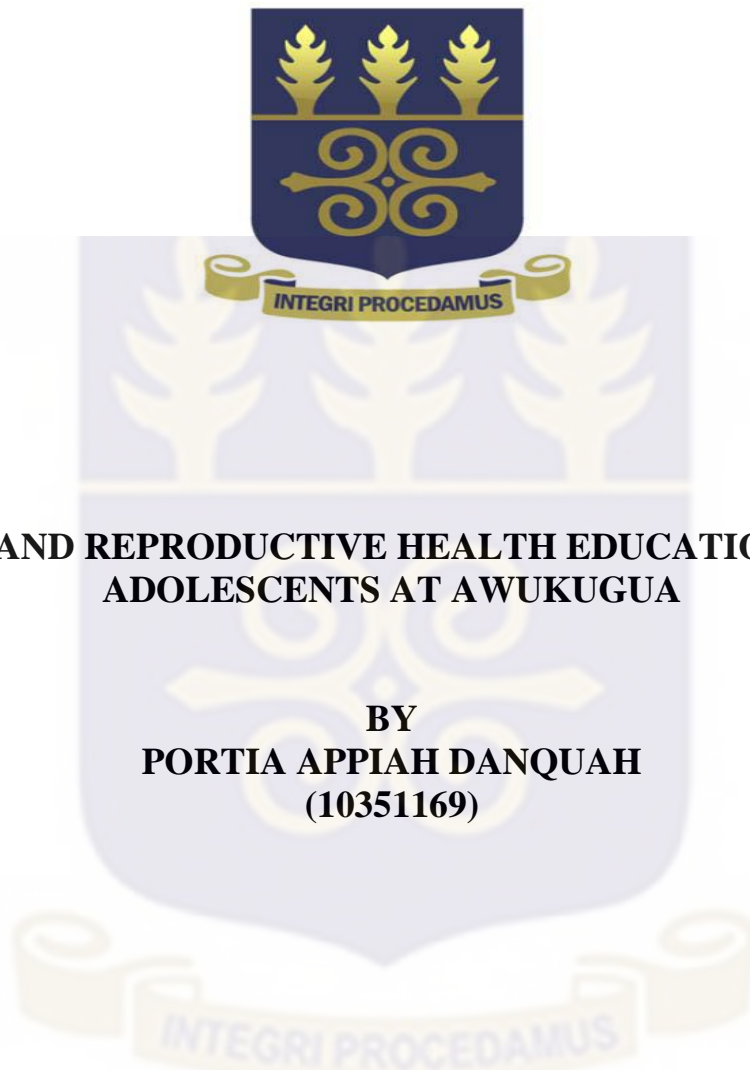


**UNIVERSITY OF GHANA
DEPARTMENT OF SOCIAL WORK**



**SEXUAL AND REPRODUCTIVE HEALTH EDUCATION AMONG
ADOLESCENTS AT AWUKUGUA**

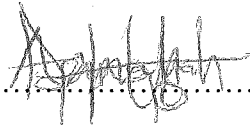
**BY
PORTIA APPIAH DANQUAH
(10351169)**

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Declaration

I, Portia Appiah Danquah, do hereby declare that this thesis is the result of my own research work carried out under the supervision of Dr. Emma S. Hamenoo and Dr. Doris Akyere Boateng and that it has not been submitted for the award of any other degree by this University or any other institution. However, all references are duly acknowledged.



Portia Appiah Danquah

30 / 10 / 2018

Date

Supervisors

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...../...../.....

Dr. Emma Hamenoo

Date

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...../...../.....

Dr. Doris Akyere Boateng

Date

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DEDICATION

I dedicate this work to my Parents, Nana Appiah Danquah and Madam Emelia Acheampong and siblings, Maame Saah, Mercedes, Oheneba, Rosina and Serwaa.

And To

My uncle, Kwadwo Acheampong of blessed memory, my husband and to all my lecturers at the Social Work Department for their love, encouragement and immense contribution towards my education.

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Abstract

Sexual and Reproductive Health Education (SRHE) has become an important phenomenon that has attracted the attention of researchers worldwide, including Ghana. The upward surge in teenage pregnancy and sexually transmitted infections has warranted the need for parents and other stakeholders to educate adolescents on their sexual and reproductive health. Accordingly, the study investigated adolescents' sexual and reproductive health education among adolescents at Awukugua. The objectives of the study were to (a) investigate barriers to giving SRHE at Awukugua (b) identify the sources of information on sexual and reproductive health of adolescents at Awukugua and, (c) find out ways of improving SRHE for adolescents at Awukugua. The study employed a qualitative research approach and purposively sampled 22 participants from whom data were collected. The findings of the study revealed that traditional norms and religious beliefs, insufficient knowledge on the part of parents and perceptions were barriers to SRHE among adolescents at Awukugua. In addition, adolescents were accessing sexual and reproductive health information from a myriad of sources, including parents, teachers, Sunday school teachers (church), friends and social media (Facebook and Whatsapp). Based on the findings the author suggested community-based education and sensitization programs that will aim at changing negative perceptions about adolescents' sexual and reproductive health education at the study area. Also, the researcher recommended the need for sexual and reproductive health education to be introduced as a sole subject school's curriculum.

