


Review

# A Narrative Review of Ghanaian Policies and Interventions Supporting Young People's Sexual Agency

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**Abstract:** Adolescence represents a vital transitional phase during which young people actively explore and engage with their sexual identity and expression. However, in Sub-Saharan African contexts, such as Ghana, prevailing socio-cultural norms can inhibit the recognition of young people as sexual beings, thereby restricting their ability to engage with their sexuality. It is essential to examine structural interventions, particularly sexual and reproductive health initiatives, to understand how they can better address the challenges within the Ghanaian context, where the conceptualization of young people's sexuality remains problematic, because socio-cultural norms recognize only adults, and not young people, as sexual beings. This narrative review evaluates existing SRH policies in Ghana and analyzes evidence from schools, communities, and families to discern how young people's sexuality is perceived. An overview of overarching policies shows a fragmented intersectoral approach, emphasizing an abstinence-based curriculum, while incorporating some elements of comprehensive sexuality education like condom use. Investigation into community, school, and home interventions reveals ambivalent attitudes toward young people's sexuality, with a mix of acceptance and rejection of their sexuality, moral support for abstinence, and varying views on contraception. Further analysis using the sociology of childhood suggests that the incoherent framework for young people's sexual and reproductive health, identified through this study's reviews, is inadequate for a comprehensive understanding of young people's sexuality. The existing sexual and reproductive health framework may not effectively challenge negative cultural norms and socio-cultural contexts that sustain the perception of young people as asexual beings. Therefore, implementing existing structural interventions within a comprehensive sexuality education framework is crucial to effectively tackle negative cultural norms and the contexts that marginalize young people's sexuality.



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## 1. Introduction

Adolescence is a pivotal transitional phase during which young people actively examine and engage with their sexual identity and expression (Hegde et al. 2022, pp. 237–42). This period, which is the major developmental stage of an individual's sexuality (Kar et al. 2015), is marked by a diverse spectrum of behaviors in young people globally, including in Sub-Saharan Africa (SSA), such as the establishment of various interpersonal relationships, identification with non-binary gender identities, sexual experimentation, early sexual

debut, involvement in transactional sexual practices, and the adoption of contraceptive methods (Seff et al. 2021, pp. 1046–56; Aggleton and Warwick 2022, pp. 79–90). In Ghana, which serves as the focal point of this study, the 2022 Demographic and Health Survey, encompassing a nationally representative sample of 15,014 women aged 15 to 49 and 7044 men aged 15 to 59, indicates that 11% of women and 5% of men engaged in sexual activity by the age of 15 (Ghana Statistical Service (GSS) and ICF 2023). Furthermore, the same report highlights that 15% of young girls aged 15 to 19 have experienced pregnancy at least once (Ghana Statistical Service (GSS) and ICF 2023). The sexual behaviors exhibited by young people<sup>1</sup>, examples of which we have demonstrated using the context of Ghana, serve as indicators of their status as sexual beings. Sexuality, defined as the comprehensive constellation of an individual's sexual feelings, thoughts, attractions, and behaviors toward others and self permeates human experience throughout a person's lifespan (Alldred and Fox 2015, pp. 905–20; 2019, pp. 689–706). Adolescence, like other stages in life, underscores a multiplicity of sexual behaviors explored and manifested by young people (Hegde et al. 2022, pp. 237–42). To negate the sexual agency of this demographic is to inherently undermine their status as full human beings.

