of realism referenced here agree that there is no possibility of attaining a single, "correct" understanding of the world, what Putnam (1999) describes as a "God's eye view" that is independent of any particular viewpoint' (Maxwell 2012, p. 5)

The context above underscores that sexuality education is influenced by subjective elements while also drawing on evidence from various contexts. By leveraging evidence from similar backgrounds, sexuality education demonstrates characteristics that imply generalizability (Positivism). Nevertheless, the sexual behaviors of young individuals and their attitudes towards sexuality, including parental involvement in the sexual lives of young people, arise from an interplay of human and non-human factors, which realists argue to exist epistemologically independent of human emotions. This contention refutes relativism as a suitable framework for this study, in line with the aforementioned premise that knowledge evolves through the

juxtaposition of human and external factors.

The limitations of Positivism, Realism, and Relativism, as demonstrated, are offset by the interpretivist approach, thereby making it a suitable philosophical foundation for the design and data collection methods of this study.

4.2 Research Design: Qualitative-Case Study as a Reflection of the Philosophical Approach and the Theoretical Framework(s)

Scholarship on research designs is divided into many categories under different terms such as Experimental/Observational/quantitative (Positivist), qualitative (Interpretivists), and Mixed methods (realist), as categorised as part of the four philosophical approaches discussed in 4.1 (philosophical approaches). Research designs may be qualitative, sometimes referred to as observational and quantitative, also called experimental or made up of a combination of designs (Bellamy 2011b). In this study, there is a greater emphasis on the qualitative research design to illustrate its appropriateness for data collection and analysis. However, there is also minimal consideration given to experimental or quantitative research designs (used interchangeably for this discussion) to demonstrate their unsuitability for interpretive research epistemology and ontology. In experimental research, the researcher exerts more control over crucial features of the study, which alter outcomes. These include '… *the nature of this procedure, the resources used and the characteristics of our research participants*' (Bellamy 2011, p. 10). This implies that variables in such research described above could be varied to ascertain the extent to which concepts relate or influence each other. For example, an independent variable of age or educational status could shape a parent's attitude towards young people's sexuality education or a young person's sexual behaviour. However, this may not be suitable for this study because there may not be enough variables to allow for causation, relationship with, or influences. Specifically, the experimental research misaligns with the basic premise of the sexuality assemblage (Chapter 3), which proposes

that while *affects* are intimately related, the interactions produced constantly evolve and are not static enough to arrive at causation (Fox and Alldred 2013). Moreover, the ability to arrive at causation implies limitations in generalizability, which is not the focus of this study to identify what shapes parents' involvement in sex education contextually.

Mixed methods, also called triangulation (Bellamy 2011b), combine one or more research designs (observational/experimental) and Qualitative modes of inquiry. Mixed methods allow a researcher to utilise a theoretical framework to address closely related and distinct research questions, thus helping to introduce validity in research (Bellamy 2011b). Aligning with the realist philosophy, the mixed methods also allow a versatile approach to data collection, analysis and conclusion, which enables the researcher to shift intermittently between observational and qualitative approaches to research while remaining sensitive to the three research questions/objectives guiding this study. In other words, a researcher may find the mixed methods less constricting in addressing the study's goals than the different research designs listed here. However, as argued above, the mixed methods still lack a strong focus on the social and material environments underpinning parents' involvement in young people's sexuality education. That focus is needed to allow the researcher to engage with the primary subject matter of this study, which is the social dimensions relative to what shapes parents' involvement in young people's sexuality education.

The qualitative design served as a sound foundation for this study. Qualitative research derives meaning from the fact that the social world is constantly dynamic, and human beings derive meaning from this constantly evolving world through interaction (Merriam 2002). The qualitative research design aligns with the New Materialist and Sociology of Child Health and Illness frameworks, which argue for the social dimensions of health in forming sexual behaviours and attitudes. It is the aim of this study, therefore, to learn how parents interact with the social and

material dimensions of sexuality and how this shapes their attitudes toward young people's sexual health (interpretivism) (Borman, LeCompte and Goetz 1986). The qualitative research design is traditionally categorised into many types, such as phenomenology, interpretive, case study, action research, historical, narrative, and ethnographic. The case study design involves an in-depth analysis of particular phenomena among a particular social group (Merriam 2002). The case study was chosen to allow the researcher to investigate the social and material dimensions of parents' involvement in young people's sexuality. The social class here is parents, and the phenomenon understudy is young people's sexuality.

Utilizing the case study approach aligns with the Sexuality Assemblage and Sociology of Child Health and Illness frameworks. This method aids in synthesizing qualitative data to gain insight into the factors that influence parents' attitudes towards sex education, as well as their preferred topics for young people aged 11-15.

4.3 Data Collection Instruments

The Interpretivist philosophy and qualitative case study designs required choosing a method for gathering data, which involved conducting in-depth interviews using a detailed interview guide, as well as organizing focus group discussions using a specific discussion guide. By utilizing in-depth interviews and focus groups, the researcher was able to intimately explore the subjective perspectives of participants in order to obtain comprehensive data about the social phenomenon under investigation (Morgan 1996, Hyde, et al. 2005). In this study, focus groups and in-depth interviews complement each other. As argued by Kitzinger (Kitzinger 1995, p. 299): '...The idea behind the focus group method is that group processes can help people explore and clarify their views in ways that would be less easily accessible in a one-to-one interview'. As illustrated in the following passage, the inquiries designed for in-depth interviews and focus groups share similarities, thereby facilitating extended discussions on perspectives that arise from in-depth

interviews. These discussions may offer insights that differ from those presented in focus group discussions.

The in-depth interview guide (Appendix A1) and focus group discussion guide (Appendix B1) are divided into three parts: eliciting data on the age and grade of wards in school, familiarity with sex education as a concept and its content, what shapes parents' involvement in young people's sexuality education at the point of contact in discussing sexuality and in everyday lives at home, and parents' recommendations on what a sex education curriculum should be.

The use of a diary was integral for recording and organizing scheduling activities and jotting down important details during participant interviews. Field notes played a crucial role in documenting post-recording conversations with participants.

Schools were visited on September 27th and 28th, 2021, to discuss the selection of participants (described below), engage gatekeepers in the research's purpose, and assist with selecting participants. Data for in-depth interviews was collected between September 30th and October 4th, 2021.

After a year's break between the first study (in-depth interviews) and the second (focus groups), contact was remade with the Education Office and participating schools. Before data collection, schools were re-visited on three occasions: on the 3rd of August 2022 and the 14th of September 2022, and to establish face-to-face contact with gatekeepers to continue data collection following the reopening of the school year. Data for the second and third studies began on the 7th of October 2022 and concluded on the 12th of December 2022.

The in-depth interview guide and consent forms were not translated into the local language, Fante. However, participants who requested interviews in Fante were taken through the participant information sheet and consent forms in Fante, followed by interviews in Fante (for those who

further requested it).

Informed by the second study's ethical review process of Nottingham Trent University (which recommended translation of all documents into the local language) and the ease of discussions the local language facilitated (for in-depth interviews conducted in Fante), all consent forms and the focus group discussion guide were translated into Fante. Both English and Fante versions were used for focus group discussions. However, with both versions made available to the focus group participants, all participants in all five focus groups opted to partake in the local language Fante.

4.4 The Data Collection Sessions

Data collection for both focus group discussions and in-depth interviews was done during school sessions but in environments which did not disrupt school activities. Table 4 below details the school spaces where interviews and data collection were conducted in the five participating schools.

Table 4: School Spaces for In-depth Interviews and Focus Group Discussions

School	School Environment for In-depth Interviews	School Environment for Focus Group Discussions
One	Headteacher's Office	Under the Tree-Shade of School Environment
Two	Empty classroom	Empty Classroom
Three	Computer Laboratory	Staff Common Room
Four	Staff Common Room	Staff Common Room
Five	Library	Library

In certain cases, interviews and focus group discussions were conducted in staff common areas with due approval from the headteacher and consultation with staff members. This was to ensure that the teaching schedules, rest periods, and the needs of nursing mothers were not disrupted. During one such Focus Group Discussion, the participants faced audibility issues owing to heavy rainfall, prompting a shift to the library at School Five. The headteacher was duly consulted, and permission was obtained to move the discussion from the staff common room to the library. The

interviews were conducted for 45 minutes to an hour, while focus group discussions extended for an hour and a half to two hours.

At the outset of each interview and focus group discussion, the study's objectives and the participants' contributions towards achieving them were clearly articulated. Any doubts or queries from the participants were duly addressed before the discussion. Matters pertaining to confidentiality, anonymity, and informed consent, which are pivotal ethical considerations, were comprehensively delineated in the Ethics section of this chapter. Other pertinent personal and general issues were discussed during the session, such as my regional affiliation and workplace.

During the ten in-depth interviews conducted by the researcher, cordial discussions were observed between the researcher and the participating mothers and fathers. However, as is common in focus group discussions, certain tensions and arguments were observed (Sim and Waterfield 2019). Notably, discussions surrounding religion and how it influenced parental attitudes towards sexuality, as well as the sharing of information on sexuality and young people's sexual behaviour, were characterized by heated debates and disagreements among the participants.

I developed a keen interest in these discussions, as they fostered a culture of knowledge exchange among the participants. I also intervened when necessary to diffuse any tensions, especially when the conversation veered off-topic or became unnecessarily accusatory towards certain genders, such as mothers or fathers.

4.5 Selection of schools and participants

Schools were selected based on specific criteria informed by the candidates' prior research, familiarity with the municipal terrain, and other Ghanaian research. This criterion was also used because they are related in some ways, as shown through research. The first criterion was already existing demarcations of the Municipal Education Directorate known as education circuits. Education circuits in KEEA Educational circuits are geographic demarcations characterised by

distance from the central education directorate in Elmina. Drawing on the varying geographic distance of the various schools, the researcher was further informed by his research (Ocran 2021) in the Municipality, which suggests that the distance from schools from the central education directorate, to a large extent, varied the level of implementation of sexuality education in schools. Therefore, the first and second related criterion for selecting schools was the geographical distance of schools already demarcated by the existing educational circuits. Based on these current demarcations, the candidate also used his familiarity with the area to shortlist and select five schools randomly for participation in data collection. These schools are labelled Schools One to Five herewith.

Parents were selected for each of the two studies through engagements with PTA and SMC meetings for the purpose of the study. Where PTA meetings were not used, Headteacher recommendations on participants were used. The PTA platform was used to disseminate the research purpose for the project and search for volunteers to participate in the study. Headteachers assisted in recommending parents based on factors such as the parents' response to sexual matters within and outside PTA. From the table below, PTA engagements were the main source of recruitment in all but School One, where headteacher recommendations and snowballing of parents based on recommendations of interviewed parents were used.

Parents were selected according to two criteria: They had to have a son or a daughter in Junior high School at the time of the interview, and they needed to live with young people in the same house. Purposive sampling, well noted for selecting participants according to stipulated criteria in qualitative research (Suri 2011), was employed to ensure the selection of parents according to the criteria described above. Table 5 below depicts the dates of focus group discussions and in-depth interviews, the number of participants and the mode of recruitment of participants per school for

both studies.

Table 5: Number of Participants per School, Dates of Data Collection and Modes of Selecting Participants

School	**Date of In-depth Interviews**	**Date of Focus Group Discussion**	**Number of parent participants**	**Mode of Participant Selection**
School One	30/08/2021 04/10/2021	23/03/2023	8	Headteacher Recommendations & Snowballing
School Two	02/09/2021	04/11/2022	8	PTA/SMC engagement
School Three	02/09/2021	06/12/2022	8	PTA/SMC engagement
School Four	04/10/2021	22/11/2022	8	PTA/SMC engagement
School Five	04/10/2021	02/10/2022	9	PTA/SMC engagement
Number of Participants			*41	

*The number of participants excludes the in-depth interviews of mothers and fathers from each school, n=10. Thus, the total number of participants was 51.

Table 6 also summarises the bio-data of all 51 parents from in-depth interviews and focus groups.

Table 6: Biodata of Parents for In-depth Interviews and Focus Groups (n=51)

Age		Gender		Educational Level		Religion		Occupation	
25-30	2	Male	24	No Formal	9	Christianity	46	Professionals	12
31-35	5	Female	27	Education		Islam	5	Clerical support	2
36-40	9			Primary School	6	African	0	workers	
41-45	13			Junior High	4	Traditional		Service and	
46-50	8			School		religion		sales workers	0
51-55	7			SHS/O Level	20	Others		Skilled	32
56-60	6			University	10			agricultural,	
61-65	1			Bachelor's				forestry and	
				Degree				fishery workers	
				Master's Degree	2			Craft-related	4
				Certificate				trades workers	
				Post Graduate				Plant and	0
					0			machine	
								operators, and	
								assemblers.	

Most parents, 13 out of 51, fell within the 41- 45 bracket. The gender distribution of parents was almost proportional, with 24 fathers and 27 mothers reporting for focus groups and interviews. The level of interest in research shown by fathers, which statistics suggest is slightly higher than that of mothers, is encouraging. This contrasts with reports from headteachers and teachers, as well as my own experience as a teacher in the district and during my community internship in the Municipality under the Turing Grant, which suggested that fathers were less interested in the sexual health of young people.

20 out of 51 parents had formal education up to the Senior High School or O Level, with 12 parents attaining degrees at the graduate and post-graduate levels, and 9 reporting no formal education.

Regarding religious affiliations, all parents reported affiliation to two of the three major religions in Ghana: Christianity (46) and Islam (5). This statistic also reflects the religious stratification at the national level (Chapter One, Figure 3), with Christianity, Islam, and African Traditional Religions recording the highest affiliations. No other religions were recorded.

The demography of the district, also described in Chapter One, which is largely agrarian and fishing-related, is reflected in the sources of livelihood of participants. 32 out of 51 parents were farmers, fishermen and fishmongers. Professionals who participated were primarily teachers from other schools, including private schools and a few teachers,4, from participating schools. The sole parent within the age bracket of 61-65 was identified as a retired policeman not currently in active service. However, this occupation was not classified under any specific category within the occupational data record.

Table 7 gives the demographic statistics of young people whose parents were interviewed, their ages and the class they were in at the time of the interview.

Table 7: Biodata of Young People whose Parents were Interviewed (n=59)

Age (years)		**Gender**		**JHS Level**	
11-15	41	Male	32	JHS 1	12
16-20	17	Female	27	JHS 2	31
21-25	1			JHS 3	16

The majority of the young people whose parents were interviewed, 41 in number, fell within the Junior High school age bracket, which is 11-15. However, a substantial number of students, 17, fell outside the average age bracket for JHS students in Ghana, with a student as old as 21 years in JHS 2 as when parents were interviewed. These statistics are important for discussing the age appropriateness of sexuality education programs in the discussion and concluding chapters (7 and

8).

The total number of young people whose parents were interviewed, n=59, is more than parents, n=51, because some parents had more than one ward in the school, and this has been reported as such.

4.6 Methods of Analysis

The present study adopted a qualitative case study approach, which involved the utilization of two theoretical frameworks to synthesize qualitative data to address specific yet interconnected research questions/objectives. Consistent with the case study approach, the analysis of the entire data set, consisting of in-depth interviews and focus group discussions, was conducted using thematic analysis, as described by Braun and Clarke (2014). The thematic analysis process encompassed various steps, including familiarizing with the data, generating codes, reviewing themes, defining and naming themes, and locating exemplars. This rigorous analytical process enabled the researcher to identify key patterns and themes that emerged from the data, thus contributing towards a more nuanced understanding of the research phenomenon under investigation. All interviews conducted in Fante were transcribed in Fante before being translated into English. English interviews were also transcribed. Following the transcription of in-depth interviews, all interview data translated from Fante to English were validated by the Municipal School Health Education coordinator, whose specialisation in Fante enabled her to give a second opinion on the accuracy of the translations from Fante to English.

After completing in-depth interviews, there was a 12-month gap before the focus group discussions resumed. The last in-depth interview was conducted on the 4th of October 2021, and the first focus group discussion took place on the 2nd of October 2022 (Table Five). This extended period allowed for an in-depth analysis of the interview data, which facilitated the identification of significant themes and concepts. However, it was not until the data from the focus group

discussions were translated that the first stage of thematic analysis with the interview data could be completed. The ultimate aim of this effort was to undertake a combined analysis of the data from both studies, thereby enabling a comprehensive evaluation of the research topic.

The audio recordings of Focus Group discussions were conducted in Fante, so all the steps mentioned previously had to be repeated. This involved listening to all the audio tapes in Fante and transcribing them into English. After transcription, the Municipal School Health Education Coordinator verified the translations to ensure accuracy.

I analyzed data from in-depth interviews and focus group discussions by transcribing them into one dataset. I read every line of the transcribed data in Microsoft Word, school by school, to identify codes within the text. I used no codes from the in-depth interview data transcribed a year prior. The derived codes I used cut across all five schools, representing all the five geographical regions of the KEEA Municipality. To complete the second step of thematic analysis, similar codes were identified, noted in my fieldwork notebook, and categorized under A, B, C, and so on until all codes reached P. Within these codes, I identified as many as five subcodes. For example, for code A, which was categorized as *Factors shaping sexuality education*, the six identified subcodes were:

A1-Biological Changes and Sex Education

A2-Social Triggers and Sex Education

A3-Society ascribed gender roles and sexuality

A4-Social Environment as a trigger for sexuality Education

A5-Gender and Sexuality Education

A6-(Focus on) Personal Hygiene.

B, as another example of a code, emerged as *Sexual activity of young people* with subcodes being:

B1-Teenage Pregnancy

B2- Sexual Activity

Moving to step three of thematic analysis, codes from A to P (with examples of codes A and B given above) were merged into themes per the study's second and third research questions. These themes were then synthesised per the two finding chapters, five and six.

Chapter Five, concerning the second research question, details what shapes parents' involvement in young people's sexuality education. In contrast, Chapter Six consists of themes which address parents' preferences for sex education and the concerns underpinning parents' recommendations for sex education. Chapter Five produced four themes, while Chapter Six, which entails parents' preferences for a sexuality education curriculum and the reasons accounting for these preferences, highlighted three themes. As a final step in thematic analysis, relevant quotes were identified to support parents' perspectives. The details of themes for themes and sub-themes are highlighted in Tables 11 and 12 in Chapters 5 and Six, respectively.

In furtherance of the research inquiry, the subsequent stage in the analysis entailed applying two theoretical frameworks to the themes and subthemes. In response to the second research question, the themes extracted from the literature review (Chapter Two) and Chapter Five were seamlessly examined utilizing the Sociology of Child Health and Illness. This approach enabled the extraction of social, cultural, political, and individual insights into the factors that shape parents' involvement in young people's sexuality education.

The concluding chapter, Chapter 8, employed the Sexuality Assemblage to compile parents' preferences for sexuality education curricula and their implications for young people's health, particularly young girls, in light of the third research question.

4.7 COREQ Framework for Reporting In-depth Interviews and Focus Group Discussions

To complement the validation of transcribed Fante interviews, I went a step further to validate the

transcribed data, as well as the research processes that culminated in the collection and analysis of data. The Consolidated criteria for reporting qualitative research (COREQ) (Tong, Sainsbury and Craig 2007), a comprehensive 32-item checklist for reporting in-depth interviews and focus group discussions, were used.

Table 8: COREQ Framework for Reporting Interviews and Focus Group Discussions

No. Item	Guide questions/description	Reported in Chapter/Section/Sub-section (Where applicable)
Domain 1: Research team and reflexivity		
Personal Characteristics		
1. Interviewer/facilitator	Which author/s conducted the interview or focus group?	The PhD Candidate
2. Credentials	What were the researcher's credentials? E.g. PhD, MD	Master of Arts in Education, Health Promotion and International Development
3. Occupation	What was their occupation at the time of the study?	Lecturer
4. Gender	Was the researcher male or female?	Male
5. Experience and training	What experience or training did the researcher have?	**Chapter One, Sub-Section 1.5**
Relationship with participants		
6. Relationship established	Was a relationship established prior to study commencement?	**Chapter Four, Sub-Section 4.3** Pre-selection procedures, including engagements with parents at PTA meetings, established a relationship before data collection
7. Participant knowledge of the interviewer	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	**Chapter Four, Sub-Section 4.4** Participants gained first-hand knowledge about who the researcher was, the purpose of the research, the contribution of participants to the research, and what the research will contribute to
8. Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	**Chapter Four, Sub-section 4.9** The researcher reported his positionality and how his insider-outsider status plays out in the motivation for the research and potential biases in the research process
Domain 2: study design		
Theoretical framework		

9. Methodological orientation and Theory	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	**Chapter 4, Sub-Section 4.6** A thematic analysis approach was used to identify themes within participant data and make meanings of these trends that are embedded in the data
Participant selection		
10. Sampling	How were participants selected? e.g. purposive, convenience, consecutive, snowball	**Chapter 4, Sub-Section 4.5** The participants were selected purposively and through snowball sampling
11. Method of approach	How were participants approached? e.g. face-to-face, telephone, mail, email	**Chapter 4, Sub-Section 4.5** Participants were approached in person, mainly through Parent Teacher Association meetings
12. Sample size	How many participants were in the study?	**Chapter 4, Sub-Section 4.5** In-depth interviews, n=10 Five Focus Group Discussions, n=41
13. Non-participation	How many people refused to participate or dropped out? Reasons?	None
Setting		
14. Setting of data collection	Where was the data collected? e.g. home, clinic, workplace	**Chapter 4, Sub-Section 4.4**
15. Presence of non-participants	Was anyone else present besides the participants and researchers?	**No**
16. Description of sample	What are the important characteristics of the sample? e.g. demographic data, date	**Chapter 4, Sub-Section 4.5**
Data collection		
17. Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	**Chapter 4, subsections 4.3 and 4.4** The PhD candidate provided an interview guide and a focus group discussion guide. The interview guides were not pilot-tested.

18. Repeat interviews	Were repeat interviews carried out? If yes, how many?	**No**
19. Audio/visual recording	Did the research use audio or visual recording to collect the data?	**Chapter Four, subsections 4.6 and 4.8** The research used audio recording to collect the data
20. Field notes	Were field notes made during and/or after the interview or focus group?	**Chapter Four, subsections 4.3 and 4.8** Field notes were made during interviews and focus groups
21. Duration	What was the duration of the interviews or focus group?	**Chapter Four, Subsection 4.4**
22. Data saturation	Was data saturation discussed?	**Chapter Four, Subsection 4.6**
23. Transcripts returned	Were transcripts returned to participants for comment and/or correction?	**No**
Domain 3: analysis and findings		
Data analysis		
24. Number of data coders	How many data coders coded the data?	**Chapter Four, Subsection 4.6** One (The PhD candidate)
25. Description of the coding tree	Did authors provide a description of the coding tree?	**Chapter Four, Sub-section 4.6**
26. Derivation of themes	Were themes identified in advance or derived from the data?	**Chapter Four, Sub-section 4.6**
27. Software	What software, if applicable, was used to manage the data?	**Manual Coding was used**
28. Participant checking	Did participants provide feedback on the findings?	**No**
Reporting		
29. Quotations presented	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	**Chapter Four, Sub-section 4.6, Chapters 5 & 6** Yes
30. Data and findings	Was there consistency between the data	**Chapter Four, Sub-section 4.6,**

consistent	presented and the findings?	**Chapters 5 & 6** Yes
31. Clarity of major themes	Were major themes clearly presented in the findings?	**Chapter Four, Sub-section 4.6, Chapters 5 & 6** Yes
32. Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	**Chapter Four, Sub-section 4.6, Chapters 5 & 6** Yes

An illustration of how the framework was used is given in Table 8 above. The 32-item checklist is spread across three domains, which assess *research team and flexibility, Study design, and analysis and findings.* I found the three domains particularly relevant, including the first domain, which helped me reflect on aspects of my positionality and relationship with the participants, as demonstrated through a systematic reflexive process in this chapter.

To ensure my dissertation's alignment with the COREQ Checklist, I referred to all 32 items on the Checklist and how the relevant sections satisfied those sections. While the original format of the framework refers to page and line numbers (formatted to allow for reporting in journal articles), I used chapters, sections and subsections in the COREQ checklist box.

After a thorough review using the checklist, it was identified that the dissertation satisfied all aspects of the COREQ framework. Therefore, the COREQ framework was applicable as a very rigorous tool for validating in-depth interviews, focus group discussions, and all research processes that relate to its collection and analysis.

4.8 Ethical Procedures

Ethics approvals were granted to cover all ethical issues assumed for in-depth interviews and focus groups. Ethics approvals for in-depth interviews were on the 24th of June 2021 and approved on the 14th of July 2021. The application for ethical approval for focus groups was made on the 16th of January 2022 and was supported on the 29th of July 2022. In line with recent discussions on educational research by the British Educational Research Association, BERA (2019) and Race and Vidal-Hall (2019), several issues were addressed in the two ethics applications. These are discussed in the ensuing sub-sections.

4.8.1 Confidentiality and retention of data

The confidentiality of participant data in qualitative research holds significant importance in ensuring the security of participants. This assurance is achieved through consent and participant

information forms and practically before, during, and after data collection (Kaiser 2009). One way to assure confidentiality was by '…omitting data and changing key characteristics of participants' (Wiles, et al. 2008, p. 417). The following steps illustrate various precautions taken to obscure the personal data of participants, ensuring the privacy and integrity of the data:

- Audio recordings of the focus group discussions and in-depth interviews were done with an audio recorder and transferred temporarily on a secure laptop with passwords.
- Research notes were transcribed into Word documents and saved on a secure laptop with passwords.
- Audio files were uploaded to the NTU DataStore and deleted from the temporary recording devices once correctly uploaded.
- All meeting notes from interviews and focus group discussions were shredded as soon as appropriate and once they had been written into MS Word.
- The transcripts prepared by the researcher used pseudonyms. Identifying details were removed/obscured, and a key was retained in a separate securely-held file. Participants were also encouraged to withdraw from focus group discussions at the start of early discussions if they wished to, as withdrawing later during the discussion would interrupt the conversation. Once it was too late for participants to withdraw from the study, the file holding the key to identifying details was deleted at least one week after participating.
- All folders were organised and stored on NTU DataStore
- Access to the data was also limited to the researcher and three research supervisors during the project.

All data used in analysis and to derive conclusions for the study will be kept in NTU DataStore for 10 years. After that, anonymous data will be stored in an archive.

4.8.2 Anonymity and Informed Consent

Anonymity, confidentiality, and informed consent collectively form a crucial foundation for ethically sound research involving social groups (Nespor 2000). Steps were taken to safeguard the anonymity of parents engaged in data collection and seek informed consent for their participation. These were:

- Access to the data was limited to the researcher and three research supervisors during the project.
- All anonymised data used in analysis and to derive conclusions for the study will be kept for 10 years.
- All personal, sensitive and confidential data were anonymised to protect the participants' privacy. Additional safeguards included:
- The transfer of anonymised and pseudonymised data across international boundaries was explored with close reference to the Ghanaian Data Protection Act, 2012 (Act 843), with further compliance with GDPR/UK data protection legislation. Participants also obtained explicit consent to store their personal data on UK/NTU-based servers.
- Unique identifiers were derived from participants using a combination of initials from first and middle names, initials of the child's name and the participant's year of birth.
- A key was derived to explain the mode of deriving unique identifiers from the participants above.

- The key explaining the derivation of unique identifiers was destroyed when the data was fully pseudonymised.
- Informed consent was elicited from participants for data to be stored, which was retained and shared according to NTU data retention policies. Participating parents were offered the opportunity to review and approve all transcribed data that will inform the local factors that shape parents' involvement in sexuality education and data that underpin parents' recommendations of a sex education curriculum.
- Qualitative data was also cleaned of identifying information. Names of parents and their children from focus group discussions were redacted to ensure confidentiality, and schools were given pseudonyms only the researcher knew.

All participants were also offered the right to withdraw their data or themselves from the study until the researcher had combined all the data and entered it anonymously into a software package. This was followed by destroying the list that shows what ID identifies which interviewee. Participants who wished to withdraw their data or themselves from the study were allowed a week.

4.8.3 Risk, Safety and Health/Harm to Participants and Researcher

In the study, safety and health considerations for both the researcher and participants were addressed from two main dimensions. The first dimension encompassed health and safety concerns arising from the COVID-19 pandemic, as well as other sources of physical harm. The second dimension focused on psychological and emotional challenges stemming from discussions on sensitive topics, including sex, love, relationships, and various forms of Gender-Related Violence such as Female Genital Mutilation/Cutting (FGM/C).

The data was collected during the pandemic, and in accordance with health and safety protocols, the researcher filled out a COVID-19 Secure Risk Assessment Template as part of the implications

for the fieldwork. This was also in line with the health and safety procedures outlined in NTU's *Code of Practice for Research* (NTU 2019). Common elements addressed included the meticulous adherence to local policy guidance from the Ghana Health Service for local area safeguarding protocol https://ghanahealthservice.org/downloads/Ghana_One_Health_Newsletter_Issue_4.pdf. These included:

- Social distancing was maintained at all times, at a distance of 2m between the researcher and participants throughout the interviews and focus group discussions.
- Researcher and participants washed their hands properly using localised 'Veronica buckets' before and after interviews and focus groups.
- Wearing face coverings was not a personal choice for the researcher and participants during focus group discussions. Participants who refused to wear face masks were not invited to participate in discussions. This was also in line with local or NTU's local guidelines.
- The schools provided handwashing equipment for the researcher and participants.
- Participants were also advised to bring their towels to clean hands
- Liquid refreshments were provided to participants, and disposable cups were used.
- Public transport was identified as the primary, affordable means of transportation for the participants in the municipality, and participants used the same means of transport for commuting to and from the in-depth interview and focus group discussion venues. There was the need to ensure that face coverings were worn during travel on public transport to focus group discussion venues.

The study appreciated community opposition to discussions on love, sex, relationships, and sex education (Kenner, et al. 2022, Lukumay, et al. 2023), which *could manifest* while researching sensitive groups and which may pertain to the KEEA municipality. In this context, the study

assumed there might be disapproving but non-aggressive attitudes towards the researcher or any participant who volunteers for the study. Explicit consent was sought from participants through a discussion of the purpose of the research and the signing of participant information and consent forms. The candidate's field notes were used to record opinions or attitudes to the study that this process-The researcher implies he is a community insider and would have read the signs as accurately as anyone. However, no disapproving attitudes were observed during the fieldwork process.

The second health and safety dimension was participants' potential emotional challenges during data collection. To mitigate against any possible psychological or emotional stress to parents as a result of discussions on Female Genital Mutilation/Cutting, the researcher developed a distress protocol for question 10 of the focus group discussion guide that seeks to elicit parents' views on the inclusion of FGM/C in the sex education curriculum. The steps for the distress protocol are illustrated in Table 9 below and are modified from Draucker, Martsolf, and Poole's (2009) Template for developing distress protocols for research on sensitive topics.

Table 9: Distress Protocol for Interviews and Focus Group Discussions

STEP 1 Prior Question to ascertain the presence of risk	STEP 2 Follow-up questions by the researcher during the interview.	STEP 3 Action to be taken by the researcher (Implementation of distress protocol)
Are you comfortable responding to the question on the possible inclusion of FGM in the sex education curriculum of your daughter?	Are you experiencing any discomfort or distress due to the topic (FGM) and a past personal experience or an experience with your daughter?	*If an extreme form of distress such as anger, crying, or any form of emotional distress occurs, the researcher will call the Guidance Coordinator attached to the school to attend to the parent participant. **Cases outside the expertise of the school-based guidance and counselling coordinator will be referred to a professional psychologist at the nearby psychiatric hospital

* Each Junior High School has a guidance and counselling coordinator to attend to the needs of students. These counsellors will be engaged in any needed counselling for emotional distress.

The researcher liaised with the Municipal School Health Education Coordinator to make alternative arrangements for a clinical psychologist at the nearby Ankaful Psychiatric Hospital. Additionally, the researcher shared concerns about any risks with a supervisor, agreed with

supervisors on the most relevant authority share information, and informed participants what would be disclosed and to whom.

4.8.4 Compensation for Participants

The participants in the research area primarily consist of fisherfolk and farmers who have been grappling with increased poverty due to the effects of the COVID-19 pandemic. As a result, this study deemed it important to provide them with a compensation of GH₵50 (approximately £6) for their participation in interviews and focus group discussions. This amount was intended to cover their expenses for food, transportation, and to acknowledge the time they spent away from their farming or fishing activities to contribute to the data collection process.

The compensation amounts were meticulously deliberated to ascertain a sum that would not unduly influence the participants' engagement or viewpoints. Furthermore, the compensation figure was determined with the aim of ensuring the appropriate remuneration for participants, a challenge that has been encountered in previous research (Henderson, et al. 2022).

4.8.5 Capacity for Consent

The research site encompasses a rural to peri-urban demographic, with varying levels of English proficiency among the local population. To address this diversity, participants were given the option to participate in the focus group discussions either in English or in the local language, Fante. Additionally, I provided English and Fante translations of the consent and participant information forms to ensure that participants could fully grasp the requirements of the data collection process.

4.9 The Insider-Outsider Continuum and Data Collection Process

In Chapter One, the Introduction aimed to leverage the researcher's positionality in order to facilitate data collection and subsequent analysis. The following section of the methods chapter expounds on how the researcher utilized his insider position to oversee the data collection process. It delves into the various factors that influenced the data collection process, shedding light on the

realities of fieldwork, including challenges encountered and the researcher's strategies to address them. Additionally, it reports on how external factors, such as weather conditions, affected the data collection process.

4.9.1 Engagement with Gatekeepers-Municipal Education Office and Officers and Headteachers

Generally, I needed help following up on the letter officially seeking permission to go into the schools to engage with headteachers to select parents and collect data. Ethical processes also required that I justify the selection of parents in the permission letters I wrote to the Municipal Education Office. The difficulty resulted from two significant issues. The first was the official scrutiny of researchers interested in going into schools in the research site for data collection. As a result of the COVID-19 pandemic, the Municipal Education Director was very critical about where I was coming from, in the literal sense, mainly because I was coming from outside the country, with the perception of risk-bringing attached to individuals sojourned outside the country at that time. I, therefore, had to explain, verbally through a meeting with the Municipal Education Directress and the Municipal School Health Education Coordinator present, the precautions I intended to take during data collection. I used my prior connections with the Municipal School Health Education Coordinator and the Community Participation Officer (at that time) to facilitate the meeting with the Municipal Education Directress for permission to enter the schools. However, it is essential to note that the scrutiny of protective measures during the first data collection phase in 2021 was more rigorous than the second study from 2022 to 2023, when restrictions for the pandemic had lessened.

The second constraint concerns the personal circumstance of the Municipal Education Directress, who lost her husband when I applied for permission to enter the schools. In the leave of absence of the Municipal Education Directress, obtaining a response to the application proved extremely difficult. This led to a two-week lapse of inactivity and led back to the above reason about the scrutiny the Municipal Director attached to who went into the schools. Again, I had to use my networks at the Municipal Education Office to facilitate a quick response to my letter seeking official permission to conduct interviews.

Another necessary process that informed the data collection was the interaction with headteachers, who are gatekeepers on young people's sexuality in Ghanaian Junior High Schools. While the Education Officers (including the Municipal Education Directress) could also be categorised as gatekeepers of young people's sexuality, the dynamics presented with my interaction with headteachers make it necessary to deliver it as a separate account. These are presented in this format- Firstly, the challenge with gatekeepers is presented alongside the methods I used to address these challenges in the field. It is important to note that in addressing the challenges with headteachers, I drew on the suggestion of my supervisors in meetings during the data collection process, so the solutions I present here under this theme draw strongly on the expertise and advice I received from my supervision team during the data collection process in Ghana. Before digressing further into the challenges I faced with headteachers and the recruitment of parents, it is essential to note that headteacher involvement in the selection of parents was an indispensable process in my fieldwork for three reasons: Headteachers consistently work on education programs such as sexual and reproductive health with parents through Parent Teacher Association (PTA)/School Management Committees programmes. This familiarity allowed them to continuously engage with parent participants after my initial engagements with these platforms to

recruit parents. Secondly, headteachers who reside in the five communities from which parents were recruited are very familiar with the work patterns of the parents in the community. They were, therefore, better positioned to help with when to visit the communities and schools for recruitment and interview schedules. Thirdly, Schools Three to Five are close-knit communities, with community members sharing kinship, religious and other forms of ties. Close-knit communities present ethical challenges to qualitative research (Damianakis and Woodford 2012). For example, a scoping review of 15 studies found that the flow of sexual health information constrains indigenous peoples due to the close-knit nature of communities (Fiolet, et al. 2021). Therefore, I needed the assistance of headteachers to manage the selection of parents who were less familiar with each other to allow the free flow of information, especially during focus groups. This facilitated self-reports of parents, devoid of social desirability bias and reflected the honest discussion of the personal sexual values held by parents.

So, in light of the three forms of assistance required from headteachers, I discuss the challenges I encountered with them. The first relates to the help I received from headteachers in selecting parent participants. I experienced a significant challenge with the involvement of headteachers in their helpful attempt to identify and recruit the correct type of parents for in-depth interviews and focus groups. In all the schools, headteachers believed parents who were usually active in programs on young people's sexual health were better positioned to respond to interview questions. The inclusion of supposed 'involved parents' only, however, defeated the purpose of my study to identify factors that shaped parents' involvement in young people's sexuality education. Indeed, engaging only active parents means missing an opportunity to elicit information from 'active' and 'inactive' parents on the trends that shaped their involvement. I will move on to discuss the second challenge with gatekeepers, this time during the actual conduct of the interviews. Then, I will

explain how I managed the first and second challenges with gatekeepers, as a standard solution was employed to address them.

The second challenge I experienced with headteachers was the decision to be present not necessarily at the time of the interviews but on the school campus when interviews and focus groups were being conducted. This, I identified, was a significant setback, especially during the focus group discussions (for School One) when the interview schedules of parent participants needed to align with the agenda of headteachers. This means that in addition to the earlier identified challenge of the non-availability of parents, the difficulties I experienced with scheduling interviews may have been aggravated by the resolve of headteachers to allow interviews and focus group discussions only when they were on campus.

Regarding the second challenge, the decision to require headteachers to be present for interviews was justified based on the following report. Among all the schools, only School One's headteacher recognized the impact of his absence on campus on the interview process. He initially tried to delegate the task of working with the PTA chairman and me to select parents and schedule interviews with his assistant. It's important to note that the delegation of this responsibility to the assistant did not succeed. The headteacher had to rearrange his schedule to work with the PTA chairman before successful data collection could take place. This aspect highlights the challenge of engaging with headteachers in selecting parent participants, emphasizing that headteachers were crucial stakeholders in the fieldwork process. Therefore, it is important to document any challenges encountered in working with headteachers and later analyze how these interactions influenced the data collection process and the resulting data.

On another level, some headteachers were keen to solicit feedback from interviews and focus group discussions. These attempts were made through two processes. The first process constituted

direct inquiries post-interviews presented to me by headteachers. A second approach to solicit feedback was the suggestion of participants who were not eligible to participate in focus group discussions. These include teachers from some schools and participants who were too young to be considered parents with sons or daughters in the participating schools. The attempt to solicit feedback by gatekeepers, as agreed with the supervision and corroborated by several studies, is due to headteachers' resolve to moderate what they believe is information about sensitive issues, such as teenage pregnancies and unsafe abortions, that could be given to third parties such as myself. This is quite interesting considering my status as an indigene, a former teacher and a sexual health educator in some participating schools. I was most familiar with the incidence of early and unintended pregnancies, if not the specific statistics of these sexual health challenges that occur in some of the schools in the municipality. (The tension arises about my status as an insider and outsider). How did I meet these challenges in the attempt of headteachers to suggest active parent participants, allow data collection only when present on campus, and elucidate feedback from interviews? As I stated earlier, I drew on supervision meetings during the data collection period to surmount these three challenges I have enumerated. A co-supervisor with experience working in cultural contexts similar to mine advised that, as is done for elders in cultural contents in SSA, I need to acknowledge the headteachers explicitly and appreciate their contribution to the research process. Then, it becomes easier to negotiate and agree to some of their suggestions while simultaneously stressing the need for observing ethical rules in the field, such as confidentiality, the anonymity of the participants, and the confidentiality of the perspectives they presented at interviews and focus group discussions. By working hand in hand with gatekeepers, I persuaded them of the need to be random with the selection of parents to ensure a fair selection of participants across the schools.