CHAPTER ONE

BACKGROUND OF THE STUDY

1.1 Introduction

Sexual and Reproductive Health (SRH) issues have become an area of interest to researchers over the last two decades (Botchway, 2004). This is because reproductive health issues have been identified as one of the underlying causes of morbidity and mortality among adolescents worldwide (WHO, 2005). Adolescence is a phase of life characterized by series of physical and hormonal changes that lead to reproductive ability and sexual maturity (Sowah, 2012). At this stage, adolescents become desirous to understand themselves as well as the changes they go through (Arnett, 2002). The need to pay attention to adolescents' SRH issues has become more important because there are about 1.2 billion adolescents in the world (United Nations, 2012) and this cohort is deemed as the future human resource for the socio-economic development of every country (Sowah, 2012).

Accordingly, the need for adolescents to get easy access to information regarding SRH has become imperative to ensuring healthy lives among them (Arnett, 2002). Adolescents in developed and developing countries face similar challenges pertaining to their SRH as they transition from childhood to adulthood (Arnett, 2002). These challenges range from early pregnancy, accessing information on contraceptives, abortion to sexually transmitted infections (STIs) (Morris & Rushwan, 2015).

Moreover, becoming aware of issues regarding how to prevent teenage pregnancy, STIs and challenges associated with promiscuous lifestyle help adolescents to protect themselves and their partners against pregnancy and sexually transmitted diseases (STDs) (Shiferaw, Getahum & Asres, 2014). Further, sexual and reproductive health education (SRHE) helps adolescents to know the changes associated with their current stage and aid them to maintain good personal hygiene, preventing them from contracting bacterial related diseases (Kapinga & Hyera, 2015).

In addition, some scholars have highlighted the importance of exposing adolescents to SRH related issues (Giami et al., 2006; Kapinga & Hyera, 2015; Omari & Mkumbo, 2006). Educating adolescents on SRH issues provide adolescents with the needed information, skills and resources to enable them make informed decisions relating to their SRH (Morris & Rushwan 2015). Sexual and reproductive health education (SRHE) has also been associated with reduction of engagement in risky sexual behaviors among adolescents (Pokharel, Kulczycki & Shakya, 2006). Also, SRHE helps reduce shocks associated with adolescents' transitions from childhood to adulthood (Kapinga & Hyera, 2015). It also helps adolescents to understand their genital organs and aid females to manage their puberty effectively (Fentahun, Assefa, Alemseged, & Ambawl, 2012).

Irrespective of the importance of SRHE, adolescents especially those in developing countries, including Ghana are inadequately informed about SRH issues (Baku, 2014). Within developing countries, adolescents living in rural communities such as Awukugua are mostly deprived of and suffer the consequences of inadequate SRHE as compared to their mates living in the cities (Ghana Demographic Health Survey, 2014). Efforts by international and state organizations to promote SRHE in Ghana have proven futile. These failures have been attributed to negative perceptions

held by parents and other stakeholders about SRHE directed at adolescents (Esere, 2008). It is against this backdrop that this study sought to explore SRHE directed at adolescents at Awukugua. The thrust of the study was to find out the barriers to SRHE, sources of information on SRHE among adolescents as well as ways of improving SRHE.

1.2 Statement of the Research Problem

Since the early 2000s, teenage pregnancy and STIs among adolescents have been on an upward surge (Gumanga & Kwame-Aryee, 2012). In 2014, the Ghana Demographic Health Survey pointed out the increasing rate of teenage pregnancy (from 14% in 2008 to 28% in 2014) in Ghana, especially in rural communities. The report further indicated that 61% of females and 73% of males aged between 15 to 19 years were at risk of contracting STIs due to the lack of information on preventive measures. Thus, this study was undertaken and focused on Awukugua (a rural community) in an attempt to design tailored-to-fit interventions to address barriers hindering effective SRHE. Additionally, the need for this study arose when Abakah (2015) reported in his study that SRHE is non-existent in most Ghanaian homes and inadequate in schools.

Most often, inadequate SRHE increases the rate of teenage pregnancy, STIs, and self-induced abortions among adolescents (Gumanga & Kwame-Aryee, 2012). It has led many adolescents to engage in risky sexual behaviours that have resulted in death and lifelong reproductive health complications among them (Abakah, 2015). It has also resulted in unhygienic menstrual management among girls (Gumanga & Kwame-Aryee, 2012).

Inadequate awareness on SRH issues do not only affect adolescents' health negatively, it also has negative implications on their education. In Ghana, most adolescent girls' inability to ensure

proper timing and hygiene during menstruation has contributed to dropouts and truancy among girls in rural areas (Gumanga & Kwame-Aryee, 2012). This is evident in the World Bank's report on SRHE in Sub-Saharan Africa which highlighted that limited knowledge on menstruation among girls has resulted in low rate of school enrolment (World Bank, 2005). The report showed that poor menstrual management and other reproductive health issues led girls to miss 10% to 20% of their school days (Vaughn, 2013; World Bank, 2005).

Most of the problems associated with adolescents' SRH would be well addressed if there were efficient and up-to-date reproductive health education (Giami, et al., 2006; Kapinga & Hyera, 2015; Omari & Mkumbo, 2006). However, such education has not been given much attention over the years in Ghana (Abaka, 2015; Gumanga & Kwame-Aryee, 2012). It is mostly frowned upon by parents and other stakeholders (Botchway, 2004).