Rights-based frameworks conceptualize sexual behaviors as fundamental rights (excluding young people's sexual behaviors that are not categorized as such, for example, sexually violent behaviors (Hackett et al. 2024)), intrinsic to young people, thereby highlighting the critical importance of accessing and experiencing one's sexuality in a manner that is both consensual and affirmative (Ford et al. 2021, pp. 612–42; Coleman et al. 2021, pp. 473–77). Simultaneously, there is a robust advocacy for the implementation of sexual and reproductive health (SRH) interventions targeted at young people, with a focus on fostering responsible sexual behaviors (Singh et al. 2021, pp. 788–800) and addressing (sexual) health challenges (Benoit et al. 2024, p. 107436). Such an approach to public health promotion, also referred to as structural interventions, “refer to public health interventions that promote health by altering the structural context within which health is produced and reproduced” (Blankenship et al. 2006, pp. 59–72, 59). In relation to young people's sexual health, structural interventions adopt a socio-ecological approach to the many socio-cultural, economic, and religious factors that shape young people's sexual behavior and their attitudes towards it. Structural interventions (hereafter used interchangeably with SRH) are vital for alleviating the adverse consequences often associated with various sexual behaviors, including the heightened risk of sexually transmitted infections (STIs) including HIV/AIDS, as well as the implications of early and unintended pregnancies—particularly the dangers associated with unsafe abortion practices. Consequently, a dual-faceted strategy emerges that emphasizes the necessity of both recognizing and affirming sexual rights, while simultaneously promoting health-conscious behaviors among young people through SRH.

The effectiveness of SRH interventions, however, is often challenged by the multiplicity of local factors they are meant to address, including sociocultural norms and beliefs. This narrative review focuses specifically on norms due to their role in portraying young people as asexual (Bochow 2012, pp. S15–S26; Usonwu et al. 2021, pp. 1–15). In SSA, particularly in nations like Ghana and Nigeria, the conceptualization of sexual identity is often restricted until the institution of marriage (Obidoa et al. 2019, pp. 270–78), which stands in stark contrast to the demonstrated sexual behaviors of young people in these regions. Despite a substantial body of research assessing current structural policies and interventions and proposing innovative socio-ecological models for young people's SRH policies in SSA (Benoit et al. 2024, p. 107436; Blankenship et al. 2006, pp. 59–72; Mac-Seing et al. 2020; Saaka 2024, pp. 384–402; Agblevor et al. 2023, p. 1198150), many current initiatives fail to focus exclusively on young people, complicating the identification of structural challenges

that impede effective policy implementation. For example, a review of 88 SRH interventions in Eastern and Southern Africa revealed a significant lack of policies aimed at young people (Lynch et al. 2024). This absence of young people-centered SRH policies in SSA exacerbates disparities in youth-centered policy evaluations, limiting the understanding of young people's sexual agency. Consequently, evaluations in SSA, such as Ghana, tend to focus on the quality of these SRH policies and their ability to generally address young people's vulnerabilities (Kumah et al. 2024; Sommer and Mmari 2015). This general focus of SRH policy evaluations may overlook the essential role of SRH policies in adequately considering local factors, including socio-cultural influences that hinder the ability of young people to become empowered to navigate and overcome structural obstacles related to their sexual health. Moreover, in Ghana and SSA, socio-cultural frameworks (socio-cultural norms) impact communication between parents and young people, particularly along gender lines (motherdaughter and father-son) (Baku et al. 2018). This often results in the neglect of crucial topics surrounding sexual health and introduces unequal power dynamics that frequently restrict young people's sexual agency, limiting their contributions to their sexual health and well-being (Agbeve et al. 2022; Usonwu et al. 2021). Thus, socio-cultural frameworks frequently undermine the sexual agency of young people by presenting them as asexual. It remains crucial to critically evaluate the efficacy of SRH interventions through the lens of social norms.

This narrative review conducts a critical examination of the principles articulated in overarching SRH policies within the Ghanaian context, with a specific focus on their efficacy in adequately addressing the SRH needs of young people through an appreciation of their capacity as sexual beings. The review investigates the implications of prevailing sociocultural norms that position young people as asexual beings, in stark contrast to empirical evidence that demonstrates their active engagement in sexual activities. Consequently, this analysis endeavors to assess the potential of Ghanaian structural interventions to meaningfully engage with the SRH and the overall well-being of young people through the recognition of their sexual agency.

