SEXUAL AND REPRODUCTIVE HEALTH INFORMATION SEEKING BEHAVIOUR AMONG STUDENTS: A STUDY OF LABONE SENIOR HIGH SCHOOL

BY

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A DISSERTATION SUBMITTED TO THE UNIVERSITY OF GHANA IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF MASTER OF ARTS IN COMMUNICATION DEGREE

OCTOBER, 2013

DECLARATION

I, Sylvia Jessica Quaye, do hereby declare that with the exception of the works cited which have been duly cited, this study is the outcome of my own original research under the supervision of Prof. Kwame Karikari School of Communication Studies, University of Ghana. No part of it has been presented for another degree in this University or elsewhere. I take responsibility for any error(s) that may be found in this work.

…… .....

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DATE..... DATE: FEBRUARY 27, 2015

DEDICATION

I dedicate this work to my parents and siblings whose love and support has brought me this far.

It is also dedicated to Mr. Ben T. Nanor whose support and encouragement has contributed to the success of this work.

Last but not least, I dedicate the work to everyone who has directly or indirectly assisted me in completing this work.

ACKNOWLEDGEMENTS

I wish to express my sincere gratitude to all those who assisted in various ways in the preparation of this study. Special mention is made of Prof. Kwame Karikari, Chairman of the West African Media Foundation. Prof. Ansu-Kyeremeh of the School of Communication Studies and Prof. Linus Abraham, rector of the National Film and Television Institute (NAFTI). God bless you abundantly.

I am also grateful to my parents, siblings and friends whose support and encouragement have contributed to the success of this work and throughout the period of study.

I express my profound gratitude to all those who helped in any other ways especially to Mr. Benson Osei- Tutu of the School of Communication Studies.

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ABSTRACT

The contribution of communication in the fight of HIV/AIDS and teenage pregnancies has become an important phenomenon in the health of adolescents and young people in Ghana. With a sample of 200 students from Labone High School, this study sought to investigate the

sexual and reproductive health (SRH) information seeking behaviour among students. Labone Senior High School is a mixed gender school where there is a proportional representation of students from a varied socio-economic background.

Using a questionnaire as an instrument, a survey was carried out to obtain data from the respondents. An equal number of males and females participated in the survey in order to achieve a balanced representation of both sexes in the sample.

Analysis of the responses showed that about 63 percent of the 197 students had families serving as dominant sources of SRH information for the adolescents, 21percent of the students pointed out that the media provides them with SRH information while 15percent relied on friends for SRH. The communication preference of SRH is not significantly different from the sources by which students access SRH information. Mothers were the most preferred sources (31percent) while the internet (28percent) was the second preferred source. The radio seemed to be the least preferred source as well as the least credible source adolescents access. Mothers were the sources most adolescents perceived as credible; friends on the other hand, were not perceived as credible, as many would have expected.

CHAPTER ONE

INTRODUCTION

Communicating sexual and reproductive health (SRH) has been found as a key factor for the reduction of major sexual health problems in developed countries. This has again been found to be the case in developing countries, particularly in Africa. Discussions concerning sexual issues are held as taboo in most African homes. This culture of silence has been identified as a major contribution to the rise of SRH problems in Africa including Ghana. The need for communication and information in fighting or curbing SRH challenges is the focus of this research. Therefore the research sought to investigate how adolescents receive information that educates them on sexual and reproductive health.

1.1 BACKGROUND TO THE STUDY

The global population is made up of over a quarter of adolescents (Yesus and Fantahu, 2010) and they form a part of what the medical practitioner will term as the sexually- active age group. Just as any age group, adolescents and teenagers have a right to acquire knowledge on their health, including sexual and reproductive health (Yee et al., 2011). Denying them full communication access on SRH means neglecting a vital concern, that is, the need to know about sexual and reproductive health. This can have serious implications for the socio-economic and human development since this group eventually grows into adulthood. Adolescents, especially girls, in most parts of the world seem to be poorly informed regarding their health and sexuality (Rivers and Aggleton, 1999). In Eastern and Southern Africa, some female adolescents express concern about contracting STDs and other related SRH problems due to inadequate access to information and inability to communicate with parents about SRH (Nduati and Kiai, 1997). This lack of SRH communication and information can be attributed to cultural and religious sensitivities (Muhammad and Mamdouh**,** 2012). In some cultures, it is believed that keeping especially female adolescents ignorant about sexual issues

ensures their virginity. Parents in such cultures therefore deem it an obligation to keep sexual information from their female adolescents until they are prepared for marriage (ibid).

There is a tendency of adolescents engaging in careless and risky sexual behaviours resulting in their vulnerability and susceptibility to HIV and other SRH problems such as abortions and unwanted pregnancies (Adjaloo, 2009). Nduati and Kiai (1997), report that adolescents in Zambia attribute STDs to the lack of communication and inadequate information. Botchway (2004) argues that among other factors contributing to the vulnerability and susceptibility to these problems is the lack of information, poor dissemination and inappropriate channelling of SRH information. The 1997 United States Agency for International Development (USAIDS) report on adolescents‟ sexual health estimates about 15million adolescents worldwide (from ages 15-19) become teenage parents every year while four million adolescent girls are said to practice illegal and unsafe abortions. Also, about a hundred million adolescents become infected with sexually transmitted diseases (STDs). The Joint United Nations Programme on HIV/AIDS (UNAIDS) report (2001) confirms the 1997 USAIDS report that globally, 40 percent of cases of infected persons with HIV/AIDS are unmarried young people, including adolescents.

Research conducted in both developed and developing countries illustrates that parents can be a very effective and reliable sources of adolescents SRH information (Maleta, 2006). Adolescents who frequently communicate with parents on SRH perceive themselves to reduce their sexual risk behaviours. These risk reduction behaviours include delayed sexual debut and, condom use for preventing pregnancy and STDs such as HIV/AIDs (ibid).

Much of the research conducted on adolescents‟ sexual and reproductive health seem to be centred on adolescents of school going age (usually in the second cycle school or the tertiary

level) and the urban areas (Ako et al, 2008). In the view of Yesus and Fantahun (2006), the health threats that face adolescents and young people today seem to be predominantly behavioural as compared to medical, and that poses serious challenges and consequences to the present generation and to subsequent generations. Research conducted by the UNAIDS/WHO on the sexual health of adolescents indicates that because AIDS takes as long as 10 years for a clinical manifestation, a considerable number of people may have been primarily infected during adolescence (Buseh et al. 2002). Communicating SRH and sexual risk behaviours during adolescence has the efficacy to help reduce problems associated with SRH. The mass media has also been identified as one source of information when it comes to communicating sexual risk behaviours and sexual and reproductive health (Buseh et al., 2002). The dangers associated with SRH problem make informing and educating the youth and adolescents on risky and sexual behaviour an important priority.

Ghana first recorded its HIV/AIDS case in March 1986 (Awusabo-Asare et al., 2004). According to the 2003 Ghana AIDS Commission report, 14,000 children were HIV/AIDS with the hardest hit age group being 15-49 years (Kamil, 2009) Like most countries world-over, the youth in Ghana are more at risk of HIV/AIDS than any other age group (ibid). The population reference bureau reports that about seven million five hundred thousand people in the age group, representing about one fourth of the population of Ghana. Owusu (2003) asserts that an increasing number of young people globally are sexually active and engage in unprotected sex which has crucial social medical and economic implications for these young people. Substantial research indicates that in Ghana, young women between the ages of 13-19 have sex much earlier than their male counterparts (Kamil 2009; Nettey 2008; Owusu 2003, Aswusabo-Asare et al 2004). According to the 2003 Ghana Demographic and Health Service (GDHS) report, one out of every ten teenagers has a child. The magnitude of engaging premarital sex for girls in addition to the above mentioned is the tendency of medical

complications such as abortion and HIV/AIDS. Owusu (2003) asserts that one of the numerous ways to avoid the consequences of poor SRH is to accept that youth sexuality and reproductive health is very significant which calls for concerted efforts from all players in the society. Such efforts can be more effective when the youth have access to information and communication. Owusu (2003) asserts that an increasing number of sexually active youth are in dire need of services and information that will help them protect themselves against unplanned pregnancies and STDs including HIV. His finding is supported by Kamil (2009) who says young people often have lack access to vital information on HIV and the preventive measures to acquiring the virus.

Communicating SRH and sexual risk behaviours during adolescence has the efficacy to help reduce problems associated with SRH. The mass media has also been identified as one source of information when it comes to communicating sexual risk behaviours and sexual and reproductive health (Buseh et al., 2002). In their study in Ghana, Kumi-Kyereme et al., (2007) observe that adolescents spoke with and acquire information more often from other sources than the family. The dangers associated with SRH problem make informing and educating the youth and adolescents on risky and sexual behaviour an important priority.

1.2 STATEMENT OF RESEARCH PROBLEM

The implication of adolescents‟ sexual risk behaviours has become very important to researchers. There is the need to therefore pay a close attention to the needs of the adolescents, including their SRH needs, especially in the 21st century where information and communication has become more accessible. Due to the threat that HIV/AIDs and other SRH issues have on the growth of a nation, conscious efforts are continually being made by individuals, groups, non-governmental organisations (NGOs) and governmental agencies to design campaign messages that inform and educate adolescents on sexual risk behaviour.

These campaign messages aim at preventing and reducing the susceptibility of HIV/AIDS and other related sexual health problems among young people.

Existing literature on research on the sexual and reproductive health of adolescents is quite substantial. However, literature concerning adolescents‟ communication and their preferred avenues for accessing information on sexual and reproductive health is inadequate, especially in Ghana (Mireku, 2003). This inadequate research regarding adolescents‟ communication and information seeking behaviour about SRH is the problem this study sought to address. The research believes that since this group eventually grow to become adults and leaders in Ghana, it is important for them to have access to information through their preferred avenues that addresses their sexual and reproductive health as well as information on sexual risk behaviours (SRB).

1.3 OBJECTIVES

The objectives of the study are:

1. To identify the information source(s) of SRH among senior high school students.

2. To identify their communication preferences of SRH information and sexual risk behaviour.

3. To find out what motivates their SRH information seeking behaviour

4. To find out their perceived credibility of the sources of SRH information.

1.4 RESEARCH QUESTIONS

The research questions for the study are:

1. What is/are the communication source(s) by which adolescents obtain information on SRH?

2. What are adolescents‟ preferred sources of SRH information?

3. What is the motivation for their preferred sources of SRH information/communication?

4. Do adolescents regard their sources credible?

1.5 SIGNIFICANCE OF THE STUDY

The significance of the study is to help improve knowledge and understanding regarding communication on SRH among senior high school adolescents in Ghana. Thus the proposed study will help improve understanding of adolescents‟ communication preference when it comes to acquiring knowledge and discussions on SRH. It will also have policy implications for policy makers. Communicators and other stakeholders whose concern is to inform and educate young people will also have a better knowledge as to how to reach adolescents on SRH.

1.6 STRUCTURE OF THE STUDY

This research is in five major parts. This chapter discusses the background to the study, statement of the problem, significance of the study, objectives, and research questions. The chapter two entailing literature review, discusses some contributing works to the field of communicating SRH to adolescents while chapter three provides the methodology for the study. Chapter four comprise analysis and interpretation of the data results. The discussion and conclusion of the findings is presented in chapter five and a recommendation for further studies.

CHAPTER TWO

LITERATURE REVIEW

This chapter reviews the related works in the area of communication on sexual and reproductive health. It will also look at the theoretical framework that will help guide the subject under investigation.

2.1 THEORETICAL FRAMEWORK

The theoretical framework considers three perspectives that will serve as a roadmap to guide this study. The Uses and Gratification theory, knowledge Gap theory and the concept of homophily which is an element of the diffusion of innovation model, are used for the study.

2.2 USES AND GRATIFICATION THEORY (UGT)

Existing research (Mead, 2003, 2004; Frisby, 2004) has tried to understand how mass media are used by consumers. Findings show that consumers or audiences have a tendency to seek desired channel or medium which satisfies their individual interests. This is the core of the uses and gratification theory.