Generally, studies that have been conducted on adolescents' SRHE in Ghana are very limited (Kumi-Kyereme, Awusabu-Asare, Biddlecom & Tanle, 2007). Studies that have been conducted have focused more on reproductive health behavior and communication (Botchway, 2004), leaving a research gap in the area of adolescents' SRHE. For instance Kumi-Kyereme et al. (2007) examined the influence of social connectedness, communication, and monitoring on adolescents' sexual activities in Ghana. Additionally, Nyarko, Adentwi, Asumeng and Ahulu (2014) explored parental attitude toward sex education. This warrants the need for a study of this nature to explore SRHE directed at adolescents. The current study contributes to knowledge and filling the research gap by exploring SRHE in Awukugwa, with emphasis on barriers, sources of information and ways to improve such education.

1.3 Research Objectives

1. To investigate barriers to adolescents' SRHE at Awukugua.
2. To investigate the sources of information on SRH among adolescents at Awukugua.
3. To find out ways of improving SRHE at Awukugua.

1.4 Research Questions

1. What are the barriers to adolescents' SRHE at Awukugua?
2. What are the sources of information on SRH among adolescents at Awukugua?
3. What are the ways of improving adolescents' SRHE at Awukugua?

1.5 Significance of the Study

The study is of significance to academia, social work practice, policy and research. In academia, the study adds to the existing knowledge in the area of adolescents' SRHE. The findings of the study will provide information on barriers to SRHE, sources of information on SRHE and ways SRHE could be improved. It will also serve as reference material for other researchers and students. Again, the study will also help other researchers to build on findings to conduct research that would aid interventions to enhance SRHE in schools and homes.

In social work education and practice, the study provides information that will aid in effective and fact-based advocacy aimed at promoting the implementations of policies that will enhance effective SRHE in communities and schools. Additionally, in terms of social work practice, the research will help social workers working in communities to assist parents through training to overcome their challenges in giving SRHE to their children.

Socially, the study has highlighted on the importance of SRHE in reducing the rate of teenage pregnancy and STIs among adolescents in the study area. The researcher will make these findings available and known through a community presentation at Awukugua. This will equip parents, teachers and caregivers with the knowledge and skills needed to educate their children on issues pertaining to reproductive health.

1.6 Definition of terms

Adolescent: A person who is in his or her second decade (age 10 to 19) of life (UNICEF, 2011).

Early adolescence: Early adolescence describes an adolescent between the ages of 10 to 14 (UNICEF, 2011).

Late adolescence: Late adolescence describes the late part of adolescent years and ranges from age 15 to 19 years (UNICEF, 2011).

Reproductive health: A state of complete physical, mental and social wellbeing and not merely the absence of diseases or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so (World Health Organisation, 2005)

Sexual and reproductive health education: Education that involves providing adolescents with the needed information, skills and resources to make informed decisions relating to their sexual and reproductive health (Abakah, 2015) and to develop individual's capacity to make sense of their sexuality in all aspect of life, including psychological, sociocultural and reproductive dimensions (Satesh, 2016).

1.7 Organization of the Study

The study is structured into five chapters. Chapter one discussed the introduction and background information of the study, statement of the problem, objectives of the study, research questions, significance of the study, and definition of terms. Chapter two reviewed empirical literature in the area under study and outlined the theoretical framework that guided the study. Chapter three outlined the methodology that was used for the study. Chapter four presented analyzed data of the study and chapter five provided a summary of the findings, drew conclusions and made recommendations for research, social work practice and policy.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviewed literature related to the topic under study. The reviewed literature covered the following: barriers to SRHE, sources of information on SRH and ended the chapter with improving SRHE.

2.2 Barriers to sexual and reproductive health education

Discussing sexual and reproductive issues can be challenging for parents, teachers, as well as health providers (Baku, 2014). Even though parents, teachers, and other stakeholders acknowledge the need for adolescents to be educated on SRH issues, the perceptions that SRHE may result to promiscuous lifestyle among adolescents, it is often conveyed in the form of warning and threats (Seif, et al 2016). Further, scholars have highlighted on how perceptions held by people about a phenomenon can create barriers to effective and easy accessibility (Chothe et al., 2014). As a result, this section also reviews literature on perception as a barrier to effective SRHE.

In most developing countries like Ghana, negative perceptions about SRHE have hampered adolescents' access to information. Aside negative perceptions, ineffective communication skills, insufficient teaching materials (Roudasari, Javadnoori, Hasanpour, Hazavehei and Taghipour, 2013), lack of awareness and insufficient knowledge on the part of parents and caregivers (Botchway, 2004; Esere, 2008) have hindered adolescents' opportunity to gain basic knowledge regarding their SRH. As a result, adolescents engage in sexual experimentation and exploration that lead to teenage pregnancy and sexually transmitted diseases (Esere, 2008).

Furthermore, Svodziwa, Kurete and Ndlovu (2016) conducted a study that aimed at soliciting participants' opinions and ideas relating to SRH. The study used descriptive exploratory design for this purpose. The researchers found that parents are concerned about the SRH of their adolescent children but are however constrained by traditional norms, limited information and lack of communication skills from communicating with their children on such issues.