This analysis begins with a thorough examination of the sociology of childhood, which functions as a theoretical framework for critically assessing the efficacy of existing structural policies and interventions pertaining to the sexual health and rights of young people. Following this foundational discussion, we undertake a comprehensive review of overarching SRH policies, accompanied by a detailed evaluation of their implementation. We seek to elucidate the extent to which these policies effectively integrate an understanding of the complexities of young people's sexuality within the contexts of their communities, educational settings, and familial structures. Subsequently, through the lens of the sociology of childhood, we identify and articulate the gaps that emerge as a result of the shortcomings inherent in the current SRH framework within Ghana.

#### *Theoretical Framework and Ghanaian SRH Approaches*

The present review deploys a framework drawn from the sociology of childhood. The sociological perspective on childhood views childhood as a social construct shaped by culture, social structure, prevailing attitudes, norms, and traditions (James and Prout 1990; Mayall 1996). Mayall advances this position by arguing that policies shape the lives of children and young people, including their sexuality. She further contends that a social understanding of childhood must position young people as social agents who are active in the project of their own lives, making decisions through interactions with other social agents, including adults, such as parents (Mayall 1998). Mayall, therefore, draws a complex connection between the sexual agency of young people, advocating for social policies that recognize their social agency and the necessity for policies to empower them to contribute to

their own lives (Mayall 2000). This approach emphasizes the recognition of young people as active agents in their sexual development and is an appropriate vehicle to critically examine the capacity of Ghanaian sex education interventions, as articulated in SRH policies, to effectively address the sexual health needs of young people. This collaborative dynamic between young people and other social factors is essential for fostering informed decision-making and enhancing the overall sexual well-being of young people (Mayall 1998, pp. 269–88; 2013; 2000, p. 243).

The principles underpinning the sociology of childhood align with SRH approaches, which recognize young people as sexual beings with the agency to contribute to and make decisions about their sexuality. The lens of the sociology of childhood is adopted to explore two prominent SRH approaches used in the design of SRH interventions for young people: comprehensive sexuality education (CSE) and abstinence-based sexuality education.

Existing empirical evidence underscores the fundamentally opposing nature of these approaches, with CSE demonstrating greater efficacy in fostering environments that enable young people to participate actively in informed decision-making concerning their sexual health and practices (Cense 2019; Miedema et al. 2020; Vanwesenbeeck et al. 2021). The capacity-building process provided by CSE for young people to actively engage in their sexual matters is particularly pertinent within the context of local factors that shape the sexual behaviors of adults. Proponents of CSE operate under the premise that multiple local factors, including gender and power relations, interrelate to inform and shape the sexual behaviors of young people as they transition into adulthood (Sell et al. 2021).

Conversely, abstinence-based approaches employ strategies that emphasize the complete avoidance of all sexual behaviors until an age deemed appropriate for marriage, as defined by cultural norms (Kabiru and Ezeh 2007). Thus, abstinence-based education inherently aligns more closely with the prevailing values and social norms of many people all around the world, which advocate for refraining from sexual activities until after marriage, a perspective that finds considerable support among the social factors, including religious authorities, in Ghana. By aligning the sociology of childhood to these two approaches, we evaluate the gamut of overarching SRH policies and interventions to engage with young people as sexual beings.

## 2. Methods: Documentary Search, Analysis and Positionalities

In our study, we undertook a comprehensive search and examination of the archives of the Ministries of Education and Health in Ghana to identify current (or most recent) SRH policies applicable in various contexts, including schools, communities, and households, where young people interact with other social actors “such as parents” regarding sexual matters. Several criteria guided our policy search. Our initial focus on policy search was directed towards the Ministries of Health and Education because of their role in formulating and implementing adolescent SRH policies (Ocran 2021; Ocran et al. 2022, p. 15487; Ocran 2016). We also focused on the intersectoral approaches from the Ministries of Health and Education incorporated within these policies and sought to understand their real-world applications. Research highlights that Ghana effectively employs an intersectoral strategy in both the formulation and execution of its structural policies and interventions (Ocran et al. 2022, p. 15487). Policies that did not adopt an intersectoral approach were excluded from the final search results. We also excluded structural policies that did not incorporate young people’s SRH.