My supervisors also strongly suggested that I utilise my familiarity with the local language, Fante, to facilitate discussions with headteachers for an easy flow of information. These methods indicated by the supervision team - the acknowledgement of the relevance of gatekeepers and the use of the local language - helped me work with headteachers to address the challenges that arose while working with them in the field. As mentioned earlier, headteachers hold a crucial responsibility as gatekeepers for research in primary schools in Ghana. Consequently, any potential conflicts arising from these challenges could have led to the headteacher(s) declining to support the data collection process in the five schools. Yet, through these strategies, I appreciated the essential gatekeeping role performed by headteachers to draw on this gatekeeping role to complete data collection successfully.

4.9.2 Insider Status and Parent Recruitment

The availability of parents was also a factor that caused a delay in the data collection process. It took a lot of consultations with the Headteachers, PTA/SMC executives, and Education Officers to arrange these interviews. I have not had discussions with parents in this municipality before (mostly with teachers who are also parents and with students). Still, I least expected the scheduling of interviews to be so hectic. School administrators I am familiar with in this district have always complained about the challenges of engaging with parents on matters affecting young people's education, health, and well-being. I can corroborate the difficulties engaging with parents through my teaching experience as a sexual health educator in the municipality and a Turing-sponsored internship I undertook at the research site during the second year of my PhD research. During this Turing internship, I identified a gendered approach to the sexual health of young people, with mothers attending programs ‘on behalf of fathers’, due to breadwinner roles ascribed to men in families. Specifically, mothers formed most of the intervention participants I participated in.

Moreover, I realised that mothers contributed most to discussions with clear accounts to show mothers' familiarity with young people's sexual health.

Interestingly, this theme emerged (as seen later in the findings under gendered approaches to sexuality education). Still, parents and, most significantly, fathers were equally difficult to reach during the recruitment process for interviews and focus groups; mothers' opinions and direct comments reflect fathers' busy nature on matters of young people's sexuality.

4.9.3 Insider-Outsider Tensions and Parent Interviews/Focus Groups

In the preceding discussions, I have illustrated certain dynamics within the field involving headteachers and the municipal education office. Now, drawing on my experience as a sexual health educator, I describe another dynamic that occurs at the point of data collection due to my position as an outsider conflicting with my role as a native and, therefore, an insider.

The main tension I observed (which is later discussed as a sub-theme) is the perception parents have of me as a sexologist (a professional with expertise in the art of having sex). Some parents, mainly after interviews, asked explicitly if my work involves teaching people how to have sex. Most parents asked these questions because, as married people, they felt sex was important in marriage. These led to very interesting discussions and interviews about how sex should be managed in relationships and other discussions, such as gendered attitudes towards sex. I found it interesting if parents viewed me, a sexuality educator, as a sexologist; it indicates the kind of perceptions parents attach to the concept of sexuality education for their sons and daughters in schools. When I compare this to my role as a sexual health researcher, it perhaps indicates how some parents, though appreciative of my position as a native, have perceptions of my role as a sexual health educator. This is quite interesting because I would have thought that my position as an indigene, linked to foreign culture as a sexologist, which is quite alien to the Fante culture,

would not be made. I found it interesting that I am labelled in this way, as it led to some thought-provoking discussions and highlights the tensions between my dual roles as both a native insider and a sexual health educator with what some may see as a 'foreign agenda' in sex education. Some parents may not well understand this.

4.9.4 The dimensions of language in the data collection process and analysis

Another dimension of positionality that shaped the data collection process was language. Research has shown the importance of language in facilitating engagements with the researched and enabling a better understanding of a research problem under investigation (Srivastava 2006; Snounu 2021). Other research has also shown the inaccurate dimensions introduced in translating research data from one language to another (Alldred, Pam and Foradada-Villar 2018). In this study, the researcher's familiarity with the local language facilitated easier engagements with gatekeepers and the parent participants.

Engaging with gatekeepers, presenting oneself in the local language, and discussing the research's objectives and intended dissemination methods proved instrumental in establishing a sense of familiarity and fostering a welcoming attitude to a considerable degree. The researcher's observation pertained not only to instances where the researcher was acquainted with headteachers, but also to situations involving the formation of new relationships.

The language also helped relate well with participants and facilitated good responses during data collection. The researcher identified a welcoming attitude and an easier comprehension of the research topic and related issues during recruitment procedures such as PTAs. It is also essential, however, to note that it was difficult in the field to identify very accurate renditions of phrases such as 'sexuality education' and 'sexuality,' instead of much narrower meanings such as 'sex' or 'sexual intercourse. In other words, during the first data collection phase, the researcher realised that participants gave a much narrower meaning to sexuality and sexuality education due to the

lack of an easily translated version of these words in the local language. To address this challenge, the research had to use longer phrases of associated terms in the local language to match the intended meanings of such terms.

Informed by the variations introduced by translations from the English Language to the local language during the first data collection (and also informed by the ethical review process), the researcher translated all documents, including consent forms and data collection instruments, into the local language and used it for collecting data during the second and third phases of data collection. A huge difference was identified: Firstly, it was determined that, compared to the first data collection phase, participants found it easier to discuss topics. Thus, much better responses were elicited from participants. Secondly, most opted for English when participants were offered to engage in the local language or Fante. However, during the first data collection phase, the researcher recognised that most opted to engage in the local language following the initial explanation of the consent forms in Fante. This shows that the translation of the consent forms guided participants in choosing the local language and arguably aided in unearthing data from participants.

4.9.5 Insider Engagements with Participants Questions

The participants also put forward some concerns, which I addressed through my contextualised cultural understanding of these questions.

As part of the requirements involving FGM/C research, and as required of the ethics regulations of NTU, I was required to inform participants at the beginning of focus groups that I would have to share any information presented during discussions on FGM/C with the police. I noticed a ‘concerned demeanour’ and ‘uncomfortable attitude’ whenever I got to that part of the consent form where I was supposed to read the requirement to report any discussions on FGM/C to the police. For example, in School Two, one participant responded by throwing a rhetorical question

at participants, saying that he was sure that FGM/C did not exist in the community and equally confident that such a discussion would not come up during focus groups. Noticing the discomfort this information brought to participants and its potential to stifle information sharing between myself and parent participants, I had to assure participants that this was a requirement I had to read out to them. Still, they were free to discuss any topic during focus groups, as stipulated in the consent forms.

Another important event I was confronted with was inquiries from some participants in Schools Four and Five on whether they were allowed to share information discussed during focus groups with spouses. This was a fascinating inquiry, considering that I had stressed the importance of observing anonymity rules on anything shared during focus groups. These inquiries came from female participants, so the cultural context, as I explained earlier (and identified through my Turing internship in the research site), informed my response to the participants. The cultural context was that mothers, in many cases, represented fathers at PTA meetings and programmes with interests in the sexual health of young people. My insider understanding allows me to interpret this as mothers were to report to their husbands on all proceedings during focus groups, from explaining the ethics forms to the actual discussions. Therefore, the only 'caution' I gave in response was to stress again the need to observe rules of anonymity after focus groups and to be cautious in following the same rules even with spouses. By implication, I aligned myself with anonymity rules, even with husband participants, while dissociating from directly suggesting that participants share information with spouses after focus groups had ended. This is a situated ethical dilemma since, as an educator, I hope educational messages will be shared, but as a researcher, I am concerned about participants' confidentiality.

4.9.6 Weather Conditions and Data Collection Process

The data collection process for study one in 2021 and study two between 2022 and 2023 coincided with specific periods of the rainy season in Ghana. This shaped the data collection through access to research sites and audio clarity during interviews.

For access to research sites, School Five proved challenging to access with my car on certain parts of the road, which were highly flooded due to long periods of rain preceding the focus group discussions in November 2023. No danger was posed while negotiating the partly flooded road to School Five, but the potential risk was my car getting stuck in muddy patches of the road, and this did not occur.

Again, it rained heavily on the day of the focus group discussion for School Five. This significantly interrupted the discussion, as I had to keep reminding participants to increase their voices so that the discussion recording would be audible and clear enough. These two observations show how the weather shaped the data collection process.

4.10 Implications of Insider-Outsider Continuum for Research

In 4.9, through the insider-outsider continuum, I have demonstrated the dynamics that came into play in the fieldwork processes. Positionality[1], similar in principle to reflexivity[2], and best used in conjunction with reflexivity, as used extensively in feminist and gender studies, has been criticized

[1] 'Positionality refers to the position a researcher has chosen to adopt within a given research study' (Savin-Baden & Major, 2013) as quoted in (Wilson, Janes and Williams 2022, p. 44) . 'It necessitates the researcher consciously examining their own identity to allow the reader to assess the effect of their personal characteristics and perspectives in relation to the study population, the topic under study and the research process' (Wilson, Janes and Williams 2022, p. 44)

[2] 'Reflexivity is a form of critical thinking that involves addressing the issues of identity and positionality by making the researcher's assumptions explicit and finding strategies to question these' (Lazard & McAvoy, 2017) as quoted in (Wilson, Janes and Williams 2022, p. 44).
'The researcher must reflect upon the way research is carried out and explain to the reader how they moved through the research processes to reach certain conclusions, with the aim of producing a more trustworthy and honest account of the research' (Corlett & Mavin, 2018) as quoted in (Wilson, Janes and Williams 2022, p. 44).

for its lack of reliability and validity in presentation (Savolainen, et al. 2023). Yet by its nature, positionality (and reflexivity), as has been reported through my insider-outsider reflections, thrives on empirical evidence. What may be lacking is foregrounding evidence from previous research to further deepen the reliability of the tensions and dissonances through insider-outsider research. This is my aim as I review very briefly very recent and old literature of positionality in its earliest forms in Ghana, specifically among the Akan (which is the region of interest for this study), and by this review, establish background literature for subsequent implications of positionality for my research.

To achieve this aim, I proceed in this format: In 4.10.1, I review previous research in Ghana to show how their work was affected by insider-outsider statuses and further draw on their recommendations to show how research dilemmas were resolved. Specifically, in 4.10.1, I summarise, among other scholarship, two papers by van De Geest on the challenges he faced researching sensitive issues such as abortion and contraception among the Akan and why his research forms a strong background for showing the implications of my insider-outsider tensions in this study.

In 4.10.2, I refer to Table 10 below to show how participants and gatekeepers interpreted my role as a sexual health educator. In 4.10.3, I continue to demonstrate the language, words, and terminologies for the English language and participants' perceptions of using words in the local language and English to describe sexuality education.

4.10.1 Insider-Outsider research on sexual health among the Akan

The concept of Positionality, particularly the insider-outsider continuum, has been used in early research in Ghana to explore various topics, such as religion. This approach was applied when studying indigenous cultures like the Akan, which were considered to be in a formative stage and, therefore, ideal for researching the evolution of humanity (Ogunade and Oluwaseun 2022). It is

important to note, however, that before 1988, when Dr Linda Alcott[3] developed the concept of positionality in her seminal article, "Cultural Feminism versus Post-Structuralism: The Identity Crisis in Feminist Theory" (Carter and Legleitner 2021), the concept of positionality has been used, but in different forms and without the labels researchers like myself refer to including reflexivity, insider and outsider statuses. Notwithstanding, I find it useful to refer to some of these earliest applications of positionality to sexual health within the same ethnic group I researched to give context to my insider-outsider tensions as has played out in my study, and its implications.

Firstly, I refer to two articles by van de Geest, an outsider, a medical anthropologist who researched abortion, witchcraft and other issues among the Akan of Ghana. In his paper titled 'Avoiding Shame: the ethical context of abortion in Ghana' (BLEEK 2001), van de Geest evaluated the ethical dimensions of shame and how it serves to justify, and indeed make logical, the use of abortion to avoid and dispel the consequences of teenage pregnancy not only for school-going children but for unwanted pregnancies, which breaks the normal rhythm associated with spacing of children in relationships. Van de Geest accomplished this using his insider exploration of Akan's ethics concerning pregnancy and the dimension of shame it presents. But then the utility of abortion only to the extent of how it avoids shame in pregnancy. Suffice to restate that although van de Geest is an outsider, he was able to engage intimately with the worldview of the Akan, morphing from an outsider to an insider and presenting these seminal findings he has been able to produce in his paper.

The second paper proves further how van de Geest, an outsider, gleaned such reliable information from participants. In 'Lying informants: a fieldwork experience from Ghana' (Bleek 1987), [a paper

[3] Current Professor of philosophy, Hunter College and the Graduate Center, City University of New York.

published exactly a year before the popularity of the name positionality by Dr. Linda Alcoff], van de Geest shows that participants must be more comfortable with researchers to give reliable information. He revealed that the same informants chose to vary their answers by comparing responses from participant observation and survey interviews. In the former, he had been the interviewer, doing his best to live as an insider, thus resulting in the level of reliable information he elicited. In the latter, however, different interviewers collected survey data randomly, with only brief contact between the researchers and the researcher (Bleek 1987). This resulted in answers that varied greatly from what he had collected from the same interviewees. The conclusions from these two research studies showed familiarity with participants and introduced reliability in data. It is most important to note that the interviewers who collected data in survey data in the second interview were insiders. Yet, the data was still far less reliable than the one collected by the author, who was an outsider, giving more credence to the argument.

More recent research on positionalities reflects two approaches to its application in sexualities research. These are research such as Dery (2020), who, as an insider, investigates hierarchies of masculinities as he interviews his fellowmen in Northeastern Ghana. The second approach is representative of that taken by Geest. In the second approach, outsiders such as Gore et al. (2018) reflect on LGBTQ+ activism in the streets of Ghana's capital. However, the tensions described in my work align more with van de Geest's reflections in two ways: van de Geest is an outsider who was able to glean reliable information on sexual health through 'insider' families.

On the other hand, I am an insider attempting to research sexualities among fellow natives but also wearing the hat of an outsider, a sexual health researcher. I am prone to being viewed as an outsider, thus potentially marring the reliability of the information I received from participants. However, like van de Geest, I remained sensitive to my insider-outsider status and, therefore,

suppressed my outsider status when necessary during fieldwork processes, but in other ways, I also augmented it at specific points to ensure that the data collection process and analysis were not disrupted in any way to enhance the validity and reliability of the information.

4.10.2 Insider-Outsider Tensions: Effect on Work and Remedies Applied

The insider-outsider identity affected my work in six general areas, as outlined in Table 10 below. Table 10 details the major steps in the data collection process and how my insider-outsider identity played out or shaped the particular step in the data collection and analysis process. Throughout the six major steps- from Engagement with the Municipal Education Office to the Data Collection Process itself and weather and geographical terrain, there were a lot of tensions and dissonances brought about by both statuses. My insider status played out every step of the way; however, in some instances, my outsider status remained hidden and, indeed, per deep reflection, played no actual role in the data collection process (I discuss the interpretation of my role further in 4.10.2). Using Table 10, I will briefly explain how my insider-outsider status played out at particular stages of the data collection process, the remedies I applied to address issues that arose and how these dynamics could have affected my work.

My insider-outsider tension played out when I sought permission to collect school data. As an outsider, there was the fear that I could spread COVID (second column); however, I drew on my networks as a former teacher in the Municipality and a native to override that myth attached to researchers who attempted to conduct fieldwork in Ghana during and immediately after the pandemic, and which threatened to mar progress for fieldwork. The tension as an insider, yet treated as an outsider, is similar to the dynamics experienced by van de Geest, where he faced the potential to be treated as an outsider, but did his best to live as an insider, developing very deep familiarity with the researched and facilitating a good data collection process (BLEEK 2001).

As described in Table 10, I also faced challenges with headteachers (fifth column). Over here, I

had to draw on both my positionality as a sexual health researcher researching young people's sexuality in a foreign country, the positionalities of my supervisors who had experience researching young people's sexuality in similar contexts, and the cultural understanding of dealing with elders in my insider status to surmount the challenges I faced with headteachers.

The two models I have presented above describe how the table should be read, paying particular attention to the tensions that play out at each step of the data collection process and the approach I took to address these challenges.

4.10.3 Participant Interpretation of My Role through the Insider-Outsider Dynamic

Parent interpretation of my role can best be understood by the tensions that played out and represented in Table 10. I individually comment on these trends to explain how my role was interpreted. But before I outline these trends of interpretation of roles, I need to restate, for clarity, what my roles mean briefly. As an insider, I see myself as a former teacher, a sexual health educator in the Municipality and a native of Elmina with proficiency in the local language, Fante, and a good working knowledge of the geographical terrain of the KEEA Educational Municipality. As an outsider, I recognise myself as a foreign student with an interest in promoting the sexual health and well-being of young people through sex education. Additionally, I position myself as a researcher with the knowledge and skills to employ research tools and skills in designing and implementing sexual health research.

As I noted in 4.10.2, my insider status (as defined above) was interpreted as such by participants and gatekeepers (Education Officer, Officers and Headteachers) alike from the initial engagement

Table 10: Insider-Outsider Continuum and Implications for this Study

Step in the data collection process	Outsider Identity and Step in Data Collection Process	Insider Identity and Step in Data Collection Process	Result from Insider-Outsider Tension	(Potential) Challenges/Outcomes to research from the Insider/Outsider Continuum
Ethics Approval from the Municipal Education Office				
Engagement with Education Officers	Fear from officers of spreading COVID	Still identified as a native and former teacher in Municipality	Insider networks override the fear of bringing a Pandemic. Engaged with networks at the Office to arrange a meeting with the Municipal Education Directress	Challenge to gatekeeper/participant access in the field
Engagement with Municipal Education Directress	Personal Circumstance of Municipal Education Directress (bereavement) caused a delay in obtaining permission	Insider status aided in facilitating a swift approval for research to continue	Insider status masks outsider status and enables collaborations with networks for approval of research activities	Challenge to gatekeeper/participant access in field
Engagement with Headteachers				
Selection of parents		Insider Status as a native enabled more effortless engagement with headteachers and assistance in the selection of parents	Knowledge of the work patterns of parents facilitated participant selection	Potential Introduction of bias in the selection of parents
Familiarity with Headteachers	Outsider status as a sexual health researcher enabled engagements with supervisors on fieldwork and gatekeeper challenges	Familiarity with Headteachers resulted in attempts at deeper engagements in fieldwork: 1. Attempts to be present at the time of interviews and focus groups	Insider-Outsider Status triggers sensitivity to vexed gatekeeper issues and for remediation: 1. Cultural Acknowledgement of headteachers as leaders, then stress the need for observing ethical rules	Ethical dimensions of confidentiality and consent potentially threatened by gatekeeper intrusions

		2. Inquiries of results from interviews and focus groups 3. Singular attempt to insert participants who did not satisfy the inclusion criteria for selection	2. The use of language to facilitate the free flow of information in the above	
Accessing information on young people's sexual health (challenges)	Outsider status is reflected in attempts to shield information on young people's sexual health	Insider status suppressed from the overshadowing of outsider status	Insider status used indirectly in conversations with headteachers indicates my familiarity with the sexual health challenges of young people	Potential to mar the creditability/reliability of data
Parent Recruitment and Engagement				
(Gendered) selection of parents		Insider status enabled contextualized understanding of gendered response to parent recruitment	Contextual understanding of the gendered approach to parenting enabled stress on the need for the participation of both mothers and fathers	Avoidance of selection bias and access to parents (gatekeepers) in research
Perception as Sexologist versus Sexual Health Educator	Interest in sexuality education projects status as a sexologist rather than a sexual health educator	Cultural understanding of the perception attached to sexuality education	The tension between the role of indigene and sexual health researcher enabled a better understanding of the cultural meanings attached to sex and relationships as contextualized within the study	Insider-outsider status facilitated an excellent understanding of the sociocultural context underpinning sex/love/relationships
The dimensions of language in the data collection process				
First and Subsequent Contacts		Familiarity with language projected the identity as an insider	Insider status facilitated welcome attitudes and good relationships with participants and Education Officers throughout the whole data collection process	Views as an insider enabled deep discussions on sex, love and relationships, which were confirmed through interviews, outside recorded interviews
Accurate Renditions of	Difficulty translating Sexual	Difficulty in identifying accurate renditions of	Understanding of the nuanced challenges associated with	Potential to reduce the reliability of participant data

Sexuality/Sexual Health in Local Language	language from the Local language to English, a challenge	sexuality in local language both at the time of interviews/focus groups and during data analysis	translating from local language to English Translation of consent forms post-first study	
Engagements with Interview Questions and Participant Concerns				
Reporting of FGM/C	Commitments to report incidents of FGM/C to local authorities	Identification of concerned demeanours about that ethical requirement	Application of local context to show understanding of concern, but also stress the need to report FGM/C	Potential to mar the reliability of the information given by participants
Confidentiality of Participant Responses Post Data Collection	Commitments to ensure the confidentiality of information, even with spouses	Understanding that interview data may be shared with spouses, particularly considering the 'attend on my behalf' approach employed ny fathers on young people's sexual health	Application of local understanding of gendered approach to sexual health to the dilemma of observing confidentiality	Confidentiality of participant (responses) put into question
Weather and Data Collection				
Familiarity with weather conditions and geographical terrain		Familiarity with weather patterns and preparedness for data collection	Management of data collection schedules and arrangement of transport informed by weather conditions and road terrains of the research site	Non-familiarity with weather and geography could cause inaccessibility to research sites and prolongment of data collection schedule outside

with the Municipal Education Directress, Education Officers to when I engaged with Headteachers through to the actual data collection point with parents. For example, I was seen as a former teacher/sexual health educator in the Municipality, so I was assisted in fast-tracking approval for data collection despite the demise of the Municipal Education Directress and the fear of spreading COVID. However, it is very important to note that while I was perceived as an insider, the circumstances I have outlined, including the fear of the pandemic and the attempt to shield reliable information on young people's sexual health, reflected my status as an outsider, nearly overriding my insider status. Thus, my role oscillates between insider and outsider due to issues that arise from the field. It is possible in previous research to glean shifting roles between insider and outsider status in previous research in Ghana. For example, van de Geest, while researching abortion among the Akan, encountered shifts between being identified as a foreign student researching abortion and other issues in Ghana and concurrently as an insider, living the way of life of the researched. These oscillating/shifting roles occurred until he was able to achieve the kind of trust with the natives (BLEEK 2001). However, I do not seek to suggest that the shifting roles are ends in themselves; I have shown roles continue to oscillate throughout the research process. It is within this context that I have just described that I seek to show the oscillating roles of my insider-outsider status while I researched parents' involvement in sexual health among Fantes in Ghana.

Another important way to understand the oscillating role is the wrong interpretation of my role by parents attached as a sexologist (eighth column) and not a sexual health educator. This perception reflects the cultural misconceptions parents and religious leaders attach to sexuality education in Ghana as sex between a man and a woman, and therefore, the perception that sexuality education promotes promiscuity (Chubb, et al. 2024).

4.10.4 Language and Participant Interpretation of to Describe Sexuality

The situation I have described above of the cultural norms/silence attached to sexuality also plays out in how participants responded to open discussions on sexuality. Sexuality, as reviewed in chapter two, is defined by cultural norms as a preserve for adults. Therefore, any open discussion of sexuality, especially with young people, may be viewed as an 'outsider approach' to teaching young people promiscuity.

The background I have described above is reflected in parent reservations for the concept, name and any synonymous concepts used to describe sex education. The dynamics of language are discussed in detail in the discussion chapter. Still, over here in this section, I am interpreting participant reservations with the name of sexuality education to mean what van de Geest cautions in eliciting sensitive information from outsiders-a lack of familiarity of the researcher and his intentions with the researched or the cultural norms of the researched may lead to the kind of reservations that manifested through parent dislike for the concept of sexuality education and any synonymous expressions of it.

Secondly, while the cultural background I described (at the beginning of this subsection) does not allow for open discussions on sexuality, cultural norms also limit the kind of vocabulary to discuss sexuality-this is what I have represented in the column in Table 10, where I describe challenges I faced translating discussions from the local language to English during the data analysis.

CHAPTER FIVE

FINDINGS ONE: FACTORS INFLUENCING PARENTS' INVOLVEMENT IN YOUNG PEOPLE'S SEXUALITY EDUCATION

5.0 Introduction

This chapter presents the significant findings from a thematic analysis of qualitative data from 10 in-depth interviews and five focus groups across the five participating schools. The findings in this chapter address the second research question on the sociocultural factors that shape parents' for and or against sexuality education. However, it offers an answer from the parent's perspective and shares what they see as crucial in their values and views about sex education.

The analysis highlighted three general themes with a set of sub-themes summarised in Table 11 below:

Table 11: Themes and Sub-Themes of what shapes Parents' Involvement in Young People's Sexuality Education

Theme	Sub-Themes
Policy Related Factors	1. Name and Meanings 2. The rawness of the sexual language 3. Parents' familiarity with sexuality education 4. Limited understanding of the concept 5. Sexuality education (could) promote promiscuity
Social Factors	1. Gendered dimensions to sexuality education 2. social spaces and social activities for sexuality education 3. social incidents that occasion sexuality education 4. social tools 5. social environment 6. time factor and absence of parents 7. religious considerations 8. age of young people 9. community opposition to sexuality education
Individual and Family Based Factors	1. Biological changes 2. Type of relationship and communication between parents 3. Sexual behaviours as a modifier for sexuality education 4. Parents'sexual behaviours and hardship 5. shyness on the part of parents and young people 6. sexual preparedness for eventualities

In presenting findings, I will mention which community extracts quotes from participants are from, but I will draw them together to comment on later in the discussion in chapter seven.

5.1 Socio-cultural-Factors that Shape Parents' Involvement in Young People's sexuality education

As part of the first research question, this study, through interviews and focus groups, examines factors which ecologically shape discussions on sexuality between parents and young people. The following analysis identified three significant themes: Policy-related, social, and individual factors. The policy-related elements covered all perspectives, including parents' interpretations of sex education policy and how these interpretations shape their approach to sexuality education. Factors classed as social are defined in this study to refer to societal and community-based factors underpinning parental attitudes towards sexuality education. In contrast, individual-based factors encompassed all personal and individual factors of parents and young people, shaping discussions on sexual health.

5.1.1 Policy-related factors

The first theme derived was policy-related factors. I include all issues related to parents' interpretation of sexuality education policy. This includes parents' understanding of sexuality education policy and how this shapes their attitudes to and involvement in sexuality education with young people at home. Five Sub-themes made up this major theme, which I have labelled: *names and meanings*, the *rawness of the sexual language, parents' familiarity with sexuality education, limited understanding of the concept* and the idea that *sexuality education promotes promiscuity.*

The *name and meanings* attached to sexuality education, per parents' perspectives, are given as reasons that shape their involvement in sexuality education. Some parents appear to be generally uneasy with the term sexuality education and the connotations it carries.

I disagree with the name of sexual education itself; I would disagree with it because, in those days, it was life skills. With life skills, they taught about adolescence, the stages of life, and when men get wet dreams. If It was under life skills, it's okay. But just the name sexuality education, I disagree with it. (School Three, Female, IDI)

Still on the *name and its meanings*, a parent from another IDI recanted the usefulness of Life Skills in her teens but recommended that 'Education' be added to it to ensure young people receive the appropriate sexual health information. To better understand this contribution of the parent, an excerpt from our conversation is given here:

Interviewer (I): So, madam, what do you think about the term sex education/sexuality education? As a parent, if you hear that your daughter is being taught a topic with the name sexuality education, are you comfortable with the name sexuality education?

Respondent (R): Hmm, with that sex thing, it's because during our time when we were in school, it was in life skills and then Religious and Moral Education, but even with that, they were teaching us how to keep ourselves as adolescents, and then how to shave and stuff, and they taught us ovulation and stuff. But doing it broad with that sex education (content was limited to abstinence and dangers of premarital sex)*, at my level, it wasn't there, so for me….*

I: So, you are not comfortable with it? So, just to be sure, it is not about sex per se, but is it the term given to it to stand for it for all aspects of sexuality?

R: Ermm, still, I am not comfortable if they had brought back life skills

I: So, do you prefer life skills education?

R: Yes (School Three, Mother, IDI)

Thus, some parents were generally uncomfortable with the term "sexuality education." The conversation above illustrates the sensitive nature of this term and how it can affect the extent to which parents engage with their young people on the topic of sexuality education.

On the other hand, some parents had no problem with the name "sexuality education" and felt it carried the meaning it defined, which was to teach young people about their sexuality. Again, I share a discussion with a father from the same community and school to show that some parents have no challenges with the name “sexuality education”:

I: Your son is 15 years old and in Junior High School 2 [Grade 8]. Please, what is your reaction when you learnt that your son is taking a course called sex education? Are you happy with it?

R: Oh, I am okay /comfortable with the name.

I: (I asked) Because someone will say think about sex only, but it goes beyond that, such as menstrual hygiene, condom education, all this are under. That is why I asked about your comfort with the name.

R: No, it does not disturb me at all. (School Three, Father, IDI)

Closely linked to the meanings attached to the name sexuality education is the sub-theme on *the rawness of the sexual language,* which came up for some parents as a challenge to open sexual discussions. This was the view of a mother of five who has had discussions on sexual health with her daughter:

R: The name is okay because the white man has polished it (English may offer more straightforward ways of censoring sexual language while local language uses proverbs, idioms and taboos to mask sexual discussions). *It wasn't taught at first; e.g., a girl of 12 years can keep herself during her menses, but when I was 17 and had my menses, I made much noise, but if I had been taught, it would have helped me. So, it will teach the kids to be careful sexually*.

I: Yes, it is polished, but sex education is sex education, right?

R: Yes, the English is a bit raw and perhaps we can't even discuss it here. (School Five, Mother IDI).

As a native speaker of the Fante language, I can compare the directness of the English language with that of the local language. Many sexual health researchers would agree that local languages are more straightforward than English. Therefore, discussing sexuality in local languages such as Fante in their unfiltered form, without the typical proverbs, taboos, and euphemisms to soften the language, is considered inappropriate. So, when parents complain about the complexity of the English language, it warrants discussion. If parents struggle with discussions on sexuality in English, what are the implications of conducting sexual health discussions in the local language? In my opinion, the implementation of sexuality education policies in homes may vary based on parents' concerns about the appropriateness of the topic for young people.

Parents' familiarity with sexuality education came up in discussions as a significant factor in assessing parental understanding of sexuality education policy and its impact on young people. Several times, at the beginning of discussions, when I asked parents if they were familiar with sexuality education and if they had talked about it with young people, many parents (during both

focus group discussions and interviews) equated sexuality education with sexual intercourse. Parents explained further to mean the main sexual acts between a man and a woman in marriage (also known as *awarefo* in Fante language), *id est* vaginal penetration by a penis or, as contemporary sex educators call it, PIV sex 'penis in vagina' sex. These perspectives from four parents in a focus group discussion reflect this point:

> *Sexuality education talks about male and female sexual relationships, how we relate sexually, and how we can get a woman pregnant, that is sexuality education* (School Two, Father, FGD)
>
> *Just as he said, sexuality education is how a man and a woman meet to have sexual intercourse; that is sexuality education* (School Two, Father, FGD)
>
> *Sexuality education is when a man and a woman meet for sexual intercourse* (School Two, Mother, FGD)
>
> *Sexuality education is the sexual activity that occurs between couples.* (School Five, Mother, FGD)

The perspectives from the four parents limit the meanings parents attach to sexuality education to sexual intercourse between married people with the result of pregnancy. The parents' understanding of sexuality education, which seems to limit sexuality to sexual acts and pregnancy, reflects the common perceptions of sexuality education as a tool for promoting sexual promiscuity. This establishes/retains an understanding of sexual discussions as only meant to occur within marriage. While I took some time to explain, in the local language, that sexuality education is broad and goes beyond sexual intercourse and pregnancies, some parents were still insistent that that is how they understand sexuality education. The record below depicts my explanation of

sexuality education and how some parents persisted in their understanding of sexuality education in the context of sexual intercourse and pregnancy.

> *I: But sexuality education comprises many things; excuse my language, it is not about sexual relationships alone…*
>
> *R: That is how we all understand it. God created male and female, and even animals have sexual intercourse to procreate so that they can have children.* (FGD, School Two)

I can corroborate parents' understandings of sexuality education as sexual intercourse in marriage from discussions after focus group discussions in two of the five communities. After FGDs in communities two and five, some parents seem particularly interested in discussing information on sexual intercourse and how to improve it. All questions asked parents were meant to discuss women's approaches to sex in bed. These behaviours facilitated or hindered desires for sex, and even the morality and importance of contraception in marriage. While I made it a point to emphasize that most of the topics they were interested in, such as sexual enhancement, are quite different from the subject matter of sexuality education, I found it quite interesting that, despite my label as a sexual health educator, parents associated me with the role of giving such advice. These discussions, post-Focus Group Discussions, provide some background and contextual understanding to parents' understandings of sexuality education as sexual intercourse between married couples. This discussion above provides essential background for understanding parents' interpretations of sexuality education and how this informs their choice of sexuality education content in the discussion.

Given the limited understanding of sexuality education by parents, it is unsurprising that some

parents expressed difficulties discussing sexuality education because of their *little understanding of the concept*. Some parents, in response to the challenges they faced in discussing sexuality education, reported that they lacked adequate knowledge to discuss sexuality and sexual health with young people simply:

> *Ok, is SE in school very important?*
>
> *Yes, because I can't teach him, and if someone can teach him, I think it's very good.* (School Four, Father, IDI)

Per this opinion above, this could mean that some parents had difficulties with what sexuality education is and how to discuss it. However, the perspectives from the above are not enough to show that parents had difficulties discussing sexuality education and challenges with fully appreciating the *gamut of sexuality education*. However, drawing on my experience as a sexual health educator in one of the communities from which these perspectives emanated, my contextual understanding of this sub-theme is that parents' limited knowledge of sexuality education also reflects in their ability to deliver on it, as poor understanding of sexuality education (for, e.g. as has reflected in parents' understanding of sexuality education as sexual intercourse in marriage) limits the depth of the content with which they can discuss sexuality education and, therefore, their ability to deliver it adequately.

On the other hand, some parents expressed no difficulty discussing sexuality with young people because of their familiarity with similar topics in the classroom. This teacher also expresses the same opinion on interpreting and discussing sexuality education with her son:

> *It's ok with me. I teach social studies, a topic under Social Studies—Reproductive health- and then erm…, boy and girl relationship is all there, and how to keep the body neat and all those things, so I don't care.* (School One, Female Parent, IDI)

Another teacher who is also a parent from the same school reported no difficulty discussing sexuality education, and the familiarity with sexuality education policy again facilitates discussions with the child:

> *I: So please, can you help me understand the topics you said you discussed and mentioned hygiene? Can you be more specific?*
>
> *R: We have reproductive sexual health as part of the subject of Social Studies. It is one of the topics, and some of the topics are what is associated with adolescence, their physical changes, what is in-built and a whole lot of details into getting into a relationship, and then how well you can keep yourself and like to relate so that the individual feels I am at this stage.* (Father, School One, IDI)

Interestingly, even though some parents admitted to struggling to understand the full scope of sexuality education policy, they still proceeded to impede its discussion due to concerns that it could encourage promiscuity. While specific references were not made to sexuality education policy *per se*, parents were cautious of sexuality education because they feared it promoted promiscuity. As a result, parents were uninterested in discussing the details of sexuality education with their sons and daughters:

> *Well, I know he hasn't done that and the more I discuss with him, the higher the potential of picking certain traits. The Bible tells us to teach the child the right way, so for now, he hasn't gotten there; I don't want to discuss, so he picks up something bad* (School Two, Father, IDI)

To address concerns about promoting promiscuity, some parents are cautious about sexuality education and its potential impact on sexually active young people:

I: Have you had discussions with your child on using condoms or whether a boy should use them in a relationship? Have you discussed with them whether they should use condoms in several relationships or not?

R: I have not been able to talk to my children about using condoms. Already, she is in the act, so if I should discuss the use of condoms with her, it means she can continue to do it and use condoms to protect herself (School Two, Mother, FGD).

5.1.2 Social-related factors

Here, I discuss the range of social-related issues which inform parents' involvement in young people's sexuality education. Nine sub-themes were evident, including *gendered dimensions to sexuality education, social spaces and social activities for sexuality education, social incidents that occasion sexuality education, social tools, social environment, time factor and the absence of parents, religious considerations, age of young people*, and *community opposition to sexuality education*.

Across all interviews and focus groups, there was a strongly *gendered dimension to sexuality educatio*n, which manifested in different ways. Firstly, there was a theme of same-gender sexual socialisation, with fathers engaging more with their sons and mothers engaging with their daughters. This trend is highlighted in the excerpt from an IDI with a male parent from one of the communities. There are other gendered trends that I have derived under this sub-theme, but I first highlight the general, same-gendered approach to sexuality education:

I: Okay, please; I have asked her name, age, and education level. My next question is, have you had any discussions with your daughter about sexuality education?

R: No!

I: Okay. What about your wife? Or is someone staying with her? Has anyone had that discussion with him before?

My wife is mainly with the eldest, who is a girl. Sometimes, he (the son at the participating school) is present during such conversations, so he hears some.

Ok. But have there been direct conversations with him?

The mother has noticed that he makes some calls, combs his hair in a certain way, and asks him, 'Eh, are you seeing a girlfriend now? That is why you are dressing this way. ' But she has not taken any special initiative to educate him (School Three, Father, IDI).

The (same) gendered approach to sexuality education highlighted in the discussion above means that mothers are expected to engage more with their daughters at home. The passage also highlights the mother's indirect but intriguing approach to engaging with her son. It is enough to prompt a teasing inquiry about whether the son is beginning to exhibit sexual behaviours or tendencies.

Now, the son can only listen to sexual health conversations between the mother and the daughter when he is present, as implied by the excerpt above and the quotation below. This piqued my interest in further discovering why the parent/father has not engaged with his son on sexuality education, and this is how the conversation went. I did this by trying to understand the atmosphere at the point of contact during sexuality education:

Ok. You have stated that your wife has not discussed sex education directly with your son but with your daughter. And your son listens to some when he is around. But how is the atmosphere when they discuss these things?

No, there is no shyness. My elder daughter is 21, so these discussions are familiar to her. But my wife occasionally comments on some of his attitudes, which suggests he is dating.

I: But why do you think you and your son cannot discuss sex ed?

First of all, it has not come to my mind to discuss these things with him, and 2, I am assuming that he taught sex education in school, so if they are taught in school, then it's okay. But it has not come to my mind to discuss sex education with him.

I: Ok, you feel that it is not right to discuss sex education with him, or do you think that once he is taught at school, you don't need to engage your son?

R: That is what I explained; it has not occurred to me. I don't have any particular reason why.

Ok. so, nothing prevents your involvement in sex ed. But you explained that your elder daughter is engaged with your wife on sex education, but why does your wife not have those discussions with your son? Perhaps you cannot speak for your wife, but you may be able to explain why she does not have those conversations with your wife. Perhaps there are factors at home, or perhaps in the community, or perhaps religion that hinder you. Is there any reason why sex education is not discussed with him?

R: Okay, perhaps my wife discusses it with him, and I need to be made aware. For example, as I suggested, I hear her commenting about his potential relationships with a girl, so perhaps she has been discussing this with him, but I don't know. (School Three, Father, IDI)

Four points can be inferred from the preceding discussion, compared with the initial interview excerpt. One crucial point to emphasize is the deliberate choice to only discuss sexuality within the same gender dynamic, such as the direct engagement of the mother with her 21-year-old daughter. Two, the father does not engage with the son at all on sexuality education, and three, the mother 'unintentionally' and 'teasingly discusses with the son whenever she discusses sexuality with the daughter. Interestingly, however, (on the fourth point), the father does not engage with the son on sexuality education for no particular reason.