In Kenya, Mbugua (2007) conducted a study to find out factors that hinder educated mothers from giving SRHE to their adolescent children. He used survey and focus group discussions to collect data from adolescents, teachers and educated mothers. The findings of the study specified socio-cultural and religious inhibition as factors that prevent mothers from giving significant SRHE to their adolescent children. Similarly, Tesso, Fantahun and Enquselassie (2012) concluded in a study conducted in Ethiopia that cultural and social factors were the main barriers to effective parent-adolescent child communication on SRH issues. However, in the same study, they highlighted other barriers such as embarrassment and lack of interest on the part of parents to listen to adolescent children during such discussions. Same findings were made by Walker (2001) in his qualitative study in Leeds to explore the experiences of parents in giving SRHE. Using semi-structured interviews, his study revealed that even though parents were found to have skills to provide such education, they also experienced uncertainty and embarrassment discussing such issues with their adolescent children.

Similarly, in Ghana and most African countries, appropriate vocabulary needed to describe reproductive organs tends to be a major impediment on the part of parents to disseminate information on SRH. A qualitative study conducted in Uganda by Muhwezi et al (2015) explored

effectiveness of adolescent-parent communication on SRH. A focus group discussion and key informant interviews revealed that parents, particularly fathers made it clear their discomfort in using certain vocabularies to discuss issues related to SRH with their children. On the part of adolescents, they expressed the feeling of fear, shyness, timidity, and embarrassment when it comes to discussing SRH issues.

A recent study conducted among adolescents in Vietnam by Do, Boonmongkon, Paek and Guadamuz (2017) affirmed the findings above. The authors employed a qualitative research approach to explore parental perceptions about adolescent's sexuality. A focus group discussion among 12 fathers and 12 mothers, as well as 12 in depth interviews were conducted for the purpose of data collection. The authors reported that fathers were not comfortable in educating their children on SRH related issues. This was due to the fear that they would expose the children to a promiscuous lifestyle.

Aside this, Nundwe (2012), in her exploratory qualitative study to identify barriers to communication between parents and adolescents on SRH issues found out that gender differences between parents and their children, low educational status of parents, traditional norms and beliefs were barriers to this form of communication. Also, lack of knowledge by some parents on what to say to their children makes it difficult for parents to discuss sex issues with the children (Kiapi-Iwa and Hart, 2004).

Furthermore, according to Somers and Gleason (2001), simply knowing what to discuss with adolescents may not be sufficient but parental openness, requisite skills and whether parents are

comfortable discussing sexuality are factors that influence parent-adolescent communication on sexuality and many parents lack these qualities. In line with this is a study conducted by Rob et al. (2006) that explored the views and opinions on SRHE in Bangladesh. The study concluded that even though parents were positive about educating children on reproductive health matters, they tended to be very uncomfortable communicating with their children on some reproductive health matters such as sexual intercourse, ejaculation and unwanted pregnancy among others. In addition, Baku (2014) in her intervention study to assess the effects of training parents on parent-adolescent communication concluded that parents do not talk to their adolescent children on their SRH because they lack the training to do so. Beside lack of training, lack of knowledge and communication skills, Seif et al. (2016) in assessing the perceptions of caretakers about caretaker-adolescent communication on SRH in Unguja-Zanziba found out that inadequate parenting skills is one of the barriers to effective SRHE given by caretakers.

An exploratory study conducted by Mufune (2008) examined the attitude and perceptions about SRHE in Namibia. The author employed a qualitative design and conducted 18 focus group discussions and eight key informant in-depth interviews. The study established that inadequate training of teachers in SRHE was one of the barriers that prevented such education from thriving in schools.

Lack of knowledge in SRH matters on the part of teachers has also been outlined in literature as a barrier to effective education of students. . For instance, in 1991, Oladepo and Akintago's study brought out an interesting finding. The study sought out to evaluate the knowledge of teachers on SRH issues as well as their attitude towards SRHE. Their study solicited data from 351 teachers

in secondary schools in Ibadan, Nigeria. The study exposed that none of the teachers could explain what SRHE was neither could they identify the content area of SRHE in the curriculum.

2.2.1 Perceptions as barrier to effective SRHE.

Stakeholders including teachers, parents and other community members have different perceptions about SRHE. Perceptions about SRHE have been influenced by socio-cultural and structural factors (Iqbal, Zakar, Zakar& Fischer, 2017), historical myths (Seif, Kohi and Mselle, 2016), lack of appropriate language (Muhwezi et al., 2015) and religion (Kaping and Hyera, 2015).

A cross-sectional study conducted in Pakistan by Iqbal et al. (2017) investigated the perceptions about SRHE directed at adolescents. The study employed a mixed method approach and collected data from 600 participants, consisting of adolescents, teachers, parents, and doctors. The findings of the study revealed that participants had negative perceptions about SRHE. Further, it was revealed that, participants were of the view that, limiting adolescents' right to SRH information was beneficial for development. Based on the findings, the researchers recommended the need for a change in perceptions to help improve adolescents' access to SRH information.

In some instances, adolescents are willing to communicate sexually related issues with their parents, but due to the latter's negative perceptions about SRHE, adolescents are most of the time reluctant to have such discussions with parents. For example, a study conducted in Uganda by Mahwezi et al. (2015) investigated parents' and teachers' perceptions about parents-adolescent communication on SRH related issues. The authors conducted 11 focus group discussions and 10 key informants individual in depth interviews for the purpose of data collection. The study established that, although adolescents expressed desires to discuss issues on reproductive and

sexuality with parents, the latter were reluctant, as they perceived it to be inappropriate. The authors expressed the need for parents and other stakeholders to open up on condom use, sex, and dating to promote SRH awareness among adolescents.