The criteria for the search also included SRH policies with implementation dates beyond 2024. We employed search terms related to SRH policy in two ways: the first method involved using Google and Google Scholar with search terms ‘SRH’, ‘adolescents or young people’, and ‘Ghana’ to identify SRH policies currently under implementation

that extend beyond the expiry date of 2024. This initial search yielded similar results regarding SRH policies from the Ministry of Health and Education, some of which had either expired or were not directly related to the SRH of young people. In the second search for SRH policies, we utilized the exact keywords on Google and Google Scholar, focusing specifically on the Ministries of Health and Education websites. We compared these two sets of results to create a final shortlist of the SRH policies to be evaluated. In the end, three intersectoral policies were included in the final analysis (Ministry of Health 2016, pp. 1–65; 2020, pp. 1–54; Ghana Education Service 2012).

We augmented this archival research (for SRH policies) by consulting academic databases, such as Google Scholar, Scopus, and PubMed, using the keywords ‘intersectoral’, ‘young people’ or ‘adolescents’, ‘schools’, ‘communities’, ‘homes’, and ‘Ghana’ to gain insights from pertinent scholarly articles that elucidate the practical implementation of overarching SRH policies.

It is also important to note that our search and analysis excluded non-government stakeholders, specifically local and international non-governmental organizations, such as UNICEF, UNFPA, and WHO. United Nations organizations operating in Ghana implement SRH interventions, including the *Enhanced School Health Education Program* based on the *School Health Education Policy*, one of three policies analyzed here. Thus, we focused on SRH policies instituted by the Ghanaian Ministries of Health and Education as foundational frameworks for other young people’s SRH interventions, ensuring consistency in our analysis. Furthermore, the evaluation of sexual health services, as facilitated by the Ghanaian Ministry of Education in partnership with these non-governmental entities, is the focus of ongoing research that will be disseminated in a subsequent publication.

The documentary analysis of SRH policies was conducted based on our positionalities. B.O., a Ghanaian sexual health researcher with expertise in evaluating young people’s sexual health through SRH (Ocran and Alldred 2023; Ocran et al. 2022, p. 15487; Ocran 2021), examined SRH policies for young people through an intersectoral lens, particularly focusing on the Ministries of Health and Education’s roles in policy implementation. He evaluated the evidence regarding SRH in domestic, educational, and family/community settings, drawing on his doctoral research and related studies in Ghana. G.B. is the proponent of the Sociology of Child Health and Illness (Brady et al. 2015), a framework supporting a multi-tiered approach to involve young people as active health participants. M.N. has extensive sexual health research experience in SSA (Nyashanu et al. 2017), while P.A. studies young people’s sexualities through a New Materialistic perspective (Alldred and Fox 2019). After analyzing SRH policies in Ghana, G.B., M.N. and P.A. worked with B.O. to apply the sociology of childhood framework to evaluate how well Ghanaian SRH policies acknowledge young people’s agency and identify existing gaps.

The systematic search for policy documents from relevant ministries, alongside evaluative research on overarching policies sourced from various academic platforms, advanced our primary objective: to comprehend the extent to which these policies engage with and influence the sexual agency of young people.

### 3. Narrative Review

This section provides a critical analysis of the SRH policies instituted by the Government of Ghana, particularly those promulgated by the Ministries of Education and Health, aimed at fostering discussions surrounding sexual health among young people. Given the intent of these policies to inform sexual communication across diverse contexts—including households, educational institutions, and community environments—it is essential to thoroughly evaluate both in-school and out-of-school policies. Such an evaluation will

illuminate the extent to which these policies acknowledge and affirm the perception of young people as inherently sexual beings.

Additionally, the review incorporates findings from research that seeks to comprehend the practical implications of these overarching policies, as they are operationalized through structural interventions within community settings throughout Ghana. Ultimately, this examination will also extract insights regarding the fundamental principles inherent in SRH policies, elucidating how they recognize and accommodate the sexual activities of young people.