Uses and Gratification theory seeks to move away from the question, "what do the media do to people". In place of this question, the UGT inquires "what do people use the media for?" This approach focuses on why people use particular media rather than on content. Katz, in reaction to critics‟ claim that communication as a persuasive field was dying, came up with UGT that if audiences are seen as active media consumers who decide to use which channel for what reason, then there is no way communication as a field could not survive.

The Uses and Gratifications theory has three basic assumptions and five typologies. The first assumption of the theory is that audience is active and that an important part of mass media use is goal directed. Secondly, audience has both the will and ability to choose and select among media options according to media content and specific desires they wish to gratify. Finally, the media competes with other potential sources of need satisfaction (Severin and Tankard, 2001).

Guided by these proponents, the research will regard students as active media consumers who have needs to satisfy and for that reason will exercise their will and ability to view media texts that will meet their needs. The third assumption of the theory, which is media compete with other sources of need satisfaction, will therefore imply that students who actively seek information will have other sources to access SRH information. These other sources compete with the media as sources of information.

Uses and gratification theory can be classified by typologies. These typologies form the bases for reasons individuals or audience will actively select different media channels and media text to satisfy a need (McQuail, et. al.). The typologies or categories of UGT are diversion or escapism; personal relationships; personal identity or individual psychology and surveillance.

Diversion or Escapism: Audience use media to escape from the daily routine or divert their attention to release stress like emotional stress.

Personal identity or individual psychology: According to this typology, the audience use media to reinforce or reassure values such that if a program is on TV or radio (and in this age, the internet), the audience will make a deliberate attempt to view (or listen to) that program because it is consistent with what he or she believes are valuable to them.

Personal Relationships: This typology talks about integration and social interaction. This classification looks at gaining insight into circumstances of others; social empathy; identifying with others and having a sense of belonging. Audience will consume media because they want to gain knowledge that will help them find a reason for participating in conversation and social interaction. Media is seen as a substitute for companionship.

Surveillance: this typology explains that information can affect audience or will help the audience achieve something. Therefore, audience will seek or find out relevant events and conditions in immediate surroundings, society and the world. This includes seeking advice on practical matters or opinion; decisions and choices that satisfy curiosity and general interest learning. Surveillance motivates self-education and provides security through knowledge.

Similar to these typologies are five categories that address the physio-cognitive needs:

Cognitive needs: the acquisition of knowledge, information and comprehension. Affective needs, that is, the use of the media for emotional, pleasurable or aesthetic experience. Personal integrative needs: The use of the media to strengthen and reinforce credibility, confidence, status and stability. Social integrative needs, that is strengthening contact with friends, families and so on. Tension release needs: the media as a means of escape and diversion.

Critics of this theory argue that gratification sought is not necessarily gratification obtained. Again there is argument that findings of UGT are so fragmented that it does not allow for coherent theoretical ontology.

Despite these criticisms, the research believes that UGT can help guide the research because the findings of the research will either refute or confirm the assumptions and typologies of the theory in the area of SRH information seeking behaviour and sources.

2.3 THE KNOWLEDGE GAP THEORY

The knowledge gap theory (KGT) seeks to explain that there is uneven information distribution in society. The uneven acquisition of information in a society therefore results in societal segmentation where a part of the society becomes knowledgeable and the other part remains unknowledgeable or information poor. This gap between these two groups tends to widen over time (Weng 2000). The group with poor information usually have no contact or connection to (sources of) news and other forms of information. In explaining this theory, the proponents likened information deficit to economic deficit where in a society, people with higher education or better education are very likely to gain high socio-economic status than people with less education. Therefore people with better education are more knowledgeable about happenings in the society especially in health, sciences and public affairs (Holbrook, 2002).

There are five pivotal assumptions around which knowledge gap theory orbits. These assumptions rationalize why there is likely to be gaps in knowledge as a result of socio economic status and variables among populations. These assumptions are :

1. People of higher socio-economic status have better communication skills, education, reading, understanding and remembering information

2. People of higher socio economic status can store information more easily or remember the topic from background knowledge

3. People of higher socio economic status might have a more relevant social context

4. People of higher socio-economic status are better in selective exposure, acceptance and retention

5. The nature of the mass media itself is that it is geared toward persons of higher economic status.

A systematic review of literature distinguished four groups at the social-structured level of analysis (Sackey, 2006). These groups or categories are: content domains; social conflict and community mobilisation; channel influence; and community structure. Content domain category looks at specific field of knowledge that contribute to health risk such as premarital sex or multiple sexual partners. Social conflict and community mobilisation are activities that occur in the society and community that champions the cause of health related issues. Such activities include discussing controversial topics or issues raised by community activists, churches, public health workers, health communicators, etc. The third category or group is channel influence. This has to do with the various media (print, television and radio) that influence individual behaviour or group behaviour. The KGT believes one media channel will likely influence informed behaviour than the other channel. The final group, community structure, views the stratification in a society. It looks at the community on these levels: diversity or homogeneity; rural or urban; and rich or poor. These groups or categorisations are variables that predict knowledge gap (Gaziano 1997). To Gaziano, parents‟ socioeconomic standing is a fundamental determinant of their wards educational realization. McQuail (2005) however says critics acknowledge that it does not mean populations with lower status are completely uninformed.

This theoretical perspective implies that parents who have better and high education may be enlightened on SRH issues and therefore will have frequent communication with their adolescent children to inform and educate them on SRH matters. Again because of the socio-economic status of such parents, they will be able to afford to get their adolescent children, various communication means such as the computer (with internet access), radio, television

and print media (dailies and magazines, books) to enable them access information about HIV and teenage pregnancies and other sexual related health matters. To confirm or refute KGT in relation to this present study, the research will find out whether over time, students acquire and comprehend information through the media as a result of having a better education (relatively).

Due to its proposition, the knowledge gap theory will for the purpose of this study consider parents as sources of SRH information. This is because parents are very likely to be information rich if they have good or high socio-economic status because such parents can afford to purchase information and communication devices through which they will be better enlightened on issues concerning adolescents‟ health including SRH. With a good understanding and knowledge on SRH information, these parents are likely to better communicate or discuss especially problems of sexuality and SRH with their adolescent children. On the other hand, parents whose socio-economic status are low are likely not to have or acquire detailed knowledge on adolescents‟ SRH.

2.4 THEORY OF HOMOPHILY

The theory of homophily posits that communication in humans will occur between a seeker and a source that are alike. The theory is of the position that since there are some characteristics, values and norms that both a seeker and a source in a homophily share, a seeker is more likely to search information or message from the source. The theory of homophily emanates from the Word Of Mouth (WOM) source in the interpersonal information model and it has been extensively used in consumer behaviour research (Gilly et al., 1998).

Some researchers sought to find the similarity between new residents‟ physician information seeking patterns and the sources these new residents contact in their quest for a physician. About 80 percent of respondents‟ (seekers) physician information seeking was through

friends, colleagues and neighbours (sources) with whom they share some common values and characteristics. Important to their findings was that married couples with children reported to have consulted friends who were married and have children whereas couples without children prefer to contact friends of the same status (married without children). Single parents also contacted friends who were single parents for information about a physician.

According to Gilly et al. (1998), empirical research indicates that consumers (of information) are likely to speak with homophilous sources under some circumstances and the influence of such sources may be greater than the influence from expert sources. Referring to Price and Feick (1984), Gilly et al (1998) say this influence between seeker and source in a homophily allows and builds easy communication. The ease of communication suggests a more perceived credibility of the source by the seeker in a homophily than a heterophilous and non-personal communication. In the Word of Mouth (WOM) communication, the source is usually considered or perceived as an opinion leader who diffuses innovation (ibid) and by extension, disseminates information. Adolescents who share commonality in opinions and values with peers or friends tend to place importance in homophilous ties and as a result, actively seek information from friends they perceive to be knowledgeable and at the same time have the ability and motivation to share their knowledge (ibid).

For the purpose of this study, this theory underpins the category of peers as sources of SRH information. Discussing issues concerning SRH and SRB is more likely to occur and considered believable among adolescents. The ease of communication occurs as a result of the comfort and confidence these adolescents find among peers. There is no finding (to the best of the researcher‟s knowledge) to indicate how applicable this theoretical concept is to SRH information seeking behaviour. However, the present study believes it can be applicable because, adolescents find themselves in friendships and social networks where they tend to seek information and easily communicate among themselves. Further, the source is considered as an opinion leader who influences, motivates, diffuses and informs behaviour.

SRH discussion is almost impossible between adolescents and parents due to factors like lack of knowledge on SRH and lack of quality time between them. The implication of this theoretical perspective will be that adolescents will tend to access SRH information from peers they regard as knowledgeable, informative and reliable. Moreover, since the population is made up of students in schools (boarders inclusive), they may have easy and convenient access to peers and rely on them to have interpersonal and interactive communication on SRH (Wood, 2010).

2.5 REVIEW OF RELATED STUDIES

Health communication has been used in many forms to address behaviour and attitude change towards positive health. A number of communication forms have been identified as means of impacting individuals and communities when it comes to health related subjects. The mass media and other forms of communication have been generally, good sources of information to adolescents. Adolescents the world over usually have uncertainties about their sexualities. At this stage they become curious to know what changes occur, why they occur and what implications these changes have on total well-being. Information addressing these needs becomes imperative to them. They therefore depend on various sources of information and any form of communication to acquire knowledge.

The mass media has been identified as a major source of SRH information to adolescents (Masatu et.al, 2003; Buseh et al., 2002; Cornejo and Silva 2004). Relying on mass media is perceived by some adolescents as a more comfortable way of acquiring information because it does not involve face-face interaction and therefore it is a more comfortable way of acquiring information (Protecting the Next Generation, 2004). In Uganda, a study set out to investigate the proportion of youth that are reached by mass media regarding SRH. It again investigated the level of knowledge of adolescents that had exposure to Straight Talk (ST), a

programme designed and aimed at communicating sexual related matters to young people and adolescents through the mass media, community and school activities and whether they have had a more positive attitude towards safe behaviours than those who were not exposed to the programme. In their analysis and findings, Adamchak et al., (2007) showed that most young people depended on the Straight Talk for information on SRH. However more young people exposed themselves to the Straight Talk programme via radio shows than reading of the Straight Talk product via the newspaper. Buseh et al., (2002) in their study observed that about 62 percent of adolescents between ages 12 and 18 prefer the mass media, especially the broadcast media, as a primary source of information on HIV/AIDS while 13 percent of the information was preferred from siblings and friends.

However, the mass media has also been identified to contribute to SRH problems because of its content (Hust et al., 2008). For instance, the print media such as magazines has been criticised for its content that portrays sexual pleasure more than sexual health (ibid.) Brown and Witherspoon (2002) observe that a public outcry to reduce the rate of violence and aggression in the media resulted in sexual content in the media in place of violence and aggression . This served as a strategy to sustain media consumption in the society especially among the youth . Three out of four programs in the first hour of primetime contain explicit messages related to sex or sexual activities (ibid). They again find in a study that common television talk shows centre around marital relations and infidelities, and other sexual relations and sexual orientation where characters or studio guests discuss their own or others‟ recent or anticipating sexual activities.

Movies, including music videos are heavily saturated with sex or sexual ideas. Brown and Witherspoon (2002) observe an analysis by Greenberg et al (1993) study that the most movies viewed by adolescents have an average of 17.5 sexual scenes per movie. Popular

music always has been and remains preoccupied with love and sex, while the print media such as the magazines seem to concentrate on advertisements and articles that attract and encourage adolescent girls to look very appealing and sexually attractive to men (Brown and Witherspoon, 2002).