Moreover, myths and history have been influential in shaping perceptions about SRHE. For example, a study conducted in India by Chothe et al (2014) explored misconceptions and perceptions about menstruation and menarche. The authors employed a qualitative research approach and collected data from 381 female adolescents. The authors reported based on findings that education on menstruation and menarche were perceived negatively. The negative perceptions were due to myths that prohibited education on such issues. The study recommended the need for parents and other stakeholders including policy makers to implement a comprehensive and practical sex education.

Besides, in most communities across the globe, sexual and reproductive services are provided. Accordingly, adolescents are required to access these services in order to understand issues pertaining to their SRH. However due to poor perceptions held by some adolescents, regarding the services provided, they do not access these services (Godia, Olenja, Hofman, & Broek, 2014). Further, in their qualitative study, Godia et al. (2014) explored adolescents and youth perceptions about access to SRH services in Kenya. Data from focus group discussions and individual in-depth interviews revealed that adolescent boys perceived these services to be female biased and refused to access them.

Throughout the literature reviewed, it was evident that factors that shaped people's perceptions about sex education were myths and folkways which have in turn affected how societies address issues such as menstruation. A recent study conducted in India by Chothe et al. (2014) ascertained students' perceptions about menstruation. The authors employed a qualitative research design and collected data from 381 students. The authors reported that myths and folkways surrounding menstruation portrayed negative perceptions to students and their caregivers. As a result, education regarding menstruation and menarche was lacking among the students. The authors recommended the need for teachers and parents to be sensitized in order change their perceptions about menstruation and other related issues.

Nevertheless, Kaping and Hyera (2015) conducted a study to find out perception adolescents have about SRHE in Tanzania. They used purposive and stratified simple sampling to gather data from 132 science teachers and pupils who were between the ages of 10-14 years. It was revealed that both teachers and adolescents perceived SRHE as important in ensuring healthy lifestyle by adolescents. Further, the authors reported that good perceptions about SRHE encourage good sexual behavioral practices among adolescents. The authors recommended the need for schools to educate adolescents on their SRH.

Literature reviewed indicated that studies on the perceptions about SRHE have reported contrasting findings. Whilst some scholars have reported negative perceptions (Chothe et al., 2014; Godia et al., 2014; Iqbal et al., 2017), others have reported positive perceptions about SRHE (Kapinga & Hyera, 2015). This could be as a result of the method of enquiries employed by various scholars in arriving on their respective conclusions.

2.3 Sources of information on sexual and reproductive health

Adolescence is a stage in a person's life cycle characterized by physical, emotional, psychosocial and sexual maturity (Arnett, 2002; Hall, 1904). As a result of the rapid changes, adolescents become curious and try to find answers to understand their current experiences by consulting to different sources for information (L'Engle & Jackson, 2008). The four most common sources of SRHE found in various literature include the parents or caregivers (Hindin & Fatusi, 2009; Nwalo & Anasi, 2012), peers/friends (Ayalew, Mengistie & Semahegn, 2014; Bankole, Biddlecom, Guiella, Singh & Zulu, 2007; Nair et al, 2012), school (Kramani, 2011; Makinwa-Adebusoye, 1992), and media (Bonkole et al., 2007; Lou, Cheng, Gao, Zuo, Emerson & Zabin, 2011; Nair et al., 2012).

Parents and other family members serve as role models who shape young people's perceptions on sexuality and influence the choices that adolescents make about their own sexual behaviour (L'Engle and Jackson, 2008). Coyle, Basen-Engquist, Kirby, Parel, Banspach, Collins and Harrist (2016) reports that 78% of female adolescents and 70% of male adolescents admit talking to parents on at least one of the following sex related topics: how to say "no" to sex, birth control methods, where to get birth control, STIs, how to use condom and how to prevent HIV infection. In line with this, Nwalo and Anasi (2012) using a descriptive survey research design, investigated access and use of reproductive health information among in-school adolescent girls. The study concluded that parents were the most utilized source of information on SRH among the 1800 girls who were sampled randomly. Similarly, Hindin and Fatusi (2009) in their study on SRHE reported that, for most adolescents, parents constitute their source of SRHE. Additionally, a study

conducted in India by Nair, et al (2012) on reproductive health education established that adolescents get SRH information from parents.

Further, among parents, a cross sectional descriptive study conducted to determine the sources of information on sexual and reproductive health among form four secondary school girls by Kramrani, Zainiyah, Hanzah and Ahmad (2011) established that mothers were the primary source adolescents sought information from on puberty and sex related topics. According to them, most of their respondents gave reasons that mothers were easy to talk to on such issues than fathers. Aside this, mothers are also considered as credible source of information by adolescents (Quaye, 2013).

Nevertheless, friends or peers have been reported as sources of information for adolescents on SRH issues. An institutional based cross-sectional study by Ayalew et al. (2014) to determine adolescent-parent communication on SRH issues in Eastern Ethiopia found that most adolescents seek information from peers on their SRH than they do from parents. Likewise, Bankole et al., (2007) using new survey data in Burkina Faso, Ghana, Malawi and Uganda to describe sexual activity and reproductive health information among adolescents, reported that friends are key sources of information among adolescents especially in Malawi and Uganda.