Moving forward, but still within the context of gender-based approaches to sexuality education, it is possible to demonstrate further the 'same-gender' approach adopted by parents through additional discussions. In Community Five, the mother explained why she takes conscious steps to engage with her daughter, rather than her son, on sexuality education. The detailed excerpt below provides insight into the gendered approach she took, which is similar to the approach taken by a mother in Community Three:

> *I: So please, you have explained that your daughter is in JHS 1, and he is in JHS 2, and he is 16 years. Please, have you discussed sexuality education with her before?*
>
> *No, I haven't discussed it with him because I feel he hasn't attained the age. By 18 years, he will be open-minded enough. But it is instead the girl I have been discussing sexuality with for now. You know, as for a girl….!*
>
> *I: So, you don't discuss sexuality with him?*

R: Ermm no, actually my children don't know these things, so for example, if you go to specific homes, they do lose talk about sex and stuff like that, and kids pick up those behaviours, but it isn't like that for me.

I: Please, how old is your daughter again?

R: 15 years

I: So, your daughter is 15 years old, and you are teaching her about sexuality and not the boy. Is there any particular reason?
R: You see, she is a girl, and she has friends, but for men. She only started her menstruation and can get pregnant, so it's good to teach her to take caution.

I: So, you don't discuss it with your son?

R: Well, at 16, he can go in for a girl

I: But now you don't discuss it with him?

R: Well, I have told him that if he goes for a girl, she can get pregnant…. Because if she were a girl, she would have started her menses, and even as a boy, he has already experienced a form of menstruation (development of sperm). So, I have been teasing him that with the kind of work I do, if she goes to get herself pregnant, she will take it to her husband because I am staying with my husband. So, I have been using that to scare them so they can complete schooling.

I: But when it comes to sexuality education, you discuss more with the girl than the boy?

R: Yes (School Five, Mother, IDI)

From the discussion above, the mother does engage with her daughter (15 years), who is a year younger than the son (son in JHS 2 and daughter in JHS 1). She justifies engaging with her younger daughter but not her older son by citing menstruation as a pubertal change that makes the daughter more vulnerable. The next general theme discusses Biological changes as a sub-theme under individual factors. Still, here, the focus is on the 'same gender' approach taken by mothers to engage with their daughters in sexual discussions even if their sons are older than their daughters.

From the above on same-gender approaches to sexuality education, I have illustrated same-gender approaches to sexuality education (mothers and daughters) and accidental or unintentional approaches to engage mothers with sons. These were provided through fathers' reports on how mothers engage with their daughters and a self-report by a mother on how she engages with her daughter. Now I will present a report of a father who avoids discussing sexuality education with his daughter not only because the wife can do it better, but also because he could feel sexually attracted to the daughter:

> *I: Although your wife discusses sexuality with your daughter, what prevents you from discussing it with her as well?*
>
> *R: The wife can advise her well, and she takes the advice as well, so my intervention may not really be needed.*
>
> *I: Does your wife discuss what she discusses with your daughter, or do you tell her what you would like said to your daughter? Or does your wife take the sole initiative?*
>
> *R: My wife takes the sole initiative*
>
> *I: Thank you. So, let me still ask-do you feel it's your wife's duty?*

R: You see, men are inclined to be attracted to young girls, so when my wife travels, I don't even allow her to stay with me. She moves with peer groups and goes to stay with family members. (School Five, Father, IDI)

It is interesting that a father avoids closeness to his daughter due to fear of sexual attraction and so encourages her wife to take up to discuss sexuality with the daughter. The main interest here is not necessarily to report or analyse the reasons for the sexual attraction between fathers and daughters, which is supported scientifically. But to report on the gendered approach to sexuality education (in this case, mothers and daughters) and interrogate why it is so—also noting the expected competence of a wife in this discussion). In addition, fathers say they know that mothers only or mostly engage with daughters and not sons, which I will discuss later.

Still, there was the case of one father, during FGDs, who had no choice but to engage with his daughters on matters of sexuality. In the one case I can report, this was a single father who had only daughters and therefore had to teach sexuality education to his daughters himself. This father employs all techniques to engage with her daughters. Firstly, this father seems to have a combination of friendly and strict relationships with his daughters (which is discussed under the sub-theme *types of relationships between parents and young people*, under the general theme *of individual factors*):

I have a lot of female children due to my background and my children, and they don't have friends because of how I treat them. I have given a phone to all of them with whom I communicate. We communicate freely so they can tell me whatever is worrying them. I really monitor them and probe them. In the deep night, I sneak into their room to monitor them. When I see any light on, I question them about it. They usually talk about school issues (School Three, Father, FGD)

The purpose of this quotation is not to focus on the type of communication, strictness, or appropriateness. Instead, it emphasizes the fact that, contrary to previous comments, fathers also sometimes engage in discussions about sexuality education with their daughters. The question here is whether this father discusses sexuality because he is a single parent, and the mothers of his daughters are not around to fulfil that role.

Through various accounts, fathers discussed sexual health with their sons, showing that sexuality education between parents and young people is heavily gendered. This parent elaborates on how he goes about discussing sexuality education with his 13/14-year-old son:

> *I remember when my child was between 13 and 14, I called him and told him that he had seen pubic hair growing in his armpit and around his genitals. When he looks at his penis, it is just like what I have between my legs. We are all shaving pubic hair, which means that he can also get a woman pregnant* (School Two, Father, FGD)

While sexuality education, from the evidence above, is gendered, parents do sometimes work together to address young people's sexual behaviours [and also discuss sexuality]. A father gives this example during an FGD on how he worked with his wife to address a sex-related incident:

> *I also discovered that my boy in JHS had a conversation with a girlfriend, which was recorded on my phone. His mother and I sat him down and told him about the consequences of a teenage relationship. We made him understand that if he flirts around, he would impregnate someone and would not have a better future* (School Four, Father, FGD)

The statement above suggests that although there are gendered approaches to sexuality education, which seem to assign mothers many responsibilities in sexuality education that are focused on girls, the collaboration between mothers and fathers in sexuality education benefits young people. However, the evidence does not show whether the cooperation between parents will also improve the focus on boys, as the two accounts I recorded both focused on girls.

It can be gleaned from the modes of sexuality education above that parents engage with their sons and daughters on sexuality education through *social spaces and social activities for sexuality education*. I will give examples of some of these social spaces and use quotations to support them. The first and most popular social space is cooking, mainly done in the kitchen and serving as a space for mothers to discuss sexual education. Two examples can be derived from the data. The first I have reported above (under the *gendered approaches to sexuality education* sub-theme) is from school Two, where the father reported his knowledge of sexuality education between his wife and daughter when cooking. The comment to support this has already been noted above. However, the second example taken from the in-depth interview with a father in school five has already been mentioned but not shared yet and supports this sub-theme: *They usually spend a long time at the shop, where they discuss most of such issues till about 8: 30 in the evening* (School Five, Father, IDI). This response was given by the father, who reported avoidance of sexual discussions with the daughter for fear of sexual attraction (and who I learnt has unfortunately passed on during my second visit to the community for FGDs). The wife of this deceased participant is a baker, so the quote I have made suggests that his wife has a lot of discussions on sexuality with his daughter when they are in the shop.

The second example of social activities during which sexuality education occurs involves bathing, shaving, dressing up, and generally self-grooming in the bathhouse or bedroom. Interestingly,

some parents made obvious, important statements on sexual health during such everyday events, which suggests its important role in shaping discussions between parents and young people on sexuality. In the example above, a father from community two compares his sexual features, such as pubic hair and the size of the penis, to his son's during a focus group discussion. This comparison is used to teach the need for sexual abstinence and the potential outcome of teenage pregnancy:

> *When my child was between 13 and 14, I called him and told him that now he had seen pubic hair growing in his armpit and genitals, which meant that he had become like me. If he looks at his penis, it is also like what is between my legs. We are all shaving our pubic hairs, which means that he can also get a woman pregnant.* (School Three, Father, FGD)

Another social space where sexuality education occurs is during dressing, where mothers monitor the menstrual cycle of their mothers alongside their own. The mother from Community Five gave such an example during IDI:

> *We share similar menstrual cycles, so when mine comes, and hers hasn't come, I ask her the reason why, whether she has had sex with any man or whether any man has broken her virginity, but for a man, he doesn't have menses, so you wouldn't know* (School Five, Mother, IDI).

The social spaces above during sex education differ from the social incidents that occasion sex *education*. Generally, through self-reports, parents gave the impression that in the absence of any social incident (where the social incident in this sense refers to the type of event within which any sexually suggestive behaviour of young people occurs), sexuality education did not occur. This

was a very prominent narrative from both FGDs and IDIs. These incidents, some of which are quoted above, include the father in school three (IDI), who reported the possible need for sexuality education for the son due to his style of dressing and actual suspicion of sexual behaviour of young people due to acts that give evidence of sexual relationships of young people.

Other social incidents during which sexuality education occurs are sexual and non-sexual (not necessarily sexual in orientation but contexts within which parents could easily initiate sexuality education) in perspective/orientation. These include the soiling of the dress of peers due to menstruation, the insertion of fingers into the private parts of young girls by boys, and watching/listening to radio/television. These quotations below indicate the social incidents within which sexuality education is reported as occurring:

> *My girl-child came home from school one day and talked about how the teachers took one of the menstruated girls to clean her up. I asked her if they have been taught Adolescent Sexual and Reproductive Health in Schools, and she responded negatively. I explained vividly the Adolescent Reproductive Health and how to dress up if she menstruates.* (School Three, Mother, FGD)
>
> *I have a daughter who is 14 years old, and she has had her menses, so it's important to teach her so she does not get pregnant. Sometimes, I even ask if men approach her, but she says No. Of course, I know she is approached because the boys here are very adventurous* (and by adventurous, she meant): *I have three children-a younger sister and a boy, and sometimes they tell me stories about boys inserting their fingers into girls' private parts and so on, so I am very careful with my children* (School Four, Mother, IDI)
>
> *I listened to some issues on the radio and used the concept to talk to him about it* (Sexuality education) (School Four, Father, FGD)

We have had the opportunity to speak about that. It's funny-It was through a TV advert on Kiss TV (A TV Station), and then his younger brother asked, 'What at all is this kiss? Is it a type of biscuit? (In the Local Language). Then, his elder brother (a JHS student under discussion) said that it was for protection during sex. And so, I asked him, do you know what this is? Then he said yes, we were told in class. Hence, I also took the opportunity to discuss with him to understand that some people cannot abstain because of their pre-disposition to early encounters with sex, so such people, if they can't abstain, are told to use condoms. It is even part of family planning. So, I used the example of daddy and mummy that we are no longer going to give birth, and so if we are no longer to give birth, we must protect ourselves, and one of the ways is to use a condom. (School One, Father, IDI)

Material things such as gadgets warrant a sub-theme called *social tools* due to their role as social tools, including television sets and mobile phones around which sexuality education discussions emanate, thus playing a role in sexuality education. By social tools, I refer to media forms such as the television and radio through which parents engage with young people on sexuality and through which young people are socialised sexually by receiving sexual health information. Examples of these have already been given; for example, see above parents who chanced upon sexual conversations of their children and the use of TV/radio by parents to teach sexuality education.

Therefore, the *social and material environment* within which parents and young people live plays a huge role in parents' approach to initiating and implementing sexuality education. So social environments as described above (under this theme), including the sexually adventurous nature of boys (insertion of fingers into girls' private parts), and the prevalence of fraudsters in community three (which I have described earlier in this chapter, under the background to the communities) shapes the cautions parents take to engage with young people on sexuality education.

Within the *social environment* sub-theme, poverty is a 'motivating theme' for teaching young people against the dangers of early sexual behaviours, unwanted pregnancies and difficulties in life. I will use this quote from the FGD in community three to highlight this socio-economic environment (hardship) and how this serves as a theme for engaging young women on sexuality:

> *Due to the economic challenges, the type of food we eat, etc., One of them just completed school. Due to economic hardship, even boys have become problems because they use money to lure girls. I advise my children to be careful, take their studies seriously, and not focus on what is happening in society so they don't jeopardise their future.* (School Three, Mother, FGD)

The quote above was given in response to my question on the types of discussions sexuality parents have with young people on sexuality education. It can be inferred that parents are aware that boys tap into the prevailing socioeconomic hardship to lure young girls into transactional (or perhaps consensual activities, depending on the angle from which the discussions will take in the discussion chapter) activities with young women.

Time factor and the absence of parents also prevent parents, especially fathers, from fully engaging with young people on sexuality. While not giving this perspective on her account, a teacher respondent confirmed parents' lack of time to engage with young people on sexuality:

> *But in this environment, we teach the parents that they don't have enough time for the kids. Some kids come, and you ask them, "My mummy has travelled…" and they are alone. They* (young people) *do what they like* (School Three, Mother, IDI).

The example above is one of the few instances where mothers are reported to have insufficient time to educate their children about sexuality. Fathers mostly agreed that they were often

unavailable to discuss sexual health issues: *You know, as for men, we have a lot of responsibility of fending for the home; we are out most of the time, but the women are mostly in the house and spend much time with the kids* (School Four, Father, FGD). In this context, fathers expressed concerns about their wives' secretive attitudes towards sexual health issues, which was discussed within the individual factors theme.

Another father from the same FGD agrees with the assertion on the lack of time to engage with young people on sexuality. Also, he attributes it to the need to work to sustain the family: *Yes, work takes us out most of the time, but women stay in the house with the children* (School Five, Father, FGD). From this quote, it can be understood that work not only limits fathers' time with young people on sexuality but also causes their absence from home for some periods.

Another father corroborates the finding here that work not only limits time for discussions on sexuality but takes him away for over a month, making it difficult to discuss sexuality with his son: *Well. Work takes me away on contract for about a month, preventing discussions on sexuality. Also, sometimes, I find it difficult to teach him.* (School Four, Father, IDI). The interest lies in the first part of the quote, where the parent reported prolonged absences from home due to work. So, under the *time factor and absence of parents* subtheme, livelihoods not only cause fathers to come home late but also result in a prolonged absence, leading to inconsistent discussions about sexuality with young people.

Religious considerations also play a huge role in how parents engage with young people regarding their sexual health. Firstly, religion serves as a medium, a motivation and a tool for discussing sexual health with young people. For this mother, religion is no barrier at all but rather a strong motivation for discussing sexuality:

I: Does religion play any role (in hindering discussions on sexuality)*?*

R: No, Religion does not prevent me. But I use religion to support my discussions because we go to church together, and the church tells children to respect elders, so even for worship, we get teachings to support us. (School Two, Mother, IDI)

For the male participant from the same school, however, religion is a basis for age-appropriate sexuality education:

I: So, what else prevents you from discussing sexuality with him? He is 21 years old; do you think our local cultural values prevent you?

R: Well, I know he hasn't done that and the more I discuss with him, the higher the potential of picking certain traits. The Bible tells us to teach the child the right way, so for now, he hasn't gotten there; I don't want to discuss so he picks up something bad (School Two, Father, IDI)

The quote mentioned above lacks specificity regarding when it is appropriate to discuss sexual health with a 21-year-old man, considering that anyone 18 years and above is legally considered an adult in Ghana. This finding is quite interesting when related to the *gendered approaches to sexuality education* sub-theme. Religion possibly widens the gendered approach to sexuality by deepening parents' limited engagement with young men on sexual health.

I sought to confirm this perspective further from another parent on whether religion is indeed not a barrier if it disallows more detailed discussions on sexuality:

I: So, you believe that religion doesn't hinder you from discussing certain aspects of sexuality because certain aspects already touch on it, but it doesn't go deeper? That is what you like about it?

R: Yes

I: But if it doesn't go deeper, if religion does not go deeper, is it not a limiting factor if religion prevents you from going deeper? Is it not a limiting factor? Because it

will only talk about abstinence. It will not talk about gender or power. It will limit it. Do you think, in that sense, religion will be a limiting factor in discussions?

I: No, please. (School Three, Mother, IDI)

The quote above agrees with the earlier perspective that religion does not pose a barrier to discussing sexuality in sexual health conversations with young people.

For another parent, a religious group was a source of information for discussing sexuality with young people. In this case, a popular women's group in Ghanaian Pentecostal churches-the Women's Fellowship (known as the Christian Women's Association for Catholics) is the source of religious information for discussing issues on sexuality with young people: *I think that the church educates its members on sexuality education. Women's Fellowship members discuss with their people how to relate to young people. I don't think religion prevents people from giving their children sexuality education* (School Two, Mother, FGD).

Religion, precisely the word of God, is also a source of advice on sexual issues for some parents: *I sit with my children and discuss the Bible with them, drawing their attention to the* (sexual) *vices in society nowadays. I caution them about behaviours that could lead them into trouble. The gospel, peer pressure, and social media are the topics on which I base my conversations* (School Three, Father, FGD).

Religion also serves as a basis for discussing topical issues on young people's sexual health, such as LGBTQ+. This excerpt from an IDI explains that point:

I: But let's move on to the wider community. Can you think of, or share your experiences of, any other factors, values, religious beliefs, or principles that influence sexuality education with your child?

R: I belong to the Methodist Church and am a member of the women's fellowship. It is a tradition that when we go to meetings, we must say a quotation from the Bible and give. They go to Sunday School sometimes when I am getting ready for

women's fellowship, and I don't have any text; I will tell them to give me some quotation. So, after meeting them, I will take the opportunity to ask them, 'How do you understand?' and with it, I think when that was…talking about something, have forgotten the topic, it was about sexuality, and then I just asked then…….

I: LGBTQ?

R: YES! I took that opportunity to educate them; one is in Class Six, and the other is in JHS One, so I took the opportunity to ask them, and they said they had heard about it in the news. I asked them if they had seen we are humans and there are lesbians and homosexuals and so man and man involving themselves in sexual relationships. I asked them if they had seen any male goat and a male goat having sex, and they said no, and I said that it was a sin. So sometimes, depending on the situation, whatever it is, I use that opportunity to explain things to them, and then I tell them that it is a sin and God didn't plan it that way (School One, Mother, IDI).

The response of the mother exemplifies the kind of discourses parents use to teach against prominent themes such as abstinence and against unwanted behaviours such as LGBTQ+ and, indeed, comprehensive forms of sexuality education. The viewpoint mentioned above refers to the religious and political opposition shown by religious groups and parents in 2019 when there was an attempt to introduce a CSE curriculum (Ocran 2021). It's worth noting that these discussions continue to influence ongoing talks about enacting an LGBTQ+ bill in Ghana (Ocran and Alldred, 2024).

During group discussions within community three, a diverse range of parental perspectives on religion emerged. Some parents fervently advocated for the incorporation of religious principles into sex education, while others vehemently opposed the notion, questioning the efficacy of religion in engaging young people in discussions about sexual education. One parent expressed the belief that religious-sexual education was indispensable in safeguarding young individuals

from the perils associated with negative sexual behaviors: *The Bible can save them (young people) from trouble. Religion is very important, as the word of God plays an important role in character formation.* (School Three, Father, FGD).

On the other hand, a father of three young women in the same FGD strongly disagreed with the view above on the importance of religion in young people's sexuality education:

> *I don't refute the word of God, but that is not a guarantee for the good upbringing of children. But rather living testimonies of good role models in societies like Paa Kwesi Nduom*[4] *and Kennedy Agyapong*[5] *who have made it in life through education and hard work.*

The same parent continues to argue against the wholesale subscription to religion in training young people, as the religious institution is fraught with challenges. He believes that fear-based approaches are essential for educating young people about sexuality. He argues that these approaches should be combined with role models from society, rather than role models from the Bible, as he has no personal knowledge:

> *We should rather put some fear in them as the values inculcated in us during our formative stages. Let us use our culture to train them. There are also vices in the church that do not help. I don't use biblical characters like John and James and so on, who I have never seen, but role models I know in practical life* (School Three, FGD, Father).

The narratives above show conflicting opinions on the influence of religion on young people's sexuality education. There is also a notable shift from using cultural values and fear-based approaches to using religion as a means of discussing sexuality with his daughters.

[4] A prominent and wealthy politician in the KEEA Municipality

[5] Another wealthy politician and current member of parliament of the Assin North Constituency, another Municipal Directorate approximately 90 km from the KEEA Municipality, but located in the same region.

The *age of young people* also came out as a yardstick for determining the appropriateness of sexuality education by parents. Some parents believed that certain young people in the junior high school system were older than their peers due to various factors, making the curriculum inappropriate and irrelevant for them. This view was provided by a parent and a teacher when asked for recommendations on topics for sexuality education to be taught at home:

> *At this level, considering our community, some children are 18, 19, and in JHS. I would say she is within the age range of 13. They are in JHS 2, but here, some of the kids have been in the house for a very long time before they start schooling, so they age and then their level. Some of them grow past their level. In some schools, they are in classes 4, 5, 6, and so on, by the time they go to JHS, they are 17/18. In my former school, some were even there, 20 years old, so they had grown past that level but were still there. Some have passed adolescence, and some have even gotten their wet dreams. Some have even started menstruating long ago. So, with that, if you are in such communities, and even you see those children, you check the level of the children in the class. Even with classes 5 to 6, you can start teaching them the changes in the body, the reproductive system and stuff. It could be taught from there, but not in detail, like sleeping with a man, etc.* (Female Teacher, School Three, IDI)

Therefore, late schooling of young people is a challenge for parents (and teachers) who may want to engage with young people on sexuality education topics. This sub-theme, together with the discussions on religion and limitations to age due to sexuality education, presents very interesting discussions for the findings for the discussion chapter.

A parent, a mother during an IDI also reported *community opposition to sexuality education,* where her attempts to engage in deeper discussions with her children on young people were objected to by neighbours:

> *So what else prevents you from discussing SE with her?*

> *I receive a lot of opposition from neighbours who argue that by discussing sexual issues with them, I am introducing them to bad behaviour, but, I tell them they are not God. Such discussions are from God, so it's all part of the upbringing. I even have these discussions with the younger ones.* (School Four, Mother IDI)

This mother remains resolute in her resolve to engage with her daughter in deeper insights into sexuality. Cultural values, which are the threat to her attempts, were no stumbling block to her attempts to socialise her daughter sexually.

Despite facing opposition from the community and the influence of cultural values on the sexual education of young people, some parents, drawing from their own experiences, have felt the need to challenge negative cultural norms and teach their children about sexuality:

> *I: Let us consider our various homes, the children, school and work. What is the hindrance to communicating with your children on sexuality?*
>
> *R: We did not get this education about sexuality as it was sometimes taboo to talk about sex and sexuality. We had no education about menstruation and actions that could lead us into trouble. Now that we have realized its importance, we are teaching our children to guide and guard them on their sexuality.* (School Three, Mother, FGD)

The perspective above highlights a shift in the role of cultural norms in discussions on sexuality, indicating a decreased influence of cultural norms in prohibiting these discussions. In the past, parents were constrained from discussing sexuality education due to cultural norms. However, contemporary parents, influenced by their social environments and the sexual behavior of young people, are disregarding community opposition and cultural values to engage in discussions about sexuality with young people. Additionally, the ages of the two parents who provided these perspectives are worth noting, as I intend to delve further into this discussion. The first parent in the IDI is 34 years old, while the one in the FGD is 45 years old. These relatively young parents

are willing to challenge cultural norms to have more in-depth discussions about sexuality. The discussion chapter further elaborates on how the ages of these two parents relate to the erosion, or dilution, of sexual norms. The sub-theme of religion is also intriguing, as the findings reveal two sets of narratives: an overwhelming agreement on using religion, particularly Christianity, to facilitate discussions about sexuality with young people, and on the other hand, the substitution of religion with cultural norms and fear-based approaches to sexual health for sexuality education.

5.1.3 Individual and Family-Based Factors

Individual factors refer to all personal reasons, specific to the parent or young person, shaping discussions on sexual health. These are made of *Biological changes, type of relationship and communication between parents, Sexual behaviours as a modifier for sexuality education, parents' sexual behaviours and hardship, shyness on the part of parents and young people, and sexual preparedness for eventualities*.

It came up from both focus groups and interviews that sexuality education was occasioned by *biological changes* that occurred in both young and young men. However, the need to discuss sexuality arose more strongly for girls than boys, with sexuality education for girls pre-empted by biological changes, specifically the onset of menstruation. For example, in response to a question I posed on when sexuality education occurs, a mother who represented School One in the in-depth interviews has this to say:

> *I educated her on sexuality when she had her first menses. I sat her down and told her about Adolescent reproductive health. It is a topic in our syllabus, so I used that one to educate her on how to keep herself clean and healthy. And then, I also went on to tell her that she has reached a stage whereby if she involves herself in*

any sexual activity, she will get pregnant. So that was the information I gave her. (School One, Mother, IDI).

However, some parents argued that sexual education should cover not only the menstrual event, but also the bodily changes associated with the onset of menarche in young women. Such was the view of a mother in the FGD in School Two:

> *From 12 to 15 years, the girls could have a funny feeling in their bodies, meaning they could menstruate. At that time, if they engage in a sexual relationship, they can get pregnant.*

The perspective of parents seeking sexuality education for their daughters due to biological changes such as menstruation was emphasized by a mother during in-depth interviews at a school situated far from the central municipal education directorate in Elmina:

> *No, I haven't discussed it with him because I feel he hasn't attained the age. By 18 years, he will be open-minded enough. But it is rather the girl I have been discussing sexuality with for now. You know, as for a girl… (they are more vulnerable to pregnancies etc.)* (School Five, Mother, IDI)

This perspective above has already been quoted earlier under the *social factors* theme to show the gendered approach to sex education by mothers. However, under the sub-theme of *biological changes*, it is used to show that young women receive more sexuality education based on developmental changes even though boys also undergo developmental changes.

Pubertal changes also required providing sexuality education for boys, as perceived by parents with sons at the Junior High School level.

A father expressed this view during a focus group discussion on physical changes in boys as a basis for sexuality education:

> *I will say that if the child comes to school, he will notice that there are changes taking place in his body. For example, he will notice a lump in his chest. This makes him know that at that stage, if he has sexual intercourse with a girl, she can become pregnant* (Male Respondent, FGD, School Two)

For other parents, different bodily changes, such as the development of pubic hair, meant the need for conversations about sexual health. This was recounted by a father who revised his approach to educating his son about sexuality:

> *I remember when my child was between the age of 13 and 14 years, I called him and told him that now that he had seen pubic hair growing in his armpit and around his genitals, it meant that he had become like me; if he looks at his penis, it is just like what is between my legs as well. We are all shaving our pubic hairs, which means he can also get a woman pregnant.* (Male Respondent, FGD, School Two).

It is important to emphasize that there is a greater urgency for sexuality education for girls compared to boys due to biological changes, particularly the onset of menarche. This is because young women are perceived as more vulnerable to early and unintended pregnancies. In my discussions with parents, I observed that young boys, even as they grew older, received little to no sexuality education, whereas their younger female siblings had been provided with some form of sexuality education:

I: So please, you have explained that your daughter is in JHS 1, and he is in JHS 2, and he is 16 years old. Please, have you discussed sexuality education with her before?

No, I haven't discussed it with him because I feel he hasn't attained the age. By 18 years, he will be open-minded enough. But it is rather the girl I have been discussing sexuality with for now. You know, as for a girl….! (School Five Female, IDI).

In the upcoming discussion chapter, it is important to keep in mind the following: The previous discussion (under Social Factors) emphasized the gender-specific approach to sexuality education, giving more attention to young women than young men. This centered on the gender-related aspects influencing sex education. Contrasting this with our current findings, we notice that the gender of young women interacts with their biological changes, resulting in earlier sexuality education for girls in comparison to boys. This topic will be further explored in chapter seven.

Moving away from biological changes, parents' reports also suggest that the *type of relationships between parents and young people* determine, to a large extent, the depth of sexuality education. A close relationship between parents facilitates open and frequent communication about sexual health with their children. In contrast, the traditional strict relationship dynamics between adults and young people can limit the type and frequency of sexual health communication.

On less strict relationships between parents and young people, this is an excerpt from an in-depth interview with a parent:

I: *So, it is easy for you to discuss these issues with your daughter. What makes it easy for you? What are some of the factors that will be difficult? Someone may be*

shy or not feel right, but for you, what is the ease of discussing these things with your daughter?

R: Because I am free with her, we chat and play, and sometimes I even bathe with her, making it easy for me to discuss. One thing is that I teach Social Studies, and secondly, it is one of the topics, making it easy (Male, School Two, IDI).

Regular house chores such as cooking also serve as social spaces for discussing sexuality with young people. Corroborating the view above, a mother gave this contribution of how house chores enabled her to have sexual health conversations with her daughter:

Wherever we are, we should use the opportunity to talk to the children. For example, when we are cooking in the kitchen, I tell them how difficult it is for parents to take care of their children even though they are working, so for you (the young person who is not working, if you get pregnant, you will go hungry. Maybe the boy is staying with his parents, who are taking care of him: will they be able to take care of you as well (School Two, FGD, Mother)

The quote above suggests that the close relationship between parents and young people is evident in various activities reported in parents' narratives. These activities include bathing, watching TV, and monitoring monthly menstrual cycles together. In these shared spaces, parents take the opportunity to discuss with their children. The selected quote below underlies this point:

He is my best friend. We discuss virtually everything. If I want to do anything, I even discuss it with him because he sees that whenever he asks a question, and I open up to answer, he probes to find more. So, I have made him such, so in my house, we have started calling him a lawyer because everything that you say he

wants to probe and get more answers to whatever is coming. We discuss virtually everything, so whatever he does, he says 'Papa' agrees to it (School One, Male, IDI)

The examples demonstrate that beyond the typical cooking and household chores at home, where such conversations usually occur between mothers and daughters (summarized as subthemes under the social factors theme), the relationship between parents and young people enables more profound discussions around other everyday events at home. In the end, some parents see strict, unfavorable relationships as not conducive to sex education. This view was reported by a male parent during a focus group discussion when I asked him his view on what hindered or facilitated sexuality education:

The kind of relationship one has, or that exists between parents and children can hinder such conversations. If it is not cordial, loving, respectful and good…you cannot talk to them on such issues. When you shout at children, or you don't respect their opinion, they too will not find it easy talking to you in matters concerning their lives (School Five, Male, FGD)

Another sub-theme identified and closely related to the communication issue was the *type of communication and relationship between parents*. Several discourses come up. Firstly, some tensions were identified among mother and father participants regarding sexual health communication and the withholding of sexual-related information about young people from each other. Mothers were thought to be keeping secrets about the sexual activities of young people.

Interestingly, some mothers were accused of being unreceptive to sexual health content discussed with young people.

Some fathers argued that spouses were uncomfortable with open discussions on sexuality education:

> *Sometimes, the women think talking straight about those issues will rather spoil the children. My wife thinks exposing the children to sexuality will rather make them inquisitive about trying it (*Male Respondent, FGD, School Four)

Broken homes and divorces were seen as inimical to the sexual socialization of young people. This was the view of a mother and a father from two different communities during FGDs:

> *When parents divorce, there is disunity and anger, so talking to children becomes a challenge, especially when they are not staying with you* (School Three, Father, FGD)

> *Broken homes and divorces can also prevent a healthy conversation between families, which may put the children away from where we are; The child has no peace* (School Five, Mother FGD)

Still, on the topic of parental communication, some fathers mentioned that their wives displayed secretive behaviours, making it difficult for them to understand young people's sexual lives and complicating discussions on sexual health. Mothers may withhold information about young people's sexual behaviors for a long time, which could have severe consequences for the sexual health of the young person. Two fathers agreed on this point and passionately emphasized the importance of addressing this issue:

> *The mothers have problems. Sometimes, they ask for loans from their children to be paid later, although they know the child is not working. This helps the children to go astray* (School Three, Father, FGD)

Our wives know about scammers in the area but keep it secret for over a year before they discuss it with you (FGD, School Three, Father Two)

…The women are mostly at home and spend much time with the kids. They sometimes keep happenings in the house a secret from us, the men. The women can keep their pregnant girls hidden from their fathers. They can keep secrets for three months and even abort without the father's knowledge. Sometimes, it is even your money they use without your knowledge (School Four, Father, FGD)

A bit of contextual interpretation is required of the first two quotes above. The communities where the FGDs took place are known for the presence of internet fraudsters and, in some cases, the involvement of young women in transactional sex with fraudsters. The reports imply that the wives seem to approve of the activities between scammers and their daughters and even go as far as asking for loans from their daughters, knowing that their daughters can access the money. The second parent suggests that mothers keep these activities secret until it's too late', implying pregnancy and, therefore, a truncation of education.

For couples in which mothers did not hide the sexual behavior of young people, openly observed sexual behavior in young people indicated the need for sexuality education by both parents. Thus, *sexual behaviour is a modifier for sexuality education*. And one such occasion for sexuality education was the FGD in School Two:

I live with my niece, and she has been engaging in sexual relationships with the opposite sex. I have been advising her, but she does not take my advice. When I was told that we were going for a meeting to discuss sexuality education, I was happy

> *because I knew I would learn some tips to help my niece change her behaviour; she doesn't stay at home, and she sleeps outside her house, and as we have been discussing, it will destroy her life* (Mother, School Two, FGD)

Still on young people's sexual behaviours, young people seem to be considered asexual until sexual behaviours are seen, and until sexual behaviours are seen, no sexuality education is deemed necessary by some parents:

> *I have not seen anything (suggestive of sexual behaviour), so I have not spoken to her, but I think I should talk to her about it* (Father, School Two, FGD).

Still drawing on the same FGD in community two, a mother narrates her story of how the supposed sexual behaviour of her daughter led to the engagement with the police to have her daughter arrested without her daughter's knowledge; in the narration, the police beat the girl, and then the mother was called to have the girl released, after which the mother engaged the daughter in a bit of sexuality education after they got home. This is an extreme form of 'scare tactics' used by some parents to warn their young people of the risks of sexual behaviour. But most importantly, for the sub-theme here, the sexual behaviour of the young woman was what necessitated some form of sexuality education by the mother.

Parents' personal experiences and hardships greatly motivated discussing sexuality with young people. This was a prevalent theme across all focus groups and interviews but was mainly predominant during the FGDs due to the discursive nature of discussions between participants. A male participant during an FGD has this to say: *I have a very bitter experience in life. I was an*

orphan and struggled to get to where I am. I don't want them to go through what I went through, so I talk to them (School Three, Male Participant, FGD)

Motivated by the male participant's contribution to the focus group, a mother shares her approach to sexuality education with her daughter, drawing from her experience as a teenage mother:

> *They once asked me how I managed my life when I got pregnant at that tender age. I dwell on this to tell them that if I had support or help, things would have been better for me than this struggle. They inquire if farming is/was a bad career, and I tell them that farming is not a bad career, but teenage pregnancy should not lead you into farming. Have a firm foundation because childbirth and marriage will always be there for you* (School Three, Mother, FGD)

A parent who has experienced the challenges of dealing with teenage pregnancies in Ghana, including the opposition from families, friends, the church, and the community, will do everything possible to ensure that her daughter receives comprehensive sexuality education to prevent teenage pregnancies. This discussion is extended as the study explores the underlying factors influencing parents' preferences for sexuality education.

Shyness on the part of parents and young people also emerged as a strong sub-theme and a barrier to sexuality education at home. In several parental reports, adolescents expressed shyness and discomfort when sexual health discussions were attempted. The following dialogue took place during an in-depth interview with a parent;

> *I: When you discuss things like safe periods and menstrual cycle and men, how is the atmosphere?*

R: She is shy and usually tells me she doesn't do these things, so she isn't interested, but I didn't get that opportunity with my mother. I have three children- a younger sister and a boy, and sometimes they tell me stories about boys inserting their fingers into girls' private parts and so on, so I am cautious with my children.

I: What makes it shy for your daughter to discuss sexuality with you?

R: She feels it's adult talk and meant to be done by adults alone. But I tell her she is a young lady, and so I can't force her to be indoors, and it is for certain that she could engage in such things at the slightest opportunity.

But are you shy about discussing it with her?

No! (School Four, Mother, IDI)

During in-depth interviews, a male parent from the same school expressed a similar viewpoint, highlighting the "sexual innocence" of young people and its impact on the dissemination of sexual health information to this demographic:

Yes, I have had this conversation (on contraception, rights and related issues). I noticed he is innocent of those things, so it isn't easy to discuss them with him because he does not know how to respond. But I still discuss those things with him. Mainly, I tell him he is not ready yet for those things. (School Two, Male IDI)

According to some parents, young people expressed disappointment when discussing sexuality, as they perceived such conversations as an implication of being sexually promiscuous. Parents reported that young people not only felt shy when discussing sexuality, but also expressed disappointment in their parents for either wanting to talk about sexuality or assuming that they

were sexually active. These disapproving reactions from young people prevent further discussions on sexuality education:

> *So how is the atmosphere when you meet? Is there shyness? Is he able to talk?*
>
> *R: Well, we don't meet all the time. But when we do, he expresses disappointment when I raise these issues because he claims he doesn't think about those things.*
>
> *So, I give him the necessary advice when he tells me he doesn't do or know those things.*
>
> *So, you don't engage him because he hasn't told you he is into those things?*
>
> *Yes.* (School Two, Father, IDI)

From the quote above, we identify a shift from shyness to disappointment in the young child, prompting the parent to, in most cases, give up attempts to discuss sexuality. When some parents interpret sexuality education policies as promoting promiscuity, they may be hesitant to discuss sexual issues with their innocent young children. This hesitance stems from the fear that discussing such topics could lead to their children becoming promiscuous. Additionally, there is a concern that children who exhibit sexual traits may be pushed to engage in more promiscuous behaviour.

The discussions by parents mentioned above also support the first sub-finding on biological changes and sexuality education. According to Ghanaian culture, until pubertal changes such as the onset of menarche or the sexual behavior of young people (which falls under the sub-theme of Social factors) are observed, the young person is either not considered qualified to discuss sexuality or is rendered unqualified for such discussions. This resulted in difficulties in having

sexual health discussions, with some parents feeling uncomfortable discussing sexuality with young people, which hindered deeper conversations:

> *I: In the home, you are with your children; you sleep and wake up together. Do you discuss sexuality education with them?*
>
> *R: Sometimes I talk to them about it but not into details. I am shy about talking to my child about sexuality education. It is difficult for me* (School Two, Mother FGD)

However, some parents confidently provided detailed sex education, showing no signs of shyness. In the same focus group discussion as the previous one, the mother openly shared her thoughts:

> *I speak to my daughter. I am not shy, and when talking to her, she bows her head, but I ask her to raise her head and look at me. You can tell that they are shy, but whatever is being discussed because of what they learn at school, they (already) know; they only pretend to be shy. As a man buys toffee for you and proposes to you, know that it is not for fun; he is planning to sleep with you and get you pregnant* (School Two, Mother, FGD).

The discussion above on shyness indicates three trends related to shyness and sexuality. The first is that parents are hesitant to discuss sexuality due to the shyness of young people. The second is that parents are unable to discuss sexuality because they are shy. However, some parents dare to discuss sexuality with young people despite their shyness and discomfort.

Sexual preparedness for eventualities also seems to be a guiding principle for sexuality education at home. I refer to three common reasons why young people, especially young women, are sexually socialized: to prepare them for sexual activity, to prevent unintended pregnancies and rape, and in many cases, to maintain personal hygiene.

The perceived sexual activity of young people or, if not perceived, expected, was good enough for some parents to engage with young people on sexuality.

> *R: Yes, she has a phone, so I realized she had put some password on it. She doesn't want anybody to see her chat with her friends, so one day, her father tells her that she should tell him the password. She didn't want to do it, so later, when the younger sister found out the password, I saw that she had a male friend. So, when the father told me, I told her she managed to have a male friend because that boy was in Senior High School One, and the boy was a friend to my son, who is in Mfantsipim Senior High School. So, she said when we visited, that boy saw her and took her number. So, I took that opportunity to advise her that this was not the right time to involve herself in a relationship. She should rather be serious with her books, and then I made her understand that it is not good to be involved at this age. She said nothing was going on between them, and I told her that love grows gradually, so the more contact you have with him, the more you begin to like him, and it will lead to something else. That was when I also educated her. She understood what I was telling her.* (School One, Mother, IDI)

Sexual activity has been previously mentioned as a factor in how parents engage with young people in sexuality education. Now, it's being reintroduced not as a variable but as an 'event' for which sexuality education takes place.

Still, under the theme of *sexual preparedness for eventualities*, parents felt the need to discuss sexuality with young women in case of sexual assault.