" About 2.5 pages per issue of teen girl magazines are devoted to explicitly sexual issues, mostly in advice columns answering readers" questions about contraceptives and STDs; and articles focused on how to decide when to have sex" (ibid, pg 157). The media, in this respect is regarded by Brown et al.,(2005) as a super peer for the female adolescent which serve as an alternative source of information addressing issues concerning puberty and sexuality. For these adolescents (male inclusive), the media consistently influence early sexual intentions and behaviours (L"Engle et al., 2006). Due to the influence of the media on teens or adolescents, these researchers have argued that the mass media can equally be influential in educating these youth about their total well- being.

Mass media are good sources in providing information and health behaviour messages to adolescents when they are in the form of entertainment more than in news form (Masatu et al, 2003; Botchway, 2004). Because TV has a captive audience, some male adolescents in Ghana see TV advertisements and entertainment programmes (such as local soap operas) as being their sources of SRH information (Botchway 2004). Young people and adolescents in Benin City, Nigeria, also considered the use of media messages (in entertainment forms) as the best source of information and education on HIV, pregnancies and abortions (Keating et al, 2006). This finding seemed to have been confirmed in a study conducted by Adjaloo (2009) in the Kumasi metropolis where most of the adolescents regarded the media (including the internet) as their dominant source of information that address their SRH needs. The perceived credibility of the mass media as sources of SRH information nonetheless was perceived as

low. Credibility of SRH information was found out to be high when it comes from health workers and parents (Masatu et al., 2003).

A study conducted in Ghana by Awussuabo-Asare et al (2006) say that informing adolescents throught the mass media is very important beacause of its wide reaching advantage although it is not interactive. Their findings reveal that majority of the youth in Ghana have a remarkable access to the media especially the radio. The radio as well s television serves as agood dsporce of SRH information for these youth; especially whem messages are in the form of advertisement, soap operas and movies. The print media as revealed by their study is almost insignificant source of information. They however discovered the use of the internet as information source was on the rise. The use of the internet is closely associated with urbanisation and litracy (ibid). With regards to SRH, Awusabo-Asare et al (2006) found that information source fot most of the youth who have knowledge of SRH, claim to have acquire the knowledge through a teacher or a health provider while friends were least SRH information source for remales and family member for male adolsecents.

Adolescents Health Services are planned to improve accessibility to and quality of existing health including reproductive health. In Ghana, the health service among other things, aims to establish and strengthen a comprehensible information, education and communication for adolescents to have a quality health delivery, as well as be able to make good informed choices(Ghana Health Report,2007-2011). Aside the health service deliveries, the print and electronic media are used to create and promote awareness and information on HIV/AIDS and to address other youth health concerns (ibid).

2.6 COMMUNICATION IN THE FAMILY

Maleta (2006) asserts that studies in developed and developing countries, including Africa show that transmission of clear messages from parents to their adolescent children have resulted in delayed sexual debut. Other research has shown mixed findings about parent-child communication on SRH (Kirby, 1999; Miller et al., 19998; Aspy et al., 2007). For instance, in Eastern and Southern Africa, just about 17 percent of adolescents are reported to communicate with their parents about SRH (Nduati and Kiai,1997). These adolescents say they are able to discuss SRH with parents because of the cordial relationship that exists between them. They again believe parents to be the best source of SRH.

In Tanzania, Wamoyi et.al. (2010) observe that communicating SRH with children is initiated by parents. This is very likely to reduce sexual risk behaviour among adolescents (Mireku, 2003). According to Kawai et al.,(2008), parental communication on SRH sometimes do not occur in conversational settings. In cases where it occurs, vague warnings are employed (ibid). Aspy et al. (2007) say that parent-child communication that is likely to support youth and adolescents‟ decision has many facets and content. Such discussions range from prevention, abstinence and puberty. Female adolescents, according to DiIorio (1999) frequently engage their mothers in SRH than did male adolescents (ibid; Wamoyi et. al., 2010). Muhammad& Mamdouh (2012) argue that the content and quality of communication between mothers and daughters seem to be poor and that affects comprehension of SRH information and education. As a result, most youth regard friends as a dependable source of SRH information (Maleta, 2006). SRH indicators among the youth show an unceasing peril regardless of efforts aimed at fighting sexual risk behaviours (ibid).

Parent-adolescent communication is regarded to be a helpful and effective way of encouraging adolescents to adopt responsible sexual lifestyle (Yesus and Fatanhu, 2010).

Maleta (2006) cites Caldwell (1998) as saying parents‟ (being the primary agents of socialisation) attitudes and behaviour have the tendency to impact on the development of their children‟s sexual health behaviour. A number of things affect the comprehension and credibility of communication of SRH between parents and their adolescent children (Edwards, 2012): competence, openness, transparency, comfort, and interaction during conversations and these are likely to have positive effect on the information exchanged (DiIorio et al., 2008; Whitaker et al 1999). Lefkowitz (2000) noticed that mothers who make conscious effort to acquire knowledge and communicative skills on SRH have the capability to initiate a more interactive conversation about sexuality more than parents who do not.

In Africa as part of the many challenges confronting parents‟ upbringing of a child, addressing and answering a child‟s question of sexuality and its associated health implication is difficult (Rivers and Aggleton, 1998; Maleta, 2006). Addressing this concern is usually done when puberty rites are performed for adolescents (especially girls) to initiate them from childhood to adulthood (Botchway 2004). In Ghana, rites such as *Bragro* among the Akans, *Dipo* among the Krobos and Ewes; and *Otuofo* among the Ga are performed for the adolescent girls (ibid). These adolescents are vaguely warned to abstain from premarital and extra-marital sex due to societal implications of such acts (such as stigmatisation, possible ostracisation and shame) that is brought to themselves and their families. No mention of health or disease associated with sexual interaction is given to these adolescents during the puberty rites (ibid). This may be an indication of ignorance on the part of the elderly and parents concerning SRH and the health implication of premarital and extramarital affairs.

In his research on male adolescent SRH communication, Botchway (2004) observed that male adolescents‟ main source of sexuality and prevention of pregnancy were mothers. Participants in his study report to believe and always prefer mothers as sources of SRH

information because they perceive mothers to be more truthful and reliable. On the other hand, fathers, according to the participants, were perceived to be ignorant and hostile because these fathers do not care about their sexual health needs. This may be as a result of the relationship that exists between fathers and sons. Also fathers admitted not to be at ease discussing issues relating to sex (with or without health implication) because they find it awkward (ibid). Nonetheless, he observes that, male adolescents in the senior secondary schools in Accra are in urgent need of SRH information although these adolescents say they receive information by communicating with family members and that help them take preventive and precautionary measures.

The closeness or cordial relationship between parents and children has a positive impact or implication on adolescents‟ sexual health (Martino et.al, 2008). This closeness allows for repetition of topics, open and broad discussion of SRH topics such as pregnancy and STDs.

2.7 Point of departure

Most of the studies conducted on adolescent SRH information seeking behaviour have teenage pregnancies and abortions, and HIV/AIDS knowledge and preventions as areas of concentration. The other studies that investigated adolescents‟ information seeking behaviour mostly concentrated on media source, parent-child communication and information health providers. This study intends to find out the sources from which adolescents seek SRH information and their preferred choice(s) as a result of access, comfort, quality of information and comprehension of messages or SRH information. It will also examine the adolescent‟s perceived credibility of the source. This study will be a replication of studies done in Malawi (Maleta, 2006), Tanzania (Wamoyi et al, 2010) and Ghana (Botchway, 2004; Mireku, 2003)

CHAPTER THREE

METHODOLOGY .

3.0 Introduction

This chapter provides an overview of the proposed methodology that would ensure the achievement of the objectives of the study. The research methodologies adopted for any study have an enormous effect on the deductions made out of the study. The research design, sampling procedure, and data collection procedures adopted during the field work as well as the data analysis techniques are explained in this chapter.

3.1 Research Design

The research employed the quantitative approach. Precisely, the research design for the study was a survey. According to Powell (1997), the survey research design is used in research with predefined questions and predetermined list of answers and is undertaken by administering questionnaires to the participants in the study. This design was adopted because of the numerous advantages it provides to a study. This research design is very effective in collecting large number of data from the population in a cost-effective way. Survey can also be used to collect quantitative data that can be analysed using descriptive and inferential statistics. The data collected were standardized, which allowed easy analysis.

3.2 Study Population

The population for the study covers students in Senior High Schools in Ghana. According to the Ghana Education Service National Schools Statistics (2012), there are over 474 Senior High Schools in Ghana with an estimated population of 219,465. Since this population cannot be covered in any academic study, a sample was selected from the entire population. For convenience and in order to ensure proximity to respondents and quick data collection, the study area was restricted to Senior High Schools (SHS) in Accra. In all, there are 39 Senior

High Schools in the Accra Metropolis with an estimated student population of 19,057. This population was still large; hence, one senior high school was selected for the study. The school selected for the study, Labone Senior High School, was done in a way that ensured a fair representation of gender as well as students with varied socio-economic background. Labone Senior High School was purposively sampled because of three reasons.

3.3 Sample and Sampling Technique

A total sample of 200 students was used for the study. This sample was obtained using two sampling techniques: non probability and probability techniques. The non-probability was the purposive sampling, whereas survey constituted the probability technique. The initial stage was the selection of Labone Senior High School which was obtained using a purposive sampling technique. This means that members of the population did not have an equal chance of being selected based on this technique. The purposive sampling technique involved selecting a sample in accordance with the aim the research sought to attain as well as the objective and scope of the data gathered. The aim of the research was to attain a mixed gender school which is perceived to have a balanced ratio of students from both rich homes and non-rich homes. In addition, the second theory being used for the study, the Knowledge Gap Theory, guided the selection of Labone Senior High School to ensure a fair representation of students from varied socio-economic background. This was to help find out if students‟ source of SRH information was dependent on their socio-economic status.

The probability sampling technique used to obtain the 200 respondents for the study was the simple random sampling. With this technique, each individual was chosen entirely by chance. This means that each individual had the same chance of being chosen at any stage during the sampling process. The selection without replacement technique inherent in the simple random sampling ensured that each student was selected only once for the study.

3.4 Research Instrument

The instrument used for the survey was a questionnaire. The questionnaires had simple constructed questions. The questions were mixed with both open-ended and close-ended questions. The open-ended questions were to allow for in-depth responses from respondents. The close-ended questions on the other hand, provided a number of alternatives from which respondents had to choose.

The questionnaire had three parts. In the first part, the researcher informed respondents what the study was about. Respondents were assured of their confidentiality of their responses. The second part of the questionnaire consisted of the questions pertaining to the study. Respondents were asked questions where they were required to either provide answers or choose from alternatives. The third section of the questionnaire solicited background information of the respondents. This section was important because it helped in the analysis of the data that sought to confirm or refute the knowledge gap theory. The KGT sought to find if there was a relationship between parents‟ socio-economic status and adolescents‟ source of SRH information. In order to assess their socio-economic background, students were asked to provide the educational background and professions of their parents.

3.5 Data Collection

Permission was sought from the school authority prior to the collection of the data. The researcher visited the school to inform the school authority about the choice of the school as the sample population for the research. The school authority indicated that the final year students were not in school since they had written their final examinations. Hence the study was conducted using only the first and second year students. Data collection was carried out on the days permitted by the school authority.

3.6 Data collection procedure

On the day of the questionnaire administration, the names of all classes (form one and two) in the school were placed in a bin and 10 classes were randomly selected from the list of all classes in the school without replacement. Numbers corresponding to the total number of students in that class were placed in a bin and 20 numbers drawn without replacement from the bin. The numbers are matched to the class register and the corresponding students were selected to participate in the study. The procedure was repeated in instances where a selected student was absent. This was done for all the classes that participated in the research.

After selecting the 10 classes, two bowls containing the total number of female students in the class and the other total number of male students were used to ensure equal gender representation in the sampled students. 10 male students and 10 female students were drawn without replacement from each bowl.

The questionnaires were administered by the researcher. The objective of the study was explained to all participants and they were guided through the completion of the questionnaire. The completed questionnaires were then collected.