A similar study conducted in Kerala, India by Nair et al. (2012) used a qualitative needs assessment and in-depth interviews for the purpose of data collection. The authors sought to find from program managers as well as service providers' perceptions about SRHE among adolescents. The interviews revealed that participants perceived that the main sources that adolescents were

receiving SRHE from were friends and the media (traditional media and social media). The authors expressed the need for adolescent program managers and service providers to encourage SRHE

Aside peers, the media has been identified as an important platform for SRHE as most adolescents cite the media as an important source of information on SRH (Lou et al., 2011). The media has been reported as the commonest source of information among adolescents on HIV, STIs and contraceptive (Bankole et al, 2007). Char, Saavala and Kulmala (2011) conducted a cross sectional study to investigate accessibility of reproductive health information and contraceptives in India. In their study, they identified electronic media as the primary source of information among adolescents. Furthermore, Masatu, Kvale and Klepp (2003), using a questionnaire survey to identify adolescents' sources of information on SRH in Tanzania, had most of their participants ranking the media first as their source of information on SRH.

The utilization of the media for information on SRH by adolescents has been found to be high due to the fact that it is an easier and cheaper means to obtain information on SRH issues (Masatu, Kvale & Klepp 2003). Some studies also allude to specific media forms that produce the most impact in educating adolescents on SRH issues. This is reflected in the work of Tegegn, Yazachew and Gelaw (2016) in which they noted that, in some communities, radio and television constitute the most potent sources of SRHE for adolescents, amounting to 80.4% and 73% respectively.

Moreover, the school environment is considered as very important when it comes to giving SRHE. This is as a result of the fact that in the lives of most adolescents, the school is prominent in influencing their views and outlook. The role of the school in this regard has been particularly

prominent in recent times because across the world, including much of the developing world, access to education for adolescents has been expanded. It is thus logical to include SRHE in the formal education curricular of adolescents in schools (Hindin and Fatusi, 2009). Furthermore, in the view of Shtarkshall et al. (2007), the school presents a structured and intentional platform for imparting skills to adolescents in order to influence their course of development.

In the school environment, teachers are reported as an important source of information on sexual and reproductive matters (Kramani, 2011). A study by Makinwa-Adebusoye (1992) in Nigeria revealed teachers are viewed as important source of reproductive health information regarding family life, STDs and HIV/AIDs. Also, in a study conducted by Masatu et al. (2003) found that teachers are the second most used source of information by adolescent on SRH matters.

In summary, the literature reveals that studies on adolescent SRH have mainly focused on areas such as sources of information among adolescents as well as on health seeking information behaviours of adolescents. Studies on the barriers and ways of improving SRHE have been done elsewhere but not in Ghana. Also studies done in these areas were mainly quantitative studies. Hence the researcher seeks to fill this gap in literature by conducting a qualitative study that seeks to among its objectives explore the barriers to giving adolescents SRHE as well as to identify ways of improving SRHE.

2.4 Improving sexual and reproductive health education

SRHE has been highlighted as important in reducing teenage pregnancy and sexually transmitted infections among adolescents. Nevertheless, despite efforts made by international organizations,

as well as state agencies, and non-governmental organizations adolescents across the globe, including Ghana lack basic information regarding their SRH (Iqbal, Zakar, Zakar, & Fischer, 2017). Accordingly, this section reviews empirical literature on how SRHE can be improved.

Previous studies have reported that, when it comes to conversations on sexuality between parents and adolescent children, what parents find most challenging is how to begin and what to actually say during such conversations. Accordingly, Svodziwa, et al (2016) suggest that in order to improve SRHE in the home, parents should be sensitized and trained on how to initiate and communicate with their children on SRH issues.

On the other hand, a qualitative study conducted in India by Nair, Paul, Leena, Thankachi, George, Russell, and Pillai (2012) explored the perceived barriers to SRHE and services by adolescents. The study utilized focus group discussions to collect data from participants. Results of the study indicated that most of the adolescents were knowledgeable about HIV/AIDS but lacked knowledge about other sexually transmitted infections. This was due to parents and community members' insufficient knowledge on SRH issues. In order to improve SRHE among adolescents at the study area, the authors recommended the need for family life education interventions in schools, aimed at equipping adolescents with general knowledge regarding their SRH.

Nundwe (2012) recommends that there is the need to develop appropriate interventions for empowering parents to communicate with their adolescents on issues on SRH. Nambambi and Mufune (2011) in their qualitative study conclude that there is the need for parents to be taught

how to educate their children on sex. However, some scholars suggest SRHE needs to be informed by evidence-based research to ensure that the right results are achieved.

Furthermore, SRH educators need not only concern themselves with providing SRH knowledge to adolescents, but also need to focus on changing the behaviours of adolescents. Bearinger et al. (2007) argue that for SRHE to be effective there must be investment in preventive strategies to reduce the vulnerabilities of adolescents; and these strategies need to be contextualized and multifaceted, as variations in social, cultural and environmental context play a critical role in the success of SRHE. Apart from that, for SRHE to be effective, it must be accurate and comprehensive (Bearing et al., 2007).

In addition, Martnez and Orinas (2016) conducted a study to find out how expertise, trustworthiness and accessibility influences parents-adolescent communication using a brief demographics survey. From their study, they suggested that seminars should be organized by community organizations like churches, schools and medical settings to provide parents with information on SRH issues. They further added that parents should be trained on how to start discussions on SRH.