This mother reported an incident supporting this sub-theme of *sexual preparedness for eventualities*:

> *The use of condoms- I told her in case she finds herself in a situation. I showed her the female condom and then the use of the male condom. I even said I wanted to give her one to put in her bag, but she said when anyone sees it, they might say she is a bad girl. But if somebody wants to rape her, she can give the condom to her. Then, I also discussed contraceptives. The injectable and pill. That one also prevents pregnancy, but I am not telling her she should go and practice it (School One, Mother, IDI).*

Another common reason parents support sexuality education is to help young people avoid early and unintended pregnancies. For young women, sexuality information is provided as a warning against activities that may result in early and unintended pregnancies: *I talk to her about sexual activities that can lead to pregnancy because, at your age, you can get pregnant if you engage in sexual intercourse. I gave birth to you at 15 because I engaged in sex* (School Five, Mother, FGD).

Young men were not excluded from efforts to prevent unwanted consequences of sexual activity. Parents strongly emphasized the importance of educating their sons about sexuality, warning them against bringing home unwanted pregnancies. Following a similar perspective shared by the mother in the same focus group discussion, the father provided his point of view:

> *As for me, I tell my sons that at that age, sometimes they can notice sperm… that means you can impregnate a woman, so you shouldn't have sex. I tell them to wait until they complete their school; otherwise, they will have to stop schooling and work to care for the pregnant person because I care for my wife. He will have to*

do the same. Women are in abundance, so they should wait till they are of age (School Five, FGD, Mother)

Finally, but still on sexual preparedness for eventualities, parents attempted to focus on personal hygiene rather than sexuality education when preparing their children for sexual situations. This trend was more prominent for mothers and their daughters than fathers and sons. This mother aptly expressed this during an IDI:

Ermm, for me, when we did that with her, I was much concerned about how she keeps herself, so shaving, using her Roll on and stuff; they are the main things I usually hammer on, how when she closes from school and comes back, before she came to mingle, roaming up and down the school and stuff. So, from school, straight to the bathhouse, she changes herself before going to the roadside and picking up her younger siblings. They are in a private school, so they have a bus that brings them home. It is more or less how you keep yourself, and I told her if she doesn't keep herself well and she goes into the midst of people, they will say you are smelling, so keep yourself well. So those are the things. (School Three, IDI, Mother)

Fathers reported having the same level of interest in their sons' personal hygiene as this father when asked about the topics he has discussed with his son: *Sometimes, I also discuss with my boy his sanitation issue. I talked to him about his clothing and underwear, which must be kept neat and changed regularly* (School Four, Father, FGD).

Another father from Community Two considers personal hygiene as important as sexuality education.

He makes it a point to discuss personal hygiene as he discusses sexuality education:

> *I indicated to him that when he impregnates a woman, he will be the one to take care of her, so at his age, if he doesn't restrain himself and gets a girl pregnant, then he will end his education*

After explaining how he engages in sexuality education with his son, he then follows with this brief but elaborate explanation of personal hygiene, thus equating the importance of sexuality education to personal hygiene:

> *Again, from age 13 to 14, I talked to him about how to take care of his body, shaving all areas with hair and keeping the genitals clean. All these are part of the discussions on sexuality education. At that age, if you don't teach them how to keep their bodies clean, they may not be able to keep their bodies clean when they grow/Good grooming is essential at this stage* (School Two, Father, FGD)

It appears that from the perspectives of both mothers and fathers, but mostly from mothers, under the subtheme of gendered approaches to sexuality (under the general theme-social factors), and from those given here which focus on personal hygiene, sexuality education in some instances is mainly directed towards girls, especially when biological changes such as menstruation occur. Mothers are often particularly interested in the personal hygiene of young people, especially before and after biological changes occur. This topic could be an interesting discussion for later chapters to explore the motivating factors for personal hygiene compared to sexuality education for young women.

5.2 Summary

In my analysis, I have meticulously delineated the contextual factors influencing parental engagement in the sexuality education of young people through a thematic analysis of the focus group discussions (FGDs) and in-depth interviews (IDIs). These factors are intricately connected to the second research question and are categorized into three overarching themes. It is imperative to recognize that my insider position, coupled with a profound comprehension of the educational, cultural, and social dynamics in the study area, has significantly influenced my interpretations of the study's findings, as previously expounded in the introduction and methods chapter.

CHAPTER SIX

FINDINGS TWO: PARENTAL PREFERENCES AND CONCERNS FOR SEXUALITY EDUCATION

6.0 Introduction

In the preceding chapter, findings were presented to exemplify the factors, as perceived by parents, that influence their participation in their children's sexuality education. In this chapter, I will elucidate the results from Focus Group Discussions and in-depth interviews that aim to answer the study's second and third research questions, delving into the influences on parents' involvement in young people's sexuality education, as well as their preferences for a sexuality education curriculum. In response to RQ Three, I delve into parental recommendations regarding the implementation of a sexuality education curriculum both at home and in educational institutions. Furthermore, within the scope of RQ 3, I thoroughly examine parental apprehensions surrounding various facets of sexuality education. Additionally, I tackle RQ Two by elucidating parental concerns pertaining to specific topics within sexuality education. As in the previous chapter, I will endeavour to explain my present statements' context and cultural meanings. The findings are presented under three general themes-*values related to sexual behaviour*, *moral and personal hygiene* and *experiences and role models*. *Values related to sexual behaviour* refers to topics that fall under abstinence-based and comprehensive sexuality education. *Moral and personal hygiene* encompasses personal hygiene and the moral behaviour of young people. *Experiences and role models* touch on experiences parents draw on to help them discuss sexuality with young people.

The sub-themes for each theme are represented in Table 12 below.

Table 12: Sexuality Education Preferences and Concerns: Themes and Sub-Themes

Themes	Sub-Themes
6.1 Values Relating to Sexual Behaviour	6.1.1 Abstinence-related preferences and concerns at Home 6.1.2 Abstinence-related preferences and concerns at School 6.1.3 Comprehensive Sex Education related preferences and concerns at Home 6.1.4 Comprehensive Sex Education related preferences and concerns at School
6.2 Moral and Physical Hygiene	6.2.1 Personal Hygiene 6.2.2 Bad Company
6.3 Experiences and Role Models	Parents' Personal Life Experiences Stories of family lifestyles and role models

6.1 Values Relating to Sexual Behaviour

The subthemes from values relating to sexual behaviour are *abstinence-related topics and concerns at home and abstinence-related topics and concerns at school,* and *comprehensive related topics and concerns at home* and *comprehensive related topics and concerns at school*. The sub-themes encompass parents' recommendations for specific sexuality education topics and their corresponding opinions. I categorize the topics relating to abstinence, such as the avoidance of early sex, chastity, and abstaining from sex before marriage, under the abstinence-oriented label for both home and school settings. Conversely, I classify topics that go beyond abstinence as comprehensive sexuality education (CSE)-oriented. This approach effectively organises parents' recommendations under distinct themes and sub-themes.

6.1.1 Abstinence-oriented topics and concerns at Home

Sexual Abstinence was of general interest to parents and, in most reported cases, the first topic to be mentioned by both mothers and fathers. Indeed, in most cases, abstinence was preferred over other approaches to teaching sexual education, such as power dynamics:

I: What of discussions on power relations in marriage?

R: Oh, as for that one, a man can force and threaten you, so I ask her to avoid such contact in the first place

In the excerpt above, the parent recommends avoiding contact, where sexual contact stands for sexual relationships, not just communication with men and young men. By avoiding relationships or abstinence, the parent, therefore, found no need for any deeper forms of sexual discussions with her daughter, such as on power and gender relations.

Interestingly, I identified that a parent who is very concerned about introducing 'adult discussions' with his son was even cautious about discussing abstinence:

I: OK. Do you discuss abstinence?

R: I asked him if he could abstain, and he said yes. This is after asking him if he feels sexually motivated. He says no! But I still stress that I am his father, so he should share everything with me. (School Two, Father, FGD)

Sexual abstinence, Unintended Pregnancy and its Ramifications were prevalent themes among all parents I interviewed in IDIs and FGDs. Parents recognize the importance of discussing the potential consequences of early sexual activity with their children, as it can have a profound impact on their lives, including potential issues such as dropping out of school and disrupted education. One father shared how his wife engages in conversations with their daughter about topics such as sexual abstinence, teenage pregnancy, and the implications of these choices:

She has advised her to be careful of teenage pregnancy. She does very well in school, so she should be careful that teenage pregnancy does not disrupt her schooling…On one occasion, she advised her that if she allowed any boy to have sex with her, the boy would be able to go to school, but she would drop out, and

her life would be very difficult. And her baby will suck her breasts. So, I have been hearing the mother advise her about sex. So, I have not noticed any wayward attitude from her side. (School Five, Mother, IDI).

Three mothers in the same community as the parent mentioned above expressed similar concerns about the dangers of sexual intercourse, particularly in relation to teenage pregnancy. The following advice was given to young women:

I talked to her about sexual activities that can lead to pregnancy because, at her age, she can become pregnant if she engages in sexual activities. I gave birth to her at 15 because I engaged in sex (School Five, Mother, FGD).

We discussed that since she is a girl, she is mature, and men will approach her, so if she agrees, they will engage her in sexual intercourse, and she will become pregnant, making nonsense of our efforts to educate her. (School Two, Mother IDI)

l also warned her about advances by men, which could lead to pregnancy. I teach her how to go about it because she is in her final year, and getting pregnant will really disturb me (School Four, Mother, IDI).

Young men were also encouraged to avoid sex at all costs, as this could destroy their educational ambitions and bestow unprepared parental responsibilities on them: I tell him that he can get a girl pregnant at his age. Then, his education will be destroyed. And since he doesn't work, he can't look after the child (School Four, Father, IDI).

Upon closer examination of parents' perspectives, it was evident that although explicit discussions about abstinence were absent at home, parents prioritized the education of their children over all forms of relationships, love, and sex. This indirect emphasis on the importance of abstinence for young people was discernible from their approach:

I: Do you also discuss sexual consent with her? Maybe she is in a relationship, and a partner will want sex?

R: Yes, she has a phone, so I realized she had put some password on it. She doesn't want anybody to see the chat that she has with her friends, so one day, her father tells her that she should tell him the password, and she doesn't want to do it, so later then, the younger sister knows the password, and I saw that she has a male friend. So, when the father told me, I told her she managed to have a male friend because that boy was in Senior High School One, and the boy was a friend to my son, who is in Mfantsipim Senior High School. So, she said when we visited, that boy saw her and took her number. So, I took that opportunity to advise her that this was not the right time to involve herself in a relationship. She should instead be serious with her books, and then I made her understand that it is not good to be involved at this age. She said nothing was going on between them, and I told her that gradually love grows, and so the more contact with him, the more you begin to like him, and it will lead to something else, so that was when I also educated her. She understood what I was telling her. (School Two, Mother, IDI)

I initially asked the mother about discussing sexual consent with her daughter at home. She responded with the advice she has been giving her daughter to avoid all forms of behaviors related to relationships, love, and sex, which would even require sexual consent. This is another interesting 'substitution' of other forms of sexuality education with abstinence, or any concept related to abstinence.

The theme of *biological changes and abstinence, and its consequences*, is evident as parents use these changes as a reference point for teaching their sons and daughters about the dangers of sexual intercourse. For example, the mother from School Five uses menstruation as a reference point for teaching the dangers of early sex:

> *I have told him that if he goes for a girl, she can get pregnant…. Because if he were a girl, she would have started her menses, and even as a boy, he has already experienced a form of menstruation* (development of sperm). (Then for my girl) *I have been teasing him that with the kind of work I do, if she goes to get herself pregnant, she will take it to her husband because I am staying with my husband. So, I have been using that to scare them so they can complete schooling.* (School Five, Mother, IDI).

The *menstrual cycle* also formed a topic of discussion for some parents to prevent teenage pregnancy: *I told her that after her menses, her 6th to 12th day is not safe, but after that, she can get pregnant when she has sex.* [Implying she is mostly/only safe on any day of the menstrual month but the 6th to 12th day after her menses] (School Four, Mother, IDI)

Another mother used an incident her daughter witnessed at school where a classmate had stained her dress to teach about menstruation and caution about pregnancy:

> *My girl child came home from school one day and talked about how the teachers took one of the girls who had menstruated to clean up. I explained to her that God had made adolescence, which is between the ages of 10-19, a unique stage of human development in that the girl menstruates every month …So if you have sex with a boy, you will be pregnant, and your education and future will be disrupted (School Four, Mother, FGD).*

A mother also discussed the challenges teenage pregnancy posed with the onset of menarche:

> *I have educated her on sexuality when she had her first menses. I sat her down and told her about Adolescent reproductive health. It is a topic in our syllabus, so I used that one to educate her on how to keep herself clean and healthy. And then, I also*

> *went on to tell her that she has reached a stage whereby if she involves herself in sexual activity, she will get pregnant. So that was the information I gave her. (School One, Mother, IDI)*

Similarly, another biological change, *sperm development*, teaches about the dangers of sexual activity:

> *Me too; I tell my boys that at that age, sometimes they can notice sperm after urination, which means you can impregnate a woman, so you shouldn't have sex. I tell them to wait until they complete school; otherwise, they will have to stop schooling, work and take care for the pregnant person* (School Five, Father, FGD).

Still, on biological changes, parents used *hormonal changes* as a reference point to teaching sexual maturity and abstinence from sex and the consequences:

> *I tell them that hormones in them will definitely react with their system to give them the urge to have sex, but they should not pay heed to it. Otherwise, they will either get pregnant or get infected with sexually transmitted diseases* (School Three, Mother, FGD).

Chastity and the dangers of premarital sex, while closely related to the theme above *(Sexual Abstinence, Unintended Pregnancy and its Ramifications),* are separated because they require separate discussion as a particular concern for parents.

The theme of *chastity* is distinct from topics of abstinence, unintended pregnancy, and dangers, as it holds intrinsic value:

> *I have been advising her to take her time with men because today's men are only interested in sex. I use my husband as an example for her, showing that we have*

> *been together for the past 17 years because of love. Men are only interested in using you; I don't have a mother or father to teach me, so if she does not have patience and pregnancy comes, she will really suffer* (School Five, Mother, IDI).

The use of marriage to teach her daughter the dangers of early sex is what I identified as an attempt to draw on chastity.

Both girls and boys were taught about the risks of sex. Parents also collaborated to educate boys about the risks of early sexual activity and its impact on their future.

> *I also found that my boy in JHS One conversed with a girlfriend and recorded it on my phone. His mother and I sat him down and told him about the consequences of a teenage sexual relationship. We made him understand that if he flirts around, he will impregnate someone and not have a better future* (School Four, Father, FGD).

The passage suggests that while abstinence, chastity, and avoiding premarital sex are major themes, they are discussed with different terms but with the same intention of preventing sex before marriage, teenage pregnancies, and the disruption of education.STIs were discussed in relation to condom use, as well as the negative consequences of non-abstinence from sex:

> *I tell them about STIs and the fact that having sex with a girl can result in that, especially gonorrhoea, as it is often heard on the radio* (School Five, Mother, FGD)

Social Media and Peers/Peer Pressure was also discussed with young people to caution them on its role in influencing early sexual behaviours:

> *Due to technology and social media, children watch sex movies on TV and are tempted to practice what they see. I tell them their peers can lure them into sex, and they can get pregnant* (School Three, Mother, FGD).

Still, other parents were cautious about *intergenerational, transactional activities between young girls and older men,* and this was discussed at home with some young women. While it can be synthesized under either abstinence-oriented or comprehensive topics, I have categorized it under the former. This is because parents who expressed interest in that topic at home linked it to the prevention of teenage pregnancies:

> *I tell them to be careful about older men who admire them openly and shower gifts on them because they are all tricks men and boys use to get them pregnant* (School Three, Mother, FGD).

When parents discuss the topic of teenage girls engaging in transactional sexual activities with older men, they mention a wide range of consequences. These consequences go beyond the economic impact of teenage pregnancies on the young mother and the baby to affect the wider family members. I refer to that quotation here to show how he describes this in his own words:

> *I discuss the challenges and hardships that such irresponsible behaviour will pose in the family: taking care of her siblings, herself (regarding the young woman), and the unborn baby* (School Three, Father, FGD).

It is also interesting how *abstinence and or sexual relationships were directly linked to religion* in the attempt to advise young people on the dangers of early sex:

> *For the boys, I told them that life begins at 40, so by then, they would have completed even the university and working and could take care of their family [so it's better to have a relationship at this age] instead of having relationships in their teens…I also use the Bible to give his pieces of advice as the Bible asserts, 'the man will leave his parent to join his wife to start their life* (School Four, Four, Mother, IDI)

Sexual norms/myths also emerged in the discussions on sexual health between some parents and young people. However, these discussions had one aim: to promote sexual abstinence. This contribution came from the same father from school three in the quote above:

> *There is this myth that you will become dumb* [will become unclever] *if you don't practice sex at a certain age, but I tell them it is not true.* (School Three, Father, IDI)

6.1.2 Abstinence-Related Preferences and Concerns at School

Parents also reported perspectives and concerns on abstinence-oriented topics as part of the school curriculum, which is reported under this sub-theme.

Sexual activity and its dangers also come up as the most preferred topic for teachers to teach in school:

> *I suggest that teachers should teach their children that if a man has sexual intercourse with you, you will be pregnant. If a man sleeps with you, he is not doing*

it in vain; he is sleeping with you to get you pregnant, and if you get pregnant, your life is destroyed (School Two, Mother, FGD)

Some parents, who are very conscious of the dangers of bad company, believe that young people need to be taught about these dangers, specifically *peer pressure and unwanted pregnancies*:

I: What topics do you feel should be taught your son?

R: Well, he is a boy and also has 'menstruation' [figuratively to say boys also go through pubertal changes], *so he should be taught not to follow peer pressure and go for a girl. Someone may go in for sex many times without getting a girl pregnant, but you may go only once.* (School Five, Mother, IDI).

Other parents also equated *preventing sexual activity* with teaching *sexual abstinence* to young people at school.:

I: So, which topics do you want to be taught to your son?

R: I want them to teach him to stay away from sex, that is, abstinence. (School Four, Father, IDI)

The same parent adds again: *Well, what I want to add is that he pulls away from sex; that's what I think should be focused on.* (School Four, Father, IDI).

Similar preferences were expressed by another parent from the same community but in the FGD:

I: What would you prefer to be included in the curriculum of JHS pupils?

R: I want abstinence from sex to be taught in the school (School Four, Mother, FGD).

Biological changes in young people were also recommended as a topic associated with the *dangers of sexual intercourse.* A parent suggests that teachers should encourage young people to be aware of their bodies' biological and physical changes. By being aware of these changes, young people can understand their sexual maturity and the consequences of exploring it. This is the main idea that the parent shared during a FGD:

> *Adding to the discussion, I will say that as the child goes to school, he will notice changes in his body; for example, he will notice lumps in his breast…for girls, before you get to womanhood, you will menstruate. The teachers should teach the children* [using these points] (School Two, Mother, FGD)

Another form of biological change that came up for discussion at home is the topic of *safe period*s and *safe sex* and how to use this knowledge in sexual relationships with boys: *She has started menstruating, and I have taught her how to handle herself. I have taught her how to handle herself when she is in her cycle with guys* (School Three, Mother, IDI). While this comment does not suggest a preference for abstinence or comprehensive forms of sex education, I coded it under abstinence-oriented topics at home because the parent discussed other issues favouring an abstinence approach. For example, although she discussed topics on *sexual violence and safety* and the avoidance of sexual violence, there was a note of caution all in the name of avoiding unwanted sex:

> *With guys, she can talk all right, but in isolation with a guy, maybe she will not get that perception of doing anything; you don't know where that guy is coming from and how he will lure her to certain things. So, we have been talking to her about not mingling with guys, and even with these females; we sometimes check those she has been walking with* (School Three, Mother, IDI).

The *human reproductive system* was recommended as a good topic for young people to understand how their body functions. This is a topic taught in the JHS curriculum under subjects like Social studies and Integrated Science:

> *Even with classes 5 to 6, you can start teaching them about body and reproductive system changes. It could be taught from there, but not into details like sleeping with a man, etc.* (School Three, Mother, FGD)

The parent quickly added that details about the human reproductive system should only be about the body and reproductive system changes to avoid exposing them to promiscuous behaviour. The parent raised concerns about late schooling and the possible irrelevance of sexual health information for young people who have already developed biologically but find themselves in the same class with younger and mostly undeveloped peers. This is an interesting point for discussing how the age of young people moderates parents' preferences for specific content on sexual and reproductive health. This is a similar concern raised by the headteacher of School One, who served as the male respondent for School One during in-depth interviews. He believes that interventions should focus on early or grade-appropriate schooling to ensure that the topics discussed with young people are relevant:

> *I: Sir, is there anything you want to add to what you said?*
>
> *R: I would like to say that we should promote the right age at school. When we encourage the right age at school, most of these discussions we are having may give the children a fair idea. However, the adolescents that they are experiencing better (sex education) will be at SHS.*
>
> *I: So, is the right age very important?*

R: Yes, the right age, enrolling at the right age. If you enrol at the right age, by 14, when they start to have their menses, you will be there, or you will be leaving JHS. (School One, Father, IDI)

During the in-depth interview, the father (headteacher quoted above) and the mother I engaged with at School One also expressed the same opinion on the importance of the *human reproductive system*. They emphasized the need to encourage young people to abstain from engaging in early sexual activity to avoid teenage pregnancies and sexually transmitted infections (STIs).:

I: So, at their age, what should be involved (in sexuality education at school)*?*

R: Yes, so you should know about your sex, whether male or female, body parts and functions and especially the sex organ and what time. I don't even know how to put it…

I: Oh, put it any way you want to...

R: …when they should be involved in those acts, then ermm, it should contain STDs; they say now it is not disease but infections. All should be included, including preventive measures to take not to get pregnant; they should factor those things (School Two, Mother, IDI)

Menstrual Hygiene Management and the menstrual cycle were also recommended for teachers and other stakeholders to teach in school:

When you have ovulation, we have this, we have this with this, you will see that you will be having your menstrual cycle, how to organise yourself, how to keep yourself. You know, changing your sanitary pads, and then stuff, how to even put them in your panties, how to keep yourself, how to bathe. You know that we sometimes get some odour in our menstrual cycle because the blood itself has some odour on us, so how you keep yourself is okay. Outside that, nothing else. (School Three, Mother, FGD)

The phrase "Outside that, nothing else" strongly indicates that parents acknowledge the importance of discussing topics such as menstrual hygiene management, the menstrual cycle, and the reproductive system. However, they are also concerned about delving into deeper discussions due to fear of introducing young people to sexual behaviour.

Another dimension of safe sex that emerged as a recommendation for school-based sexuality education was the practice of safer sex to prevent pregnancy:

> *I: Ok, so do you think that things like safer sex and how to have sex safely should be included?*
>
> *R: Depending on their level*
>
> *I: At the JHS level.*
>
> *R: Then it is good because most of the girls get pregnant. I don't know if they were taught at the primary school and they decided to try, but at the JHS level, even in class six, girls get pregnant.* (School One, Mother, IDI)

The parent mentioned, "I don't know if they were taught at the primary school, and they decided to try," which shows how parents perceive the teaching of sexual health topics and how it may make young people curious enough to engage in sexual activity. Additionally, the teacher pointed out that young people may have attempted sex without any prior introduction to sexuality education. These perspectives represent two common beliefs about love, sex, and relationships: first, that comprehensive sexuality education is suspected of encouraging young people into sexuality, and second, that young people, out of curiosity, engage in sexual acts. These perspectives lay the groundwork for interesting discussions on young people's sexual behaviour and have implications for parents' engagement in the sexual health of young people.

6.1.3 Comprehensive-Sex Education-Related Preferences and Concerns at Home

Parents advocated for the inclusion of comprehensive sexuality education in the school curriculum. This will be discussed in conjunction with the concerns regarding their previously outlined recommendations.

Condom education also came up as a sub-theme for discussions at home, with some parents entirely in support of *condom education and prevention of STIs* that young people are vulnerable to:

> *I also talk to them about diseases that can be contracted during sex, such as STIs, including HIV, which has no cure, and Hepatitis. I tell them condoms can prevent these diseases, which can affect their future. I caution them to be cautious* (School Five, Mother, FGD)

Another mother also exhibited a very 'liberal' attitude towards condom education, reporting that it was a central topic at home with her daughter to prevent sexual violence in general, including its forms such as teenage pregnancy:

> *The use of condoms-I told her in case maybe she finds herself in a situation. I showed her the female condom and then the use of the male condom. I even said I wanted to give her one to put in her bag, but she said when anyone sees it, they might say she is a bad girl. But if somebody wants to rape her, she can give the condom to him. Then, I also discussed contraceptives. The injectable and pill. That one also prevents pregnancy, but I am not telling her she should go and practice it.* (School Two, Mother, IDI)

Interestingly, a well-informed mother discusses various forms of contraception with her daughter to ensure she makes informed decisions about her sexual health.

A father, a teacher, and a headmaster at School One took a liberal approach to educating his son about condoms at the JHS. He and his wife discussed the correct use of condoms with his son after watching a TV program.

> *I: Do you discuss condom education with your son?*
>
> *R: Ermm, we have had the opportunity to speak about that. It's funny- it was through a TV advert on Kiss TV (A TV Station), and then his younger brother asked, 'What at all is this kiss? Is it a type of biscuit? (In the Local Language). Then, his elder brother (JHS student under discussion) said that it was for protection during sex. And so I asked him, do you know what this is? Then he said yes, and we were told in class. Hence, I also took the opportunity to discuss with him to understand that some people cannot abstain because of their pre-disposition to early encounters with sex, so such people, if they can't abstain, are told to use condoms. It is even part of family planning. So, I used the example of daddy and mummy that we are no longer going to give birth, so if we are no longer to give birth, we must protect ourselves, and one of the ways is to use a condom.* (School One, Father, IDI)

Table 6 provides a detailed overview of the parents' biodata, offering insight into their perspectives on sexuality education. The term "liberal views" refers to the perspectives held by teachers, particularly those who teach subjects such as Social Studies, where sexuality content is integrated (Awusabo-Asare, et al. 2017b, Ocran, Benedict, Talboys and Shoaf 2022a). The parents mentioned include the 47-year-old headteacher of School One, a 40-year-old female teacher in School Three, and another 37-year-old female teacher in School Three. In conversations with teachers, I learned that their familiarity with the topics and their importance to young people eroded any reservations they had about topics such as contraception, which equips young people with critical sexual health information.

I conducted interviews with these three teachers, and aside from them, the only individual who exhibited a liberal attitude was a 54-year-old administrator from the nearby University of Cape Coast. This administrator did not express any reservations regarding the comprehensive topics I reported on, including contraception. However, it is important to note that all these liberal views on sexuality education topics were expressed during in-depth interviews. I cannot say whether these views would have changed if they had been expressed during focus group interviews, where liberal views on CSE topics were almost absent.

Other parents were sceptical about discussing condom use with young people at home because they were concerned about introducing them to sexual tendencies. And it is the reason why a mother in School Two puts abstinence over condom use:

> *I: Do you discuss abstinence?*
>
> *R: Yes.*
>
> *I: What about condom use?*
>
> *R: Oh, as for that, because I don't want her to use it, I don't go there at all*

A parent also rejected *Power relations* because of the behaviour of men:

> *I: What of discussions on power relations in marriage?*
>
> *R: Oh, as for that one, a man can force and threaten you, so I ask her to avoid such contact in the first place* (School Two, Mother, IDI)

I've restated this quote here to highlight the mention of avoiding specific topics due to gender norms that dictate men's behavior in love, sex, and relationships. It is important to note that discussions about abstinence at home were preferred over other topics, like power relations, due to the behaviour of men. This suggests that the parent accepts men's behaviour as a result of gendered norms, implying that "nothing can be done about it." The societal acceptance of men's

sexual behaviour within the framework of gender norms poses a significant challenge in engaging young individuals in discussions concerning comprehensive health topics. Understanding this contextual background is crucial for a nuanced comprehension of these dialogues.

A parent refused to discuss condom use and gender rights because he feared that talking about these topics would spoil his son. He was concerned that having an open discussion about comprehensive sexuality education might give his son the impression that it was acceptable to engage in such practices. This reservation differs from the concern about promoting promiscuity discussed in the previous chapter:

> *I: So, do you discuss these topics of use and gender rights?*
>
> *R: No! HE MIGHT FEEL TOO PAMPERED when I discuss those things too much with him* (School Four, Father, IDI).

Some parents also discuss gender norms and sexuality, but only to the extent that it helps to caution about teenage pregnancy:

> *I have taught my girl some ways some boys and some men use the money to lure girls their age to bed. When they become pregnant, and parents confront them, they usually reject responsibility. When it happens like that, the girl's education ends.* (School Four, Mother, FGD)

LGBTQIA+ was a much-debated topic, with parents mainly disapproving of it on religious grounds. For example, one parent uses her religious values to oppose LGBTQIA+ to her children at home. This discussion was prompted by a church program the parent had attended:

> *I asked them if they had seen we are humans and there are lesbians and homosexuals, so man and man involve themselves in sexual relationships. I asked them whether they had seen any male goat and a male goat having sex, and they said no, and I said that it was a sin. So sometimes, depending on the situation,*

whatever it is, I use that opportunity to explain things to them, and then I tell them that it is a sin and God didn't plan it that way. (School One, Mother, IDI)

The headteacher of School One, who I still consider to be quite open to more comprehensive forms of sexuality education, also used gender roles at home to teach gender equality and equity to his son. According to him, this interesting discussion summarizes his conversations with his son about gender roles:

I: So, please, what about gender roles?

R: Do you know the funny thing?The boy does not admit that there are gender roles because he looks more feminine even though he is a male, but he will tell you that once people are doing it, everybody can do it. So, I informally took the opportunity to ask him, 'If that's what you are saying, can males also get pregnant?', and then he said no, it's only for females; then he said that there are some things that are only for me then it means there are some things which men can only do. Then I said as for work, anybody at all can do it. Then, Daddy, why don't you bring a female to wash bowls in the house if there are no roles like that? We know if we were to be men, we should be doing the weeding. So, we just laughed about it, not into details, but we discussed that. He really knew and understood that females have roles, but literally, it is for everybody to do everything. (School One, Father, IDI)

6.1.4 Comprehensive Sex Education-Related Preferences and Concerns at School

Parents also commented on comprehensive forms of sexuality education for school and extracurricular activities. These are also discussed below, in addition to the perspectives underpinning some of the recommendations.

Some parents were sceptical about engaging young people in *Condom education* for many reasons, including their unreliability and alleged promotion of promiscuity among young people. This conversation supports a parent's perspective regarding the unreliability of condoms to prevent bursting:

I: Ok, do you think they should be taught condom education at this stage?

R: Someone will practice condom education; someone may practice it. And perhaps when you are unlucky, it could burst, and pregnancy could occur. So, I think it shouldn't be taught. (School Five, Father, IDI).

Some parents also expressed ambivalent attitudes towards condom use by supporting its teaching in class but strongly put *advice and talks* over and above *condom education*:

I: Do you think he should be taught how to use condoms?

R: Yes, but I feel talks are more important than the use of condoms. Because the child can make better use of talks than condoms. (School Five, Mother, IDI).

Another ambivalent attitude surfaced when a parent recommended using condoms only for those 'suspected' of having 'sexual relationships' with boys:

I: Should condom use be taught?

R: Yes, it should be taught to those who are sexually active. (School Two, Mother, IDI)

Condoms, for some parents, could also promote more sexual promiscuity for some young people already suspected to be promiscuous and therefore was to be avoided:

I: [To the focus group in general] *Have you discussed whether they should use condoms in sexual relationships or not?*

R: I have not been able to talk to my children about using condoms. Already, she is in the act, so if I should discuss the use of condoms with her, it means she can continue to do it and use the condom herself (School Two, Mother, FGD)

Additionally, this perspective suggests that condom use could promote early sexual activity among young people:

> *As for me, the topic I wanted them* [The school] *to do away with is Family Planning. Some schools have started teaching Family Planning in primary schools. But I suggest they should stop teaching. It helps the child to take drugs to prevent pregnancy* (School Five, Mother, FGD)

The concern of the parent above is that teaching contraception encourages young people to have more sex because *they know and are equipped with ways and means* to prevent unwanted pregnancies.

Supporting the other parent, a father concluded the discussion on condom education in that FGD by suggesting its relevance for some but not all young people: *Family Planning is good for some girls and also a disadvantage for some* (School Five, Father, FGD).

Still, on condom use and promotion of promiscuity, some parents, in rejecting condom use, clearly stated their preference for abstinence. This perspective is similar to those I have reported earlier on parents' preference for abstinence over other sexual health topics (under abstinence-oriented topics discussed at home):

> *I: Do you think contraception like condoms, which is just one of them, should be taught in school*
>
> *R: NO! As for that, we don't subscribe to it. We rather like abstinence; otherwise, we have given the children the leeway to indulge in sexual activities* (School Three, Mother, FGD).

While the mother above personally rejected condom use, she confirmed that some parents still encouraged their daughters to contraception, specifically injectables: *Now, parents themselves*

offer their children to be injected against pregnancy, which means they approve of their child having sex (School Three, Mother, FGD).

Another parent referred to a common term used for all forms of contraception, *family planning*, to protest its teaching in school as it promotes promiscuity: *The teaching of family planning must be avoided because it encourages sexual activity among the children* (School Four, Mother, FGD). Then, like some parents who rejected other comprehensive forms of sexuality education, she comments that: *Abstinence should instead be promoted* (School Four, Mother, FGD)

Parents also objected to the lack of condom education in schools and mentioned the leniency of re-entry policies for teenage mothers, which they felt implicitly encouraged young people to get pregnant. The quote below summarises this opinion:

> *Some policies for re-entering pregnant and young mothers in school are a worry. We were sensitized about the policy that the teacher should even give his/her chair to the pregnant child. This is unacceptable and must be looked at again. The issue of condoms must not be taught else it rather encourages the children to go into the sexual act* (School Three, Mother, FGD).

Some parents were also cautious about discussing condoms with young people because it could fail. This father uses an analogy to explain this to his son:

> *I: So, have you discussed condom use with him?*
>
> *R: Yes. So, I asked him what a condom is used for, and he said it is used for protection, but I also told him that condoms are like medicine given to someone; it can fail you.* (School Two, Father, IDI)

One parent, however, supported condom use because some young women engaged in transactional sex and may be inclined to reciprocate with sexual favours, probably under coercion from men:

> *I: In your earlier submission, you mentioned using condoms. Can we hear you again, please?*
>
> *R: Yeah! What I said concerned sex against one's wish, forced sex, or a sexual attack on you. Demand for a condom -maybe you have received a kind of favour in*

the form of gifts, and the person is demanding sex; you should insist on a condom for protection (School Three, Mother, FGD).

This opinion confirms earlier parents' reports that while some parents generally disagreed with condom education and its use among parents, others supported its use to prevent unwanted pregnancies, knowing that young people are sexually active.

One more parent, a liberal father, also supported contraception due to the high potential of his son to enter into a sexual relationship:

I: So, should they be taught condom education, should that be taught?

R: I think it's very good. Because it will come to a time when he engages in sex, and he has to know these things. As I said earlier, it is something you can't run away from, so you wouldn't know you are preventing your child from engaging in sexuality; he will do that all the same. The best way is to teach him the right way (School Three, Father, IDI).

Another liberal parent, the headteacher for School One, recommended condom education in schools to protect young people who are already engaged in sexual activities:

I: Do you think that at this level, they should be taught condom education?

R: Why not? They should because, as innocently as we see our kids, they are not all innocent. They get pregnant every day, so I don't think it will be far-fetched for them to be taught. The only thing is it should be so with a cautious statement 'abstinence is the best', but at the high risk where we think abstinence cannot work for you, condom education can be applied. Because I don't want us to talk about faithfulness with the children, No! Being faithful does not work with them-From abstinence; they get to condom use, nothing more, nothing less! (School One, Father, IDI).

He continues to suggest that most young people are already using some form of contraception, so it is better to teach them to avoid wrong use and complications:

> *Most of them are involved in family planning; why? Because they are sexually active at their level. When they do beyond 13/14 years, they are sexually active. So, for them not to create more inconvenience, we should teach them; that there is nothing wrong with that* (School One, Father, IDI)

Sexual rights also formed one of the topics discussed with parents, and there was general agreement on its importance for young people. For example, this father, represented by the quote below, felt sexual rights were a common topic for her daughters at home, so it should be taught in school:

> *I: What about rights in relationships? In most cases, young girls are unaware of their relationship rights, especially in our culture.*
>
> *R: My stepdaughter is the 7th born, and her elder siblings talk to her a lot about some of these things you are already discussing.* (School Five, Father, IDI).

A parent displayed ambivalence regarding *sexual rights and consent*. On one hand, they recognized the significance of educating young people about these topics. On the other hand, they emphasized the importance of warning and advising youth about the risks of premarital sex rather than informing them about their rights in marriage. This was the mother's idea when she shared this perspective:

> *I: What of consent in relationships?*
>
> *R: Yes, it should also be taught, but men behave differently when it comes to sex, so in the first place, they should be taught not to get close to men. For e.g., my son always wakes up with an erection, so I have been teasing him that his 'kakai' (monster/penis) is too much. So, if he isn't taught, he will go out and do what he wants.* (School Five, Mother, IDI).

For this mother, although sexual rights are important for young people, the gendered attitudes of men towards sex make it important to advise young girls to stay away from men in the first place. This indicates the significance of promoting abstinence over emphasizing sexual consent.

On the other hand, some parents thought gender rights and power in relationships should be taught in relationships. A parent agreed to this, but only after I briefly explained the gendered approach to gender rights and power in Ghanaian society:

> *I: In our custom, men have more power than women, which is called gender and power. Should this be taught as well?*
>
> *R: There should be an agreement between a man and a woman, so this should not be one-sided and should not favour only the man.* (School Two, Mother, FGD).

A mother highlighted the legal implications of not seeking *consent* and stressed the importance of teaching it to young people in school:

> *I: Should sexual consent be taught to men as well?* [meaning, their right to give and or withhold sexual consent]
>
> *R: Yes, because lack of consent leads to imprisonment, so boys should be taught.* (School Four, Mother, IDI).

Sexual rights, for a parent, were also important to equip young men to protect themselves against all forms of sexual abuse:

> *I: Okay, what about rights? Do you think girls should be taught about rights? Rights to use condoms, right to safer sex. Do you think they should be taught these things? Do you think girls should be taught to ask for safer sex in relationships? Let's just say your daughter is in a relationship.*

R: Ermm, yes, it is very good so that if she finds herself in that situation, she will know what safer sex is so that she will not be abused. (School One, Mother, IDI).

Consent is also key for young people today. A parent recommends the teaching of *sexual rights and consent* in schools. He uses an example of a discussion with his son to explain the importance of consent:

I: Sir, do you think boys should be taught about seeking consent from girls before they do anything sexual with them? Do you think they should be taught?

R: Yes, I set an example in the house; that was ¾ days ago. I was there with the Mom, and they were all there. He ever mentioned, 'Daddy, why these rape, rape every day, everyday TV, news, rape, and I said yes, if you don't seek the consent of a female and then you do anything with her, even seeking her consent, she should be above a certain age. If not, you have done what you are not supposed to do. I asked him if he knew what defilement is, and he said yes. So, what is defilement, he said, when somebody sleeps with somebody who is young? Then I asked her how young the person should be. But he couldn't answer because it is something that we haven't spoken about. Then I explained to him that he goes for anybody below 16 years; that is defilement. Then it comes without her consent; that is rape. He said yes. So, he was very quiet. Then, when you are going to take something from the fridge, you need our permission; it is the same thing as touching somebody's daughter, so go home and ask the parent. That is the longer way. But if the person says no, don't touch me and don't go ahead. (School One, Father, IDI)

Another parent (the administrator described together with teachers to exhibit liberal views on sexuality in 6.1.3) also exhibited a very liberal attitude towards engaging his son in matters of love, sex and relationships. For him, since his son attended a co-ed institution, he was bound to enter into a sexual relationship. Therefore, there was the need to engage with him on these matters so he knows how to manage himself when he enters into a (sexual) relationship:

I: Please, have you heard on social media that they discuss topics such as "Sexuality education?" So, as a parent, what topics would you like them to teach your 15-year-old boy at school? Can you enumerate certain potential topics under the sex education curriculum?