### 3.1. Intersectoral SRH Framework for Young People's Sexual Health

Ghana adopts an intersectoral approach to the formulation and implementation of policies and interventions aimed at enhancing the SRH of its young people. The Ministry of Education (MoE), through the Ghana Education Service (GES), is responsible for the implementation of the School Health Education Policy (SHEP). Concurrently, the Ministry of Health (MoH) via the Ghana Health Service (GHS) oversees the Ghana Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNC&AH) Strategic Plan (2020–2025), and the Adolescent Health Service Policy and Strategy (2016–2020).

The MoE initiated the SHEP in 1992 to promote health and well-being among young people in schools ([Ghana Education Service 2012](#)). In the context of sexual health, the SHEP predominantly emphasizes the avoidance of premarital sexual activity, collaborating with various stakeholders to achieve this objective. Notably, the policy document describes its reliance on technical support from the MoH for the implementation of School Health Programs ([Ghana Education Service 2012](#)). However, it is important to highlight that the SHEP adopts an abstinence-based approach, which, per our analysis, misaligns with the premise that young people possess sexual agency and identities.

The MoH's Adolescent Health Service Policy and Strategy was developed by the "Ghana Health Service and the Ministry of Health, with inputs from the National Population Council, Ghana Education Service, the National Youth Authority, the National Commission for People with Disabilities, and various non-governmental organizations and development partners" ([Agblevor et al. 2023](#), pp. 1198150, 2; [Ministry of Health 2016](#), pp. 1–65). The vision of the policy is "to improve the health status of adolescents and young people through equitable access to appropriate, comprehensive, gender-sensitive, quality and cost-effective adolescent and youth responsive health information, education and services" ([Agblevor et al. 2023](#), pp. 1198150, 2; [Ministry of Health 2016](#), pp. 1–65). The policy under examination aligns with a comprehensive framework aimed at addressing the sexual health of young people, particularly emphasizing the significance of young people's SRH in Ghana. This policy highlights the prevalence of sexual activity among young Ghanaian people, as evidenced by various indicators, including the median age of first sexual encounter, the number of sexual partners, and rates of abortion ([Ministry of Health 2016](#), pp. 1–65, 7–12). In its operationalization, the policy seeks to enhance access to comprehensive SRH services through CSE; however, such implementation has yet to be realized ([Ministry of Health 2016](#), pp. 1–65).

The Adolescent Health Service Policy and Strategy thus promotes interventions that align with a pro-CSE paradigm. This differs markedly from the abstinence-based framework characteristic of the SHEP as enacted by the GES. It is pertinent to reiterate that the MoH continues to provide technical support for abstinence-oriented interventions (under SHEP) within educational settings.

Additionally, the MoH's Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition (RMNC&AH) Strategic Plan for 2020–2025 underscores the enhancement of child health outcomes as a primary objective ([Ministry of Health 2020](#),

pp. 1–54). The Ministry’s collaboration with the GES focuses on implementing comprehensive school health programs designed to improve young people’s access to contraceptive health services, while simultaneously reinforcing youth-friendly services tailored to young people. This dual-pronged approach indicates that, while the Ministry endorses the GES’s abstinence-centered SRH initiatives, it also aims to integrate condom education within its overarching strategies (Ministry of Health 2020, pp. 1–46). Such an approach markedly contrasts with the predominantly abstinence-focused framework delineated in the SHEP policies.

A synthesis of each SRH policy under review, including collaborative partnerships and roles for each Ministry, is presented in Table 1.

**Table 1.** Overarching SRH policies, implementing partners and roles.

SRH Policy	Overarching Aim	Implementing Partners	Roles
School Health Education Policy (1992-to date)	To promote abstinence sex education for in-school young people through the avoidance of premarital sex	MoE/GES MoH/GHS	MoE/GES: To promote responsible sexual behaviors through abstinence. MoH/GHS: ‘offer technical support’ for in-school programs
Adolescent Health Service Policy and Strategy (2016–2020)	To provide access to comprehensive, gender-sensitive sexual health information	MoH/GHS, MoE/GES	MoH & MoE: Promote Pro-CSE programs for in and out-of-school young people
Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition (RMNC&AH) Strategic Plan for (2020–2025)	To implement school health programs for access to health services, including contraception	MoH/MoE	MoH, with support from MoE provides youth-friendly services, including contraception in/out of schools

Analysis of Table 1 indicates that the Ministries of Health and Education engage in collaborative efforts concerning SRH programs within educational and community contexts through a mixed methodology that incorporates both abstinence-based education and CSE approaches. The GHS provides technical support to the GES under the SHEP, particularly in its abstinence-oriented initiatives.