Moreover, other ways of improving home-based SRHE have been suggested by Iliyasu, Aliyu, Abubakar and Galadanci (2012) when they sought to examine the reproductive health communication between 184 mothers and their adolescent daughters in Ungogo, Northern Nigeria. According to them, mothers need to be endowed with knowledge and skills in order to improve the quality and scope of education they give to their children on SRH issues. Also, in the qualitative

work of Frost, Cares, Gelman and Beam (2016) to explore how culture influences the perception about sexual education among Asian-American families and societies, some participants endorsed strategies such as providing information on SRH at community centres and events that parents and other community members can tap in to aid them enhance their knowledge on SRH issues.

Additionally, Mturi and Hennink (2006) using focus group discussions to ascertain the view of adolescents, parents and teachers concerning sex education in Lesotho in their study highlighted the need for training of teachers. Other scholars have reported that teachers are very important in the lives of adolescents and they must be encouraged to educate children on their sexual and reproductive needs (Nair et al, 2012). This suggests that, school-based interventions designed to improve adolescents' sexual and reproductive knowledge could prove effective.

Nevertheless, scholars by trying to find a tailored to fit intervention have conducted study on school-based programs. A typical example is the study conducted by Nair et al. (2012) in India. In this study, the authors assessed the effectiveness of a school based adolescent SRHE package (a package developed by the Child Development Centre, Kerala-India) in helping students acquire knowledge on sexual health issues. The authors sampled 1,586 respondents for the purpose of data collection. The authors observed that more than half of the adolescents were clueless about most aspects of their SRH, with majority of the girls showing extremely poor knowledge about pregnancy prevention methods. However, the post intervention phase revealed much improvement on adolescents' knowledge about SRH. The study concluded based on its findings that school based sexual education intervention is vital for improving adolescents' knowledge regarding SRH. Additionally, a similar study conducted in the Caribbean by Satish (2016) after reviewing

literature on importance of SRHE, recommended the need for schools to include sex education in the curriculum.

2.5 Theoretical Framework

The Theory of health belief model (Rosenstock and Becker, 1974)

The health belief model has been highlighted as the most used theoretical model of predicting health behaviors (Bish, Sutton, & Golombok, 2000). The theory has four components including, perceived susceptibility to health-related complication, perceived severity of the health-related complication, perceived benefits to change, and perceived barriers to change. These component influence health related decisions by individuals (Tavafian, Aghamolaei, Gregory and Madani, 2011).

Perceived susceptibility is the tendency or a person's belief regarding the danger of his or her current behavior or attitude (Rosenstock, 1974). In this regard, if the person sees the danger of not disseminating reproductive health information to his or her child as minimal, the possibility of not taking the child through reproductive health education and frowning upon anyone who may attempt to do it. On the other hand, if the belief system is that inadequate or lack of reproductive health education among adolescents would lead children to more risky reproductive health behaviors, which could expose adolescents to teenage pregnancy and contracting sexually transmitted diseases, there will be the likelihood of taking adolescent reproductive health education serious.

Furthermore, perceived severity is the consequences or the result for keeping adolescents clueless on reproductive health matters (Champion & Skinner, 2008; Rosenstock, 1974). Further, this is

the emotional turmoil the family may receive when an adolescent is impregnated or contracts a sexually transmitted disease. It is important to note that the degree of the perceived susceptibility and severity compel people to change a particular attitude or perception to avoid the consequences of their current attitude or behavior.

The perceived benefits refer to the individual's belief that adapting to a new behavior or changing his or her current perceptions would come with benefits (Champion & Skinner, 2008). Expanding this current study, it is assumed that parents and other stakeholders would take sex education serious and educate their children on such issues when they believe or perceive that taking adolescents through reproductive health education would enable them make informed decisions and avoid early-age sex.

In addition, perceived barriers are the cost associated with adopting a particular healthy behavior (Rosenstock, 1974). In this regard, by trying to change one's belief and adopt a more positive belief system, there may be some negative attributes that may become a hindrance (Jones et al., 2015). Expanding this study, even though some parents and other stakeholders may find the need to give their children reproductive health education, they may face opposition from the larger society and other challenges.

Based on the explanations of the major tenets of the health belief model above, it has been noted that the first two components of the theory (perceived susceptibility and perceived severity) deal with the threat and consequences associated with exhibiting a particular health related behavior. Additionally, the other two components (perceived benefits and perceived barriers) deal with the

behavioral evaluation of a person or group (Tavafian et al., 2011). Therefore, after perceiving the threat that may come with a particular behaviour, individuals are compelled to change their behavior to embrace new behavior to prevent negative consequences of their old behaviors.

Usefulness of health belief model to the study

The health belief model argues that the belief system of a particular group of people is a strong antecedent to shaping the perceptions of the group (Nguyen, 2014). Individuals by nature may hold on to relatively incorrect belief systems and act upon based on old, myth, or false information (Sutton, 2001). This suggests that, if the people of Awukugua have been socialized to internalize that dissemination of reproductive health information to adolescents is not appropriate and would lead adolescents to promiscuous life, the likelihood that they may frown upon it and vice versa. By letting the people know the dangers (perceived susceptibility and severity) and benefits (perceived benefits and cost) associated with the belief system, they are likely to change their belief system to a more positive belief system. Expanding the tenets of the health belief model to the current study, if parents and other stakeholders believe that SRHE would not expose children to immoral life but would help children reduce the susceptibility and severity that comes with lack or inadequate SRHE, then they would be willing to let their children know issues regarding their reproductive health.