R: Ok. One is about how he can be cautious about boy-girl relationships. Considering his age, he will definitely engage in a relationship and eventually marry. So, I want them to teach him how to engage in those things and how to relate with a woman so that nothing bad comes out. So, for example, if you want to take a girlfriend, how can you go about it to prevent any mishaps or bad things?

I: So, do you think he is allowed to have a girlfriend?

R: His school is mixed, so he will talk to girls about whatever happens. The last time the mother commented about a book he hadn't yet bought, a girl in the same class had that book, so they shared it. (School Three, Father, IDI)

The key phrase for the quote above is *that I want them to teach him the right way to engage in those things.* The parent's preferred topics could include condom education, sexual rights, and consent, reflecting a liberal attitude toward young people's sexuality that goes beyond abstinence.

I probed further to clarify exactly what he wants to be taught to his son at school, and his answer on contraception confirms the code I have given to his response by aligning his views with more comprehensive modes of sexual health education:

I: So, should they be taught condom education, should that be taught?

R: I think it's very good. Because it will come to a time when he engages in sex, and he has to know these things. As I said earlier, it is something you can't run away from, so you can't say you are preventing your child from engaging in sexuality; he will do that all the same. The best way is to teach him the right way (School Three, Father, IDI)

A parent suggested including *sexual competence* as part of the school curriculum. This topic is not typically included in formal sexuality education programs at schools. This supports my initial claim that one parent viewed me as a sexologist rather than a sexuality educator, and two parents associated sexuality education solely with sexual intercourse within the confines of marriage:

> *I: Is there anything you want to add?*
>
> *R: Well, I think sex is very important. When you look at the number of divorces today, most men are dissatisfied with sex in marriages, so I think it is an important topic that should be stressed.*
>
> *I: Thank you.* (School Five, Mother, IDI)

For this mother, therefore, *sexual competence* should be discussed not because it will encourage promiscuity or help young people to be sexually competent in marriages but because it will help young people perform better sexually in bed when they enter marriage later in life.

Safe periods, meaning less fertile days of the menstrual month were also recommended for teaching in Junior High schools. The challenge, however, according to the headteacher for school One, is that facilitators give only sparse details on the topic without going into details:

> *I: And girls should be taught safe periods and all that?*
>
> *R: They are being taught already. It is in their science lessons. I learnt mine when I was in JHS. So, it is not far from-it's there. But one thing is we have made it such a way that when the facilitators or teachers get there, they brush through, 'Oh, some of these things when you get to SHS, they will teach you better'* (School One, Father, IDI)

6.2 Moral and Personal Hygiene

Parents also gave recommendations and, in some cases, raised concerns on certain topics at home and at school which were not necessarily sexual in orientation. The parents' views, are also

recorded here for comprehensiveness. Two sub-themes were summarised under these themes: *Personal Hygiene* and *Bad Company*.

6.2.1 Personal Hygiene

The following findings represent topics which are not sexually oriented at home.

Personal Hygiene and sanitation issues also dominated discussions between parents and young people at home: *Sometimes, I also discussed his sanitation issue with my P6 boy [Primary 6, about 11/12 years old]. I talked to him about his clothing and underwear and the fact that it must be changed regularly* (School Five, FGD, Father).

Another parent emphasized the importance of discussing personal hygiene at home. This quote is reinserted to highlight the equal importance some parents place on personal hygiene as they do on sexuality education:

> *From age 13 to 14, I talk to him about how to care for his body, shaving all the areas and keeping the genitals clean. All these are part of the discussions on sexuality education. At that stage, if you don't teach them how to keep their bodies clean, they may not be able to keep them clean when they grow. Good grooming is (also) very important at this stage (School Two, Father, FGD).*

Personal hygiene at home also involves *menstrual hygiene*, and parents were inclined, as a result of economic conditions, to show their daughter how to use alternate forms of sanitary pads:

> *I have taught my daughter about using reusable pads, as my mother taught me because I cannot always afford to buy sanitary pads. I taught her to use a rag, but I buy the pad when I have money.* (School Four, Mother, FGD)

6.2.2 Bad company

Some parents also offered opinions on specific non-sexual topics for young people in the JHS curriculum.

Parents felt *personal hygiene* was a very important topic that should be taught in the Junior High School Curriculum:

> *So, they can also teach them about personal hygiene, such as bathing twice daily and brushing their teeth twice daily. I think it's about sexuality education* (School Five, Father, IDI).

Menstrual hygiene and management are other health topics that came up *with the* utmost importance among parents. It is important to prepare young women for later on in life, as this parent proposes:

> *I: Please, what about safe periods? Should she be taught?*
>
> *R: Well, it's good for my wife to teach her because it will help her manage her periods and lifestyle when she does. You see, there are certain things my daughter cannot tell me, for example, issues about her menstrual cycle; in this case, her mother is the best person to discuss such matters with her.* (School Five, Father, IDI)

Another mother (who has been quoted already to support how menstruation was linked to teenage pregnancy) also used the topic of menstruation to teach her daughter how to dress in public:

> *My child came home from school one day and talked about how the teachers took one of the girls who had menstruated to clean her up. I explained vividly adolescent*

reproductive health and how to dress up if she menstruates (School Four, Mother, FGD)

Bad company (quite similar to what has been discussed on peer pressure) was also recommended as part of the sexuality education curriculum. Parents believed that the company young people kept influenced their sexual behaviors negatively: *Companionship in school to be taught in the school should include avoidance of bad company* (School Four, Father, FGD)

6.3 Experiences and Role Models

Some topics that interest parents are not sexual in nature but can be used to facilitate discussions with young people at home, especially regarding abstinence. Parents employed a lot of *role modelling* from their *personal experiences* or the life lessons learnt from the *lifestyle of family or societal role models*. This father discusses character formation with young people by using the life experiences of select family members:

> *What helps us to talk or advise them is that you compare the characters of my cousins that I grew up with. I use those experiences of our lives, that of our family members and friends. The negative ones are unacceptable, and those that are acceptable are to guide them in the future.* (School Three, Father, FGD)

6.4 Tabular Representations of Themes and Subthemes, Parents' Concerns and Recommendations

In this concluding section, I present two tables. Table 13 summarises topics under themes and sub-themes detailing the main sexuality education topics parents described during focus groups and interviews. It is important to note that the topics described at home refer more to topics parents are already discussing. In contrast, topics in school are a combination of those already being discussed and those parents wish to be discussed in school. From Table 13, sexual abstinence was the most discussed topic at home, and the most preferred in school. Other topics were also discussed in

relation to sexual abstinence. These include early and unintended pregnancies, biological changes and peer influence that lead to early sexual activity. However, parents also discussed pro-comprehensive sexuality education topics such as condom education and sexual rights.

Parents also discussed other topics, such as morality, personal hygiene, and personal life experiences, to teach sexuality at home.

Table 14 is a summary of recommendations for sexuality education at both at home and school (first row), the concerns shaping parents' recommendations of sexuality education content (second row), and what I have labelled prevalent perspectives which shed light on the topics recommended and the concerns thereof (third row). Parents 'recommended' 17 topics (the word recommended here is used to cover topics which did not fall part of the 'desired sexuality curriculum' for young people, but were described by parents in their everyday sexual communication with young people) The topics varied from sexual abstinence to condom education, sexual rights, gender and power, and role modelling. The concerns can be categorised into three: The reasons for certain topics over others, e.g., abstinence was preferred over topics like gender and power in relationships because it could prevent sexual violence. The concerns also addressed why specific topics were to be avoided (for example, details on contraception and safe periods to prevent promiscuity). As part of concerns, parents also suggested improvements for topics they felt were very sparse or misaligned with young people's level of education.

The third row covered prevalent perspectives, provided reasons for the importance of topics, offered further explanations, and summarized general parental attitudes towards the topics.

Table 13: Themes and Sub-Themes for Parents' Recommendations for Sexuality Education

Abstinence-Oriented Topics at Home	Abstinence-Oriented Topics in School	Comprehensive-Oriented Topics at Home	Comprehensive-Oriented Topics in School	Moral and Personal Hygiene-related Topics at Home	Moral and Personal Hygiene - Related Topics in School	Experiences and Role Models Topics at Home
Sexual Abstinence Sexual Abstinence and Ramifications: Early and Unintended Pregnancies (EUPs), STIs Chastity & Dangers of premarital sex (EUPs) Religion, Abstinence and Sexual Relationships Sexual Abstinence over Sexual Norms	**Sexual Abstinence** Early Sex and Its Dangers Abstinence/Avoidance of Early Sex	**Condom Education/Family Planning**	**Condom Education/Family Planning**	**Personal Hygiene & Sanitation** Menstrual Hygiene	**Personal Hygiene** Menstrual Hygiene and Management	**Role Modeling** 1. Parents' Personal Life Experiences 2. Lifestyles/stories of family and societal role models
		Power Relations	**Sexual Rights and Consent**			
		Gender Rights	**Sexual Competence**			
	Bad Company	**LGBTQIA+**	**Safe Periods**		**Bad Company**	
	Biological Changes & Dangers of Sexual Intercourse Safe Periods and Safe Sex	**Gender Norms and Sexuality**				
		Gender Roles				
Biological changes, EUPs & STIs 1. Sperm development, sexual maturity and consequences-ability to make a woman pregnant 2. Menstruation, sexual maturity-ability to get pregnant 3. Menstrual cycle 4. Hormonal changes and consequences (EUPs and STIs)	**Human Reproductive system**					
	Menstrual Hygiene Management & Menstrual Cycle					
	Safe Sex & Avoidance of EUPs					
Social Media & Peer Pressure						
Transactional Sex						

Table 14: Combined Parental Recommendations, Underpinning Concerns and Prevalent Perspectives on Sexuality Education

Combined parental Preferences (Home and School)	Underpinning Parents' Concern(s)	Prevalent Perspective(s) on Recommended Topic
Sexual Abstinence/Chastity/Early Sex and Dangers	Abstinence is preferred because men can force or threaten (sexual violence). To avoid sexual violence, abstinence is the best approach. No need for deeper discussions on sexual relationships Even with abstinence, there is no need for deeper discussions of promoting curiosity and promiscuity	Chastity, abstinence, and avoidance of early sex synonymised to prevent consequences of EUPs: Prevent School dropout/Truncation of education (boys and girls) Introduces Poverty (for Girls) Difficulty in life (for girls) Destruction of life Hard life-sucking of breasts by baby Sexual consent substituted with abstinence Abstinence first; sexual consent not needed Abstinence prevents STIs
Abstinence, sexual relationships, and religion		Religion used to advise on the dangers of early sex
Social Media/Bad Company/Peer Pressure	TV and media can teach early sex Friends can lure into sexual activity	Bad company to be avoided Bad company/peer pressure leads to unwanted pregnancies
Biological Changes/Abstinence & EUPs & STIs		Hormonal Changes, sexual maturity, consequences of early sex: EUPs and STIs Sperm development, sexual maturity, and ability to make a girl pregnant Menstruation, sexual maturity and ability to get pregnant Scare tactics: if pregnant, go to 'husband.'
Human Reproductive system	Late schooling-ages and content not aligned	Challenge for parents to engage on topics as taught in school because content may either be irrelevant for young people of higher ages than peers and young people may not align with Topic essential to know how the body functions Caution: Foundation for young people to abstain and avoid EUPs
Menstrual Hygiene Management & Menstrual Cycle/Safe Periods	Details from facilitators sparse Details could promote promiscuity and a rise in EUPs Or, Young people could have experimented with getting pregnant	Important to Prevent Pregnancy To enable young people to manage their dressing and monthly menstrual cycle

		To guide sexual relationships with boys: To know safe periods, practice safe sex and avoid EUPs & STIs
Transactional Sex		Caution on gifts and compliments from older men and young boys Advice on Transactional sex to prevent EUPs Transactional sex introduces poverty to girls, unborn children, and extended family
Condom Education/" Family Planning"	Young people may feel 'pampered' when discussed with (as young people may misconstrue easier information flow with parents as permission to engage with contraception) Could introduce curiosity and promote sexual promiscuity It is suitable for some, but for others because condoms could burst Could promote early sexual activity Could promote promiscuity among young people already sexually active/promiscuous It could encourage more sexual activity because young people are equipped to prevent EUPs, but 'permitted for more sex.' Parents' attitudes encouraging contraception mean they approve of daughters having sex Re-entrance policies could inspire young girls to go in for sex/suggest that 'nothing will happen when you get pregnant.' Women in transactional relationships may use it for protection against sexual violence/coercion from men Son can enter sexual relationships due to co-ed education It is essential to protect those already in sexual relationships/activities Young people already use some form of contraception - Best to teach them to avoid complications	Liberal Attitudes: Condom education is good for preventing EUPs Good for preventing STIs To prevent forms of sexual violence, including rape Various forms of contraception are taught by parents and in school, including injectables and pills Skeptical Attitudes: Could introduce young people to sexual tendencies (also noted as a concern to the left) Abstinence put over condom use Ambivalent Attitudes: Suitable for some, but bad for others Advice & Talks more important than condom education Condom education is only suitable for those who are sexually active (therefore, when taught to those who are not sexually active, it could promote promiscuity) Abstinence is more critical than condom use Some parents reject it, but others offer to young people to prevent EUPs Non-ambivalent attitude: The condom could fail, so outright disapproval.
Power Relations	Gender norms are prevalent, and power balance in relationships is not essential or realistic So, abstinence is the best option	Abstinence put over power relations
Sexual Rights & Consent	Gendered attitudes of men are a challenge, so talks/advice (abstinence) are better. Power relations are imbalanced, so it is good to be taught Legal implications are dire, so it should be taught	Good, but talks and advice are more important Societal conditions make it imperative to teach sexual consent

	It is essential to protect young people against sexual abuse	
Gender rights/LGBTQIA+	Humans have a higher natural order than animals, yet animals follow heteronormative principles	Disapproving perspectives Religious values are used as a tool to teach against it (Comparing humans to animals)
Gender Norms & Sexuality	No details to prevent curiosity and suggestive tendencies	Money used by boys to lure girls Boys deny responsibility after Gender norms and sexuality only caution against EUPs
Gender Roles		Roles at home used to teach: Gender roles of men and women Gender equity (women can do what men do and vice versa)
Sexual Competence	Divorces are prevalent due to poor sexual competencies	It is important to teach young people about sexual competence for later in marriage
Personal Hygiene & Sanitation/Menstrual Hygiene	The development stage makes it imperative to be taught, or else difficult to impart the post-development phase.	Economic conditions make it difficult to use ordinary pads; rags are sometimes used To prepare young people for life To know how to dress in public
Role Modelling		Personal experiences/lifestyle of parents as lessons/character formation for young people Personal experiences/lifestyle of parents as lessons/character formation for young people

CHAPTER SEVEN

DISCUSSION: DISCOURSES UNDERPINNING PARENTS' INVOLVEMENT IN YOUNG PEOPLE'S SEXUALITY EDUCATION

7.0 Introduction

In Chapters Two (Literature Review) and Three (Conceptual Framework), I reviewed Brady et al.'s concept of the Sociology of Child Health and Illness as a framework for understanding how young people are considered asexual or sexual through parental engagements in policy, social interventions and processes and individually in their health. In this chapter, I use the Sociology of Child Health and Illness tri-focus on health policy, social processes and individual factors to address the second research question on what shapes parents' involvement in young people's sexuality education. The framework is used to juxtapose the literature review and findings from fieldwork. The underlying theme from the Sociology of Child Health and Illness is that young people are considered either sexual or sexual in terms of overall quality or developmental stage, and the narratives underpinning parents' involvement in young people's sexuality education reflect this binary, too.

7.1. Applying the Sociology of Child Health and Illness: Review and Primary Juxtaposition

In consideration of the outcomes of this study, it is essential to recognize the significance of parental perspectives as a fundamental underpinning for comprehending their involvement in sexuality education. My objective is to harmonize these viewpoints with the inferences derived from the literature review. Subsequently, I will analyze the findings from a theoretical standpoint by delving into the core principles of Brady et al.'s "Sociology of Child Health and Illness".

7.1.1 Policy and Parents' Involvement in Sexual Socialization

Brady and her colleagues suggest that how health policy is interpreted in relation to young people has a significant impact on engaging stakeholders and gatekeepers in addressing the health needs of children and adolescents (2015). The analysis of field data in the study shows that parents'

understanding of sexuality education policy significantly affects how they view sexuality education, which in turn influences their level of involvement in discussing sexuality with young people. My initial focus is on examining the themes of policy within two main areas: the interpretations of sexuality education and their impact on parental engagement in young people's sexuality education. When discussing policy, I am referring to how parents perceive the sexuality education program and how this perception influences their attitudes toward young people's sexuality.

Parents' perspectives on sexuality education and corresponding policy formulation can be categorized into four overarching themes. A notable point of contention for many parents pertained to the nomenclature (name) of sexuality education programs. They posited that the usage of the term 'sex' inherently conveys a focus on 'sex', and consequently advocated for circumventing this term entirely. As an alternative, some parents proposed terminologies such as 'Life Skills', which had been prevalent in school curricula during their formative years.

In the analysis presented, an examination of the issues raised by parents regarding the nomenclature "sexuality education" reveals both a superficial and a deeper significance. The superficial interpretation encompasses the direct and explicit reference to "sex" in the name, which in itself was sufficient to elicit reservations. Beyond this, a more profound meaning emerges, wherein sexuality education encompasses instruction on a broad spectrum ranging from mere informational aspects of sex to the implications and consequences of sexual conduct, encompassing intimate relationships. This broader connotation, which was not favored by parents for their adolescent children, has the potential to restrict parental engagement based on their perceptions of the nomenclature and its implications.

Parents also found sexual language to be crude. The crudeness of the sexual language stems from the use of explicit terms in the local language to describe body parts, such as the penis and vagina, which are more straightforward in the local language compared to English. In English, these body parts could be euphemistically referred to as 'private parts', a common term used by people of all ages. However, in the local language, a firm grasp of the language is required to convey such content, as the penis is referred to as 'kɔteɛ' or 'kɔte', and the vagina as 'ɛtwɛ' or 'twɛ'. Local languages in Ghana, such as Fante, are rich in various proverbs/phrases, idioms and words used to obscure discussions of sexuality (Nyarko Ansah and Dzregah 2020). The aforementioned observation likely denotes the impact of societal taboos surrounding conversations about sexuality within the context of Ghana (Nyarko Ansah and Dzregah 2020) and the utilization of proverbial language to reinforce the marginalisation of women's sexual health in SSA (Lewis Asimeng-Boahene 2013). The discussion of sexuality in the Ghanaian context necessitates a certain level of language proficiency as well as a corresponding level of confidence for parents. This presents a dual challenge for parents seeking to engage with their young people on sexuality. Furthermore, the interpretation of sexuality education programs also influences and shapes parental participation in their children's sexuality education.

The prevailing parental perspective characterizes sexuality education solely as the portrayal of sexual intercourse between a man and a woman. This perception aligns with the linguistic and conceptual framework espoused by parents. Considering the prospect of parents acknowledging the import of comprehensive sexuality education, defined as instruction encompassing the full spectrum of sexual health topics, including traditional sexual intercourse, it is conceivable that they may also hold the belief that engaging in open dialogues about sexuality with young individuals could potentially foster promiscuity. This belief reflects the prevailing contagion

discourse commonly cited by parents in Ghana (Amo-Adjei 2022b, Ocran, Benedict E. 2021b) and proponents of abstinence-only education in the US (Fields 2005), who assert that it shields 'innocent young people' from exposure to sexually stimulating subjects.

The complexities arising from the translation of the vernacular language to English within the scope of fieldwork are primarily rooted in cultural norms, specifically the prevalence of the culture of silence, as discerned in extant scholarly works. These elements significantly contribute to the intricacies associated with rendering expressions relevant to sexuality from the vernacular language to English and conversely. Moreover, the culture of silence exerts influence on the lexicon and nomenclature employed in local sexuality education, engendering challenges in demarcating the boundaries between sexual intercourse and the broader domain of sexuality education. It is further proposed that parental perceptions towards sexuality education also pose as limiting factors in their involvement.

In consideration of the aforementioned, I am presently associating these findings from parental sources with the thematic elements recognized by Brady et al. (2015). In the second chapter, the research revealed that *parental viewpoints on sex education policy played a significant role in shaping their discussions about sexuality education, especially within the household setting*. Similarly, I posit that the *parents' understandings of sexuality education in this particular study, or rather their perceptions, significantly influenced their dialogues on sexual health and their attitudes towards young people's sexual health*. For example, according to research, Ghanaian parents view comprehensive sexuality education (CSE) as an endorsement of premature sexual activity among the youth, which has resulted in its exclusion from the Ghanaian educational framework (Ocran, Benedict 2020). The prevailing perception associated with CSE influences the negative attitudes toward the concept. Additionally, the understanding of CSE may involve a

dominant narrative surrounding parental concerns regarding the perceived explicit nature of the curriculum and its potential to desensitize young individuals to early sexual inclinations, as evidenced by parents in this study. This illustrates that the perceptions surrounding sexuality education significantly influence the subjects parents are willing to engage in and their overall attitudes.

In the Ghanaian cultural context, a significant emphasis is placed on the practice of abstinence as a fundamental approach within all discussions related to sexuality (Panchaud, et al. 2019b, Keogh, et al. 2018b). Abstinence-based sexuality education is frequently advocated in both school and community environments due to the perception that it cultivates favorable attitudes among young people, resulting in a propensity to postpone sexual activity and deter undesirable behaviors like marital infidelity (Awusabo-Asare, et al. 2017c, Krugu, et al. 2017). Consequently, communities such as those in Pusiga in the Upper East Region of Ghana, where Female Genital Mutilation/Cutting (FGM/C) is practised as the norm to subdue the sexual pleasures of women, may consent to abstinence-based sexuality education in community-based programs as it aligns with the avoidance of sexual pleasure. The concept of sexual pleasure is often marginalized as a result of the practice of FGM/C, which is perceived as a potential cause of marital infidelity among women (Ocran, Benedict Ekow and Atiigah 2022). Once again, it can be argued that societal perceptions regarding abstinence exert a significant influence on the discourse surrounding sexuality. This is particularly evident in the avoidance of discussions concerning sexual pleasure and the societal attitudes toward engaging in conversations pertaining to this subject. The sentiment is echoed by Kakal et al. (2022), who contended that the prevalence of an abstinence-focused approach in the Nakigo and Namalemba sub-counties of the Iganga and Bugweri districts in Uganda hindered the implementation of comprehensive sexuality education for young people.

I can also argue that the varied interpretations of sex education policy are mirrored in the range of topics and diverse attitudes towards sexuality education (Ocran ,Benedict, Alldred, Pam 2020). Based on my earlier research, it has been established that the Ghanaian curriculum encompasses both abstinence-only and Comprehensive Sexuality Education (CSE) policies within its basic school system (Ocran, Benedict, Talboys, Sharon, Shoaf, Kimberley 2020). Due to conflicting policies on sexuality education, parents, educators, and young people exhibit varying preferences for specific components of both abstinence and comprehensive sexual education (CSE), with a solid overall preference for abstinence. This observation provides additional support for my argument that parental interpretations of sexuality education policy serve to moderate their views and discussions on sexuality with young people.

7.1.2 Social Underpinnings to Parents' Involvement in Sexual Socialization

The second principle emphasized by Brady et al. (2015) highlights the importance of the relational dimension of sexual health practices and dynamics. This research demonstrates that this can result in disparities in power dynamics among key stakeholders, such as parents and young people. I adhere to the methodology delineated in the policy by presenting the research findings in conjunction with backing from existing literature. Subsequently, I juxtapose the insights gained from the literature review with those derived from the primary data, informed by the Social Policy aspect put forth by Brady et al. (2015).

The study's findings reveal a substantial gender disparity in parental provision of sexuality education. It was observed that mothers engaged in more frequent discussions with their daughters, with interactions with their sons being less frequent. Conversely, fathers had fewer discussions with both their sons and daughters, with interactions being particularly limited with their daughters. These findings are consistent with previous research conducted in Ghana as indicated

in the consulted bibliography (Kumi-Kyereme, Awusabo-Asare and Biddlecom 2007). The findings also resonate with the established body of literature on parenting styles in both the Global North and South, indicating that mothers tend to interact more with both boys and girls. At the same time, fathers engage less frequently with their sons within the household (Bennett, Harden and Anstey 2018, Nambambi and Mufune 2011). The traditional sexual socialization in Ghanaian households and communities is notably gendered, particularly in the context of female rites of passage. This gender disparity is exemplified by the significant role of mothers in perpetuating female genital mutilation in the northern part of Ghana and the practice of Dipo among the Krobos in the Eastern Region (Sakeah, et al. 2019, Crentsil 2015). The empirical data indicates that gender-specific interventions play a crucial role in sexual socialization within Ghanaian society. Indeed, recent studies in Ghana have underscored the significance of gender-targeted approaches to sexual socialization and gender-specific sexual communication. This study recognizes the complexities posed by various social factors that have been deliberated in this segment (Adzovie and Adzovie 2020, Manu, et al. 2015). In expanding the current literary corpus, this investigation delves into parenting methodologies to provide a deeper understanding of how cultural and gender conventions impact the socialization of young people within a same-gender parenting framework. As noted earlier, the socialization of young people with regard to sexual matters, particularly based on parental gender, appears to be more emphasized in the context of interactions between mothers and daughters. This study reveals that young girls tend to receive a more comprehensive sexual education as a result of two interrelated relational processes. The first process involves the amalgamation of cultural norms, religious beliefs, and gender roles, while the second process entails the intersection of cultural, religious, and gender norms with the sexual socialization process. In discussions of the complex interplay among culture, religion, and gender norms, it is

crucial to acknowledge the influential role of cultural norms in Ghana and various regions of sub-Saharan Africa. These cultural norms often shape the prevalence of sexual socialization, particularly in the context of interactions between mothers and young people, with a specific focus on mothers and daughters (Nambambi and Mufune 2011). The evolving societal expectations dictating gender roles entail the cultural belief that fathers are primarily responsible for the role of breadwinner. In the contemporary Ghanaian context, there has been a noticeable surge in moonlighting activities among fathers in the post-COVID era (Asravor 2021), leading to their late return home. As highlighted in the aforementioned study, this phenomenon results in prolonged absences from home, spanning over several months.

Moreover, religious norms serve to uphold the importance of age-appropriate sexuality education, necessitating parents to address abstinence-based topics with young girls (Ocran, 2021). It can be observed that religious norms also reinforce regional gender expectations, advocating for age-appropriate sexuality education primarily focused on abstinence to mitigate the risk of early pregnancies among young girls. Consequently, it is plausible that parents in Ghana and other Sub-Saharan African countries utilize various fear-based strategies for sexuality education, akin to the fear-based curricula found in Anglo-American-Australian relationships and sex education programs (Alldred, Pam, Fox and Kulpa 2016b, Alldred, Pam and David 2007, Shefer, et al. 2015, Bay-Cheng 2003a, Kantor 1993). The utilization of conventional, culturally ingrained scare tactics, a method extensively recognized in scholarly works as a strategy executed by authoritative figures like parents, aims to inculcate in young individuals the fear associated with sexually transmitted infections (STIs) and HIV as a deterrent against dropping out of school (Kantor 1993). Furthermore, the utilization of scare tactics further perpetuates and solidifies patriarchal norms, consequently placing young girls at a significant disadvantage in terms of their sexuality. This was the

conclusion of Ninsiima et al. (2018), who demonstrated that gender norms promoting young girls to adhere to traditional gender roles, such as engaging in household chores and exhibiting docile and submissive behaviors, are established at an early age within the familial environment.

Conversely, boys are often left unsupervised in terms of their sexuality, despite being older than their female counterparts. This is due to the perception that young girls are more vulnerable to the risks associated with early sexual activity. Ninsiima and her team also found that boys are highly sexually active, frequently participating in multiple partnerships and displaying a greater inclination to explore their sexuality compared to girls (Ninsiima et al., 2018). These narratives indicate that scare tactics continue to uphold patriarchal norms, which have kept young girls and women silent in the face of various forms of gender-based violence, such as EUP, IPV, FGM, and early child marriage. Additionally, traditional breadwinner roles prevent fathers from taking on sexual socializing roles as dictated by gender norms. Ultimately, boys are left without proper sexuality education. Meanwhile, it is crucial to recognize that addressing boys' sexuality is as vital as focusing on girls. A Lancet report titled "Adolescent Health: Boys Matter Too" emphasizes the importance of involving boys in discussions on sexuality as much as girls. The report emphasizes the need to provide equal attention to boys in terms of sexuality due to two main reasons. Firstly, health challenges faced by boys, such as high tobacco and alcohol use, have immediate and future consequences, including gender-based violence, which poses a threat to the sexual health and well-being of girls as well (Morrow and Barraclough 2010). Furthermore, it is imperative for both male and female individuals to engage in international dialogues regarding sexuality, encompassing conversations about contraception and universal consent, to be adequately informed (The Lancet Editorial 2015). Hence, the exclusion of boys from receiving sex education at home poses a notable challenge, impacting not only girls but also boys.

Building on the previous paragraph, it is important to note that the different social spaces, activities, incidents, and tools where sexual discussions occur reflect the gendered dynamics of sexuality education within the family. This dynamic places young girls at a disadvantage in matters of sexuality. The research indicates that social platforms like TV and radio programs, where sexuality education takes place, tend to be gender-specific. Fathers are more likely to have conversations about sexuality with their sons during programs that prompt such discussions. The findings suggest that due to gendered processes (gendered social sexualization, gendered social spaces, gendered social events, and gendered social platforms), there is an imbalance in the amount of sexuality education received by boys and girls, with girls seemingly receiving more comprehensive education in this regard.

However, it is important to note that the idea that girls receive more sexuality education due to gendered sexual socialization is misleading/illusory. Rather, the various associated factors such as social environments in which sexuality education occurs, the time factor, absence of parents (fathers), religious considerations, the age of young people, and societal opposition to sexuality education collectively contribute to a lack of comprehensive information for young girls. This lack of information leaves them unprepared against early unintended pregnancies (EUPs), school dropout, and sexually transmitted infections (STIs), which are major concerns for parents. Meanwhile, it is worth noting that young boys, who are arguably part of the issue, often receive inadequate sexuality education, which can exacerbate the sexual health challenges faced by young girls. This will be further elucidated through a discussion of relevant themes supported by the reviewed literature. The social context in which young girls (in this study) reside consists of highly sexualized environments, necessitating their ability to navigate such situations. This includes sexually aggressive boys who, driven by prevalent poverty and the vulnerabilities of young girls,

exploit them for meagre sums of money or even basic necessities like sanitary pads, as extensively documented in academic literature (Dolan, et al. 2014, Joshi, Buit and González-Botero 2015). As a result, many parents prioritize abstinence as the primary approach to sexuality education, fearing that other forms of education may encourage suggestive behavior in young people. This concern is reflected in evaluations of sexuality education in both the Global North and South. Additionally, religious considerations often shape attitudes towards sexuality education (Alldred, Pam, Fox and Kulpa 2016b, Kantor 1993, Bay-Cheng 2003b). Religious considerations interrelate with cultural norms, reinforcing local values which, on the one hand, recommend biologically motivated, seemingly "age-appropriate" sexuality education for girls far earlier than for boys. Parents adopt fear-based approaches to sexuality education for young girls and reject comprehensive topics on sexuality education. *In the end, young girls are portrayed to be sexual in perspective but asexual in reality by the limited form of sexuality education offered and the social environment (as described above) within which sexuality education occurs.* Applying this conclusion to the findings of the study, *I argue that a confluence of local cultural and religious norms shapes home-based sexuality education and sexual socialisation of young people in such a way that places young girls at a considerable disadvantage in terms of sexual health challenges and the information they could have received to address sexual health challenges*.

7.1.3 Individual-based Factors and Parents' Involvement in Young People's Sexuality

As per Brady et al., the field of Sociology of Child Health and Illness focuses on investigating the limitations that children and young people encounter in their active engagement with issues concerning their health and sexuality (2015). In this context, I analyze the narratives that impede young people from effectively participating in conversations about sexuality with their parents, subsequently creating obstacles to parental involvement in sexuality education.

The three core themes encompassing biological changes, sexual readiness, and perceived sexual behaviour portray the significant degree to which parents regard adolescents as sexual beings. These themes underscore the implications of engaging in sexual activity, including its repercussions and the risks associated with early sexual debut, HIV, and STIs. This perspective confines the sexual status of young people to their capacity for engaging in sexual activities and avoiding the resulting consequences. However, as indicated in the literature, sexuality extends beyond mere sexual intercourse and its consequences. Therefore, confining discussions to biological changes presents a substantial distortion of young people's sexual health concerns and perspectives, particularly those of young women. This paper contends that the current sexuality education program in the researched communities tends to marginalize young girls. Additionally, parents advocate for prioritizing topics related to abstinence and early sexual activity, reflecting the limited attention given to the sexual health concerns of young people.

The nature of communication between parents and young people, be it authoritative or permissive, has been found to influence the extent and complexity of sexual health discourse between young people and parents. It has been posited that the gender-specific configuration of sexuality education between parents in this investigation may stem from the interplay of cultural, religious, and gender norms and roles. Expanding on this point, it is evident that the gender-specific framework for sexual communication regulates sexual socialization within the home environment with regard to the scope of dialogues and the subjects broached by parents. The informal implementation of gender-specific approaches is not inherently flawed in the realm of sexuality education. Historically, for instance, the extended family structure ascribed sexual socialization responsibilities to women during puberty rites, exerting significant influence in moulding positive societal values in adolescents (Adjaye and Aborampah 2004, Asiedu and Donkor 2018); however, just

as same-gender sexual socialization could be a platform to facilitate women's involvement in the perpetuation of FGM in Ghana (Akweongo, et al. 2021), a one-sided, mother-to-daughter approach to home-based sexuality education could perpetuate the continuous marginalization of young girls' comprehensive participation in their sexuality. It may also serve as a barrier to the appropriate involvement of parents in the sexual socialization of young girls.

A critical aspect of addressing the sexual health of young people involves the implementation of effective communication between parents. Specifically, engaging in open and constructive dialogue on the topic of sexual health can help prevent misconceptions and unwarranted assumptions about parental influence. Such proactive communication can mitigate unfair allegations against mothers, including the supposed endorsement of contraception, tacit approval of sexual relationships, and inappropriate financial requests to young women. These findings are elaborated upon in a recent publication, underlining the significance of parental communication in shaping the sexual health landscape for young individuals (Ocran ,Benedict, Alldred, Pam 2020). However, it is widely understood that young girls do not engage in formal employment, leading to speculation that these funds may originate from illicit transactions involving sexual activities between young girls and older individuals of various gender identities (Dankwa 2009). It is essential to point out that the dynamics of parental interactions concerning discrepancies in adolescent sexual health reflect broader societal norms, religious beliefs, and political constructs. These interactions serve as a microcosm of the multifaceted dimensions that shape dialogues surrounding sexual health and sexuality education. An examination of the power dynamics evidenced by differing parental perspectives on adolescent access to sexual health information reveals a significant impact on young people’s agency over their sexuality and parental involvement in their sexual well-being.

The decisions of parents regarding young people's sexuality are closely intertwined with their personal experiences and perceived consequences. For instance, single parents, particularly single mothers and fathers, tend to adopt more strict approaches to the sexual socialization of young people. These parental experiences can be understood as a manifestation of their *sexual values*, which are influenced by various factors such as their own sexual life experiences, the type of sexuality education they received, religious beliefs, and societal norms. It is evident that the sexual values held by parents deeply influence the perspectives outlined in this study. However, it is important to note that there is a significant dearth of literature on parents' values and attitudes towards sexuality, indicating that this area remains highly under-researched.

The study revealed that parents were found to exhibit shyness similar to that of young people when broaching the topic of sexuality within the household. This shyness is attributed to various factors, including the prevailing silence dictated by Ghana's cultural norms and parental values. Additionally, power dynamics play a significant role, with parents exhibiting shyness due to the asexual perception of young individuals and the societal taboos surrounding discussions of sexuality. Such power differentials lead to an unequal exchange of information, as young people find themselves hesitant to engage in discussions due to cultural norms and the gatekeepers that restrict access to information about their sexual identities. It is important to note that young people in Ghana, as well as other locales, are deemed to be sexually curious and active, thus perpetuating the necessity for open and informative discussions about sexuality. They even utilise an intricate form of sexual language (Wangamati 2020) to explore their right to sexuality and adjudicate to themselves some form of sexual power to satisfy their quest for sexual health information as they transition to adulthood.

As evidenced by the literature consulted in Chapter Three on The Sociology of Child Health and Illness, contemporary studies have placed emphasis on the inclusion of children and young individuals in research and daily dialogues pertaining to their sexual development and experiences (Vanwesenbeeck, et al. 2016, Simuyaba, et al. 2021). According to these bodies of literature, this approach is the sole means by which the sexual interests of young people can be harmonized with the development of policies and interventions intended to address their sexual health. Consequently, disregarding the sexual interests of young people due to an erroneous comprehension of their sexuality represents a complete mischaracterization of their sexual status and interests, and is also an inadequate approach to facilitating parental engagement with young people regarding their sexuality.

In accordance with Brady et al.'s third tenet of the Sociology of Child Health and Illness (2015), an overall examination reveals that cultural and gender norms, as well as power dynamics within parental relationships and between parents and young people, significantly influence the degree to which young people can engage actively in their sexuality and the involvement of parents in the sexuality education of young people.

7.2 Bringing it All Together: A Common Ground for Discussing Parents' Involvement in Sexual Socialisation under the Sociology of Child Health and Illness

Upon reviewing the aforementioned discussions within Brady et al.'s Sociology of Child Health and Illness (2015), three overarching conclusions can be inferred.

Firstly, in the policy context, parents' perceptions and interpretations of sexuality education policy are pivotal in shaping their involvement in sexuality education. This influence is evident in two key ways. Firstly, their interpretations impact their discussions with young people about sexuality education at home and the topics they believe should be addressed in school. Additionally, it was

observed that parents' interpretations of sexuality education also influence their attitudes towards the sexual health of young people. This demonstrates that, although non-linear in nature, parents' interpretations of sexuality education substantially affect the recommendations for sexuality education curricula, as outlined in Table 14 of Chapter 6.

Secondly, local, cultural, gender and religious norms conflate to create a sexuality education atmosphere where young girls are portrayed to receive more sexuality education than boys but instead receive limited information on their sexual health with which to address forms of gender-based violence (EUP, intimate partner violence, gender inequalities). The corollary to this is that boys also receive less focus on their sexuality. I also argued that this illusory sexuality education for young girls and the exclusion of boys from sexuality education possibly perpetuates forms of GBV.

In addition, the influence of local cultural and gender norms, as well as power dynamics within parental and intergenerational relationships, has been identified as a key factor in shaping the degree to which young individuals can engage actively in their sexual expression, and the extent to which parents are able to engage in discussions about young people's sexuality.

Put together, in the context of the asexual and sexual status ascribed to young people, cultural gender, and religious norms shape unfavourable parental approaches to young people’s sexual health, which marginalise young girls’ access to appropriate sexual health information to address multiple sexual health challenges which are perpetuated by the same illusory sexuality education environment.

CHAPTER EIGHT

CONCLUSIONS: PARENTS, SEXUALITY EDUCATION AND SEXUALITY ASSEMBLAGES: IMPLICATIONS FOR POLICY, PRACTICE AND THEORY

8.0 Introduction

This conclusion is divided into two parts. In the first part, I apply the sexuality assemblage framework (Fox and Alldred 2013, Fox and Alldred 2016b) to understand the affective flow of relations around the assemblage, parents, young people, sexuality, and sexuality education. In the second part, I summarise the study's significant findings, drawing conclusions and implications for policy and practice in education and health education, schooling, parenting, and various domestic and educational spheres.