However, as one examines the subsequent entries in the table, the role of the GHS within the morally focused framework of SHEP becomes increasingly ambiguous, especially in light of policies such as the Adolescent Health Service Policy and Strategy and the Reproductive, Maternal, Newborn, and Child Health (RMNC&AH) Strategic Plan, which the GHS oversees. These policies seemingly advocate for the provision of pro-CSE services—including access to contraception—within both school and community settings.

A similar ambiguity characterizes the GES, which serves as an implementing partner for the Adolescent Health Service Policy and Strategy and the RMNC&AH Strategic Plan concerning pro-CSE initiatives within educational institutions. Notably, the GES’s overarching school policy promotes abstinence, creating a dissonance between its operational practices and policy directives. This dual approach, evident in the intersectoral collaboration between the GES and GHS, underscores divergent assumptions regarding the sexual agency of young people.

We contend that the misalignment of the three policies in two key areas contributes to the ambiguity surrounding the intersectoral implementation of SRH policies in Ghana.

First, there is a discrepancy in how policies address the sexual agency, capacity, and activity of young people. Specifically, two of these policies, the Adolescent Health Service Policy and Strategy (2016–2020) and the Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition (RMNC&AH) Strategic Plan (2020–2025), support interventions that extend beyond abstinence and moralistic approaches to include contraception advocacy. In contrast, the SHEP predominantly emphasizes abstinence, indicating a significant misalignment regarding the acknowledgement of young people’s sexual agency. Second, while the two policies advocating for broader interventions rely heavily on CSE, its implementation remains unrealized (Agblevor et al. 2023) due to the rejection of CSE in 2019 (Amo-Adjei 2024). Consequently, when these policies work together between sectors to implement their objectives and provide additional technical support—as the MoH does for the MoE—the sexual agency of young people becomes ‘lost’ in the current fragmented approach to policy execution. This fragmentation, to a large extent, explains the ambiguities evident in our policy formulations.

The following section delves into a more nuanced analysis, reviewing the academic literature on the nature of structural interventions that manifest within educational institutions, community environments, and domestic settings, as these arise from the intersectional yet bifurcated strategies pertaining to SRH programs implemented by the Ministries of Health and Education.

### 3.2. *The Realities of Implementing SRH Policies*

The meanings that stakeholders (in the sexual health and well-being of young people), particularly Ghanaian parents, make of SRH policies significantly influence attitudes towards the sexuality of young people (Nyarko et al. 2014; Kumi-Kyereme et al. 2014, pp. 142–53). Moreover, research has shown that the understanding/meanings attached to SRH policies inform and shape community attitudes towards SRH topics and the types of discussions that social actors have with young people (Achigibah et al. 2024). The meanings associated with SRH policies and their influence on shaping attitudes towards young people’s sexuality education are substantiated by a doctoral research initiative conducted by Ocran (2024), which seeks to elucidate the local determinants and the role of parental engagement in the sexuality education of young people. These assertions serve as a foundational framework for the analysis of the SRH policies examined in Section 3.1, particularly in relation to their influence on the discourse surrounding young people’s sexual health in domestic, educational, and community contexts. Furthermore, the analysis of SRH policies will investigate the extent to which these dialogs contribute to the perception of young people as autonomous agents in their sexual development or, alternatively, as subjects of external influence.