3.7 Data Processing and Analysis

The data obtained from the study was checked for completeness and consistency in the responses provided. The questionnaires were first coded after which each response to a question was also coded, that is assigned a value (unique number). The SPSS worksheet was then designed based on the coded questionnaire. Data was entered into the work sheet based on these codes. The data was subjected to statistical analyses which provided the information needed for discussion. The results of the analyses have been presented in the form of charts,

frequency and percentages distribution tables so that valid quantitative deductions could be made out of it. SPSS and excel had been used to analyse the frequencies and other distributions and charts.

CHAPTER FOUR

DATA ANALYSIS AND FINDINGS

4.0 INTRODUCTION

This chapter provides the analysis of the data. The data provided statistical information on the SRH information seeking behaviour among adolescents in senior high schools, which is the purpose of this study. The data was obtained through the use of questionnaires, an instrument used in survey. The gathered data was analysed with SPSS, a Statistical Package for Social Sciences, which is used in analysing quantitative data. At the end of the analysis explanation was provided to the results of the data. The most dominant source of SRH information used by adolescents was identified and analysed. The data analysis also provided the sources adolescents feel most comfortable with when accessing SRH information as well as the motivation for accessing that medium. It again analysed the dominant source of SRH and the perceived credibility of the preferred source for SRH information.

4.1 CHARACTERISTICS OF RESPONDENTS

Table 1 **GENDER OF RESPONDENTS**

Sex	Frequency	Percent
MALE	105	52.5
FEMALE	95	47.5
TOTAL	200	100.0

The procedure of the sampling was to attain a balanced representation of the two sexes to avoid bias. Table 1 indicates that 52 percent of the respondents were males and 48 percent were females. The distribution indicated an insignificant higher response from males than females.

The insignificant difference in distribution was not sufficient to affect the balanced representation of sexes. The number of respondents who responded to whom they lived with were 198 of and they again provided their resident status. Of the 198 who responded to the questionnaire, 69 percent (17 out of 25) reported to live with both parents while about 20 percent (one out of five) lived with their mother and three percent live with their father. The day students who responded to the questionnaire constituted 44 percent (11 out of 25) of the sample while eleven out of 20 (55 percent) were boarders. During the data collection period, there were only form one and two students because the final year students were out of school. The form one and two students fall within the adolescent age group that is, 14 years to 19 years hence there was no need to give statistics to the age distribution of the students.

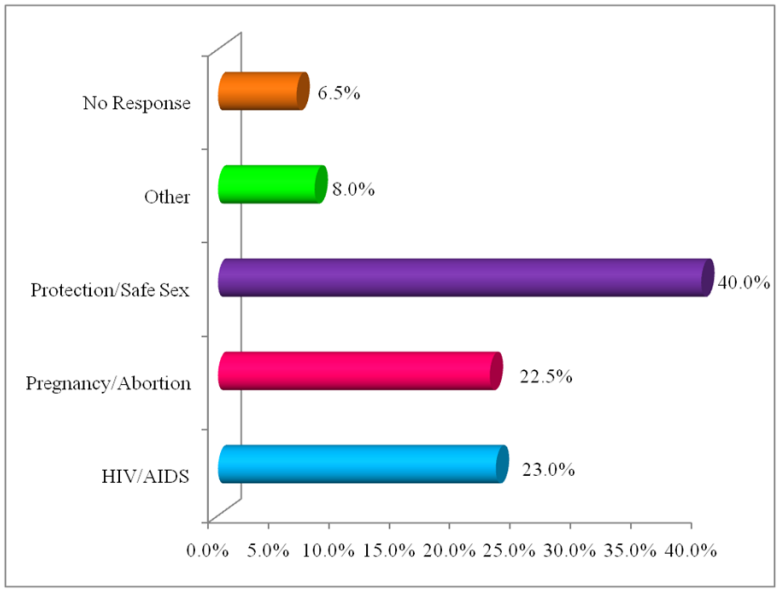
FREQUENCY OF SRH SEEKING AND SRH AREAS ADOLESCENTS SEEK

Table 2 FREQUENCY OF SEEKING SRH INFORMATION

Frequency of SRH Information Seeking	Frequency	Percent
VERY OFTEN	33	16.5
OFTEN	27	13.5
ONCE A WHILE	53	26.5
WHEN THE NEED ARISES	84	42.0
OTHER	3	1.5
Total	200	100.0

From Table 2, it can be seen that 16 percent of the respondents sought information about SRH very often whereas 42 percent sought it whenever they thought they needed to know and 26 percent sought it once a while. This means out of 25 respondents, four sought information on SRH whereas 13 out of 50 respondents looked for SRH information as and when they thought necessary.

FIG. 1 AREAS OF SRH ADOLESCENTS SEEK



It can be seen from the data obtained from the survey that the notable areas that adolescents sought SRH information were condom use and safe sex/protection, pregnancy/abortion and HIV/AIDS. Out of the 187 respondents that provided information on areas of SRH that they sought information, two out of five (40 percent) looked for information on the need or importance of having safe sex or protection. As can be seen from Figure 1, 23percent, of respondents find information on HIV/AIDs while nearly 23 percent seek information on pregnancy and abortion. This means that there was an equal number of adolescents who sought information about pregnancy and abortion; and HIV/AIDS. This means that for every five adolescents two sought SRH information on pregnancy and abortion and the same

number of adolescents searched for HIV/AIDS. Other areas of SRH that respondents seek information about included menstruation and ovulation and this was cited by about 8percent of the respondents. About 6percent did not indicate the areas of SRH information they seek.

ADOLESCENTS' SOURCES OF SRH

Table 3 SOURCES OF SRH INFORMATION

Source of SRH Information	Frequency	Percent
FRIENDS	30	15.0
PARENTS	66	33.0
SIBLINGS	61	30.5
MEDIA	42	21.0
NO RESPONSE	1	0.5
TOTAL	200	100.0

From Table 3, one can see that about three out ten (33 percent) of adolescents sought SRH information from parents whereas 21 percent (nearly one out of five) cited the media as their source of SRH information. Siblings as source of information on SRH constituted 30 percent while adolescents that sought SRH knowledge/information from friends comprised 15 percent of the respondents. This shows that three out of ten adolescents search for SRH information from siblings while three out of 20 asked friends about SRH. This data give credence to the fact that the family is a major source of SRH information since a little above 63 percent or almost seven out of ten of adolescents cited the family (parents and siblings) as their source of SRH information

Table 4 SOURCES THAT ADEQUATELY PROVIDE SRH INFORMATION

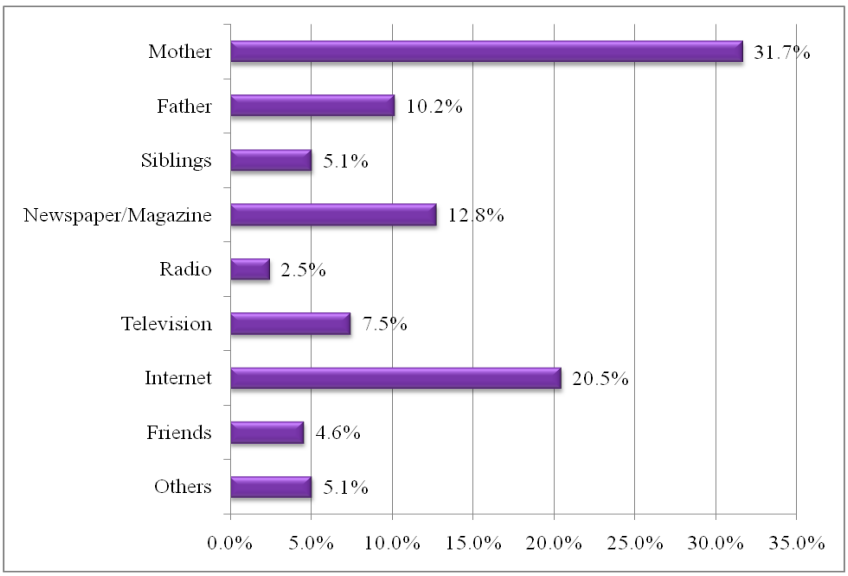
Adequate Source of SRH Information	Frequency	Percent
MOTHER	50	25.4
FATHER	12	6.1
SIBLING	11	5.6
NEWSPAPER/MAGAZINE	29	14.7
RADIO	5	2.5
TV	24	12.2
INTERNET	46	23.4
FRIENDS	10	5.1
OTHER	10	5.1
TOTAL	197	100.0
NO RESPONSE	3	
TOTAL	**200**	

On the issue of adequacy ie., sources that satisfactorily address adolescents' SRH concerns or sources that adequately provide SRH information, the media category of SRH information was expanded into radio, television, internet and newspapers/magazines to determine which of them adequately provided information. In addition, the family was sub-categorised to

mother, father and siblings. The responses provided were used to construct Table 4. Out of the 197 responses on the adequacy of a source of SRH information, "mother" was cited by 25 percent of respondents. This means that one out of every four adolescents obtained information about SRH from mothers. The second most cited source of adequate SRH information was the internet and this accounted for about 23 percent of the responses provided. Thus, out of every ten adolescents, two access the internet for SRH information. About three out of 20 adolescents (15 percent) of respondents cited the print media as adequate source of SRH information. Television as an adequate source of SRH information was mentioned by12percent while the radio was named by 3percent of respondents. Friends and other sources were each cited by 5percent of adolescents as adequate source of SRH information. That is three out of 25 adolescents, one out of ten, and one out of 10 cited to have adequate SRH information from TV, radio, and friends respectively.

PERCEIVED CREDIBILITY OF SRH SOURCES

FIG 2 SOURCES ADOLESCENTS PERCEIVE AS CREDIBLE



The study among other things sought to uncover the perceived credibility of the preferred source of SRH information among adolescents. The respondents were therefore asked to

indicate which preferred source of SRH information they deem very credible and the data obtained was used to construct Figure 2.

It can be seen from Figure 2 that about 32 percent, that is eight out of 25 respondents regarded their mothers as credible sources of SRH while about 21 percent (about one out of five) perceived the internet as a credible source for seeking SRH information. Newspapers and magazines as a credible source of SRH information was cited by about 13 percent (about six out of 25) while 10 percent (one out of ten) perceived fathers as credible. About five percent (one out of 20) of respondents regarded friends to be credible sources while 5 percent (one out of 20) also considered siblings as a credible source. In the same breadth, about 30 percent which is three out of ten respondents indicated they feel very comfortable acquiring knowledge or information on SRH from the Internet. About 25 percent, one out of five also reported to feel very comfortable seeking information from mothers.

4.4 PREFERRED SOURCE OF SRH INFORMATION

Table 5 PREFERRED SOURCE OF SRH INFORMATION

Preferred Source of SRH Information	Frequency	Percent
MOTHER	61	31.0
FATHER	11	5.6
SIBLING	10	5.1
NEWSPAPER/MAGAZINE	19	9.6
RADIO	3	1.5
TV	15	7.6

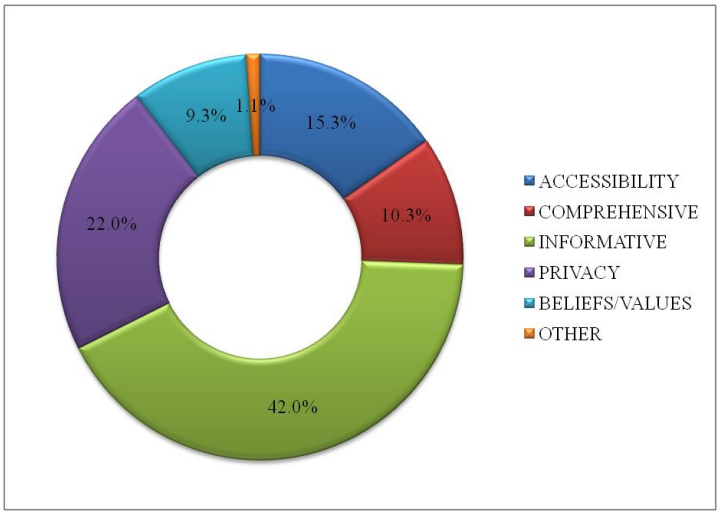
INTERNET	56	28.4
FRIENDS	13	6.6
OTHER	9	4.6
TOTAL	197	100.0
NO RESPONSE	3	
TOTAL	**200**	

The preferred source of SRH information as provided by respondents followed a similar pattern as that of the sources of SRH information they perceive credible as well as the sources they feel comfortable with; and which provide adequate source of information. The responses provided were used in constructing Table 5.