8.1 Parents' Preferences for Sexuality Education and the Sexuality Assemblage

In chapter three of the study, the sexuality assemblage framework (Fox and Alldred 2022c), as an example of New Materialism, was reviewed to show its appropriateness for analysing the social and material forces that produce parents' attitudes, behaviours and preferences for sexuality education. I show how the relations between human and non-human affects produce parents' capacities to know and to recommend specific content for sexuality education. I show this in two ways: first, I tease out the relations that play out at home in the sexuality assemblage of their lives in this time and place, leading to the capacities of parents to exhibit different approaches to young people's sexuality. Next, I show how, within that same affect economy, relations occur, leading to the capacity of parents to recommend a predominantly abstinence-based sex education curriculum which marginalises the sexual health of girls up to 20 years.

8.1.1 A Sexuality Assemblage of Relations around Parents' Views of Sexuality Education

Before identifying the assemblage of affects surrounding parents' preferences for sexuality education, there is the need first to identify general forces and then move to show assembled relations for what shapes parents' involvement in young people's sexuality education. This shows

that multiplicity and indeterminacy of an assemblage mean that the same affect economy can host assembled relations to produce capacities that can produce different attitudes of parents to young people's sexuality and various preferences for a sexuality education curriculum.

Firstly, relations occur between material affects such as cultural norms, names of sexuality education programs, parents and human affects such as perceptions or interpretations of sexuality education. Through the relations between cultural norms prohibiting sexual discussions with young people and the names given to sexuality education, capacities evolve for parents to interpret sexuality education as teaching promiscuity or sexual immorality. Alternatively, within the same affect economy, the relationship between cultural norms and parents' interpretations of sex education leads to the capacity of parents to side divergently with specific terms of sex education, which are less suggestive of sex among young people. Finally, the relations between cultural norms such as heterosexism and parents' interpretation of sex education produce the capacity of parents to interpret sexuality education as education for sex between men and women. These capacities evolve due to the process of affects discussed in Chapter 3 to affect and to be affected by one another (Fox and Alldred 2015).

An assemblage of relations within a particular sexuality assemblage can also be inferred between the material spaces in which sexuality education occurs. These material spaces include homes or schools or behind the cost of living, low/poor fish harvests, availability and expense of condoms, HIV and medicine availability, sexual reproductive health services including access to sexual and reproductive health counselling, chance/cost of access to (safe) termination of pregnancy, gifts and informal or more formal exchange for sex which is very prominent in the district (Kyei-Gyamfi 2022). Further, the material spaces also encompass cultural and religious norms underpinning sexuality and gender roles in general that stipulate expectations for discussing sexuality with young

people. These multiple material affects relate with non-material affects such as the onset of menarche, the sexual adventurous activities of young people, peer pressure, and personal experiences of young parents, family members and role models in society. Of these material and non-material affects, many capacities continuously, and in constant flux, develop. I give two examples. Firstly, cultural, gender and religious norms relate to and affect the sexuality education process, leading to parental roles on who is responsible for sexuality education at home. Meanwhile, within the same affect economy, fathers who are ascribed breadwinner roles fail to engage with young boys who, per the study's findings, are left unattended in terms of sexuality.

Capacities also develop because of the relations between cultural gender and religious norms, on the one hand, and gender role expectations, producing an illusory sexuality education environment where girls seem to receive more sexuality education than boys.

The data also highlights power and resistance within the sexuality assemblage between fathers and mothers regarding the content/models of delivery of sexuality education. Power dynamics also evolve between parents and young people on sexual communication and content. On sexual communication between parents and young girls, young girls, as a result of bodily changes, are expected to 'receive more sexual communication' as they are seen as vulnerable to teenage pregnancies, HIV/AIDS and school dropouts.

The notable discovery of this study underscores the variegated parental approaches to sexuality education, omitting more exhaustive discussions of sexuality-related topics such as gender dynamics, power structures within relationships, and condom education. Consequently, this exclusion results in the absence of culturally attuned and contextually pertinent sexuality education for girls, rendering them susceptible to engaging in risky sexual behaviours and perpetuating the marginalization of young girls' sexual health. This is just one of many capacities produced due to

the constant and fluid interaction of human and material factors referred to in the discussions above.

8.1.2 A Sexuality Assemblage of Parents' Preferences and Concerns for Sexuality Education

In the findings chapter (6), the data from focus groups and in-depth interviews underscored the preferences of parents regarding sexuality education, as well as the underlying rationales for these preferences. The sexuality assemblages described in 8.1.1 were to help understand some of the relations that explain parents' involvement in sexuality education. I build on 8.1.1 to show that the assembled relations that shape parents' involvement in sexuality education and the relations that show parents' preferences for sex education are all potentially subsumed under the same affect economy. The context of the parents' lives, as I am aware of, and the findings from the interviews relate to each other in assemblages of local culture and give understanding/background to parents' involvement in sexuality education and the preferences for sexuality education. Chapter 6 showed that parents are mostly informed by their own personal experiences, sometimes going through difficult economic periods. In most cases, they still face such hardships. In the context of parents' personal experiences, some mothers also shared difficulties they experienced as a result of unplanned pregnancies. Informed by these human affects and other affects such as economic pressures and the sexually adventurous nature of young people, capacities constantly produce a certain parental fondness for abstinence as a way to prevent the kind of difficulties they experience in life, probably because of the lack of advice when they were young, and which makes parents more pro-educational.

In the assembled relations discussed in 8.1.1, gender, religious and cultural norms were identified to affect parents' perceptions of sex education, limiting young people's access to comprehensive sex education. Relations also occur between socio-cultural and religious norms, biological changes in girls (the attainment of menarche) and parents' interpretations of sexuality education, producing

narrow discussions on abstinence sex education over power, gender in sexual relationships and contraception. Within this sexuality assemblage is also a continuous reproduction of gendered notions, which seem to suggest the gendered behaviour of men as 'normal' and something that could be avoided if young girls were discouraged from sexual relationships and contraception.

Of the 17 topics recommended by parents for inclusion in the sex education/school curriculum, abstinence and its importance in avoiding early and unintended pregnancies represent the most popular area of concern/topic for inclusion. The sexuality assemblage helps to understand why an abstinence-only curriculum remains the most popular traditional approach to sexuality education, including in Ghana. The high preference for abstinence is because local factors such as gender, religious and cultural norms interrelate to constrain discussions on sexuality.

Furthermore, the concept of abstinence aligns more closely with the traditional, conservative perspective on discussing sexuality, which tends to discourage in-depth conversations about the topic. Abstinence can be viewed as another manifestation of the conventional approach to addressing sexuality, where discussions with young people are restricted to sexual activity and its associated risks. This approach often leads to a strong preference for parents as the primary means of protecting young girls from unintended pregnancies and ensuring their access to education. A comprehensive overview of the recommended subjects will be provided in section 8.2.1.

The assemblage, therefore, is also a helpful way of understanding how human and non-human factors affect and are affected by each other to shape parental values and attitudes towards sexuality education. For instance, the sexuality assemblage helps to show how low fish harvest and undue pressure on parents to cater to the needs of young people (economic pressure) relate with biological changes in young girls (menarche) to shape parental concerns about early and

unintended pregnancy, and results in limited discussions on abstinence sex education with the hope to prevent young girls from engaging in sexual relationships.

This assemblage can also be derived from the father in School Three when I interviewed him: Poor fishing harvests, feeding family pressures, embarrassment at daughter's sexuality/or growing a woman's body, condoms as a distant 'city' thing, God's will, little privacy in the home, children's ignorance is a little privacy. These relations, as has been shown, result in the continuous marginalization of young girls' sexual health (Fox and Alldred 2022c) by providing a very limited form of sexuality education, limiting their capacity to manage their sexual lives and make well-informed decisions.

8.1.3 Reflections in the Application of the Sexuality Assemblage

I apply the Sexuality Assemblage based on its ontology of understanding the relations of factors in social phenomena and how these relations produce parents' recommendations of sexuality education for young people. However, there are two limitations associated with this application, which I find necessary to elaborate on.

The primary challenge lies in the ontology and, consequently, the research philosophy commonly linked to by most researchers who engage with the concept of sexuality assemblage. Most researchers align the sexuality assemblage with realist philosophy due to its emphasis on acknowledging the existence of a tangible social world that exists independently of our perceptions, interpretations, or theoretical applications (Alldred, Pam and Fox 2015a). In partial agreement with the aforementioned statement, I posit that the physical world is inexorably intertwined with human perception and influence. How else can we interpret the basic premise of the sexuality assemblage that the social production of phenomena occurs through a continuous *interaction between non-human and human effects*? In my opinion, the Sexuality Assemblage correlates more closely with an ontology that recognizes the presence of social structure and the

significance of human elements (senses, theories) in interpreting non-human matter. The perspective I adhere to is interpretivism, which recognizes that the concept of knowledge is formed subjectively and within a social context through human comprehension of a reality that is not singular, but rather multiple and socially constructed (Alharahsheh and Pius 2020).

The second point to consider relates to the boundaries or constraints shaping the operational framework of the concept of the assemblage. In contrast to conventional methodologies in social science research, the assemblage theory employs the production of capacities as its foundational premise for elucidating social occurrences (Fox & Alldred 2023b). However, in applying this, I faced a challenge in engaging with the constant fluidity of affects, capacities and assemblages, which, per this concept, is never constant (Fox & Alldred 2015; 2013). Sexualities and sexuality education evolve around consistently engaged phenomena, including gender, patriarchy and matriarchal structures and cultural norms (Ocran & Agot 2022). While I had no trouble accepting the evolution of concepts such as cultural norms and values, I found it challenging to apply the same idea to patriarchy. Patriarchy, an established factor in sexualities research, may be evolving but remains a consistent underlying phenomenon in instances of gender-based violence. Duff (2023) identifies this limitation when he describes the boundaries of using the affective relations of the assemblage in sexualities research. I explore the implications of these personal reflections on the assemblage later in this chapter.

8.2 Summary of Findings of the Study

This section is divided into two parts: 8.2.1 details the study's findings per research question. The second part summarises the study's key findings, which inform the conclusions, implications of the study for policy and program implementation, and suggestions for further research.

8.2.1 Findings per Research Questions

The following are the significant findings of the study per the research questions:

Research Question One: What is known about the sociocultural factors influencing parental approval or disapproval of sexuality education programs?

The following themes were emphasized in the current literature, encompassing both local perspectives from Ghana and international discourse. These themes reflect the socio-cultural factors found in the literature that influence parents' engagement in the sexuality education of young people:

At the policy level:

- Perceptions attached to Sex Education Policies (programs)
- Sexuality Education Policies and Varying discussions on sexuality
- Sexuality education policies in spaces and influence on parental attitudes

At the societal level:

- Cultural Norms and the Culture of Silence around sexuality or pleasure or intimacy, etc
- Cultural Norms, Intergenerational gaps and power dynamics in sexual socialization
- Cultural Norms and Gendered Sexual Socialization

At the individual level:

- The Exclusion of young people's sexual language
- Exclusion of young people from sexual health research

Research Question 2: What shapes parental involvement in young people's sexuality education?

Thematic analysis unveiled three overarching themes regarding the factors that drive parental engagement in young people's sexual development:

In the context of policy-related considerations regarding sexuality education programs, five distinct subthemes emerged from parents' perspectives. These subthemes warrant careful attention and analysis in the ongoing discourse on sexuality education programs:

- Names and meanings of sexuality education. The Names of sexuality education refer to the official names of sexuality education programs stipulated by overarching government policies and implemented in schools, communities, and homes. These are abstinence sexuality education and comprehensive sexuality education.
- The crudeness of the sexual language
- Parents' familiarity with sexuality education
- Limited understanding of the concept of sexuality education
- Sexuality education and perceptions of promiscuity

The Social factors encompass all social-related aspects that form the foundation for sexual communication between parents and young people. This encompasses eight sub-themes:

- Gendered dimensions to sexuality education
- Social spaces and social activities for sexuality education, such as parents bathing together with young people and watching TV together
- Social incidents that occasion sexuality education, such as the sexual behaviors of young people
- Social tools such as mobile phones and TV for watching sexual-related programs
- Social environment within which young people live, such as the sexually adventurous nature of boys and forms of sexual harassment
- Time factor and absence of parents

- Religious considerations-meaning how their faith forbade specific discussions on particular topics such as contraception
- Age of young people as shown from bio-data of young people whose parents were interviewed (Table 6, Chapter 4)
- Community opposition to sexuality education

Individual and Family-Based factors encompass a range of elements influencing interpersonal communication dynamics between parents and young people about sexuality. These factors include power relations that manifest in the context of sexuality education discussions, as well as the distribution of roles and responsibilities among parents when engaging in conversations about sexual matters. In the context of the study, Individual and Family-Based factors comprised six distinct sub-themes:

- Biological changes
- Type of relationship and communication between parents
- Sexual behaviours of young people as a modifier for sexuality education
- Parents' personal experiences and hardship
- Shyness on the part of parents and young people
- The view that one should be prepared (for sexual eventualities such as rape)

Research Question Three: Under a sexuality assemblage framework, how do socio-cultural and material factors influence parental preferences for sex education?

Three overarching themes emerged from 17 parental recommendations provided by both mothers and fathers, obtained during focus groups and interviews, regarding sexuality education curricula. These themes encapsulated the concerns expressed by parents that guided their recommendations: Values relating to Sexual Behaviour with four sub-themes

- Abstinence-related preferences and concerns at Home
- Abstinence-related preferences and concerns at School
- Comprehensive Sex Education preferences and concerns at Home
- Comprehensive Sex Education preferences and concerns in school

Abstinence-related preferences encompass the recommendations provided by parents regarding abstinence sexuality education topics and the underlying reasons for the widespread support of abstinence-related subjects in both home and school settings. On the other hand, comprehensive sex education preferences delineate the perspectives of parents on comprehensive sexuality education topics in both home and school environments, as well as the factors contributing to the diminished favorability towards sexuality education topics. These concerns underpinning parents' recommendations on sexuality education (as summarized in Table 14, Chapter 6) are relationally assembled under 8.2.1 as material and non-material affects which produce parents' recommendations for sexuality education topics. This includes what becoming pregnant before marriage would mean for a girl's education, family shame, school exclusion due to pregnancy, stigma from community and school due to pregnancy and the financial pressures presented by pregnancy to the young girls, the unborn child, and the girl's parents.

The theme of Moral and Personal Hygiene comprised two sub-themes:

- Personal Hygiene
- Bad Company

Experiences and Role Models encompass two underlying two sub-themes:

- Parents' Personal Life Experiences
- Stories of family lifestyles and role models

8.2.2 Key findings of the study

The forthcoming section will provide a synopsis of the notable discoveries derived from the analysis of all themes employing the two theoretical frameworks. These findings will be articulated as follows:

- The manner in which parents perceive or interpret sexuality education programs may serve as a significant underlying narrative that shapes their level of involvement in sexuality education.
- Local factors such as cultural, gender, and religious norms intertwine to shape a sexuality education landscape in which young girls are perceived to have greater access to sexuality education than boys, but in reality, they receive limited information on sexual health, hindering their ability to address forms of gender-based violence. Conversely, boys are often excluded from sexual socialization due to their lack of exposure to sexuality education at home.
- Unfavorable parental approaches to sexuality education represent just one of the capacities produced by the continuous relations between the human and non-human factors identified by the study.
- Relations with or between human and non-human affects also produce a limited, abstinence-based sex education curriculum for sexuality education, which marginalises young girls'access to appropriate sex education for making well-informed decisions.

8.3 Conclusions of the Study

The study concludes that:

- The intricate interplay of diverse factors, encompassing cultural, gender, and religious dimensions, significantly shapes parental attitudes towards sexuality education. These

attitudes, in turn, influence perceptions and understandings of sexuality education content, ultimately leading to the marginalization of young girls' access to pertinent sexual health information and the exclusion of young boys from comprehensive sexuality education. Advocating for Comprehensive Sexuality Education, it is crucial to underscore the impact of unfavorable parental attitudes on sexuality education. Such attitudes often lead to the marginalization of young girls' sexual health, impeding their access to essential sexual health information, thereby posing significant risks to their overall well-being. Likewise, parental approaches to sexuality education contribute to the exclusion of young boys from comprehensive sexuality education and perpetuate various forms of gender-based violence. The constraints on sexual health information impede the cultivation of positive sexual health attitudes in both girls and boys. Furthermore, the prevailing norms that shape parental attitudes create obstacles for parents to endorse Comprehensive Sexuality Education either at home or in educational institutions.

- Relations of human and non-human affects (factors) produce unfavorable parental attitudes towards young people’s sexuality and a limited curriculum for sexuality education, which marginalises young girls’ access to appropriate sex education for making well-informed sexual decisions.

8.4 Implications of the Findings for Policy, Practice and Theory

The implications of the findings are classified into four distinct categories: implications for policy, practice, theory, and the gap between theory and practice.

8.4.1 Implications for Policy

8.4.1.1 Dual Approaches to Sexuality Education

The findings emphasize a growing trend that indicates the adoption of (what I call) dual approaches to sexuality education, encompassing both abstinence-based and comprehensive sex education, in educational institutions, communities, and households. The bifurcation of sexuality education is evident in various contexts, including community and school environments (Ocran, 2021; Ocran & Alldred, Under Review). This is exemplified by the extensive discourse on abstinence-centered sex education and the parental predisposition towards contraceptive inclinations, as highlighted in the current research. The current duality in implementing sex education necessitates rectification within comprehensive sex education (CSE) policies. Assessments of the rejected comprehensive sex education curriculum should prioritize a synchronized rather than a fragmented approach to ensure consistent implementation of sexuality education across schools, communities, and homes. This can be achieved through the guidance of a unified policy, preferably comprehensive sexuality education, thus addressing the illusory aspects of sex education highlighted in Chapter 7. Consideration of such factors is crucial in the design of sex education programs.

8.4.1.2 Shifting Norms and Policy Considerations

In the KEEA region of Ghana, the Ministry of Education holds the responsibility for overseeing the development of sexuality education. Alongside other key stakeholders such as the Ministry of Health, which provides technical support in this area, it is crucial for these entities to carefully consider and respect the influence of gender, religion, and local cultural norms on parents' perceptions of young people's sexuality. CSE should take into account the prevailing cultural norms that contribute to misconceptions surrounding the sexual experiences of young people, as well as how parents can effectively engage in conversations about sexuality with their children. Given the existing cultural norms that both shape and hinder discussions on sexuality with young

people, it is recommended that age be a fundamental factor to be considered in the design of sexuality education programs. The data from Table 6 (Biodata of Young People whose Parents were Interviewed) indicates that the age range of the young people was from 11 to 21 years. However, parental reports revealed that some of these young people were described as highly sexually active and engaging in various sexual behaviours, including contraceptive use. Concerns have been raised by parents about the insufficiency and lack of relevance of age-appropriate sexuality education programs for students in Junior High School (JHS) 1 to 3 who may already be sexually active and/or deemed too mature for the current curriculum content. To address these concerns, it is essential for CSE programs to be culturally sensitive, considering not only the educational level of the students (JHS 1-3) but also the specific ages of the students to ensure that the content is suitable for the targeted youth beneficiaries.

8.4.2 Positionality and Implications for Practice

In framing the introduction, presentation, and discussion of findings, I strategically positioned myself to offer a multifaceted perspective rooted in my roles as a parent, educator, sexual health advisor, Health Science and Social Science scholar. This positioning allowed for a comprehensive exploration of the issues at hand. By drawing from these diverse perspectives, I sought to illuminate a range of insights for consideration.

As I draw my dissertation to a close, I extrapolate implications for institutional frameworks, intervention strategies, and the cultural paradigms that influence discourse on the sexuality of young people. My impetus stems from the observation that the prevailing approach to sex education, characterized by a duality that often proves ineffective, also presents the prospect of a comparable shift towards efficacy through the implementation of targeted interventions. Consequently, I recommend the following implications for the execution of sexuality education programs:

8.4.2.1 Institutions and Interventions

Efforts need to be harmonized among key institutions, notably the School Health Education Unit of the Ghana Education Service, operating under the Ministry of Education and responsible for school-based sex education programs, and other stakeholders such as UNESCO, UNICEF, and UNFPA, which implement community-based sex education initiatives. This collective approach will ensure that endeavours are cohesive and effectively address the identified determinants influencing parental involvement in young people's sexual development, mitigate the marginalization of young girls' sexual health, and promote the inclusion of boys in sexuality education efforts.

Parents' apprehensions regarding the age of children and the academic content of the sexuality education curriculum are heightened by the challenges to the notional age of entry for young learners, typically set at 6 years for Primary 1 (Ministry of Education 2024). The prevalence of disruptions to the continuity and uniformity of educational experiences in fishing communities, particularly at the junior high school level, is a well-documented phenomenon. Such disruptions often stem from various factors, including truancy and economic engagements related to fishing and fishmongering activities (Britwum, et al. 2017). It is imperative for the Ministry of Education to guarantee that children commence their schooling at the suitable age to correspond with the age-appropriate sex education curriculum in schools. This is particularly pertinent as the government spearheads consultations and deliberations regarding the declined CSE curriculum.

8.4.2.2 Cultural Sensitivity to Shifting Cultural Norms

It is imperative to recognize that CSE gender transformative programs must be executed within a framework that addresses the evolution of cultural, religious, and gender norms. These evolving norms have a substantial impact on parental perspectives regarding the sexuality of young people and may contribute to the perpetuation of patriarchal attitudes. Such attitudes serve to validate

different manifestations of gender-based violence, including sexual violence, as discerned from the narratives of participants.

In addition to ensuring alignment with the recommended notional age as stated in 8.4.2.1, it is important for CSE programs to take into account the specific ages of young people both in school and in out-of-school CSE interventions. This consideration ensures that the content is tailored to be suitable and relevant for their respective age groups.

It is imperative to take into account the influence of changing cultural norms on the development of gender-specific sexual behaviours when implementing interventions for Comprehensive Sexuality Education (CSE). When designing interventions for the home environment, it is crucial to consider various forms of gender-specific sexual socialization, including the impact of media such as radio and television programs. These media platforms play a significant role in shaping discussions between parents and young people regarding sexual issues and gender roles (6.3.1). A thorough understanding of these dynamics is essential for assisting young people in comprehending the power differentials between males and females in matters concerning sexuality.

Moreover, when operating outside the domestic sphere, it is crucial to undertake interventions related to Comprehensive Sexuality Education (CSE) with a keen awareness of the cultural context and the impact of norms on gender-specific perceptions, which have previously been delineated in 6.1.3. These cultural norms play a role in amplifying parental apprehensions concerning the association between sex education and promiscuity, alongside reinforcing patriarchal ideologies about male sexual conduct and gender roles. Consequently, these factors serve to perpetuate unequal gender dynamics, resulting in an overemphasis on abstinence while disregarding the sexual health requirements of young girls.

To effectively address the values and concerns expressed by parents regarding their preferences for and involvement in young people's sexuality education, it is crucial to develop age-appropriate, gender-sensitive, and culturally and contextually appropriate model CSE interventions. By tailoring sexuality education interventions to align with the specific needs of young people, such interventions can better resonate with parents and contribute to improved participation in and support for young people's sexuality education.

It is also pertinent to note that CSE interventions must account for various dimensions of sex education. The challenges arising from cultural norms are evident in the difficulties faced in translating sexuality terms/terminologies from English to Fante (and vice versa) and in shaping parents' ability to discern between 'sexual intercourse' and 'sexuality education'. The linguistic challenges also hinder gatekeepers (including parents) from fully embracing the concept of sexuality education and its implications. Moreover, cultural norms restrict parents from openly discussing sexuality at home due to the lack of acceptable terminologies in the local language. Therefore, it is crucial to consider these cultural dimensions when developing interventions within local contexts and involving parents in their children's sexuality education at home.

In conclusion, it is paramount to consider the impact of cultural and gender norms on the marginalization of sexual health for young girls when developing initiatives to promote gender equity. Furthermore, as explored in subsection 6.1.3, it is significant to recognize the influence of cultural and religious norms in shaping the perception of young girls as sexual beings in theory while being expected to maintain a stance of asexuality in practice. This often translates to inadequate sexuality education for young girls within the domestic sphere. The corollary to this is that cultural and gender norms also exclude young boys from sexual discussions, further deepening the precarious position young girls are placed in terms of their sexuality due to the potential of

gendered forms of violence. Interventions should, therefore, focus on enforcing gender equitable interventions for including boys in sexuality education programs as much as girls at home.

8.4.3 Implications for Theory

8.4.3.1 The Sexuality Assemblage

In considering the application of Sexuality Assemblage to sexualities research, it is essential for the approach to reflect the versatility inherent in its proposed epistemology. My research exclusively employs an assemblage of the New Materialist framework, and it is on this basis that I present the ensuing limitations as a foundation for future research:

- The application of the realist approach, which posits that natural phenomena exist independently from human interpretation, to the study of the Sexuality Assemblage may not fully capture the essence of this assemblage. The essence of the Sexuality assemblage lies in using human senses (material and animate factors) to interpret non-human (inanimate and non-material) factors for understanding social phenomena. Further research should explore the feasibility of using the interpretive research philosophy approach to guide New Materialist approaches in studying young people's sexual health, particularly in relation to parents and their involvement in young people's sexuality education.
- One significant area for improvement that I encountered in my research within the realm of health promotion/health education was the integration of theory. With a background in health science, my initial approach involved framing the study through an objectivist lens, emphasizing cause-and-effect analysis. However, the theoretical underpinnings of the Sexualities assemblage do not align with this perspective, instead emphasizing the constant interplay and production of factors. Adapting to this approach posed a challenge, as it required me to apply a concept with a fundamentally different theoretical framework. While I have utilized the Sexualities assemblage to comprehend the research context, I

continue to grapple with its complexity and multifaceted nature. In the subsequent section, I will explore potential avenues for further attention to navigate this intricacy.

- The challenges I encountered in grappling with the notion of fluidity within the units of analysis underscore the necessity for additional research to delineate boundaries for utilising these units in comprehending the micropolitics inherent in the interplay between human and non-human affects culminating in sexuality assemblages. Two of such assemblages are elucidated in section 8.1.2.

8.4.3.2 Sociology of Childhood

The Sociology of Childhood (discussed in Chapter Three) presents the perspective that children and young people embody social relations and that treating them as adults is essential for addressing their health and well-being. This theory helped me understand the importance of social institutions and individuals, such as parents, fostering positive relationships with young people as adults and acknowledging their distinct needs in matters related to health and sexuality. However, I felt that “The Sociology of Childhood" could have provided more specific guidance on how to approach interactions with young people regarding their health and well-being from the standpoint of their adult citizenship. This is where The Sociology of Child Health and Illness proved to be valuable.

8.4.4.3 Sociology of Child Health and Illness

The Sociology of Child Health and Illness is invaluable in its exploration of the recognition that young people should not be perceived merely as adults but also as sexual beings. It is particularly noteworthy for its introduction of a socio-ecological approach, which allows for the conceptualization of young individuals as sexual beings, thereby departing from the individualizing approach adopted by conventional biomedical models. Furthermore, the Sociology

of Child Health and Illness effectively addresses the identified gap within the Sociology of Childhood by offering a transparent socio-relational approach at policy, social, and individual levels. This approach facilitates the exploration of how parents comprehend the dichotomy between childhood and adulthood as it pertains to sexuality, which in turn influences children's understanding and awareness (crucial in addressing abuse) and young people's access to sexual health and overall well-being.

8.4.3.4 New Materialism and Sociology of Child Health and Illness

The study revealed that current sexuality education tends to marginalize the sexual health of young girls, as highlighted in the Sexuality Assemblage. This observation aligns with the earlier assertion made during the review of the two theories, indicating their complementarity in terms of relationality. Therefore, these two sociological theories are pivotal in social research concerning sex education, particularly in the context of comprehensive sex education, which encompasses the social and material dimensions of sexuality education.

Nevertheless, it is important to acknowledge that the application of these theories faces limitations, as elucidated in the challenges associated with implementing the Sexuality Assemblage, such as the realist approach, the rejection of a cause-and-effect relationship, and the fluidity concept, especially in 8.4.3.1.

8.4.3.5 Bridging the Gap between Theory and Practice

In my analysis of the data using two different theories, I have demonstrated the challenges inherent in applying each theory from 8.4.3.1 to 8.4.3.4. Furthermore, I extrapolate practical lessons for sexuality education based on this analysis.

First, it is important to acknowledge that *sexual socialization serves as a precursor to sexuality education*. The study, viewed through the lens of the Sociology of Child Health and Illness,

emphasized the distinction between sexual socialization and sexuality education. It also underscored the potential benefits of sexual socialization, which occurs prior to formal sexuality education and takes place both at home and in school. Notably, research conducted in Ghana has delved into the process of sexual socialization by parents (Ampofo 2001, Anarfi and Owusu 2011). Additionally, this investigation has shown, using parental perspectives, the social and environmental factors that influence the sexual socialization of young people within the home. The significance of the contribution made by the Sociology of Child Health and Illness lies in its capacity to offer valuable insights into the social and environmental dimensions that influence the sexual socialization of young people within their homes, as well as the local factors that contribute to this socialization within these settings.

Secondly, the Sexuality Assemblage facilitates a deeper comprehension of the interconnected factors influencing parental engagement in the sexuality education of young people, including the often overlooked local influences. By highlighting these factors, the Sexuality Assemblage underscores how their interconnectedness shapes parental involvement in sexuality education within the home.

8.5 Limitations of the Study

I identify some limitations for this study. By remaining sensitive to my positionalities, the study was able to engage with the experiences of parents and young people's sexuality education. My ability to engage with parents' experiences was also facilitated by translating English versions of consent, interviews, and focus group discussion guides for data collection and ethical considerations. However, as discussed in Chapter 7, due to cultural nuances, the local Fante language lacks a level of sexual language diction that matches translations from English to Fante. In some cases, phrases rather than words had to be used to represent translations. This may have sometimes diluted (but not necessarily misrepresented) intended meanings in translations for the

data analysis process. Next, I identified a limitation in the selection of participants for the study and interference of gatekeepers (I give a full description of the challenges presented by headteachers to the data collection process and the methods I employed to lessen these challenges in the methods chapter four).

The participant selection process in certain schools involved snowball sampling, facilitated by the headteachers, when parents were invited to participate voluntarily in the study by the PTA. This process may have introduced bias by selecting parents personally acquainted with the headteachers, potentially compromising the impartiality of participant selection. Nevertheless, it has been well-documented in prior research that participant selection, particularly when involving gatekeepers, cannot be entirely free from bias (Singh, S. and Wassenaar 2016, McFadyen and Rankin 2016). Nevertheless, these potential biases were mitigated by implementing specific measures designed to minimize gatekeeper bias during the participant selection process.

8.6 Suggestions for Further Research

The study conducted an in-depth exploration of the diverse factors that shape parental engagement in the sexuality education of young people. It specifically highlights parental attitudes towards sexual education programs and considers the socio-cultural and environmental settings within which sexuality education is administered as crucial elements influencing parental participation.

Future research endeavors should prioritize the identification of efficacious methods for providing age-appropriate sexuality education to young people to alleviate contentious viewpoints. Furthermore, it is essential to delve into the impact of parental sexual values on their active involvement in the sexuality education of young people.

References

Adjaye, J.K. and Aborampah, O., 2004. Intergenerational cultural transmission among the Akan of Ghana. *Journal of Intergenerational Relationships,* 2 (3-4), 23-38.

Adzovie, R.H. and Adzovie, D.E., 2020. Family Communication Patterns and Adolescent Sexual and Reproductive Health: Experiences from Coastal Communities in Ghana. *Technium Soc.Sci.J.,* 9, 195.

Ajao, A.A., Sibiya, N.P. and Moteetee, A.N., 2019. Sexual prowess from nature: A systematic review of medicinal plants used as aphrodisiacs and sexual dysfunction in sub-Saharan Africa. *South African Journal of Botany,* 122, 342-359.

Akweongo, P., et al., 2021. It's a woman's thing: gender roles sustaining the practice of female genital mutilation among the Kassena-Nankana of northern Ghana. *Reproductive Health,* 18 (1), 1-17.

Alharahsheh, H.H. and Pius, A., 2020. A review of key paradigms: Positivism VS interpretivism. *Global Academic Journal of Humanities and Social Sciences,* 2 (3), 39-43.

Alldred, P. and David, M.E., 2007, Conclusions: Getting real about sex-embedding an embodied sex education in schools. *In:* Conclusions: Getting real about sex-embedding an embodied sex education in schools. Open University Press, 2007, .

Alldred, P. and Foradada-Villar, M., 2018, Lost in translation?: Comparative and international work on gender-related violence. *In:* Lost in translation?: Comparative and international work on gender-related violence. *The Routledge Handbook of Gender and Violence.* Routledge, 2018, pp. 237-249.

Alldred, P. and Fox, N.J., 2017a, Materialism and micropolitics in sexualities education research. *In:* Materialism and micropolitics in sexualities education research. *The Palgrave handbook of sexuality education.* Springer, 2017a, pp. 655-672.

Alldred, P. and Fox, N.J., 2017b. Young bodies, power and resistance: A new materialist perspective. *Journal of Youth Studies,* 20 (9), 1161-1175.

Alldred, P. and Fox, N.J., 2015. The sexuality-assemblages of young men: A new materialist analysis. *Sexualities,* 18 (8), 905-920.

Alldred, P., Fox, N. and Kulpa, R., 2016. Engaging parents with sex and relationship education: A UK primary school case study. *Health Education Journal,* 75 (7), 855-868.

Allen, L., 2005. 'Say everything': Exploring young people's suggestions for improving sexuality education. *Sex Education,* 5 (4), 389-404.

Allen, L. and Rasmussen, M.L., 2017. *The Palgrave handbook of sexuality education.* Springer.

Amo-Adjei, J., 2022a. Local realities or international imposition? Intersecting sexuality education needs of Ghanaian adolescents with international norms. *Global Public Health,* 17 (6), 941-956.

Ampofo, A.A., 2001. " When men speak women listen": gender socialisation and young adolescents' attitudes to sexual and reproductive issues. *African Journal of Reproductive Health,* , 196-212.

Anarfi, J. and Owusu, A., 2011. The Making of a Sexual Being in Ghana: The State, Religion and the Influence of Society as Agents of Sexual Socialization. *Sexuality & Culture,* 15 (1), 1-18.

Ansell-Pearson, K., 1999. Perspectivism and relativism beyond the postmodern condition. *Philosophy, Psychiatry, & Psychology,* 6 (3), 167-171.

Asiedu, G.B. and Donkor, E., 2018. Family life education: A Ghanaian perspective. *Global Perspectives on Family Life Education,* , 165-177.

Asravor, R.K., 2021. Moonlighting to survive in a pandemic: multiple motives and gender differences in Ghana. *International Journal of Development Issues,* .

Awuah-Nyamekye, S., 2009. Salvaging nature: The Akan religio-cultural perspective. *Worldviews: Global Religions, Culture, and Ecology,* 13 (3), 251-282.

Awusabo-Asare, K., et al., 2017. From paper to practice: Sexuality education policies and their implementation in Ghana.

Awusabo-Asare, K., Abane, A.M. and Kumi-Kyereme, A., 2004. No title. *Adolescent Sexual and Reproductive Health in Ghana: A Synthesis of Research Evidence,* .

Bakker, I. and Gill, S., 2019. Rethinking power, production, and social reproduction: Toward variegated social reproduction. *Capital & Class,* 43 (4), 503-523.

Baku, E.A., et al., 2018. Parents' experiences and sexual topics discussed with adolescents in the Accra Metropolis, Ghana: a qualitative study. *Advances in Public Health,* 2018.

Bashford-Squires, S., Gibson, L. and Nyashanu, M., 2022, Mitigating gender-based violence through the economic empowerment of women: a case study of the Teso sub-region in Uganda. *In:* Mitigating gender-based violence through the economic empowerment of women: a case study of the Teso sub-region in Uganda. *Indigenous Methodologies, Research and Practices for Sustainable Development.* Springer, 2022, pp. 371-391.

Bay-Cheng, L.Y., 2003. The trouble of teen sex: The construction of adolescent sexuality through school-based sexuality education. *Sex Education: Sexuality, Society and Learning,* 3 (1), 61-74.

Bastien, S., Kajula, L.J. and Muhwezi, W.W., 2011. A review of studies of parent-child communication about sexuality and HIV/AIDS in sub-Saharan Africa. *Reproductive Health,* 8 (1), 1-17.

Beazley, H., et al., 2009. The right to be properly researched: Research with children in a messy, real world. *Children's Geographies,* 7 (4), 365-378.

Bellamy, C., 2011. *Principles of methodology: Research design in social science.* Sage.

Berne, L.A., et al., 2000. A qualitative assessment of Australian parents' perceptions of sexuality education and communication. *Journal of Sex Education and Therapy,* 25 (2-3), 161-168.

BLEEK, W., 2001. AVOIDING SHAME: 1· HE ETHICAL CONTEXT OF ABORTION IN GHANA.

Bleek, W., 1987. Lying informants: a fieldwork experience from Ghana. *Population and Development Review,* , 314-322.

Bluebond-Langner, M. and Korbin, J.E., 2007. Challenges and Opportunities in the Anthropology of Childhoods: An Introduction to "Children, Childhoods, and Childhood Studies". *American Anthropologist,* 109 (2), 241-246.

Bochow, A., 2012. Let's talk about sex: reflections on conversations about love and sexuality in Kumasi and Endwa, Ghana. *Culture, Health & Sexuality,* 14 (sup1), S15-S26.

Borman, K.M., LeCompte, M.D. and Goetz, J.P., 1986. Ethnographic and qualitative research design and why it doesn't work. *American Behavioral Scientist,* 30 (1), 42-57.

Brady, G., et al., 2022. Transitioning from child to adult: safeguarding practice for young people who have experienced child sexual exploitation: systematic review.

Brady, G. and Lowe, P., 2020. 'Go on, go on, go on': Sexual consent, child sexual exploitation and cups of tea. *Children & Society,* 34 (1), 78-92.

Brady, G., et al., 2018. 'All in all it is just a judgement call': issues surrounding sexual consent in young people's heterosexual encounters. *Journal of Youth Studies,* 21 (1), 35-50.

Brady, G., Lowe, P. and Lauritzen, S.O., 2015, Connecting a sociology of childhood perspective with the study of child health, illness and wellbeing: introduction. *In:* Connecting a sociology of childhood perspective with the study of child health, illness and wellbeing: introduction. *Children, Health and Well-being.* Hoboken, NJ, USA: John Wiley & Sons, Inc, 2015, pp. 1-12.

Braidotti Rosi, 2013. *The Posthuman.* Chapter 2 ed. Cambridge.

Braidotti, R., 2019. A theoretical framework for the critical posthumanities. *Theory, Culture & Society,* 36 (6), 31-61.

British Educational Research Association, 2019. *Ethical Guidelines for Educational Research, fourth edition (2018).*

Britwum, A.O., et al., 2017. Case study on girls who have dropped out of school due to pregnancy and factors facilitating and/or preventing their re-entry into school after delivery. *Cape Coast: University of Cape Coast,* .

Browes, N.C., 2015. Comprehensive sexuality education, culture and gender: the effect of the cultural setting on a sexuality education programme in Ethiopia. *Sex Education,* 15 (6), 655-670.

Brown Geraldine, Brady Geraldine and Jones Chantel, 2017. *Young people aged 14-18 perceptions and understanding in relation to sex, sexual health and teenage pregnancy.* UK: Coventry University.

Budu, E., et al., 2023. Prevalence and predictors of premarital sexual intercourse among young women in sub-Saharan Africa. *Reproductive Health,* 20 (1), 99.

Caldwell, B., 2015. *Beyond positivism.* Routledge.

Casper, V., et al., 1996. Toward a most thorough understanding of the world: Sexual orientation and early childhood education. *Harvard Educational Review,* 66 (2), 271-294.

Chubb, L.A., et al., 2024. Considering Culture and Countering Mistrust: Organisation Perspectives for Adapting Comprehensive Sexuality Education in Ghana. *Sexuality Research and Social Policy,* , 1-15.