Extant literature indicates that the dual approach to SRH interventions (Abstinence and CSE approaches) at the policy level reveal ambivalent attitudes toward discussions regarding sexual health involving young people. A comprehensive review of HIV/AIDS education in the Lower Manya Krobo Municipality of Ghana has illuminated the divergent perspectives of educators regarding condom use; while some educators endorse condom use as a preventive measure, others advocate for abstinence, thereby reflecting a conflicting stance (Ocran et al. 2022, p. 15487). The underlying rationale articulated by both students and teachers by Ocran et al. (2022, p. 15487) underscores the necessity of equipping sexually active young people with knowledge on condom utilization to mitigate the risks of HIV/AIDS and unintended pregnancies. This situation exemplifies a complex engagement strategy with young people concerning their sexual health, characterized by a simultaneous acceptance and rejection of young people’s sexual activity.



Research also highlights a prevailing preference for abstinence-based education over condom use (Ocran 2021, pp. 153–66; Awusabo-Asare et al. 2017). However, parental encouragement for contraceptive use was observed among parents, particularly among those who recognized their daughters' engagement in transactional relationships (Ocran and Alldred 2023). This finding exemplifies the complex and often contradictory responses exhibited by parents regarding the sexual agency of young people. While there is a notable reluctance to acknowledge the sexual capacity of young people, parents encourage contraceptive use for young people when they observe (suggestive) sexual behaviors. This dynamic underscores the argument presented in the introduction regarding the sexual agency exhibited by young people, even amid community resistance to practices such as condom use.

In conjunction with the varied approaches to SRH interventions identified in the literature, substantial evidence indicates that socialization processes within educational institutions and communities predominantly adhere to an abstinence-based framework (Keogh et al. 2021; Awusabo-Asare et al. 2017; Henderson 2022). For instance, a recent study employing the positionalities of researchers to investigate the prevalence of Female Genital Mutilation (FGM) in Pusiga, located in Northern Ghana, posits that dominant abstinence norms may reinforce patriarchal structures that render young people as asexual (Ocran and Atiigah 2022, p. 526). The reinforcement of patriarchal structures by abstinence norms consequently excludes critical discussions around topics such as sexual pleasure from SRH educational dialogs with young people.

Baku et al. (2018) conducted focus group discussions and in-depth interviews with 44 Ghanaian parents about their experiences in discussing sexuality with young people, corroborating the findings by Ocran and Atiigah (2022, p. 526). Baku and her colleagues argue that the contexts in which sexual discussions with young people take place frequently exclude pertinent topics, thereby precariously positioning young women as adept in sexual matters (Ocran 2024). Consequently, the predominant forms of sexual communication in homes and communities tend to limit the agency of young people, particularly young girls, regarding their sexual identity and autonomy (Ocran 2024).

Based on the evaluation of SRH programs in Ghanaian homes, schools, and communities, it appears that interventions adopt a mix of abstinence-based approaches, with some instances favoring CSE. However, these approaches, which are bifurcated in design, may fail to recognize young people as sexual beings, as is the aim of CSE interventions. This analysis helps identify the gaps in the design and implementation of SRH policies that seek to address the structural conditions that shape attitudes towards young people's status as sexual beings and empower young people to take control of their sexual health.

#### 4. Discussion: Gaps in the Implementation of Structural Interventions

Informed by the sociology of childhood, which advocates for an understanding of children and young people (including their sexuality) as a social construct, we argue that structural interventions must be thoughtfully integrated within a CSE framework which effectively addresses and navigates the socio-cultural norms and contexts, that, to a significant degree, distort the comprehension of young people's sexuality as asexual.

This narrative review on overarching SRH policies in Ghana, led by the Ministries of Health and Education, highlights a disjointed approach to policy implementation. Our analysis shows that fragmented and misaligned policies contribute to varying perceptions of young people's sexuality. Some policies adopt an asexual view of young people, while others recognize their sexual activity, emphasizing the need for contraception to prevent adolescent pregnancies and HIV infections.

The ambiguity surrounding the national framework significantly hinders the effective implementation of SRH interventions, particularly with respect to sexuality education. A recent evaluation of challenges associated with the implementation of a CSE framework in Ghanaian basic schools reveals that deeply entrenched socio-cultural and religious beliefs have been institutionalized within the political discourse of the country (Saaka 2024, pp. 384–402). This institutionalization of socio-cultural and political norms has, in turn, contributed to the rejection of the CSE framework, complicating efforts to address critical SRH issues. However, CSE aligns with the sociology of childhood, emphasizing the recognition of young people as sexual beings. Indeed, research has shown that abstinence sex education remains a challenge to the effective implementation of CSE, which has become a model for SRH interventions (Braeken and Cardinal 2008, pp. 50–62).