As shown in Table 5, about two percent of the respondents did not provide a preferred source of SRH information and of the 197 respondents that provided responses, about 31 percent that is, about four of ten adolescents preferred accessing SRH information from mothers while 28 percent (seven out of 25 preferred getting information from the internet. With TV, about eight percent (two of 25) of respondents had a preference to acquire SRH information from this source while about 10 percent, one out of ten rather would have SRH information from print media (newspapers and magazines). About six percent (nearly three of 50 students) preferred having friends informing them about SRH; and five percent, which is one out of 20 also prefer information from fathers. Four percent constituting one of 25 respondents also preferred SRH information from other sources.

REASONS FOR ACCESSING SRH INFORMATION FROM A SOURCE

FIG.3 MOTIVATION FOR ACCESSING A SOURCE FOR SRH INFORMATION



The respondents selected varied reasons for accessing SRH information from a particular source. The data obtained were used in constructing Figure 3. In all, 183 respondents provided reasons for choosing a particular source of SRH information and as such this sample is used in the subsequent analysis.

Out of 50 respondents, almost ten out of 25 (42 percent) indicated that they access SRH information from a particular medium because that source was informative. About 3 out of five (22percent) of decision to access SRH information from a source was informed by the privacy of such source while 15 percent, which is three out of 20; and 10 percent which is one of ten adolescents accessed SRH information from a source due to the accessibility and comprehensiveness of that source respectively. About nine percent (one out of about ten) had access to SRH information from a source to support their own beliefs.

CROSS TABULATION OF PREFERRED SOURCE OF SRH INFORMATION AND REASON FOR SUCH PREFERRED SOURCE

PREFERRED SOURCE OF SRH INFORMATION		REASON FOR PREFERRED SOURCE OF SRH INFORMATION						Total
		ACCESSIBILITY	COMPREHENSIVE	INFORMATIVE	PRIVACY	BELIEFS/ VALUES	OTHER	
MOTHER	Count	8	7	20	18	5	0	58
	percent within PREFERRED SOURCE	13.8percent	12.1percent	34.5percent	31.0percent	8.6percent	.0percent	100.0percent
FATHER	Count	1	1	5	3	1	0	11
	percent within PREFERRED SOURCE	9.1percent	9.1percent	45.5percent	27.3percent	9.1percent	.0percent	100.0percent
SIBLING	Count	2	1	0	6	1	0	10
	percent within PREFERRED SOURCE	20.0percent	10.0percent	.0percent	60.0percent	10.0percent	.0percent	100.0percent
MAGAZINE	Count	1	1	10	5	2	0	19
	percent within PREFERRED SOURCE	5.3percent	5.3percent	52.6percent	26.3percent	10.5percent	.0percent	100.0percent
RADIO	Count	1	0	0	2	0	0	3
	percent within PREFERRED SOURCE	33.3percent	.0percent	.0percent	66.7percent	.0percent	.0percent	100.0percent
TV	Count	2	0	5	4	3	1	15
	percent within PREFERRED SOURCE	13.3percent	.0percent	33.3percent	26.7percent	20.0percent	6.7percent	100.0percent
INTERNET	Count	7	4	22	17	2	1	53
	percent within PREFERRED SOURCE	13.2percent	7.5percent	41.5percent	32.1percent	3.8percent	1.9percent	100.0percent
FRIENDS	Count	1	2	3	6	1	0	13
	percent within PREFERRED SOURCE	7.7percent	15.4percent	23.1percent	46.2percent	7.7percent	.0percent	100.0percent
OTHER	Count	1	1	2	1	3	1	9
	percent within PREFERRED SOURCE	11.1percent	11.1percent	22.2percent	11.1percent	33.3percent	11.1percent	100.0percent
Total	Count	24	17	67	62	18	3	191
	percent within PREFERRED SOURCE	12.6percent	8.9percent	35.1percent	32.5percent	9.4percent	1.6percent	100.0percent

Table 6 provides further details on the motivation for choosing a particular source of SRH information as it depicts a cross tabulation of the preferred source of SRH information and the reasons for such a preference.

It can be seen from the results of the cross tabulation in Table 6 that among the respondents who preferred "mother" as the source of information, 34 percent (about four of ten) based their decision on the informative nature of the source whereas 31 percent (about three out of ten) preferred "mother" due to privacy. About seven out of 50 (14 percent) preferred the mothers because of accessibility. When it came to the use of the internet, those 42 percent preferred it because they deem it to be informative while 32 percent preferred it because of privacy. Newspaper is the third preferred medium because (52 percent) almost half of the respondents deemed it informative while 26 percent , about two out of five believed it afforded them privacy. Only 5 percent meaning one out of twenty preferred it because it was accessible.

Privacy was also a motivating factor for 60 percent (three out of five) of adolescents who cited siblings as a preferred source of SRH information. 20 percent preferred siblings because of accessibility and 60 percent (three out of five) because of confidentiality or privacy. 46 percent (one out of almost 50) preferred friends because of privacy.

In all, information is the reason why adolescents will prefer a particular medium to gain SRH knowledge. Overall, the main determinants of the preferred source of SRH information among the respondents were the informative nature and privacy of the source of information

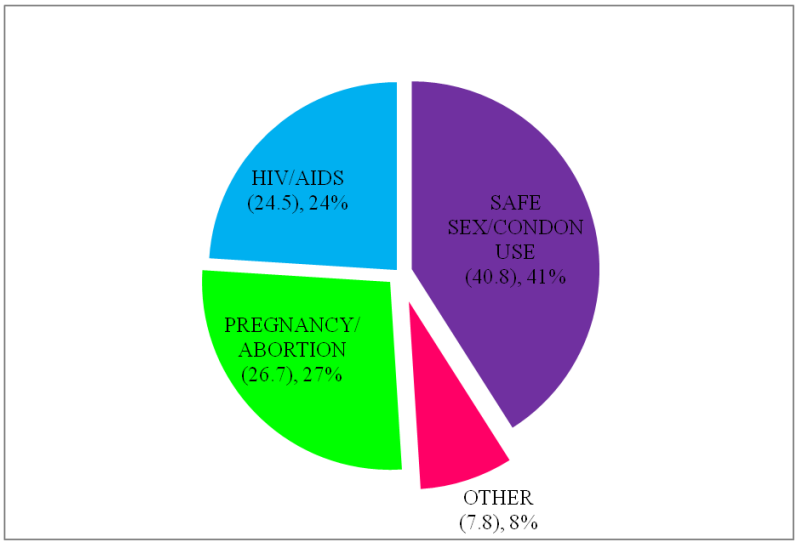
4.7 MEDIA AS ADOLESCENTS'SOURCE OF SRH INFORMATION

Table7 MEDIA AS A SOURCE OF SRH INFORMATION

Media	Frequency	Percent
RADIO	12	6.2
TV	44	22.7
PRINT	19	9.8
INTERNET	119	61.3
TOTAL	194	100.0
NO RESPONSE	6	
Total	**200**	

When the media sources of SRH information (print and audio/visual) are considered in isolation as a sole source of SRH information, Internet still ranks high among the preferred source of SRH information. As shown in Table 7, out a total of 194 respondents who provided their preferred media source of SRH information 61 percent, that is, three out of five acquired SRH information from the internet whereas about 23 percent, which is one out of about five got information from TV. About 10 percent (one out of ten) acquire SRH from the print media while 6percent three out of 50 get the information from radio.

FIG 4 AREAS OF SRH ADOLESCENTS SEEK FROM MEDIA



Of the 191 of the respondents that indicated the topics or areas of SRH they search from the media, about 41percent (two out of five) learn about the use of condom and the importance of safe or protected sex as shown in Figure 4. About 27 percent (about seven in every 25) obtained information about pregnancy and abortion while about 25 percent (one in four) adolescents sought information on HIV/AIDs from the media. Nearly eight percent, that is two out of 25 sought information on other areas or topics of SRH.

4.8 PEERS AS A SOURCE OF SRH INFORMATION

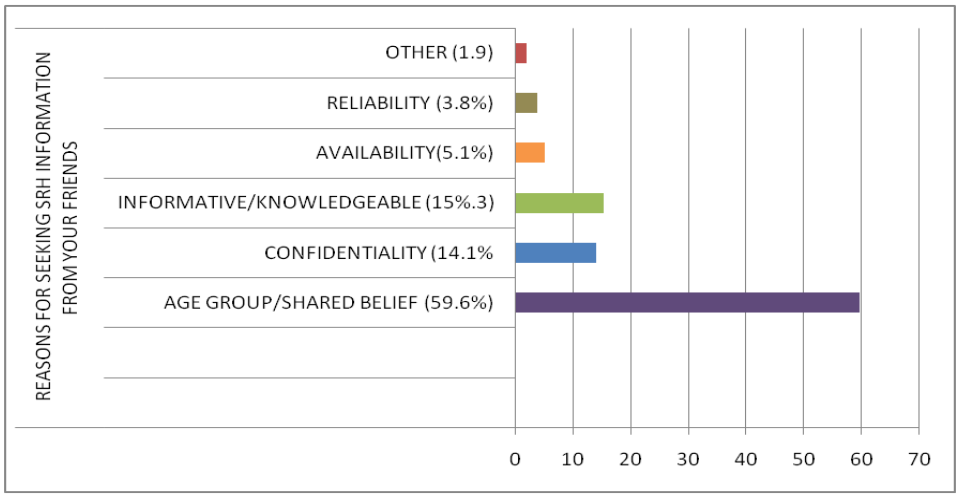
Table 8

	Frequency	Percent
YES	159	81.5
NO	36	18.5
Total	195	100.0
NO RESPONSE	5	
Total	**200**	

A total of 159 respondents representing about 82 percent of those who indicated whether or not they discussed SRH with the friends or peers responded in the affirmative as shown in Table 8.

About 18 percent however, stated that they do not discuss SRH with their peers or friends. Out of the 156 respondents that indicated that they discuss SRH with peers or friends, about 59 percent (93) discuss SRH with peers because they share same beliefs and are in the same age group while 15percent (24) of the respondents discuss SRH with friends because they deem them to be informative or knowledgeable. Fourteen (14 percent) of them discuss with friends because of confidentiality while 5percent do that because of the availability of friends as shown in Figure 5.

FIG 5 REASONS FOR PEERS BEING A SOURCE OF SRH INFORMATION

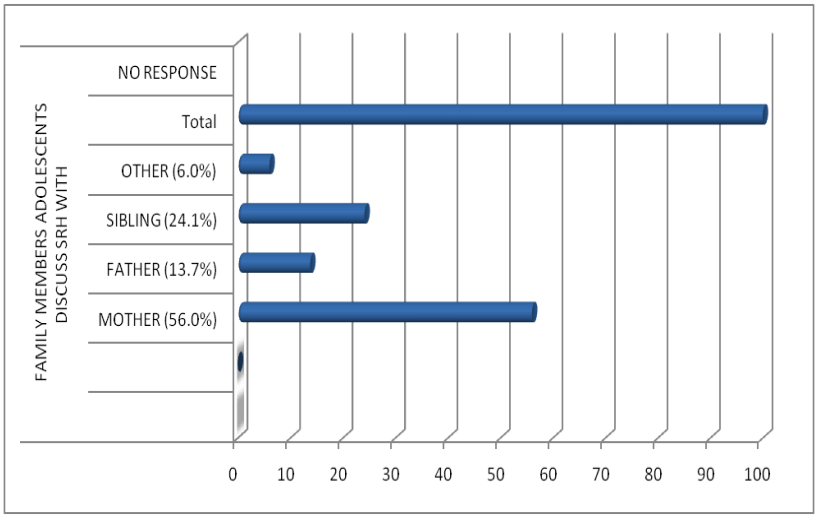


In terms of how comfortable adolescents felt about discussing SRH information with their parents and how their parents also felt discussing SRH information, 49 percent (almost one out of two) indicated they felt comfortable acquiring and discussing SRH with parents. On the part of the parents, 21 percent which is about two out of five indicated that their parents did not feel comfortable discussing or providing SRH information while 79 percent (nearly two out of five) were of the view that their parents were at ease discussing SRH issues with their adolescent children.