Coffey, J., Budgeon, S. and Cahill, H., 2016, Introduction: The body in youth and childhood studies. *In:* Introduction: The body in youth and childhood studies. *Learning Bodies.* Springer, 2016, pp. 1-19.

Committee on Psychosocial Aspects of Child and Family Health and Committee on Adolescence, 2001. Sexuality education for children and adolescents. *Pediatrics,* 108 (2), 498-502.

Corteen, K.M., 2006. Schools' fulfilment of sex and relationship education documentation: three school-based case studies. *Sex Education,* 6 (1), 77-99.

Dagnachew Adam, N., Demissie, G.D. and Gelagay, A.A., 2020. Parent-Adolescent Communication on Sexual and Reproductive Health Issues and Associated Factors among Preparatory and Secondary School Students of Dabat Town, Northwest Ethiopia. *Journal of Environmental and Public Health,* 2020.

Damianakis, T. and Woodford, M.R., 2012. Qualitative research with small connected communities: Generating new knowledge while upholding research ethics. *Qualitative Health Research,* 22 (5), 708-718.

Dankwa, S.O., 2009. "It's a silent trade": female same-sex intimacies in post-colonial Ghana. *NORA—Nordic Journal of Feminist and Gender Research,* 17 (3), 192-205.

Dentith, A.M., Measor, L. and O'Malley, M.P., 2012. The research imagination amid dilemmas of engaging young people in critical participatory work. *In: Forum Qualitative Sozialforschung/Forum: Qualitative Social Research,* .

DePalma, R. and Francis, D., 2014. Silence, nostalgia, violence, poverty…: What does 'culture' mean for South African sexuality educators? *Culture, Health & Sexuality,* 16 (5), 547-561.

Dery, I., 2020. Negotiating positionality, reflexivity and power relations in research on men and masculinities in Ghana. *Gender, Place & Culture,* 27 (12), 1766-1784.

Dolan, C.S., et al., 2014. A BLIND SPOT IN GIRLS' EDUCATION: MENARCHE AND ITS WEBS OF EXCLUSION IN GHANA. *Journal of International Development,* 26 (5), 643-657.

Draucker, C.B., Martsolf, D.S. and Poole, C., 2009. Developing distress protocols for research on sensitive topics. *Archives of Psychiatric Nursing,* 23 (5), 343-350.

Duff, C., 2023. The ends of an assemblage of health. *Social Science & Medicine*, *317*, p.115636.

Eisenberg, M.E., et al., 2008. Support for comprehensive sexuality education: Perspectives from parents of school-age youth. *Journal of Adolescent Health,* 42 (4), 352-359.

Fields, J., 2005. "Children having children": Race, innocence, and sexuality education. *Social Problems,* 52 (4), 549-571.

Fiolet, R., et al., 2021. Indigenous peoples' help-seeking behaviors for family violence: A scoping review. *Trauma, Violence, & Abuse,* 22 (2), 370-380.

Fox, N.J. and Alldred, P., 2022. New Materialism, Micropolitics and the Everyday Production of Gender-Related Violence. *Social Sciences,* 11 (9), 380.

Fox, N.J. and Alldred, P., 2021a, Climate change, environmental justice and the unusual capacities of posthumans. *In:* Climate change, environmental justice and the unusual capacities of posthumans. *Posthuman Legalities.* Edward Elgar Publishing, 2021a, pp. 59-81.

Fox, N.J. and Alldred, P., 2021b. Economics, the climate change policy-assemblage and the new materialisms: towards a comprehensive policy. *Globalizations,* 18 (7), 1248-1258.

Fox, N.J. and Alldred, P., 2016. *Sociology and the new materialism: Theory, research, action.* Sage.

Fox, N.J. and Alldred, P., The More-than-Human Micropolitics of the Research Assemblage. *In:* The More-than-Human Micropolitics of the Research Assemblage. *The Routledge International Handbook of More-than-Human Studies.* Routledge, pp. 390-403.

Ganchimeg, T., et al., 2014. Pregnancy and childbirth outcomes among adolescent mothers: a W orld H ealth O rganization multicountry study. *BJOG: An International Journal of Obstetrics & Gynaecology,* 121, 40-48.

Ghana Education Service, 2022a. *Ghana Education Service: About Us* [online]. . Available at: https://ges.gov.gh/ [Accessed 9th August 2022].

Ghana Education Service, 2022b. *School Health Education Programme (SHEP) Unit* [online]. . Available at: https://ges.gov.gh/2019/07/31/school-health-education-programme-unit [Accessed 9th August 2022].

Ghana Education Service, 2012. *School Health Education policy guidelines.* Accra, Ghana: Ghana Education Service.

Ghana Statistical Service, 2021a. *Ghana Population and Housing Census Volume 2: Proximity of Residential Structures to Essential Service Facilities.* Accra: Ghana Statistical Service.

Ghana Statistical Service, 2021b. *Ghana Population Census 2021: Population of Regions and Districts.* Accra: .

Ghana Statistical Service, 2014. *2010 Population and Housing Census. District Analytical Report. Pusiga District.*

Giami, A., 2002. Sexual health: the emergence, development, and diversity of a concept. *Annual Review of Sex Research,* 13 (1), 1-35.

Gimenez, M.E., 2018, Capitalism and the oppression of women: Marx revisited. *In:* Capitalism and the oppression of women: Marx revisited. *Marx, Women, and Capitalist Social Reproduction.* Brill, 2018, pp. 345-362.

Goldman, J.D., 2008. Responding to parental objections to school sexuality education: A selection of 12 objections. *Sex Education,* 8 (4), 415-438.

Gore, E., 2018. Reflexivity and queer embodiment: Some reflections on sexualities research in Ghana. *Feminist Review,* 120 (1), 101-119.

Haberland, N. and Rogow, D., 2015. Sexuality Education: Emerging Trends in Evidence and Practice. *Journal of Adolescent Health,* 56 (1, Supplement), S15-S21.

Halabi, S., et al., 2013. A documentary analysis of HIV/AIDS education interventions in Ghana. *Health Education Journal,* 72 (4), 486-500.

Hanass-Hancock, J., et al., 2018. Breaking the silence through delivering comprehensive sexuality education to learners with disabilities in South Africa: educators experiences. *Sexuality and Disability,* 36 (2), 105-121.

Henderson, C., et al., 2022. Shifting the paradigm from participant mistrust to researcher & institutional trustworthiness: a qualitative study of researchers' perspectives on building trustworthiness with Black communities. *Community Health Equity Research & Policy,* , 0272684X221117710.

Ho, C.C. and Tan, H.M., 2011. Rise of herbal and traditional medicine in erectile dysfunction management. *Current Urology Reports,* 12 (6), 470-478.

Holland, J., 2007. Emotions and research. *International Journal of Social Research Methodology,* 10 (3), 195-209.

Huaynoca, S., et al., 2014. Scaling up comprehensive sexuality education in Nigeria: from national policy to nationwide application. *Sex Education,* 14 (2), 191-209.

Hyde, A., et al., 2010. The silent treatment: parents' narratives of sexuality education with young people. *Culture, Health & Sexuality,* 12 (4), 359-371.

Hyde, A., et al., 2005. The focus group method: Insights from focus group interviews on sexual health with adolescents. *Social Science & Medicine,* 61 (12), 2588-2599.

Jellema, A. and Philips, B., 2004. *Learning to Survive: How education for all would save millions of young people from HIV/AIDS.*

Joshi, D., Buit, G. and González-Botero, D., 2015. Menstrual hygiene management: education and empowerment for girls? *Waterlines,* , 51-67.

Kaiser, K., 2009. Protecting respondent confidentiality in qualitative research. *Qualitative Health Research,* 19 (11), 1632-1641.

Kajula, L.J., et al., 2014. Dynamics of parent–adolescent communication on sexual health and HIV/AIDS in Tanzania. *AIDS and Behavior,* 18 (1), 69-74.

Kakal, T., et al., 2022. Young people's choice and voice concerning sex and relationships: effects of the multicomponent Get Up Speak Out! Programme in Iganga, Uganda. *BMC Public Health,* 22 (1), 1603.

Kamangu, A.A., John, M.R. and Nyakoki, S.J., 2017. Barriers to parent-child communication on sexual and reproductive health issues in East Africa: A review of qualitative research in four countries. *Journal of African Studies and Development,* 9 (4), 45-50.

Kantor, L.M., et al., 2008. Abstinence-only policies and programs: An overview. *Sexuality Research & Social Policy,* 5 (3), 6-17.

Kassa, G.M., et al., 2018. Prevalence and determinants of adolescent pregnancy in Africa: a systematic review and meta-analysis. *Reproductive Health,* 15 (1), 1-17.

KEEA Municipal Assembly, 2021. *Education* [online]. . Available at: https://keeama.gov.gh/index.php/education/ [Accessed 15th April 2024].

Kelleher, C., et al., 2013. Parental involvement in sexuality education: Advancing understanding through an analysis of findings from the 2010 Irish Contraception and Crisis Pregnancy Study. *Sex Education,* 13 (4), 459-469.

Kenner, C., et al., 2022. Reimagining sexual and reproductive healthcare for LGBTQ communities. *Culture, Health & Sexuality,* , 1-14.

Kim, J.L. and Ward, L.M., 2007. Silence speaks volumes: Parental sexual communication among Asian American emerging adults. *Journal of Adolescent Research,* 22 (1), 3-31.

Kitzinger, J., 1995. Qualitative research: introducing focus groups. *Bmj,* 311 (7000), 299-302.

Kumi-Kyereme, A., Awusabo-Asare, K. and Biddlecom, A., 2007. Adolescents' sexual and reproductive health: qualitative evidence from Ghana. *Occasional Report,* 30.

Kumi-Kyereme, A., Awusabo-Asare, K. and Darteh, E.K.M., 2014. Attitudes of gatekeepers towards adolescent sexual and reproductive health in Ghana. *African Journal of Reproductive Health,* 18 (3), 142-153.

Kumi-Kyereme, A., et al., 2007. Influence of social connectedness, communication and monitoring on adolescent sexual activity in Ghana. *African Journal of Reproductive Health,* 11 (3), 133-147.

Kyei-Gyamfi, S., 2022. Fish-for-Sex (FFS) and Risk of HIV Infection among Fishers in Elmina Fishing Community in Ghana. *African Human Mobility Review,* 8 (2), 75-97.

Lange, A. and Mierendorff, J., 2009, Method and methodology in childhood research. *In:* Method and methodology in childhood research. *The Palgrave handbook of childhood studies.* Springer, 2009, pp. 78-95.

Leung, H., et al., 2019. Development of contextually-relevant sexuality education: Lessons from a comprehensive review of adolescent sexuality education across cultures. *International Journal of Environmental Research and Public Health,* 16 (4), 621.

Lewis Asimeng-Boahene, P.D., 2013. The social construction of sub-Saharan women's status through African proverbs. *Mediterranean Journal of Social Sciences,* 4 (1).

Liang, M., et al., 2019. The State of Adolescent Sexual and Reproductive Health. *Journal of Adolescent Health,* 65 (6, Supplement), S3-S15.

Lukolo, L.N. and van Dyk, A., 2015. Parents' participation in the sexuality education of their children in rural Namibia: a situational analysis. *Global Journal of Health Science,* 7 (1), 35.

Lukumay, G.G., et al., 2023. Community myths and misconceptions about sexual health in Tanzania: Stakeholders' views from a qualitative study in Dar es Salaam Tanzania. *PloS One,* 18 (2), e0264706.

Lule, F., 2020. Global Burden of HIV/AIDS: Prevalence, Pattern and Trends. *Handbook of Global Health,* , 1-49.

Manu, A.A., et al., 2015. Parent–child communication about sexual and reproductive health: evidence from the Brong Ahafo region, Ghana. *Reproductive Health,* 12, 1-13.

Martin, K.A., Luke, K.P. and Verduzco-Baker, L., 2007, The sexual socialization of young children: Setting the agenda for research. *In:* The sexual socialization of young children: Setting the agenda for research. *Social psychology of gender.* Emerald Group Publishing Limited, 2007, .

Marx, K., 2019, On the Materialist Conception of History. *In:* On the Materialist Conception of History. *Ideals and Ideologies.* Routledge, 2019, pp. 257-258.

Maurer, T.W. and Pleck, J.H., 2006. Fathers' caregiving and breadwinning: A gender congruence analysis. *Psychology of Men & Masculinity,* 7 (2), 101.

Maxwell, J.A., 2012. What is realism, and why should qualitative researchers care. *A Realist Approach for Qualitative Research,* , 3-13.

Mayall, B., 2013. A history of the sociology of childhood [IOE Press advance information].

Mayall, B., 2000. The sociology of childhood in relation to children's rights. *Int'L J.Child.Rts.,* 8, 243.

McFadyen, J. and Rankin, J., 2016. The role of gatekeepers in research: learning from reflexivity and reflection. *GSTF Journal of Nursing and Health Care (JNHC),* 4 (1).

Measor, L., Tiffin, C. and Miller, K., 2000. *Young people's views on sex education: Education, attitudes, and behaviour.* Psychology Press.

Merriam, S.B., 2002. Introduction to qualitative research. *Qualitative Research in Practice: Examples for Discussion and Analysis,* 1 (1), 1-17.

Mezzadri, A., 2019. On the value of social reproduction: Informal labour, the majority world and the need for inclusive theories and politics. *Radical Philosophy,* 2 (4), 33-41.

Ministry of Education, 2024. *Their Future is now: Ensure all Children Enrol in KG at Age 4.* Accra: Ministry of Education.

Ministry of Finance and Economic Planning, 2019. *Composite budget for 2019-2022 programme-based budget estimates for 2019 Komenda-Edina–Eguafo–Abrem Municipal assembly.* Accra, Ghana: .

Monk, D., 2009. Regulating home education: negotiating standards, anomalies and rights. *Child & Fam.LQ,* 21, 155.

Monk, D., 2004. Problematising home education: challenging 'parental rights' and 'socialisation'. *Legal Studies,* 24 (4), 568-598.

Monzón, A.S., et al., 2017. From Paper to Practice: Sexuality Education Policies and Curricula and Their Implementation in Guatemala. *Guttmacher Institute,* , 1-64.

Moore, A. and Owusu, A., 2016, Men Who Have Sex with Men (MSM) in Accra, Ghana and Lome, Togo: Sexual History and HIV Risk Behavior. *In:* Men Who Have Sex with Men (MSM) in Accra, Ghana and Lome, Togo: Sexual History and HIV Risk Behavior. *Children and Young People Living with HIV/AIDS.* Springer, 2016, pp. 207-222.

Morgan, D.L., 1996. *Focus groups as qualitative research.* Sage publications.

Morrow, M. and Barraclough, S., 2010. Gender equity and tobacco control: bringing masculinity into focus. *Global Health Promotion,* 17 (1_suppl), 21-28.

Motta, A., et al., 2017. From paper to practice: Sexuality education policies and their implementation in Peru. *New York: Guttmacher Institute,* .

Muhwezi, W.W., et al., 2015. Perceptions and experiences of adolescents, parents and school administrators regarding adolescent-parent communication on sexual and reproductive health issues in urban and rural Uganda. *Reproductive Health,* 12 (1), 1-16.

Nambambi, N.M. and Mufune, P., 2011. What is talked about when parents discuss sex with children: family based sex education in Windhoek, Namibia. *African Journal of Reproductive Health,* 15 (4), 120-129.

Namisi, F.S., et al., 2009. Sociodemographic variations in communication on sexuality and HIV/AIDS with parents, family members and teachers among in-school adolescents: a multi-site study in Tanzania and South Africa. *Scandinavian Journal of Public Health,* 37 (2_suppl), 65-74.

Nespor, J., 2000. Anonymity and place in qualitative inquiry. *Qualitative Inquiry,* 6 (4), 546-569.

Ninsiima, A.B., et al., 2018. "Girls have more challenges; they need to be locked up": a qualitative study of gender norms and the sexuality of young adolescents in Uganda. *International Journal of Environmental Research and Public Health,* 15 (2), 193.

NTU, 2019. *Code of Practice for Research.* Nottingham:UK: NTU.

Nunoo, F.K. and Asiedu, B., 2013. An investigation of fish catch data and its implications for management of small-scale fisheries of Ghana. *International Journal of Fisheries and Aquatic Sciences,* 2 (3), 46-57.

Nyarko Ansah, G. and Dzregah, A.E., 2020. Exploring Ethos in Contemporary Ghana. *Humanities,* 9 (3), 62.

Nyarko, K., et al., 2014. Parental attitude towards sex education at the lower primary in Ghana.

Nyashanu, M., 2021. Insider and outsider researcher positionality impact: Lessons from researching the social construction of HIV stigma and sexual health seeking behaviour within Black sub-Sahara African communities.

Ocran ,Benedict, Alldred, Pam, 2024 (Under Review). Community Attitudes Towards Condom Use And Unintended Pregnancies Under Different Modes Of Sex Education In Ghana.

Ocran, B., 2020. Teacher approaches, attitudes and challenges to sexuality education: A case study of three Junior High Schools from Ghana. *African Journal of Reproductive Health,* 1-14.

Ocran, B., 2016. *Assessing Comprehensive Sex Education In Ghanaian Junior High Schools: A Case Study Of Selected Schools In The Komenda-Edinaeguafo-Abrem Municipal District, ELMINA-GHANA.*

Ocran, B.E., 2021. Teacher approaches, attitudes, and challenges to sexuality education: A case study of three junior high schools in Ghana. *African Journal of Reproductive Health,* 25 (4), 153-166.

Ocran, B.E., 2016. *Assessing Comprehensive Sex Education in Ghanaian Junior High Schools: A Case Study of Selected Schools in the Komenda-Edina-Eguafo-Abrem Municipal District, Elmina-Ghana.* University College London.

Ocran, B.E. and Atiigah, G.A., 2022. An Insider–Outsider Approach to Understanding the Prevalence of Female Genital Mutilation in Pusiga in the Upper East Region of Ghana. *Social Sciences,* 11 (11), 526.

Ocran, B., Talboys, S. and Shoaf, K., 2022b. Conflicting HIV/AIDS Sex Education Policies and Mixed Messaging among Educators and Students in the Lower Manya Krobo Municipality, Ghana. *International Journal of Environmental Research and Public Health,* 19 (23), 15487.

Ogunade, R. and Oluwaseun, G., 2022, 'Outsider'and 'Insider'Study of African Traditional Religion. *In:* 'Outsider'and 'Insider'Study of African Traditional Religion. *The Palgrave Handbook of African Traditional Religion.* Springer, 2022, pp. 487-496.

Panchaud, C., et al., 2019. Towards comprehensive sexuality education: A comparative analysis of the policy environment surrounding school-based sexuality education in Ghana, Peru, Kenya and Guatemala. *Sex Education,* 19 (3), 277-296.

Potrac, P., Jones, R.L. and Nelson, L., 2014, Interpretivism. *In:* Interpretivism. *Research methods in sports coaching.* Routledge, 2014, pp. 31-41.

Quarshie, E.N. and Asante, K.O., 2022. Self-harm and suicidal behaviours among pregnant adolescent girls and young women could be doubly compounded in sub-Saharan Africa: A call for further research. *EClinicalMedicine,* 45.

Race, R. and Vidal-Hall, C., 2019. No title. *The BERA/SAGE Handbook of Educational research–Volumes 1 and 2,* .

Robinson, B., et al., 2002. The sexual health model: Application of a sexological approach to HIV prevention. *Health Education Research,* 17 (1), 43-57.

Robinson, K.H., Smith, E. and Davies, C., 2017. Responsibilities, tensions and ways forward: parents' perspectives on children's sexuality education. *Sex Education,* 17 (3), 333-347.

Santelli, J., et al., 2006. Abstinence and abstinence-only education: A review of US policies and programs. *Journal of Adolescent Health,* 38 (1), 72-81.

Savolainen, J., et al., 2023. Positionality and its problems: Questioning the value of reflexivity statements in research. *Perspectives on Psychological Science,* 18 (6), 1331-1338.

Shamrock, O.W. and Ginn, H.G., 2021. Disability and sexuality: Toward a focus on sexuality education in Ghana. *Sexuality and Disability,* 39 (4), 629-645.

Shaw, R.M., et al., 2020. Ethics and positionality in qualitative research with vulnerable and marginal groups. *Qualitative Research,* 20 (3), 277-293.

Shtarkshall, R.A., Santelli, J.S. and Hirsch, J.S., 2007. Sex education and sexual socialization: Roles for educators and parents. *Perspectives on Sexual and Reproductive Health,* 39 (2), 116-119.

Sidamo, N.B., et al., 2023. Socio-Ecological Analysis of Barriers to Access and Utilization of Adolescent Sexual and Reproductive Health Services in Sub-

Saharan Africa: A Qualitative Systematic Review. *Open Access Journal of Contraception,* , 103-118.

Sidze, E.M., et al., 2017. From paper to practice: sexuality education policies and their implementation in Kenya.

Silberschmidt, M., 2004. 11. masculinities, sexuality and socio-economic change in rural and urban East Africa. *Re-Thinking Sexualities in Africa,* 233.

Sim, J. and Waterfield, J., 2019. Focus group methodology: some ethical challenges. *Quality & Quantity,* 53 (6), 3003-3022.

Simuyaba, M., et al., 2021. Engaging young people in the design of a sexual reproductive health intervention: Lessons learnt from the Yathu Yathu ("For us, by us") formative study in Zambia. *BMC Health Services Research,* 21, 1-10.

Singh, A., Both, R. and Philpott, A., 2021. 'I tell them that sex is sweet at the right time'–A qualitative review of 'pleasure gaps and opportunities' in sexuality education programmes in Ghana and Kenya. *Global Public Health,* 16 (5), 788-800.

Singh, S. and Wassenaar, D.R., 2016. Contextualising the role of the gatekeeper in social science research. *South African Journal of Bioethics and Law,* 9 (1), 42-46.

Sommer, M., 2009. Ideologies of sexuality, menstruation and risk: girls' experiences of puberty and schooling in northern Tanzania. *Culture, Health & Sexuality,* 11 (4), 383-398.

Suri, H., 2011. Purposeful sampling in qualitative research synthesis. *Qualitative Research Journal,* 11 (2), 63-75.

Swauger, M., Castro, I.E. and Harger, B., 2017, The continued importance of research with children and youth: The "new" sociology of childhood 40 years later. *In:* The continued importance of research with children and youth: The "new" sociology of childhood 40 years later. *Researching children and youth: Methodological issues, strategies, and innovations.* Emerald Publishing Limited, 2017, .

The Lancet Editorial, 2015. Adolescent health: boys matter too. *The Lancet,* .

Thrift, N., 2004. Intensities of feeling: Towards a spatial politics of affect. *Geografiska Annaler: Series B, Human Geography,* 86 (1), 57-78.

Tong, A., Sainsbury, P. and Craig, J., 2007. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care,* 19 (6), 349-357.

Trudell, B.N., 2017. *Doing sex education: Gender politics and schooling.* Routledge.

UNAIDS, 2021. *Young People and HIV.*

UNESCO, 2020. *GLOBAL EDUCATION MONITORING (GEM) REPORT 2020.* Washington, D.C: HT Digital Streams Limited.

UNESCO, 2019. *Facing the facts: the case for comprehensive sexuality education.* UNESCO.

UNESCO, 2018. *International technical guidance on sexuality education: An evidence-informed approach.* UNESCO.

UNESCO, 2009. *International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators.* UNESCO.

UNICEF, 2022. *Adolescent HIV Prevention.* UNICEF.

Usonwu, I., Ahmad, R. and Curtis-Tyler, K., 2021. Parent–adolescent communication on adolescent sexual and reproductive health in sub-Saharan Africa: a qualitative review and thematic synthesis. *Reproductive Health,* 18 (1), 1-15.

Vanwesenbeeck, I., et al., 2016. Lessons learned from a decade implementing Comprehensive Sexuality Education in resource poor settings: The World Starts With Me. *Sex Education,* 16 (5), 471-486.

Wamoyi, J., et al., 2010. Parent-child communication about sexual and reproductive health in rural Tanzania: Implications for young people's sexual health interventions. *Reproductive Health,* 7 (1), 1-18.

Wangamati, C.K., 2020. Comprehensive sexuality education in sub-Saharan Africa: adaptation and implementation challenges in universal access for children and adolescents. *Sexual and Reproductive Health Matters,* 28 (2), 1851346.

Wiles, R., et al., 2008. The management of confidentiality and anonymity in social research. *International Journal of Social Research Methodology,* 11 (5), 417-428.

Wilson, C., Janes, G. and Williams, J., 2022. No title. *Identity, Positionality and Reflexivity: Relevance and Application to Research Paramedics.Brit Paramed J 7 (2): 43–49,* .

World Health Organization, 2022. *Sexual Health* [online]. . Available at: https://www.who.int/health-topics/sexual-health#tab=tab_1 [Accessed 8th August 2022].

World Health Organization, 2020. No title. *Infection Prevention and Control Guidance for Long-Term Care Facilities in the Context of COVID-19: Interim Guidance, 21 March 2020,* .

World Health Organization, 2018. WHO recommendations on adolescent sexual and reproductive health and rights.

World Health Organization, 2017. Sexual health and its linkages to reproductive health: an operational approach.

Yakpir, G.M., 2020. No title. *Sex Education: A Qualitative Study of the Experiences of Window of Hope Tutors in Ghanaian Colleges of Education,* .

Yankah, E. and Aggleton, P., 2017, The manufacture of consensus: The development of United Nations Technical guidance on sexuality education. *In:* The manufacture of consensus: The development of United Nations Technical guidance on sexuality education. *The Palgrave handbook of sexuality education.* Springer, 2017, pp. 53-68.

Yarber, W.L., 1992. While we stood by… the limiting of sexual information to our youth. *Journal of Health Education,* 23 (6), 326-335.

Yılmaz, Z., 2018. Religion as the opium of the people. *Krisis,* (2).

Appendices

A. Study One-In-depth Interviews

A1 In-depth Interview Guide (English)

In-depth Interview Guide

Introduction

I want to thank you again for taking the time to take part in this interview. As already explained, I would like to talk to you about your experiences with the sexuality education curriculum at the Junior High School level in order to understand factors that shape parents' involvement in sex education. I will be recording the session and taking notes, but please be sure to speak loudly and clearly so that I do not misrepresent your views. All responses will be kept confidential. Please, remember, you don't have to talk about anything you don't want to, and you may end the interview at any time. Are there any questions about what I have just explained?

A. Relevance of Interviewee to the Interview Process

Question One: *Can you tell me the level of education and age of your son or daughter in School?*

B. Familiarity with Sex Education Curriculum

Question Two: *Could you share your experiences with some of the topics you have discuss with your son/daughter on sex education taught in school?*

Question Three: *Please, can you help me understand further/better other topics that you discuss with your son or daughter on sex education?*

Question Four*: Does some of the topics include you discuss with your child include abstinence, condom use/safer sex, chastity, GBV/sexual consent, power relations?*

C. Factors shaping engagement with sex education curriculum

Question Four: *Generally, could you describe the atmosphere between you and your son/daughter whenever you discuss any topic on sex education as you have shared?*

Question Five: *I am very interested to understand some of the underlying issues, which in your opinion, informs the kind of interactions (you have just described) between you and your child whenever you discuss sex education? Do you care to throw more light on that, please?*

Question Six: *Please, let us now move beyond your immediate experiences when you discuss sex education with your child. Could you help me understand how your everyday activities, for example your work shapes your engagements with your child in sex education?*

Question Seven: *Please share your experiences of other wide-ranging factors such as religious beliefs, values and principles which shapes discussions on sex education with your child?*

D. Recommendations on sex education curriculum

Questi*on Eight:* *What does your experience as a parent inform you on what a sex education curriculum should be?*

Question Nine: *What other recommendations do you have for a sexuality education curriculum at the JHS level?*

Question Ten*: Do you think condom use/safer sex,GBV/consent, should be discussed in school?*

E. Closing Remarks

Question Eleven: *Is there anything more you would like to add?*

A2 In-depth Interview Guide (Fante)

Nyienyim:

Meda wo ase bio, wɔ bio, wɔ w amber enya ama me wɔ nsɛmbisa yi ho. Dɛ mbrɛ midzii kan kyerɛkyerɛɛ mu kyerɛ wo no, me nye bedzi nkɔmbɔ afa esuahun a ewɔ no wɔ J.H.S adzesuadze a ɔfa banyin na basia nkitsaho dzi ho, na dza ɔma yɛtse akwan ahorow na ndzɛmba ɔma yɛtse akwan ahorow na ndzɛmba ɔma yɛtse ase dɛ yɛyɛ awofo.

Mobɔtwe hɛn nkɔmbɔdzi no egua efir do na mibetsintsim bi so egu krataa do, mbom, kasa dzen na ma ɔnda faan amma mfondo ammba ɔadwen-kyerɛ no mu.

Dza ebɛka nyinara yɛ dza yɛ dze besie yie ma obiara nnko hu dɛ ɔwo na ekaa.

Hyɛ no nsew, ewɔ ho kwan dɛ dza emmpɛ dɛ iyi ano eka woano to mu wɔ hɔ. Ewɔ ho kwanso ibegyaa nkɔmbɔdzi no aber biara a epɛ. Ana ewɔ asɛmbisa bi fa dza m'aka yiho?

A: Dza ohia ma nyiano nyi no fie nsɛmbisa nhyehwɛɛ kwan do.

A1: Wo ba no edzi mfe ahen na ogyina gyinapɛn ahen so wɔ school?

b. Dza inyimfa ɔbaa na banyin mpa do gor adzesuadze ho.

Q2: Mesera wo, ana ibotum aka dza inyim fa esua dze horow a enye wo ba banyin anaa basia esusu bio afa banyin na basia mpa mu dwumadzi ho ɔakyerɛ hɔn wɔ skuul?

Q3: Meserɛ, ana ibotum aboa ma m'enya ntseasee papa afa adzesua dze etsir asɛm enye wo ba banyim anaa ɔbaa aka afa dza wosuae wɔ skuul, no ho?

Q4: Ana esuadze a enye no mba susu ho bi fa dɛ wɔbɔtwe hɔnho efi mpagor do, nda mu bambɔ, nhyɛhodo enyimtsia na fahodzi ho ntsietsia, mpa mu agor dzi adwenkyerɛ na bjutsagidzi tum?

C: Ndzɛmba ɔboa ntotoe ɔfa mpa gor esuadze ho.

Q4. Twa mfonyin a ɔfa ɔwo na wo ba baa anaa banyin nkitsahodzi wɔ ber nom ridzi nkɔmbɔ afa banyin na basia nkitsahodzi nsɛm ho?

Q5: Mowɔ enyigye soronko dɛ me bɛtse ndzɛmbi ase. Dza ɔfa ndzɛmba pɔtsee ɔma wo ngyinado ma enye wo dzi nkɔmbɔfa ɔbaa na banyin nkitsahodzi nsɛm bo dɛ edzi kan akyerɛ mu no? Ana ewɔ ɔpɛ ebɛkyerɛ mu yie?

Q6: Afei ma yɛ nhwɛ dza ɔsan so ɔma enya nkitsahodzi fa esuadze a wo daa daa ndzeyɛɛ dɛ bia edwuma ma wo ho akwanya ma enye wo ba dzi ho nkɔmbɔ?

Q7: Seven: Meserɛ, enye me nkyɛ esuahɔn ahorow a ewɔ a ɔma itum enye no ba dzi nkɔmbɔ fa basia na banyin nkitsahodzi ho nsɛm tsedɛ bia, ɔsom ho gyedzi, abrabɔ ho mbra bi egye to

mu, pɛrpɛr yɛ ho nyimdzee ɔboa wo ma enye wo ba kasa fa banyin na basia nkitsahodzi ho?

D: Esusudze a ɔfa ɔbaa na banyin nkitsaho dzi

Q8: Doadwenkyerɛ nye dɛn fa basia na banyin nkitsaho dzi dɛ eyɛ ɔnoofo?

Q9: Esusudze bio bɛ na ewɔfa banyin na ɔbaa nkitsahodzi adzesua ho wɔ JHS

QTen: Ana edwen dɛ bambɔ a ɔfa basia na banyin mfa do agor hia dɛ wobo sua no wɔ skuul anaa?

E: Nsɛm a odzi ewiei:

Ana biribi fofor bi wɔ hɔ a edze bɛka ho?

A3 Consent Form (English)

Interview Consent Form

PhD project title: **Parents' Involvement in Young People's Sexuality Education: A Qualitative Study of Five Junior High Schools in Ghana**

Principal Investigator (s): Prof Pam Alldred (Supervisor); Benedict Ekow Ocran (Candidate)

Participant's code name:

Thank you for consenting to participate in the research project above. Ethics policies stipulated by my university, Nottingham Trent University, UK, indicate that participants explicitly agree to participate by reading and signing two documents: the Participant Information Form, which you are to sign and keep a copy of, and the Interview Consent Form, which is also to be signed and kept with the researcher.

This form is important to ensure that you clearly understand the reason for conducting the study, the purpose for seeking your involvement, and how findings from this study, which you are contributing greatly to, will aid in the implementation of sexuality education programs in Junior High Schools in this Municipality, and Ghana as a whole.

The interview will take approximately 45 minutes to one hour. You will be compensated with GH₵ 50 for your time and contribution to the research. We anticipate that there may be some forms of discomfort associated with the interviews, as the content of the discussions includes matters of sex, love, and relationships. You have the right to stop the interview or withdraw from the research at any time without losing compensation for your involvement.

The interview will be taped, and the code name you provide will be used to anonymize any information you provide in the interview transcript, as well as any direct quotes used in the writing of the dissertation or any academic outlets through which the findings from this study are disseminated.

The interview data will be temporarily stored on storage devices under a password with access only by the Principal investigators. Later, it will be transferred to secure storage on Nottingham Trent University's NTUStore for permanent storage for 10 years, after which the data will be deleted.

If you have any concerns about this research please get in touch with me via email on benedict.ocran2020@my.ntu.ac.uk

My supervisor, Prof. Pam Alldred, Department of Social Work, Care and Community, School of Social Sciences, Nottingham Trent University, UK, can be contacted at pam.alldred@ntu.ac.uk

Agreement to consent

I voluntarily consent to participate in this study. In completing this form, I certify that I am 18 years of age or older. I shall be given a copy of this consent form to keep.

_____ _____

Participant's code name Date

I certify that I have presented the above information to the participant

_____ _____

Researcher's signature Date

A4 Consent Form (Fante)

Interview Consent Form

PhD Project Title: Abaatan wɔ mbanyin na mbaa nkitsohodzi adze-suadze.

Meda ase dɛ agye atomu dɛ enye ne bedzi nkɔmbɔ afa nhwehwɛmudze dwuma dzi a ɔfa dza netsir adze wɔ krataa yi no sor ho. esuapɔn Nottingham Trent a ɔwɔ aborɔkyir a meyɛ osuanyi wɔ hɔ no, no mbra a ɔfa dɛm nhwehwɛ mu dze yi ho kyerɛ mu faan dɛ, nyimpa mibebisa no nsɛm, bɛ kenkan krataa ɔkyerɛ dɛ ɔgyetamu no na ɔatse ase yie, ɔdze ne nsa bɛhyɛ nkrataa ebien ase a ɔyɛ nwoma a nhwehwɛ mu nyi no dze besie.

Dɛm krataa yi ho hia mapa dɛ, ebɛtse nsɛm a. Ɔfa nhwehwɛ mu yi ho yie na siantsir a ɔnam do ma dɛm nhwehwɛmu yi rokɔ do.

Siantsir a ɔnam do ma ohia dɛ

Eka ho ma nhwehwɛmu yi kɔ do. Bio, nsunsuado a nhwehwɛmu yi dze bɛba ɔnam dɛ wo mboa kɛse ka ho ntsi. Dɛ ɔbɔboa ma mbaa na mbanyim nkitsahodzi adze-suaho dwuma bɔkɔ do wɔ skuul ahoroso mbofra kɔ ansaana ɔatoa do akɔ nsɔwdo school wɔ Mansim yi mu na Ghanaman yi nyinara mu.

Nkɔmbɔdzi yi bedzi miniti eduanan enum dze kesi dɔnhwer kor. Mobɔtua no kaw Ghana Sidis eduonum wɔ mber na mboa edze bɔboa dwumadzi yi.

Yenyim dɛ ma ɔtse biara no nsɛmbisa no bi bɛyɛ dza ɔbɛhaw ɔadwen kakra – osiandɛ, nsɛmbisa no bi fa ɔbaa na banyim mpa mu ago ho, ɔdɔ na nkitsahodzi ho. Ewɔ ho kwan dɛ sɛ nsɛmbisa no haw adwen a ifi dwumadzi anaano nnkeyi nsɛmbia no ano bio. Akatua no dze ɔbɔkɔ do ayɛ wo dze wɔ ber a nnkɔhwer sika no.

Nsɛmbisa no yɛ dza medze bɔgu efir do na nsumaaa dzin a edze bɛma me no na medze bɔto do amma dzinbɔ biara emmpue mu. Mennkɛdo wo edzi wɔ nsɛmbisa no mu, anosɛm biara obefi wo hɔ aba hɛm nkɔmbɔdzi anaaso yɛ dzie bɛkyerɛho dza obefi nhwehwɛmu yi mu aba, dɛ nwomasua mu no korbata biara nhwehwɛmu nsunsuando bɔkɔ biara yɛbɔbɔ wo woho na wodzin ho ban.

Dza obefi nhwehwɛma yi mu ama biara no yɛ dza yedze biesie yie mber tsiawa mu na afei yedze esie dɔkyee kɛpem mfe du a kyema biara nnkɔtɔ do. Ahyɛnsew dze obi dze botum ebue no bɔwɔ nhehwɛmu panyin no hɔ. Wɔdze besie nye du ekyir ansaana.

Sɛ ewɔ nkyerɛmu ana asɛmbisa biara fa nhwehwɛmu yi ho a ɔno fa abaefor ntseentan amba yi benedict.Ocran2020@my.ntu.ac.uk. Nyia ɔhwɛ modwumadzi yi do Prof. Pam Alldred, Department of Social ork Care and community. School of Social Sciences, Nottingham Trent University UK. Pam.alldred@ntu ac.uk.

Ngyetumu.

Misi no pi dɛ wɔ mana mepɛ mu na megyetomu dɛ meka dɛm nhwehwɛ mu nsɛmbisa dumadzi yi ho, ber obiara nhyɛ me. Meka si no pi so dɛ m'edzi nfe duawɔtwe na no mboree. Wɔ bɛ ma krataa yi bi ma meso medze esie.

Participant code name

Misi no pi dɛ dza ɔfa dwuma yi biara no medzie

ɔbeyiyi nsɛmbisa no ano

ɔhwehwɛmu nsii

A5 Participant Information Sheet (English)

Participant Information Sheet

Hello. My name is Benedict Ekow Ocran, and I am conducting my PhD in Health Studies. I am studying the views of parents about sexuality education in Junior High Schools. You will, therefore, be asked to give your views on and familiarity with the sex education curriculum, your engagement with the curriculum, and the factors that shape your engagement with the curriculum. Your participation in this interview should take approximately 45 minutes to one hour, and you will receive GH₵ 50 for your time.

Data collected from this interview will be confidential and anonymous. This participant information and consent form will be stored separately from your data and to protect your right to withdraw your data following your immediate involvement, you are asked to provide a code name. This code name will be used to identify your data to remove it from the final analysis if you wish. The interview is going to be audiotaped with your permission. Your participation in this interview is entirely voluntary, and you have the right to pause the interview or skip to a particular question if, for any reason, you are uncomfortable with any discussion on love, sex and relationships. You may also end the interview at any time, without losing your compensation for your time. Data will also be stored securely on my University's official data storage, NTU DataStore.

If you have any questions about your participation during the interview, please do not hesitate to ask. If you have any questions about the nature of the research, please feel free to ask them at the end of the interview.

I can be contacted via email at benedict.ocran2020@my.ntu.ac.uk

My supervisor, Prof. Pam Alldred, Department of Social Work, Care and Community, School of Social Sciences, Nottingham Trent University, UK, can be contacted at pam.alldred@ntu.ac.uk

Agreement to participate

I voluntarily consent to participate in this study. By completing this form, I certify that I am 18 years of age or older. I will be given a copy of this consent form to keep.