We utilize the principles of the sociology of childhood to examine the gaps resulting from these fragmented SRH interventions.

#### *4.1. Reinforcing Negative Cultural Norms*

The fragmented intersectoral approach to structural SRH interventions, predominantly characterized by abstinence-based interventions, may inadvertently reinforce detrimental cultural norms that adversely affect perceptions of young people's sexual agency. These abstinence-based strategies, akin to pervasive negative socio-cultural norms, fundamentally reject the notion that young people possess legitimate sexual identities. Given the prevailing evidence indicating that abstinence-based approaches dominate the SRH landscape in Ghana, it is possible to conclude that such methodologies may serve to entrench negative cultural narratives that perpetuate the perception of young people as asexual beings.

Among the harmful norms present in this context is a widespread silence surrounding discussions of sexuality, which is deeply entrenched in the belief that young people lack the capacity to engage in meaningful discourse on the subject (Bochow 2012, pp. S15–S26). This suppression is further intensified by reflexive societal responses to young people's sexual behavior, which often manifest as punitive or dismissive reactions.

#### *4.2. A Reevaluation of the Socialization Framework That Sustains Negative Cultural Norms*

The recognition of socio-cultural norms that are often overlooked by current structural interventions necessitates a nuanced examination of the sociocultural contexts that perpetuate negative sexual norms surrounding the asexualization of young people.

Our review of SRH interventions reveals the social and material environments in which discussions surrounding sexuality occur. Specifically, findings from Ghana indicate that the sexual education provided to young people within familial settings is predominantly centered on moralistic perspectives, often focusing solely on the perils of premarital sexual activity (Awusabo-Asare et al. 2017). Alarming, when considering the sexual education imparted on young girls, the emphasis remains squarely on avoidance; such education typically addresses the dangers associated with premarital sex as well as prescriptive roles within marriage (Anarfi and Owusu 2011, pp. 1–18). Consequently, parents tend to prioritize abstinence over critical aspects of SRH, such as gender dynamics and power relations in sexual relationships (Ocran 2024). Furthermore, the structural interventions implemented globally, including those in Ghana, aimed at recalibrating the contexts that shape and perpetuate (sexual) health attitudes, predominantly focus on other significant stakeholders rather than on young people, particularly adolescent girls themselves (Benoit et al. 2024, p. 107436).

The evidence presented here suggests that the fragmented and primarily moralistic framework of existing SRH interventions fails to adequately engage with the socio-cultural contexts that facilitate the reproduction and reinforcement of negative cultural norms.

Thus, it is imperative for SRH interventions to be conceived and executed within a CSE framework. This approach is essential not only to address the socio-cultural norms but also to ensure a meaningful engagement with the complex contexts in which these negative cultural norms are perpetuated.

## 5. Conclusions

The narrative review demonstrates, through the lens of childhood sociology and in alignment with CSE and abstinence approaches, that the existing SRH interventions in Ghana, while fragmented and predominantly aligned with abstinence models, may lack the breadth necessary to engage with the conceptualization of young people as sexual beings. Within the current paradigm, these SRH interventions appear insufficiently equipped to adequately address the negative socio-cultural norms and contextual dynamics that perpetuate harmful cultural perceptions of young people's sexuality.

Consequently, it is imperative that structural interventions, such as the SRH initiatives examined in this study, be integrated within a CSE framework. This framework should advocate for acknowledging the sexual agency of young people, as it is vital to consider the socio-cultural norms and social contexts that contribute to the marginalization of young people's sexuality through an asexualized lens.

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## Note

<sup>1</sup> We use "young people" to refer to ages 11–19, covering a cross-section of Ghanaian out-of-school and in-school junior and senior high young people, as some discussed policies in this paper focus on these groups.

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