4.9.1 MEMBERS OF THE FAMILY ADOLESCENTS DISCUSS SRH WITH

In all, 56 percent (14 in every 25) of respondents stated that they discussed SRH with their mothers while 24percent (six out of 25) discuss SRH with siblings (see Figure 7).

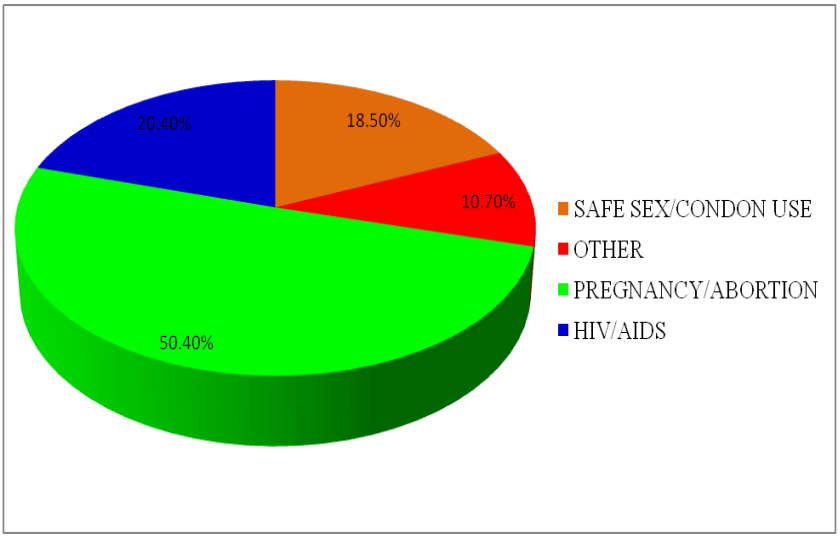
FIG.7 FAMILY MEMBERS ADOLESCENTS DISCUSS SRH WITH



From Figure7, it could be seen that about 14 percent (four out of 25) of the 116 respondents that indicated they discussed SRH with family had such discussions with fathers. 84 percent (3 out of seven) did not answer which family member they discussed SRH with. On the issues or topics that they discussed with family, about 50 percent one of every two students

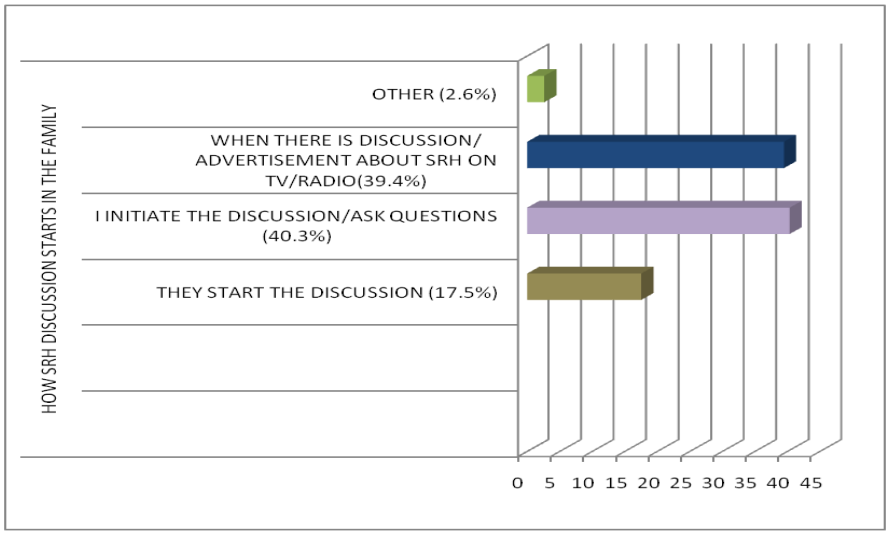
discussed pregnancy/ abortion in the family while about 20 percent , one out of five, discuss HIV/AIDS. About 17 percent (almost one of five) discuss safe sex and condom use as shown in Figure 8.

FIG. 8 SRH TOPICS DISCUSSED IN THE FAMILY



Within the family, about 19 out of 50 (39percent) of discussions on SRH begin when there is such a discussion or advertisements on the radio or television, while 40 percent (two in five) of the respondents initiate SRH discussion by asking parents or guardians questions about pregnancy or HIV/AIDS or the use of condom. About 18 percent (nine of 50) of the discussions are initiated by parents or guardians. A graphic presentation is found below in fig. 9.

FIG. 9 INITIATING SRH DISCUSSIONS IN THE FAMILY



4.9.2 PARENTS KNOWLEDGE OF SRH ISSUES AND THEIR SOCIO-ECONOMIC BACKGROUND

As discussed in the literature review and theoretical framework, the Knowledge Gap Theory (KGT) which guides this study holds that there is uneven information distribution in society. Further, people of higher socio-economic status have better education, communication skills and have better understanding of information they read.

The study in the subsequent section tests whether this assertion holds through in terms of SRH information. That is, parents who are highly educated and have gainful employment should be knowledgeable and communicate SRH information well to their wards. This is achieved by means of a cross tabulation of parents' level of knowledge of SRH and their occupations as well as parents' level of knowledge of SRH and their levels of education. Respondents rated their parents knowledge on SRH based on their interaction with them on a scale of Very low to Very High. The results of the analysis are used in constructing Tables 10 and 11.

TABLE 10 . A CROSS TABULATION OF PARENTS' KNOWLEDGE ON SRH AND THEIR OCCUPATION

PARENTS' KNOWLEDGE ON SEXUAL AND REPRODUCTIVE HEALTH		WHAT IS THE OCCUPATION OF YOUR PARENT/GUARDIAN?			
		BLUE COLLAR	WHITE COLLAR	NONE	Total
VERY LOW	Count	3	1	0	4
	Expected Count	1.7	2.3	.0	4.0
	percent within PARENTS' KNOWLEDGE ON SEXUAL AND REPRODUCTIVE HEALTH	75.0percent	25.0percent	.0percent	100.0percent
LOW	Count	2	1	0	3
	Expected Count	1.3	1.7	.0	3.0
	percent within PARENTS' KNOWLEDGE ON SEXUAL AND REPRODUCTIVE HEALTH	66.7percent	33.3percent	.0percent	100.0percent
AVERAGE	Count	21	18	0	39
	Expected Count	16.4	22.3	.2	39.0
	percent within PARENTS' KNOWLEDGE ON SEXUAL AND REPRODUCTIVE HEALTH	53.8percent	46.2percent	.0percent	100.0percent
HIGH	Count	28	43	0	71
	Expected Count	29.9	40.7	.4	71.0
	percent within PARENTS' KNOWLEDGE ON SEXUAL AND REPRODUCTIVE HEALTH	39.4percent	60.6percent	.0percent	100.0percent
VERY HIGH	Count	24	43	1	68
	Expected Count	28.7	39.0	.4	68.0
	percent within PARENTS' KNOWLEDGE ON SEXUAL AND REPRODUCTIVE HEALTH	35.3percent	63.2percent	1.5percent	100.0percent
Total	Count	78	106	1	185
	Expected Count	78.0	106.0	1.0	185.0
	percent within PARENTS' KNOWLEDGE ON SEXUAL AND REPRODUCTIVE HEALTH	42.2percent	57.3percent	.5percent	100.0percent

Blue collar job: Jobs or works that involve manual labour and (usually) does not require high level of education or skill

White collar job: Jobs or occupations that usually involve managerial or administrative work. Usually white collar professions are usually carried out or executed in the office.

It can be seen from Table 10 that majority of the respondents who say their parents' knowledge of SRH was high or very high had parents who were engaged in white collar jobs (such as lawyers, medical practitioners, engineers, educationist) . Out of the respondents that indicated that their parents had very high and high knowledge of SRH, 63 percent and 61percent respectively, had parents engaged in a white collar profession. The very opposite can be said of the respondents whose parents were involved in blue collar jobs (mainly sedimentary workers like masons, carpenters, plumbers, petty traders etc). In terms of average knowledge on SRH, about 54 percent of parents with blue collar jobs have average knowledge on SRH while 46 percent of parents have an average knowledge of SRH. In all, majority of the respondents (139) indicated that their parents had a high or very high knowledge of SRH.

On the issue of knowledge of SRH and the educational level of parents, it also emerged that parents with high educational background were rated as having a high or very high knowledge of SRH. Out of the 60 respondents that indicated that their parents have a high level of knowledge of SRH issues, 57 percent stated that their parents had a tertiary level of education; 13 percent of such parents had a diploma or 'A' level certification whereas 18 percent had O level or Senior High School (SHS) level of education. Similar trends can be seen in the respondents who indicated that their parents had a high level of knowledge in SRH. It can be seen from Table 11 that out of the 70 respondents whose parents had a high level of SRH knowledge, 46 percent had tertiary education and 16 percent had a diploma or 'A' level certification.

In terms of parents with low and very low levels of knowledge in SRH, three respondents each stated that their parents had low knowledge of SRH and these parents' levels of education ranged from SHS to Diploma.

Table 11 CROSS TABULATION OF PARENTS' KNOWLEDGE ON SEXUAL AND REPRODUCTIVE HEALTH AND THEIR EDUCATION LEVEL

PARENTS' KNOWLEDGE ON SEXUAL AND REPRODUCTIVE HEALTH		LEVEL OF PARENT/GUARDIAN EDUCATION						Total
		TERTIARY	'A' LEVEL/ DIPLOMA	'O' LEVEL/ SHS	JHS	PRIMARY	NONE	
VERY LOW	Count	1	1	1	0	0	0	3
	Expected Count	1.4	.4	.8	.2	.1	.1	3.0
	percent within PARENTS' KNOWLEDGE ON SRH	33.3percent	33.3percent	33.3percent	.0percent	.0percent	.0percent	100.0percent
LOW	Count	0	1	2	0	0	0	3
	Expected Count	1.4	.4	.8	.2	.1	.1	3.0
	percent within PARENTS' KNOWLEDGE ON SRH	.0percent	33.3percent	66.7percent	.0percent	.0percent	.0percent	100.0percent
AVERAGE	Count	16	4	9	7	1	0	37
	Expected Count	17.8	5.3	9.6	2.6	1.1	.6	37.0
	percent within PARENTS' KNOWLEDGE ON SRH	43.2percent	10.8percent	24.3percent	18.9percent	2.7percent	.0percent	100.0percent
HIGH	Count	32	11	22	2	2	1	70
	Expected Count	33.6	10.1	18.2	4.9	2.0	1.2	70.0
	percent within PARENTS' KNOWLEDGE ON SRH	45.7percent	15.7percent	31.4percent	2.9percent	2.9percent	1.4percent	100.0percent
VERY HIGH	Count	34	8	11	3	2	2	60
	Expected Count	28.8	8.7	15.6	4.2	1.7	1.0	60.0
	percent within PARENTS' KNOWLEDGE ON SRH	56.7percent	13.3percent	18.3percent	5.0percent	3.3percent	3.3percent	100.0percent
Total	Count	83	25	45	12	5	3	173
	Expected Count	83.0	25.0	45.0	12.0	5.0	3.0	173.0
	percent within PARENTS' KNOWLEDGE ON SRH	48.0percent	14.5percent	26.0percent	6.9percent	2.9percent	1.7percent	100.0percent

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATION

5.1.1

This study sought to examine the sources adolescents seek in getting informed about SRH. This chapter gives a discussion on what the researcher gathered from the analysed data. The study was guided by four objectives:

1. To identify the information sources of SRH among senior high school students.
2. To identify adolescents/students communication preference of SRH information.
3. To find out their perceived credibility of the sources of SRH information.
4. To find or investigate the reasons for accessing a source of SRH information.