Participant's code name	Date

I certify that I have presented the above information to the participant

Researcher's signature	Date

Thank you very much for taking the time to read this sheet and for your interest in our research.

A6 Participant Information Sheet (Fante)

Hello wɔfrɛ me Benedict Ekow Ocran. Mereyɛ nhwehwɛ mu bi a ɔfa apɔwmudzen ho dze akɛgye abɔdzin bi a wɔfrɛ phd mu. Mereyɛ nhwehwɛ mu afa dza abaatan dwen fa banyin na basia ndamu nkitsahodzi mu wɔ "Junior High School".

Nkɔmbɔdzi yi bɛ fa dza edwen fa skuul adzesuadze a ɔfa banyin na ɔbaa nkitsahodzi ho. Dza eyɛ fa dɛm adzesuadze yi ho, dza ɔma edze woho hyɛ mu.

Menye wo nkɔmbɔdzi yi bedzi miniti eduanan-enum ara dze kɛpem dɔnhwer kor. Mobotua no kaw Ghana sidis eduonum (GH¢50.00) wɔ mber ahwer ho.

Dza mbɔ boaboa ano efi hɛn nkɔmbɔ yi mu no yɛ dza medze besie yie na obiara so nnkɛtse ho biribiara, dzinbɔ biara so nnkɛ ba mu. Woho nsɛm nyinara yɛ dza mennkafa aka dza mibetsintsim esie no ho. Iyi bɛma kwan ma sɛ enya pɛ dɛ ebeyi no ho efi nhwehwɛmu nkɔmbɔdzi yi mu ɔrennhaw adwen na mbom ebenya ho kwan.

Ebɛ ma hɛn esie dzin bi a yɛ dze bɔhwehwɛ no nkrotaa sɛ esesa wo adwen dɛ edze no ho bɛhyɛ dwumadzi na yeeyi efi nhwehwɛ mu edwunadzi no mu.

Mabɔtwe hɛn nkɔmbɔdzi yi egu efir do ben a ema ho kwan. Nkɔmbɔdzi yi nnyɛ ɔhyɛ do na mbɔm dɛ woara wo pɛ mu. Ɛwɔ ho kwan dɛ nnkeyi nsɛmbisa no bi ano anaaso ebɔtra wo aber w'enyi nngye asɛmbisa bi ho. Dɛ bia dza ɔfa ɔdɔ, "ndamu" na basia na banyin nkitsahodzi ho.

Ɛwo ho kwan so dɛ edze nkɔmbɔdzi yi besi wo aber nnkɔhwer akatua a ɔka ho mo. Dza nnkɔhwer akatua a ɔka ho mo. Dza mibe tsintsim biara so yɛ dza medze besie yie wɔ esuapɔn a musua adze wɔ hɔ no.

Dza ɔkyer woadwen biara wɔ nsɛmbisa no ho honk wan da hɔ dɛ ebisa nkyerɛmu no wɔ nkɔmbɔ dzi no ewiei. Wo nsa botum aka wɔ abaefor ahoma ntsentan no do, me ahyɛ nsew

dze nye benedict.Ocran2020@my.ntu.ac.uk. Nyimpa ɔhwɛ modwumadzi wɔ esuapɔn a musua adze no ny Prof. Pam Alldred. Department of Social work. Care and community, school of social sciences. Nottingham Trent University UK, Ɔno so wo nsa bɛka no wɔ pam.alldred@ntu.ac.uk.

Ngyetumu

Megyetomu dɛ medze mo ho bɛhyɛ dɛm nhwehwɛmu nkɔmbɔdzi yi ho wɔ ber a ɔnnhyɛ ɔhyɛ kwan do. Misi no pi so dɛ m'edzi mfe duawɔtwe anaaso no mboree. Wɔdze ngyetum krataa yi bi bɛma me ma medze esie agye dase.

Participants code name

Misi no pi dɛ dza ɔfa nkɔmbɔdzi yi hɔ biara no m'ado no edzi akyerɛ nyimpa menye no nibedzi nkɔmbɔ no.

Nhwehwɛmufo

Date

School One, In-depth Interview Two, Male Parent (JAJA08) 4/10/2021

I: Can you tell me your son's level of education?

R: He is in JHS 2

I: Please, how old is he?

R: He is 11 years old

I: Regarding sexuality education, have you had any discussions with your son?

R: Yes, we have…ermm… When he got to JHS 2, I just gave him the initial talk about sexuality where he is going because sometimes it has something to do with personal hygiene, but when he got to JHS 2, they did the advanced form of sexuality education and so on, he got home and started asking questions so I also took the opportunity to give him that educated knowledge that this is where you are going and these are the things that you may see, and these are the changes that you may observe and so on.

I: Please help me understand the kind of topics you said you discussed. You mentioned hygiene. Can you be more specific?

R: ermm. We have reproductive sexual health as part of the Social Studies subject. It is one of the topics, and some of the topics are what is associated with adolescence, their physical changes, what is in-built and a whole lot of details into getting into a relationship, and then how well you can keep yourself and like to relate so that the individual feels I am at this stage.

I: So, these are the same kinds of topics you also discuss?

R: Yes, because he asked his questions based on what he asked in the classroom, so it is an opportunity to …

I: So, do you discuss topics like abstinence from sex? Do you discuss condom education with your son?

R: Ermm, we have had the opportunity to speak about that. It's funny- it was through a TV advert on Kiss TV (A TV Station), and then his younger brother asked, 'What at all is this kiss? Is *it a type of biscuit*? (In the Local Language). Then his elder brother (JHS student under discussion) said that it's for protection during sex. And so, I asked him, do you know what this is? Then he said yes, were told in class so I also took the opportunity to discuss with him to understand that there are some people who cannot abstain because of their pre-disposition to early encounter into sex so such people if they can't abstain, they are told to use condoms, and it is even part of family planning. So, I used the example of daddy and mummy that we are no longer going to give birth, and so if we are no longer to give birth, we must protect ourselves and one of the ways is to use the condom.

I: So please, what about gender roles?

R: Do you know the funny thing-the boy does not admit that there are gender roles because he looks more feminine even though he is a male, but he will tell you that once people are doing it, everybody can do it. So, I informally took the opportunity to ask him' If that's what you are saying, can males also get pregnant', and then he said no, it's only for females, then he said that there some things that's only for me then it means there are some things which men can only do. Then I said as for work anybody at all can do it. Then, daddy, why is it that you don't bring a female to wash bowls in the house if there are no roles like that? We know if we were to be men, we should be doing the weeding. So, we just laughed about it, not into details but we discussed that. He knew and understood that females have roles, but everybody has to do everything.

I: So please the term sexuality education, are you comfortable with that. Though it is not a subject, it is embedded/integrated in other subjects Are you comfortable with the name given to it?

R: For me I am very comfortable with it in the sense that you see there is one thing that I think

most parents are running away from, within our locality and within this particular zone, looking at Ghana and its environs, within KEEA. It has really caused a whole lot of issues for us. Teenage pregnancy has become the biggest disease/ Because parents are refusing to admit that these children must be taught about sex. Truthfully all that everybody or most people think is that when we say sex education it will be that somebody is going to sleep with another person, but I think it is an integral part and depends on how come, it the one who is facilitating a particular education will do it, but not the name itself as sex education, but it's the facilitator looking at the level of education of the children and giving them that education that will be very important health wise. It will give them that chance to feel comfortable when interacting. So that's what I think-It's very important.

I: So, Sir, will you prefer a term like relationship education to sexuality education, because relationships education may sound suggestive to a listener or someone who hears the term?

R: As for me I am comfortable, but if I can make any suggestion to it, then possibly 'gender relationship education', if sex education is creating that discomfort about, we don't want to hear it because of our pre-disposition to our own pre-disposition to our tradition and culture, we see sex to be going to sleep with a woman or a man. So, I will prefer gender relationship education.

I: So, Sir, you said you have discussed issues in relation to sexuality with your son. Could you describe the atmosphere when you are discussing any sensitive issue. So, for example, the issue of condom that came up, how was the atmosphere between the two of you?

R: It seems my boy is just like me. He is too plain, he is open. He was really happy listening to it because he rather got me into the discussions through the brother, so it means he reads a lot he might even be reading that he wanted an explanation for the opportunity; watching TV brought it up. Because he was really comfortable because I could remember when he was young, the mother

gave birth to him through caesarean so the mother showed her where it was cut for her to deliver and so he asked so many questions whether the younger one did same and then the last baby passed through that. But the mother took the opportunity to even explain that it's not the normal birth that we do. So, in our house we learn never hidden from the point where we say that things must not be discussed with the kids. Truly they must know. I had the opportunity -Fortunately /unfortunately, my father, I don't think he knew he was doing sex education by then, but he sat me down to tell me, 'Kwame, as you grow up, these are the things that you will meet; you may even encounter females'. So, I also took that thing from him and then its virtually same. It is the youngest one who just turned 10 that we have not sat him down and we sit down as a family to discuss things. Whenever you get to that stage you are getting to JHS One we know you are coming into that environment with those ones. At the JHS level, we don't sit down to discuss but we just try to explain what is there and then. But he knows virtually what we know.

I: Ok. So, Sir, in the interaction between your son and yourself, what do you think is making it so easy for you.

R: He is my best friend. We discuss virtually everything. If I want to do anything, I even discuss with him rather because he sees it that whenever he asks a question, and you open to answer he probes to find more. So, I have made him as such so in m y house we have started calling him lawyer because everything that you say he wants to probe and get more answers to whatever is coming/ We discuss virtually everything so whatever that he does 'Papa' he says yes.

I: Okay, let's move beyond the home-Please between you and your son, what other factors do you think influences the kind of interactions that you have on sexuality?

R: I virtually go out with him for every educative program. For e.g., they do children's day, or they do other programs which involve discussing those things at the church. I could even remember

one time a nurse came around and they said all children should go out, and I said no, my son cannot go out; let him stay, 'Oh, these kids are small'. Then I said they are not small. I want him to listen and feel more comfortable because Dad is backing him to listen to what he is supposed to listen to. He will ask openly, he doesn't mind. Anywhere that I go, that I think that topic may come up or as a form of, I take him along to go and listen, so he is not only a friend in the house but a friend everywhere.

I: So outside, that interaction goes beyond the home?

R: Yes. When he goes outside and somebody says anything, he will come back and ask, 'Daddy, this my friend is saying this and that, so do you think it is true? ' Yes, he will come and ask.

I: So, Sir, please, still on the factors that facilitate interactions with your son, does religion play any role in informing to you to have discussions with him, and does personal values and principles around the society. What other particular things inform?

R: I think it is all about openness. We don't have that religious boundary. I say we don't have that religious boundary as in to judge others in the context that everything that you hear is a sin, when you talk about sex, it's a sin. No, I don't do that. I believe in gaining knowledge, they will be able to do all other things that they are supposed to do that is to make sure that they go through all the steps that they need to go through, and when something comes up, they say it as I want to because you ask them, they say this and that. Then I say okay, if that is the case, is it right? It's what you heard; do you think its correct? Do you think I can make a suggestion to what you have heard or what do you think. So there has always been that frankness between us.

I: So, religion is not a barrier.

R: No no!

I: Your work does not prevent you from spending time?

R: Not really. I am living with the boys and the mom also lives with the girls, so virtually we are always home, we discuss almost everything we need to discuss as a family.

I: Sir please, at this level of education, what do you think a sex education curriculum should be? What do you think the content of the curriculum should be? What recommendations do you have?

R: Ermm, my own recommendations would be this: Within our setting, the education should go beyond what we think we ought to teach the kids, before we even make it topics to be discussed. I think the public should be well educated before we even jump into the curriculum itself. Parents always have their reservations about the word sex, and son. My own thing is we should give it a different name if it's possible. Already, they are in our curricula. I don't think we may need any special word to say, okay this is sex education. They are embedded in the present-day curriculum present day curriculum, it's even better. If you need to make it more expanded, then it means go into discussing the effects of not having the sexuality education rather. Yes, that will ne be the extension it will be, that is if we don't learn this is when it is going to take us, so I guess we need to. And then it will always go with a caution statement to…

I: For the parents?

R: Yes, for the parents and for the kids and the teachers who will facilitate. I think they can go through a normal routine of what we could do without much change.

I: That's very interesting

R: And specifically, I don't think that we need any facilitators to come and teach this. All teachers must be trained. Every teacher because it can be incorporated into everything. Like the way we did HIV, when HIV came first and then we were introducing it, everyone saw it to be funny, but now we realize that HIV education is very important. Because we do HIV education in science, Maths, ICT, and virtually every subject, that is the integration and infusion we are saying. So still,

we can do the same by introducing that gender, as I call gender relationship education, into those things. Especially in science lessons, Social Studies and RME. The RME part will just talk about the morality aspect of it, but the sciences can expand it more together with social studies.

I: Do you think that at this level, they should be taught condom education?

R: Why not? They should because, as innocently as we see our kids, they are not all innocent. They get pregnant every day, so I don't think it will be far-fetched for them to be taught. The only thing is it should be so with a caution statement '*abstinence is the best*', but at the high risk where we think abstinence cannot work for you, condom education can be applied. Because I don't want us to talk about faithfulness with the children, No! Being faithful does not work with their abstinence. They get to condom use, nothing more, nothing less!

Most of them are on family planning, Why? Because they are sexually active at their level. When they do beyond 13/14 years, they are sexually active. So, for them not to create more inconvenience, it's better we teach them there is nothing wrong with that.

I: So, do you think gender rights should be taught to girls?

R: Gender rights, why not? 100%

I: And boys as well

R: Yes

I: And girls should be taught safe periods and all that?

R: They are being taught already. It is in their science lessons. I learnt mine when I was in JHS. So, it is not far from-it's there. But one thing is we have made it such a way that when the facilitators or teachers get there, they just brush through, 'Oh, some of these things when you get to JHS, they will teach you better then…'

I: Sir, do you think boys should be taught about seeking permission, seeking consent from girls

before they do anything sexual with them. Do you think they should be taught?

R: Yes, I sent an example in the house that is ¾ days ago. I was there with the Mom, and they were all there, and they said somebody had taken something, and I said yes, that's how it is. He ever mentioned, 'Daddy, why this rape, rape every day, everyday TV, news, rape, and I said yes if you don't seek the consent of a female and then you do anything with her, even seeking her consent, she should be above a certain age. If not, you have done what you are not supposed to do. I asked him if he knew what defilement was, and he said yes. So, what is defilement, he said when somebody sleeps with somebody who is young. Then I asked her how young the person should be. But he couldn't answer because it is something that we haven't spoken about. Then I explained to him that he goes for anybody below 16 years, 16 and below, that is defilement. Then it comes without her consent, that is rape. He said yes. So, he was very quiet, then when you are going to take something from the fridge, you need our permission, it is the same thing you are going to touch somebody's daughter, so go home and ask the parent. That is the longer way. But if the person says no, don't touch me and don't go ahead.

I: Sir, please, is there anything you want to add to what you have said?

R: All that I would like to say is that I think we should rather promote the right age at school. Because when we promote the right age at school, most of these discussions that we are having the children may have a fair idea. However, the adolescents that they are experiencing better will be at the SHS.

I: So, the right age is very important?

R: Yes, the right age, enrolling at the right age. If you enrol at the right age, by 14, when they are starting to have their menses, you will be there, or you will be leaving JHS.

I: Okay Sir, Thank you very much.

R: Yes, you are welcome. So, they are doing it the younger ones think ‘Oh, it’s normal’, so if we don’t educate them and speak to them about it, this one going (indicating one female student who just passed during the interview) she is just 13 years, look at how developed she is? So, anybody can abuse her.

Now I have a similar case here-the elder Auntie’s husband has been sleeping with her?

I: The elder uncle?

R: Yes. It is a delicate issue. We are yet to solve it. So, we have told the uncles to report the case to the police, because I don’t condone all these things. We want to know the steps that the law will take.

I: Alright, thank you!

B. Study Two -Focus Group Discussions

B1 Focus Group Discussion Guide (English)

Focus Group Discussion Guide

Introduction

I want to thank you again for your time taking part in this focus group discussion. As already explained, I would like to talk to you about your experiences with the sex education curriculum at the Junior High School level to understand the factors that shape parents' involvement in sex education. I will be recording the session and taking notes, but please be sure to speak loudly and clearly so that I do not misrepresent your views. All responses will be kept confidential. Please remember that you may opt-out now before the discussion starts, as leaving later will interrupt the discussion. You also reserve the right not to say anything during the discussion. Are there any questions about what I have just explained?

A. Relevance of Participants to the Focus Group Discussion

Question One: *Can you tell me the level of education and age of your son or daughter in School?*

B. Familiarity with the Sex Education Curriculum

Question Two: *Could you share your experiences with some of the topics you have discussed with your son/daughter on sex education taught in school?*

Question Three: *Please, can you help me understand further/better other topics that you discuss with your son or daughter on sex education?*

Question Four*: Do some of the topics include you discuss with your child include abstinence, condom use/safer sex, chastity, GBV/sexual consent, and power relations?*

C. Factors shaping engagement with the sex education curriculum

Question Four: *Generally, could you describe the atmosphere between you and your son/daughter whenever you discuss any topic on sex education as you have shared?*

Question Five: *I am very interested to understand some of the underlying issues, which in your opinion, inform the kind of interactions (you have just described) between you and your child whenever you discuss sex education? Do you care to throw more light on that, please?*

Question Six: *Please, let us now move beyond your immediate experiences when you discuss sex education with your child. Could you help me understand how your everyday activities, for example, your work shapes your engagements with your child in sex education?*

Question Seven: *Please share your experiences of other wide-ranging factors such as religious beliefs, values, and principles which shape discussions on sex education with your child?*

D. Recommendations on sex education curriculum

Questi*on Eight:* *How does your experience as a parent shape your views of the curriculum?*

Question Nine: *What other recommendations do you have for a sex education curriculum at the JHS level?*

Question Ten*: Do you think condom use/safer sex, GBV/consent, and FGM should be discussed in school?*

E. Closing Remarks

Question Eleven: *Is there anything more you would like to add?*

B2 Focus Group Discussion Guide (Fante)

Ekuwekuw Nhyiamu

Nyienyim

Me da ho ase bio wo ho mber a edze aye pen dɛ ebɛka dɛm nkɔmbɔ yi ho. Dɛ mbrɛ m'edzikan ano dadaw no, me nye bedzi nkɔmbɔ afa banyan na besia nda mu (awɔr dze) adesua ɔwɔ JHS ho, ama m'ehu dza ɔba ma awofo tum ka ho nsɛm.

Mobɔtwe nkɔmbɔ no nyima egu efir do, dɛm ntsi kasa dzen ama m'atse dza ebɛka no yie. Dza ebɛka biara so nny3 dza mede bɔto gua ma biara atse. ɛwɔ ho kwan dɛ ebɛsesa wadwen afa dwumadzi yi ansaana y'ahyɛ ase. Ewɔ fahdzi dɛ nnkɛka hweara wɔ nkɔmbɔ dzi yi mu. Ana asɛmbisa bi wɔ dza m'aka yi ho?

A. Mfaso a ɔwɔ mu dɛ eka nkɔmbɔ kuw yo ho.

Q1: Ana botum aka skuul gyinapɛn na mfe dodow a wo ba banyin ana basia wɔ?

B. Dza inyimfa skuul ntsetsee a ɔfa banyan na basia nkitahodzi ho.

Q2: Ana ibitum nye me akyɛ asɛnnyimado a ɔfa banyin anaa basia nkitiahodzi a enye woba banyan ana abasia edzi ho nkɔmbɔ.

Q3: Ibitum aboa me ma m'atse asjngyimado e enye wo ba nanyin ana abasia aka ho nsɛm no ase yie?

Q4: Dza enye wo ba kaho asɛm no bi fa akɔndɔ tua ho, banyan na ɔba nda mu bambɔ, krɔnkrɔn yɛ nda mu ntsetsee, nkitahodzi ahoɔdzen?

C. Cyemafo/dza ɔma babyin na ɔbaa nkitahodze adzesua kɔ do.

Q4: Botum ado ho edzi tsebea ahorow ɔkɔ do wɔ ɔwo nye/na woba banyin anaa basiaba ntamu wɔ ber hom ridzi nkɔm ɔ afa ɔba ana banyin nkitahdze ho?

Q5: Mo wɔ ho enigye papaapa dɛ ebɛma m'atse nsɛntsitsir bi a ɔda edzi wɔ ɔwo na wo babanyin na basia nkɔmbɔ dzi ɔfa kan akyer3 mu wɔ ɔba ana banyin nkitahdzi ho. Mepa wo kyɛw, ibotum

akyerɛ mu yie?

Q.6: Afei, ma yj nhw3 osuohu a enyaa no wo nkɔmbɔdzi a enye wo ba dziifaaa basia na banyin nkitahodzi no ekyir. Ana ibotum ama m'enya ntseasee afa kwan a wo daadaa dwumadzi bea ma edze wo ho yɛ nkɔmbɔdzi a wo na wo ba hyɛ nkɔmbcdzi a ɔwo na wo badzi fa banyin na basia nkitahodzi ho.

Q7: Mepa kyɛw, ka osuohum a ndzɛmba aforfor bi tse dɛ osom gyidzi, dza ɔsom bon a botae a ɔtsentsem ɔwo na wo ba nkɔmbɔdze a ɔfa basia na banyin nkitahodzi ho?

D. Nkamfo. Insusui a ɔfa banyin anaa basia nkitahodzi adzesua ho.

Q8: Kwan bɛn na woara wo suohua fa basia na banyin nkitahodzi tsen da ihufa ho dɛ eyɛ baatan?

Q9. ɛbenadze na ebɛkamfo ama basia na banyin nkitahodzi wosua no wo JHS ho?

Q10: Ana edwen d3 kɔndɔm, da mu/awardze ne nyɛe bambɔ, mbasiamba twatsian, ɔba ana banyin awotsia hɔn faodzi ho behia dɛ wɔbɛka ho nsɛm wc skuul a?

E. Nsɛm a odzi ewiei

Q.11 Biribi fofor wɔ hɔ a epɛ dɛ eka ko hoa?

B3 Consent Form (English)

Parental Involvement in Sex Education Focus Group Consent Form

Researcher: Benedict Ekow Ocran

The Participant Information Sheet described the study and what participating in a focus group will mean. This form is for you to sign if you want to participate, and is kept by the researcher to show that you agreed to participate. If you do not wish to participate, please leave the discussion before it begins, as withdrawing later during the discussion will interrupt the conversation. Your decision to withdraw at the start of the discussion does not take away your right to compensation.

You are agreeing to take part in a discussion among about eight (8) people that will be audiotaped, and the code name we (researcher and participant) generate will be used to anonymize the write-up. There will be a separate document containing the key to the code. You are asked not to share any information we discuss here or the identity of other members of the group. Please note that I am also required to report to the police on matters such as Female Genital Mutilation.

My future writing or speaking about the discussion may include direct quotations, but these will be anonymous. I will check that I have removed any place or person names that could identify you or this school.

Responses you provide in the local language (Fante) will be translated verbatim into English.

The data will be kept temporarily on storage devices under a password with access only by myself and later transferred to secure storage on Nottingham Trent University's NTU DataStore for a period of 10 years, after which it will be deleted. After that, anonymous data will be stored permanently in an archive.

If you have any questions about this research, please feel free to ask—I am contactable on benedict.ocran2020@my.ntu.ac.uk.

Agreement

I agree to participate ☐

I agree to be audio recorded ☐

I have been given the Participant Information Sheet and had it explained in my language ☐

I have had the chance to ask questions ☐

I agree to have my anonymous words used for this study ☐

I agree to have my anonymous words entered into an archive for future researchers ☐

I agree not to share information from this focus group discussion ☐

_____ _____

Participant's name Date

_____

Age

_____

Signature

I certify that I have presented the above information to the participant

_____ _____

Researcher's signature Date

Thank you for helping my research.

B4 Consent Form (Fante)

Awofo nkabɔmu wɔ besia na banyin nkitahodzi nkɔmbɔ ho ngyetom krataa

Nhwehwɛmafo Benedict Ekow OCRAN

Krataa yi bɛkyerɛ hɔn a wɔka dwumadzi yi ho nsɛm na dza ɔkyerɛ nyinaa. ɔno na ɛdze wo nsa bɛhyɛ ase akyerɛ dɛ agye atomu dɛ ɛbɛka dwuma yi ho. Nhwehwɛmafo nyi no dze krataa yi besie edzi dase dɛ wara wopɛ mu na ɛka nhwhwɛmu nkɔmbɔdzi dwuma yi ho.

Sɛ ɛpɛ dɛ eyi wo ho firi mu a, ɛwɔ ho kwan dɛ ifi mu ansaana nkɔmbɔdzi no ahyɛ ase amma ɔammfa ɔhaw ammba. Sɛ efi nkɔmbɔdzi yi mo a, onsi kwan dɛ wo nsa bɛka wo ndzinoa.

Nyimpa baawortwe a ɛka ho na wobɛdzi nkɔmbɔ yi ma wɔatwe egu efir do.Yɛdze dzin fofor bi na yɛdze bɛfrɛ hɛn ho wɔ dwumadzi yi mu.

Yɛdze mbra soronko bi yɛdze bebue edzin no. Yetu wo fo dɛ nnkɛka akyerɛ biara, anaaso mpo nsɛm biara yɛbɛka nnkɛka akyerɛ afofor.

Hyɛ no nsew dɛ mewɔ ho kwan dɛ mebɔ aporisifo amandzɛɛ dɛ mbasiofo twatsia rokɔ do.

Dwumadzi a ekyir yi mibedzi ho mbebisa nsɛm no tsentsendo, wɔ aber mennkɛfa edzin anaa skuul dzin biara nto gua. Nyiano biara a ɛdze bɛma no, mebɛkyerɛ ase wɔ brɔfo kasa mu dɛm ɔtse no pɛpɛɛpɛ.

Wɔ mber tsiawa mu no, medze nsɛm no besie na ekyir yi medze afa abaɛfor kwan akɛma Nottingham Trent University bea a wosie nsɛm.

Nsɛm yi bɔ wɔ korabea hɔ kɔpem mfe du ansaana wo dze akɔ beebi a wɔfrɛ no akifo no.

Asɛmbisa biara a ɛwɔ no, mma ɔnnhaw w'ebebisa. Wo nsa bɛka me wɔ dɛm abaɛfor kwan yi do: benedict.ocran2020@my.ntu.ac.uk.

Apam

Megye to mu dɛ mebɛkaho ☐

Megye to mu wɔbɛtwe me ndze egu fir do ☐

Wɔdze apam krataa na ama me, wɔakyerɛkyerɛ
me so akyerɛ me wɔ m'ankasa me kasa mu ☐

Ma’gye ato mu wɔdze m’anumsɛm bedzi
dwuma wɔ aber a wɔnnkɛ fa me dzin atɔ gua ☐

Megye to mu dɛ medzin besie a wɔdze m’enumsɛm besie
wɔ korabea ama daakye bi so nhehwɛmafo dze edzi adwuma ☐

Megyeso to mu dɛ mennkɛka dza yedzi ho nknɔmbc yi akyerɛ obiara ☐

……. ……
Dzin Da

……
Mfe

…….
Signature

Misi no pi d ɛmedze dɛm nsɛm yi ama nyimpa ɔka dɛm dwumadzi ho.

…… …….
Nhwehwɛmu nyi Da

Meda ase wɔ wo mboa!

Parental Involvement in Sexuality Education Project – Focus Groups Participant Information Sheet

Hello, my name is Benedict Ekow Ocran, and I am conducting my PhD on the views of parents about sex education in Ghanaian Junior High Schools.

Your Participation

Participation would involve being part of a group of about eight (8) parents to discuss together some prompts and questions about how young people learn about relationships and sex. You will be invited to share your views on the sex education curriculum and the factors that shape your engagement with it. Your participation in this focus group will take no more than one hour, and you will receive GH₵ 50 for your time.

I would like to audio record the focus group with your permission. It may not be possible to take part if you do not agree to recording, but other members of the group have.

Am I identifiable?

The data collected will be anonymous—that is, when I write it up, I will not include the names of people or places that could identify you.

However, in the focus group, you may know or know of each other, and I will ask everyone in the group not to share anything that was said in the group afterwards.

Please note that I am also required to report to the police on matters such as Female Genital Mutilation.

Can I change my mind?

Your participation is entirely voluntary, and you have the right to leave early or not to comment on particular questions/topics without giving a reason. If you wish to withdraw, please do so at the

start of the discussion, as withdrawing later during the discussion will interrupt the conversation. Your decision to leave the discussion early does not take away your right to compensation.

Information security?

Data (anonymous) will be held securely on my University's official data storage., NTU Datastore for a period of 10 years after which will be deleted. I would like to store the anonymous data permanently in the Qualidata archive so other researchers may read.

If you have any questions about the research, please feel free to ask. I will invite questions at the start of the focus group.

I am based in the Department of Social Work, Care and Community, Nottingham Trent University, Nottingham, NG1 4FQ, UK, and can be contacted via email at benedict.ocran2020@my.ntu.ac.uk

My Director of Studies, Prof. Pam Alldred, Department of Social Work, Care and Community, Nottingham Trent University, Nottingham, NG1 4FQ, UK, can be contacted at pam.alldred@ntu.ac.uk. If you have any concerns about this study or wish to make a complaint about the research process, please contact the ethics committee at NTU by email at SOC.ethics@ntu.ac.uk.

Thank you very much for taking the time to read this sheet and for your interest in my research. Please ask if you have any questions.

B6 Participant information Sheet (Fante)

Awofo ahokeka wɔ basia na banyin nkitsahodzi adzesua dumadzi: dwumadzi nkɔmbɔ kaw.

Hɛllo! Medzin dze Benedict Ekow Ocran. Mereyɛ me PhD adzesua nhwehwɛ mu afa dza awofo dwen fa ɔbaa na banyin nkitsaho ho adzesua wɔ JHS skuul.

Hɔn a wɔka kuw a wobedzi nkɔmbɔ no ho:

Ebɛka awofo beenum anan beesia ho ma oedzi nkɔmbɔ afa nsɛm nye nsɛmbsia a ɔfa kwan mbofra fa do sua dza ɔfa nkitsaho dzi bam pa mu agor dzi ho.

Yebe bisa woadwekyerɛ dwuma dzi yi ba dza ɔhyɛ wo nkuran ma edze wo ho nyɛ basia na banyin mpa mu agor na nkitsaho adzesuadze ho wɔ skuul.

Nkɔmbɔdzi yi yɛ ankorankor nsɛmbisa na nyiano. Ibedzi mber dɔnhwer kor na akatua 50.00 wɔ mber asɛɛ no ho.

Sɛ ebama me ho kwan medze no ndze bogu efir do. Sɛ nngye nnto mu ewɔ no kwan dɛ etsena nkyɛn.

Me da nsew a? Ime wɔ ahyɛnsew a? Nsɛm a.

Nsɛm mibetsintsin biara nnyi hɔ medze dzin anaa bea me nya dɛm nsɛm beto gua, naaso, nkɔmbɔ kuu yi dze hom nyim homho naaso mebɛ serɛ dɛ obiara nnkɛfa dza obi bɛka ato gua ma obi forfor atse nsɛm obi aka.

Ana mowɔ ho kwan dɛ me sesa m'adwen?

Dɛ obi bɛka dwumadzi yi ho no ɔpɛ na etuboaky na etuboakyɛ a nhyɛ biara nnka ho. Kwan wɔ hɔ dɛ sɛ ahyɛse noara epɛ ifi mu a ibotum akɔ.

ɛwɔ ho kwan so nnke yi asɛmbisa bi ano anaaso mbo ebe fi mu wɔ ber yeedu mfiminfii a nnkɛhwer wo sika sidi eduonum akatua no.

Sɛ esesa w'adwen a ewɔ ho kwan dɛ yeyi wo nsɛm no fi mu bɛyɛ dapɛn kor. Iyi nye siantsir a yɛ

wɔ nsiei dzin anaa ahyensew dze mo.

Nhwehwɛmu nsɛm no ho bamboo?

Wo nsɛm biara aka no wɔ bambo dzendzen soronko ɔwɔ mu suapɔn nokorabea. Sɛ ewɔ asɛmbisa fa nhwehwɛ mu dwumadzi yi ho kwan da ho, mibebisɛm nsɛm wɔ nkɔmbɔdzi yi.

Bea ibotum ahwehwe me nye Department of social work, care and community school of social sciences Nothingham, NGI4FQ, UK na ɔba no abaefor ahemo ntentan ho so a benedict.ocran2020@ntu.ac.uk.

Me esuadze bea ɔkwankyerɛfo Prof.Pam.Alfred, Department of Social Work, Care and Community Nottingham Trent University.Nottingham.

Nhwehwɛmu biara, anaa nkyerɛmu biara ohia dɛ ihu no twe bɛn asoeɛ a egyina kum a wɔhwɛ nhwehwɛ mu dwumadzi na wɔ ma ho kwan no hɔ. Ɔno nye SDC ethics@ntu.ac.uk.

Meda ase beberee dɛ enya mber akenkan krataa na enya enyigye so wɔ mo nhwehwɛmu dwumadzi yi ho. Meserɛ ɔwɔ asɛmbisa biara a kwan da hɔ.

B7 Sample Focus Group Discussion

I: If we talk about boy/girl relationships, what other issues do you discuss with your children? Please, any of you can answer.

Response: My girlchild came home from school one day and talked about how the teachers took one girl who had menstruated to clean her up. I asked her if they have been taught adolescent reproductive health in school, and she responded negatively. I explained vividly the adolescent reproductive health and how to dress up when she menstruates. I continued to explain to her that God has made adolescence, which is between the ages of 10 and 19, a unique stage of human development, that the girl menstruates every month of the year. So, if you have sex with a boy, you will get pregnant, and your education and future will be ruined.

After that, I also talked to my boy, who is fourteen years old and in J.H.S 1. I told him that if he started having indiscriminate sex with girls, he would impregnate them, his education would end abruptly, and his future would be ruined.

I: After explaining the issues to the girl, how long did it take for you to talk to the boy?

Response: Last year, in 2022, when he completed J.H.S.

I: Any more issues, please?

Response: I also found out that my boy in JHS 1 recorded a conversation with a girlfriend on my phone. His mother and I sat him down and told him about the consequences of teenage relationships. We made him understand that if he flirts around, he will impregnate someone, and he will not have a better future.

I: After that issue, have you had any discussion again?

Response: Yes, from time to time, we sit him down and give him pieces of advice on sexual relationships.

I: Please, ladies, do you have something for us?

Response: My girl completed school last year. When she menstruated, she reported it to me, and I discussed adolescent reproduction health, its effect on her, and developments with her; I also told

her the dangers of unhealthy sex habits. I discussed sex issues with her even when it's been shown on TV.

I: After that conversation, have you discussed anything with them again?

Response: In our area, we wait until the girls are between 14 and 15 years old before we talk about Adolescent Reproductive Health with them. We saw that this was not helping the girls because some of them got pregnant as early as twelve (12) years old. So, we have decided to start discussing Adolescent Reproductive Health at age ten. We allowed the women to train the girls and the men to train the boys.

I: We have discussed a lot about boy/girl relationships. Is there any topic you have talked about with your children that we haven't raised here?

Response: I have taught my girl some of the ways some boys and some men use the money to lure girls of their age to bed, and when they become pregnant, and the parents confront them, they usually reject responsibility. When it happens like that, the girl's education ends. For the boys, I told them that life begins at 40, so by then, they would have completed university and worked and could take care of their families instead of having relationships in their teens. I also use the Bible to give him pieces of advice. The Bible asserts, "The man will leave his parents to join the wife to start their life". We even tell them not to.

I: Apart from the topics we have discussed, have you discussed condom use or abstinence with your children?

Response: I have not mentioned condoms to them at all. I don't want them to use any alternative for sex.

I have something to say.

I: Okay, go on.

Response: This time, we cannot force the children on some issues. We have to coax them so that they can open up and advise them on the dangers of using condoms, and encourage them to abstain from unhealthy sex. I always caution him against pregnancy, and after school, he can date. Sometimes if I don't have money to buy a pad, I advise her to use rags and ensure its healthiness. When I get money, I buy a pad for her.

I: Even now?

Response: Yes, even now.

I: I want you to talk about how you feel about having that conversation about sexuality with your children. I mean when you are talking about it, is there any tension or intimidation or shyness?

Response: Sometimes, the women think talking straight about these issues will rather spoil the children. My wife thinks exposing the children to sexuality will make them inquisitive to try it. I, therefore, distance myself and the kids from the mother to enjoy our privacy while I talk to him about sex and its related consequences. She thinks they are too young to be exposed to issues about sexuality.

I: Please do you have anything more to say?

Response: A lot has been said by my brother

I: It's very interesting

Response: I've taught my daughter about the use of reusable pads as my mother taught because I cannot always afford to buy sanitary pads. I taught her to use a rag, but I buy the pad when I have money.

Response: I listened to some issues on the radio and used the opportunity to talk to him about it. When I raised the issue, the mother asked me, if it was news to me. I then asked oh, so you were aware, and you never informed me. I discussed it with my child, and now he opens up to me, so we have a healthy conversation about sex, and he is able to communicate freely with me about sex. It should be once, but regularly, let's consider what prevents us from talking to our children in our daily social life.

Response: You know, men have a lot of responsibility of fending for the home; we are out most of the time, but women are mostly in the house and spend much time with kids. They sometimes keep happenings in the house a secret from us, the men. The women can keep their pregnant girls known to their fathers. They can keep secrets for three months and even abort them without the father's knowledge. Sometimes, it's even your money that they use without your knowledge.

I: Are you saying work or economic activities prevent you from having time to talk to your children?

Response: Yes, work takes us out most of the time, but most women stay in the house with the children.

I: Now women, what can you say about what the men said?

Response: I am a food vendor at this school, so by the time I get home, I'm already tired.

Response: As for me, I am in the house, so by the time the children close from school, I welcome them, cook for them, and ask what they learned from school. I mould them into how they will live a responsible life. I teach them about how to sit, cook, and walk. I have time to communicate with them.

I: What prevents you from talking to your children?

Response: I am a single parent taking care of my children, so I support them in everything, playing, advising, making them feel at home, and checking up on her menses, so nothing prevents me from talking to them.

I: So, you do that so that your children will be responsible and aim for a better future.

Response: I know communication with my children helps me a lot. It helps me shape them morally to avoid getting into trouble or disgrace.

Response: My girl child once told me about a friend, who was raped by a boy, which resulted in pregnancy, I advised her not to fall prey to bad company, by forcing yourself on them as it can lead to disaster.

Response: As for us men, it's only occasionally that we get to talk to our children. Some of it is also about travelling.

I: So, what is your challenge?

Response: Watching TV in other people's homes, too, is one of the factors. My girl is even happy that I am able to communicate with her.

Response: Prevent your children from going out to watch TV by encouraging them to be content with what they have.

Response: Some of the stations are not child-friendly because their content is not good enough for children. I insist on a particular station that they must always watch.

Response: I have told them poverty and wealth are choices, so they must choose one. They must focus on their education to complete school and gain employment in the formal sector because, even now, farming is not lucrative.

Response: Certain attitudes of we, the parents, also influence our children negatively.

Response: My attitude as a woman greatly affects our children, as we usually emulate the character that they see. Some attitudes, like a promiscuous life, are a bad example for our children. We need to set a good example for our children to learn from.

I: What would you prefer to be included in the curriculum of your JHS pupil?

Response: I want abstinence from sex to be taught in the school.

- Companionship in the school to be taught in the school should include avoidance of bad company.
- Ensuring and insisting our children wear what parents or guardians provide.
- Question children about things your children use.
- Women are guilty of certain behaviors of children because we overlook them.

I: Do you think circumcision and female genital mutilation should taught in school?

Response: Teaching family planning should be avoided because it encourages sexual activity among the children. Abstinence should rather be promoted.

- The sexual exposure is also creating a lot of problems.
- Parents must also pray for their children.

I: Oh, okay, it's been very interesting. We shall end it here. Thank you!