5.1 .2 INFORMATION SOURCES OF SRH

The first objective for the research was to find out the sources of SRH adolescents seek in the quest to gain knowledge about SRH matters. The analysis in the previous chapter revealed that mothers formed the major source of information for SRH for adolescents. This finding suggests that generally, the family is the first call for adolescents when in need of information that enlighten them on SRH issues. Again the finding showed that mothers adequately discuss and provide relevant information to their adolescents. The present finding is consistent with research in Egypt (Yasmine & Mahmud, 2012) and in Ghana (Botchway, 2004) that mothers are primarily the source of SRH information for adolescents. It again confirms research by Mireku (2003) that the adolescents' increased knowledge of SRH in SHS is as a result of increased family discussion of SRH. These may be due to the fact that children generally feel more comfortable with their mothers than any other agent of socialisation in the society. The findings of the study is however at variance with studies in other parts of the continent like

Tanzania where mothers and generally the family are not the common source of information for adolescents' sexuality.

The percentage of adolescents who discuss and receive SRH information from parents is about three times higher than findings from Eastern and Southern Africa where only 17 percent of adolescents communicate and discuss with parents about SRH. Again the present findings indicate that adolescents in Ghana report to be the ones to initiate SRH discussion and ask parents questions about the subject matter. This is not the case in Wamoyi et al., (2010) findings, conducted in Tanzania.

Fathers, siblings and guardians also contribute to the source of SRH information despite the fact that adolescents say mothers adequately provide them information especially in the family. Again, adolescents say their parents feel comfortable discussing such issues with their adolescent children. This finding does not support previous finding in the Eastern region of Ghana conducted by Botchway (2004). He observes that parents experience and exhibit uneasiness when interacting with their male adolescent children about reproductive health. Nonetheless, students or adolescents in this study claim to be the ones to initiate discussions and ask questions concerning SRH. The media also contribute to familial discussions of SRH when there are advertisements, campaigns and shows about HIV/AIDS, condom and contraceptive use; and abstinence and other strategies targeted to educate the adolescent.

Within the family, adolescents stated (unwanted and teenage) pregnancies and the risk of abortion as being the SRH topics or areas of SRH mostly discussed in the family. This could probably be because parents think adolescents are more likely to engage in sexual activities

that would result in unwanted pregnancies. These unwanted teenage pregnancies are usually an affront in the family because it suggests parents bring up children in a lousy and irresponsible manner. Again, it brings about unwanted burdens in the family. Moreover, it disrupts the education and possibly, the future aspirations of teenagers (especially females).

Newspapers and magazines seem to be the second media source of SRH information for adolescents in Ghana. This finding is quite consistent with many findings especially in Africa. In Tanzania, Masatu et. al., (2003) reveal that adolescents' rank the mass media first when it comes to finding information about their reproductive health. This finding therefore does not corroborate her findings. Whereas in Tanzania, adolescents resort to newspapers as main source of SRH information, Ghanaian adolescents find it to be the least source of SRH information.

5.1.3 PREFERRED SOURCE OF SRH INFORMATION

Given the fact that communication is transmitted through diverse means, health workers including health communicators whose SRH messages target adolescents must not take for granted the channels that only provide information but also the ones that they (adolescents) prefer. The finding of this study suggests that mothers are a most preferred source of information when adolescents want to access SRH messages. Adolescents report to prefer mothers as a source due to the fact that mothers are accessible, comprehensive and informative and experienced.

These reasons, according to the adolescents, enable them trust mothers. This is consistent with findings from Kenya where most children between ages 10-14 prefer to be educated by parents about SRH (Juma and Askew, 2007). This is however contrary to findings in some

parts of Africa by Buseh et al., (2002) and Rosenthal (1995). Adolescents perceive mothers to have high knowledge of SRH issues. This is supported by the results of this present findings. 35 percent of the students or adolescents who prefer mothers as SRH information source do so because they report that mothers are informative. This belief or trust in mothers is probably because they view parents to have high knowledge of the subject matter.

The confidentiality parents demonstrate is crucial for adolescents seeking information on SRH. This is because some of the adolescents who report to be uncomfortable discussing issues of sexuality regard it as a private matter and therefore are unable to openly ask parents questions and discuss with them. This shyness, according to the students, is due to of parents' perception that their children are becoming wayward or badly behaved.

As part of the process to instil chastity and abstinence in their adolescent children, these adolescents say that parents/guardians among other things silence children when questions or concerns about sexuality is raised in the family. Students also did confirm that they do not want parents to think or know they indulge in sexual practices and for that matter do not ask questions or discuss matters about the subject matter. For these reasons, adolescent children need parents especially mothers who are confidential and who understand that SRH information is as necessary as all other needs since 31percent prefer to access information from their mothers.

The second most preferred source of SRH information is the internet. The advent of the internet has been a very useful communication tool in the 21st century. Studies over the years have found that adolescents and young people access online information concerning themselves especially about their health. This is supported by Borzekowski and Rickert (2001); and Suzuki and Celzo (2001). According to researchers like Borzekowski et al.

(2006) adolescents in developed countries go online to access information about health. These researchers argue that adolescents and young people over the world use information via the internet to address their health concerns including their sexual health. Referring to Ybarra & Suman (2006) the technical report by the European Centre for Disease Prevention and Control (ECDC) indicates that among other reasons adolescents use the internet to "search for information about a personal problem".

Out of the 53 students who prefer to search the internet for information, about 42percent consider the information value they attain while 32 percent (eight in every 25) want privacy. Jones and Biddlecom (2011), say that a number of websites provide factual information about sex, contraceptives and sexual health issues. The privacy associated with online search is confirmed by Jones and Biddlecom (2011); Gilbert et al., (2005); Suzuki and Calzo (2004). Their findings suggest that adolescents find the internet more convenient to find SRH issues when they do not feel comfortable with the face-to face interaction. Again it could also be because young people or the youth are usually early adopters of technologies and therefore will not hesitate to access the internet to satisfy a need.

The media (print and broadcast) is also reported by students to be preferred source of SRH although it is not widely used. A total of about 20 percent (one out of every five) of the students indicated preference of information from the TV, radio, newspaper and magazine. Students who want to access SRH information from TV believe messages will be more comprehensive, credible and easy to recall if they are in the form of advertisements, reality shows, movies and soap operas. This finding agrees with Botchway's (2004) finding of adolescents in the Eastern region of Ghana. In his finding, some adolescent prefer TV as their source of SRH because TV has a captive audience. The preference of the mass media is likely

to be due to the fact that it is a more private source or channel as compared to discussions within the family or with friends. Again, a number of students think it is an informative source of SRH information. The radio seems to be the least preferred source and least preferred media for the adolescent in searching information for SRH matters. Although adolescents say 21 percent of the times, they attain SRH from the media; they actually do not prefer it as a source of SRH. This may probably be because they do not have time to listen to the radio or watch television because they are usually or mostly in school.

Since there are still homes where sex education is considered as inappropriate especially in the presence of adolescence and young people, some students prefer to discuss SRH issues with peers/friends. Sackey (2006) finds that majority of students feel comfortable discussing SRH issues relating to sexuality with friends. This could be true since the present study reveals that students are likely to discuss and share information about SRH with friends because they find themselves in the same age group and share common beliefs and values. Some students will also seek information from friends because of confidentiality. Thus, adolescents despite the fact that they would access sources that provide information do consider and prefer avenues where their concerns will be treated with privacy and confidentiality.

Besides these sources adolescents prefer to receive education on sexuality and its associated health matters from other sources. These sources include social gatherings and networking such as clubs and association. Religious leaders (mostly churches), teachers and health personnel were cited by a number of students to be a preferential source for SRH information

5.1.4 PERCEIVED CREDIBILITY OF SOURCES OF SRH INFORMATION

Adolescents need reliable and accurate information to make informed decisions about their sexual behaviour and sexual health. One of the important things that communication must possess in order to be effective is credibility. Information or messages are regarded credible (by a recipient) when both the encoder of the message and medium of message transfer are convincing or believable. The source an adolescent regards as credible is likely to be the source that has much influence on that individual's behaviour. Therefore such a medium will be frequently accessed. Hence, it is imperative for experts to have knowledge about sources adolescents regard as credible when it comes to accessing SRH information.

The data gathered show that adolescents regard mothers as the most credible source of SRH because mothers are both the preferred source and the source that adolescents attain information from. This indicates that adolescents believe their mothers when it comes to acquiring credible information. They again see mothers as a very important and effective medium when it comes to sexuality and reproductive health education. Mothers being credible source for adolescents SRH information confirms Masatu et al.'s (2003) finding in Tanzania.

Since adolescents regard mothers as a reliable source of SRH, it is necessary for mothers to exhibit some qualities worthy of emulation and exercise a level of confidentiality. Caldwell (1998) believes that attitudes and behaviour of parents are likely to impact on the development of their adolescent children sexual health behaviour. These characteristics will help strengthen the trust and rapport between the two parties and this is supported by Martino et al. (2008).

Even though the internet is cited as a very credible source of SRH information next to mothers, it is also known for misleading information because online information usually is placed without authentication. There are several websites on the internet with very credible information on SRH which are not monitored; and usually information provided is personal opinion. Online information seeking also involves exchange of information usually with anonymous persons who may or may not be able to provide accurate and reliable information. Sharing a personal problem with such anonymous persons however, may result in online interpersonal victimisation (Ybarra et al., 2008). The accessibility and privacy the internet provides may have contributed to the increased number of respondents being comfortable with it as their SRH information source and also regarding it credible.

Taking the newspaper, magazine radio and TV together, the mass media, in the view of the students is the third most credible source of SRH information. The radio is perceived as a source with least credibility followed by TV. The newspaper and magazines however are perceived as more credible than the electronic or broadcast media. This is because students may regard it as a medium that conveys truthful messages with a credible authority like a health expert. This finding is consistent with Jones and Biddlecom (2011) findings in the USA. The mass media is again regarded as a credible source because it serves as an entry point for discussing sexual health in the family. Hence the messages adolescents see on TV, hear on radio and read in the print media are to some extent taken seriously.

Friends or peers are the least credible source of SRH. This probably is the reason why it is the least preferred source. As adolescents grow, they find themselves among peers or other adolescents with different backgrounds aside their homes or families. They begin to bond and build networks of friendship. Friends are one of the powerful agents of socialisation and

adolescents usually want to feel a part of a friendship. Adolescents both influence other friends and are influenced by other friends. Among other things, sharing of information and knowledge circulate within the network or friendships. This is the same manner by which adolescents exchange ideas and discuss SRH issues. However, probably because there cannot be confidential discussion about ones' sexuality, and probably the perception of immaturity and inexperience on the part of their colleagues or mates, adolescents do not feel the need not to tell or discuss everything they hear from their friends. Nonetheless there is some degree of credibility assigned to peers as a source for SRH information.

5.4 REASONS FOR ACCESSING A SOURCE FOR SRH INFORMATION

Communication channels abound especially in this age of ICT. Disseminating and retrieving information via a medium depends on factors like target, language use, clarity of message, accessibility, affordability, consistency and reliability. The researcher presumes that adolescents consider certain things or their sources are informed by certain factors. With this presumption, students were asked if their information depended on these: information, comprehension, accessibility, privacy or confidentiality and personal beliefs/values.

Assessing the reasons students both access SRH information and why they prefer a particular source to another revealed no significant difference. Generally, adolescents would want to access a source of SRH information due to its information value. This may give account to why students want mothers as sources of SRH. These students believed their parents, especially mothers, were more knowledgeable because they have so much experience in life. A source is informative if it has accurate and authentic messages. The information a source possesses therefore means a lot to adolescents. Hence adolescents are likely to contact a source provided the source is informative or relevant.

Other students reported to acquire information from other sources they regarded as private. This reason may be because, as mentioned earlier in this chapter, some homes deem it unacceptable to discuss SRH and sexuality with their wards. Some students would want to access a more quiet and inconspicuous source in order not to be thought of as a bad child. Earlier discussions revealed that the internet and newspapers and magazines were the sources that exhibit a considerable level of privacy. Accessibility, comprehensiveness and personal beliefs are respectively the other reasons that inform the choice of a particular source for SRH matters.

5.5 IMPLICATION OF FINDINGS FOR THE THEORETICAL FRAME WORK

The theoretical framework that guided the study include the uses and gratification theory, the knowledge gap theory and the theory of homophily. The uses and gratification theory has three assumptions which try to find out what people use the media for. The first assumption of the theory is that audience is active and that an important part of mass media use is goal directed. Secondly audience has both the will and ability to choose and select among media options according to media content and specific desires they wish to gratify. Finally, the media competes with other potential sources of need satisfaction (Severin and Tankard, 2001). This study regarded students as active media consumers who want to satisfy a need; and therefore will exercise will and ability to view media text that will meet their need. The study also assumed that media will compete with other sources of need satisfaction; hence, students will engage other sources to access SRH information. These other sources compete with the media as sources of information.

Findings of the present study confirm two of the assumptions of UGT. When asked if students frequently seek for SRH information from the media, most of the responses provided were not in the affirmative. Therefore these students do not consider themselves as active

audience or consumers of media when it comes to seeking information about sexuality and its associated health issues. However, when the need arises, students are likely to consume media text that will meet their needs. Usually they access and prefer to consume information via the internet which they believe is informative and private. This supports the second assumption of the theory. Thirdly, the study reveals that the media competes with other sources of information. This competition is broadly the interpersonal or face-to-face interaction. The main competition to the media in accessing SRH information is "mothers". Mothers (and by extension, families) are the most accessed, preferred and credible sources of SRH information as long as adolescent students in Ghana are concerned.

The second theory that informed the study is the knowledge gap theory (KGT) which seeks to explain the uneven information distribution in the society. Due to the proposition of KGT (that parents with a higher socio-economic status are also information rich), the researcher considered parents as sources of SRH information for the purpose of this study. The perspective of this theory implies that parents who have better and high education are more likely to be enlightened on SRH issues and therefore will have frequent communication with their adolescent children to inform and educate them on SRH matters.

Findings of the study show that parents with a higher education and white collar profession have a very high knowledge of SRH and do provide detailed information on SRH to their adolescent wards. Although the opposite holds true for students who say their parents engage in blue collar work and have no education or low level of education, there is no significant difference to make a valid conclusion. It can however be said that, since students believe parents have high knowledge of SRH, parents with low educational background are also able to afford communication channels like the newspapers, magazines, books and internet by

which they learn and gain insight about SRH generally. This probably helps parents to know how to discuss SRH matters with their children.

The theory of homophily that guided this study aimed at finding out if adolescents seek SRH information from their friends because they are alike. Further, the study considered peers as a source as an opinion leader who influences, motivates, diffuses and informs behaviour. From the data gathered, it is found that peers or adolescents do not regard peers as a mainstream source of SRH information. However students who discuss these issues with friends do so because they find themselves in the same age group and share the same beliefs. Apart from shared beliefs and homophily, students are likely to discuss with friends because of information they hope to obtain rather than the confidentiality and credibility of source.

The research's choice to be guided by this theory is also because students will discuss SRH issues often with friends due to the fact that they spend most of their time in school with peers. However, the finding shows that even in school, students will prefer to contact text books (like biology and social studies books) and teachers rather than discuss sexuality issues with friends. The findings of the study do not agree with findings by Wood (2012) and Sackey (2012).

CONCLUSION

This current study set out to explore adolescents' sources of SRH information, their preferred source and their perceived credibility of the sources they obtain information. Students from the Labone Senior High school were chosen as sample because it is a mixed gender school and has a fair representation of adolescents with varied socio-economic status. A questionnaire was designed as instrument for gathering data for the purpose of the survey. In all 200 questionnaires were administered and all returned. However about 197 completed the

questionnaire satisfactorily. Therefore the analyses were based on the 197 responses provided by the students.

From the analysis and discussions of the findings, the following conclusions can be made:

- The most common source of information by which adolescents obtain education on SRH is "mothers". This finding corroborates findings of other researchers like Botchway (2004) and Mireku (2003).
- Majority of students' preferred source of SRH information is "mothers".
- The source of SRH information adolescents deem credible is "mothers".
- The informative nature and privacy are reasons adolescents will access a medium of SRH information.
- Although the traditional media is not widely preferred for the education of sexual reproductive health, students still access the media especially the internet for information that can satisfy their concerns about SRH.
- Despite the fact that adolescent students report not to search SRH information frequently, it is necessary to make information available, accessible and comprehensive via all communication sources. This is because they access it when they think there is a need for it.

Again, the findings of the research suggest a good number of parents feel comfortable when discussing SRH with their adolescent children although discussions are mostly initiated by adolescents in question forms. Advertisement, movies and other media discussions on the subject area also constitute an avenue by which family discussions start. Furthermore, the most discussed or accessed area of SRH is consequences of unwanted pregnancies and abortions followed by the importance of condom use or safe sex. HIV/AIDS seem to be generally the least of worries for adolescents.

RECOMMENDATIONS

In light of the foregoing findings and conclusions, the researcher wishes to give the following recommendations which can help future researchers and policymakers in their quest to enhance adolescents' knowledge and education of SRH matters.

1. In view of the fact that adolescents access information via the internet (Borzekowski et al. 2001), it will be appropriate to investigate into detail, the frequency with which adolescents seek SRH information, the websites they visit and to find out if there is an online interpersonal communication of SRH among Ghanaian adolescents. Researchers like Price and Hawkins (2002) find that young people in Zambia report how expensive it is to access information on reproductive health. It will therefore be necessary to consider assessing the impact of cost in accessing SRH information source and how it affects adolescents' information behaviour. Again, it will be helpful if adolescents are taught how to search credible SRH information from the internet because as noted earlier, online information can be misleading.

2. Parents should be encouraged and enlightened to start discussing SRH often at home and should create a convenient atmosphere for adolescents for SRH discussions especially since mothers are perceived to be the most credible source. It is crucial for mothers to have a high knowledge of SRH and be able to openly and directly initiate discussions about SRH with their adolescent wards.
3. Since students seem to favour the print media more than the broadcast media (probably because they are mostly in school), publishers and print media industry should consider:
    - The publishing affordable print materials that provide SRH information for adolescents

- Making SRH information more enjoyable and easy to read while maintaining the educative aspect of the information.

5.3 LIMITATION OF THE STUDY

This study is by no means without any limitations. First, the school and sample size selected for the study was not quite large. But for geographical, time and financial constraints, it would be more desirable to cover a greater number of schools in order to make generalisations of findings more credible and concrete.

Another limitation of this study is the responses received from students. The truthfulness of responses cannot be ascertained and thus findings and conclusions are based on the responses provided by the students. In effect the validity of the responses pivot directly on the truthfulness they provided. Despite the fact that respondents were assured of confidentiality, it cannot be ruled out that students shy away from the study and thus might not have given truthful responses to the questionnaires. This might in a way contribute to distorting the truth existing on the real ground. Despite these limitations, the researcher anticipates that the findings of the study will contribute to the existing literature on the subject area.

QUESTIONNAIRE

SCHOOL OF COMMUNICATION STUDIES

SECTION 1

Dear respondent,

I am Sylvia Quaye, a student of the University of Ghana undertaking research work in partial fulfilment for the award of the Master of Art (MA) in communication studies. My research topic is **"Sexual and Reproductive Health Information Seeking Behaviour among Adolescents"**. I will be very appreciative if you could provide answers for this questionnaire. It will enable me have a reliable data for analysis. Please be assured the answers you provide will be treated with confidence.

SECTION 2

1. Do you know what Sexual and Reproductive Health (SRH) is?

   a. Yes b. No

2. How do you learn about Sexual and Reproductive Health? Through:

   a. Friends b. Parents c. Sibling c. Media (please specify) ..... d. Other (please specify) ……..

3. How often do you seek information about Sexual and Reproductive Health?

   a. Very Often b. Often c. Once a while d. When the need arises

   f. Never d. Other (please specify) ……..

4. On what topic(s) do you seek Sexual and Reproductive Health information?

a. HIV/ AIDS b. Pregnancy/abortions c. Protection/ safe sex

d. Other (please specify) .....

5. Which of these sources adequately provide you with your needed SRH information?

a. Mother b. Father c. Sibling d. Newspaper/Magazines e. Radio

f. TV g. Internet h. Friends i. Other (please specify) ……

6. Which of the following sources of Sexual and Reproductive Health information do you regard as credible/ reliable?

b. Mother b. Father c. Sibling d. Newspaper/Magazines e. Radio

f. TV g. Internet h. Friends i. Other (please specify) ……

7. Which of these sources do you feel most comfortable seeking SRH information?

a. Mother b. Father c. Sibling d. Newspaper/Magazines e. Radio

f. TV g. Internet h. Friends i. Other (please specify) ……

8. Provide reason(s) for your answer in question 7

a. Accessibility b. Comprehensive c. informative d. Privacy e. support my own beliefs/values f. Other (please specify) ……

9. Which of the following is your preferred source of Sexual and Reproductive Health information?

a. Mother b. Father c. Sibling d. Newspaper/Magazines e. Radio

f. TV g. Internet h. Friends i. Other (please specify) ……

10. What informs your choice of a particular source of SRH information?

a. accessibility b. comprehensive c. informative d. privacy

e. support my own beliefs/values f. other (please specify) ……

11. Have you ever discussed SRH matters in your family?
    a. Yes b. No

12. If yes, how often?

a. often b. very often c. once a while

13. If no, why?
    .....
    .....
    .....
    .....
    .....
    .....

14. Which of your family members do you discuss sexual and reproductive health issues with?
    a. Mother b. Father c. Sibling d. Other (please specify).....

15. Do you feel comfortable discussing SRH issues with your parents?

    a. Yes b. No

16. If no, why?

    .....

    .....

    .....

17. Do your parents feel comfortable discussing SRH with you?

a. Yes b. No

18. How would you rate your parents' knowledge on sexual and reproductive health?

a. very low b. low c. average d. High e. very high

19. How does communication on SRH with your parents start?

a. They initiate the discussion
b. I ask them questions/ tell them what i am going through
c. When there is discussion or advertisement about sexual and reproductive health on tv/radio
d. Other (please specify) …….

20. Which area(s) of SRH do you usually discuss with your family?

a. Pregnancy/abortion b. Condom use/safe sex c. Hiv/aids d. Other (please specify).....

21. How will you rate the credibility of your family as a source of sexual and reproductive health information?

a. Very credible b. Credible c. Not credible d. Other (please specify).....

22. Do you discuss SRH with your friends?

a. Yes b. No

23. Which of the following are reasons for seeking SRH information from your friends?

a. Age group/shared beliefs b. Confidentiality
c. informative/knowledgeable d. Availability e. Reliability f. Other (please specify)

24. How often do you discuss SRH with your friend(s)?

a. Often b. Very often c. Not often d. Not at all

25. What topic(s) of SRH do you discuss with your friend(s)?

a. Pregnancy/abortion b. HIV/AIDS c. Safe sex/condom use d. Other (please specify).....

26. From which of these media outlet do you search SRH?

a. Radio b. TV c. Print d. Internet

27. Why do you access SRH information from this outlet?

a. Confidentiality b. informative/knowledgeable c. Availability d. Reliability e. Other (please specify)

28. On what topic do you seek SRH information from the media?

a. Pregnancy/abortion b. HIV/AIDS c. Safe sex/condom use d. Other (please specify).....

SECTION3: Background Information

Gender: a. Male b. Female,

Form:.....

Do you live with your parents?: .....

What is the educational level of your parent/ guardian.....

What is the occupation of your parent/guardian?:.....

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