The Health Belief Model has been used by a myriad of authors to study the perceptions and behavioral change of health-related issues (Rimer, 2008). It helps researchers to predict how individual's perception about a phenomenon can influence their behavior towards it (Champion & Skinner, 2008). Accordingly, it is believed the theory of health belief model would help the

researcher explain how the belief system of participants impacts on their perception about SRHE. This would help put the study in the perspective that the perceptions (positive or negative) of the people towards reproductive health education amidst other challenges would determine whether reproductive health education is conveyed to adolescents or not.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

The chapter outlines the methodology that was employed to collect and analyze data for the study. The first section of the chapter outlines the research design; followed by target population, study population, sample size, source of data, data handling and analysis, limitations of the study and ethical considerations.

3.2 Research Design

Qualitative research design with emphasis on phenomenology was employed to guide data collection and analysis. The strength of qualitative research lies in its ability to collect in-depth data as well as project a richer understanding of a phenomenon (Creswell, 2013). A focus on qualitative phenomenology design gave the researcher the flexibility to recruit individuals who had lived the problem under study (Donalek, 2014). Phenomenological approach seeks to understand a phenomenon from participants' perspective (Vaismoradi, et al., 2013). This helped the researcher gather in-depth information from participants and understood SRHE from their perspectives (Vaismoradi, et al., 2013). Further, the approach was suitable for the study due to its ability to help the researcher understand the commonalities in participants' experiences (Creswell, Hanson, Plano Clark, & Morales, 2007). Phenomenology approach allowed participants' voices that reflect their perspective on how they perceived SRHE, barriers in giving SRHE, sources of information on SRH and ways of improving SRHE.

3.3 Study Area

The study was conducted at Awukugua in the Akuapim North district. Awukugua is located in the south eastern of the Eastern Region. The current population of Awukugua is about 3097 (Akuapem North Municipal Assembly, 2014). Adolescents form about 40 percent of this population (Akuapem North Municipal Assembly, 2014). The dominant religion at Awukugua is Christianity. The researcher chose this study area because of familiarity.

3.4 Study Population and Inclusion Criterion.

The study population consisted of adolescents, parents or caregivers, and teachers at Awukugua. The study included adolescents who were between the ages of 10 to 19 years, who had lived at the Awukugua community for five years or more and attended either Awukugua United Basic School or Seventh Day's Adventist Basic School. The researcher used these schools for the selection of adolescents because they are the only two public basic schools at Awukugua and majority of adolescents attended these schools. Parents or caregivers with adolescent children who had lived at Awukugua for five years or more were selected to be part of the study. Teachers who have taught subjects that included SRH related topics for three or more terms in the two public basic schools were recruited. The researcher sampled participants who had lived in Awukugua for five years or more prior to data collection because, it was believed their information would reflect the true situation of the study area due to their relatively long stay in the community.

3.5 Sampling Technique

The researcher utilized purposive sampling technique to sample the study participants. Purposive sampling helped the researcher to sample participants based on the inclusion criteria set for participation in the study by the researcher. The sampling technique aided the researcher to choose participants who had needed information to answer the research questions (Etikan, Musa & Alkassim, 2015). Thus, it helped the researcher to select participants who were knowledgeable or had lived experiences regarding the topic under investigation (Etikan et al, 2015). Further, purposive sampling looks out for willingness, availability and ability of participants to communicate their experiences and opinions in an expressive and reflective manner (Etikan et al, 2015). As a result, this helped the researcher to collect data from adolescents, parents or caregivers and teachers who were willing and available to be part of the study.

3.6 Sample Size

The study sampled 22 participants from the study population. This included 10 adolescents, 10 parents or caregivers, and two teachers. The study sampled adolescents because they constituted the main unit of analysis and were in the position to provide their lived experiences, which helped in answering the research questions as well as addressing the objectives of the study. Also, parents are among the primary agents of socialization. It is therefore expected that basic knowledge on SRH is disseminated onto children by parents. As a result, parents were in the best position to provide information regarding the barriers to effective SRHE and how to improve it. In addition, adolescents spend a significant time in school. The school is responsible for imparting formal knowledge on SRH onto students. In this regard, teachers were able to provide information that

aided the researcher to answer the research questions. The table below gives a distribution of the sample size.

Table 1.1

TARGET POPULATION	CRITERIA	SAMPLE SIZE
ADOLESCENTS	10-19 years	Females – 5 Males - 5 Total- 10
PARENTS	Live with their adolescent children, willing and available to participate in study.	Mothers- 5 Fathers- 5
Teachers	Have taught subject that include sexual and reproductive health issues for at least one term	2
TOTAL		22

3.7 Data collection procedure

The researcher used interview guide with semi-structured questions to collect data from participants. The researcher conducted initial interviews with two participants of parents, adolescents and one teacher. These preliminary interviews informed how the main interview guide should be structured to help address the study objectives. The researcher conducted individual in-

depth interviews with all study participants. This allowed the researcher to ask participants about their feelings and interpretations of their live events (Singleton & Strait, 2010). Interviews with teachers and adolescents were held on school premises. Interviews with parents and caregivers were held at locations convenient to them. Interviews were conducted between the hours of 9:00am and 3:00pm on weekdays with all participants. Interviews were conducted in Twi and English languages. All interviews were audiotaped after participants' consent had been sought.

3.8 Data handling and Analysis

Data collected from the participants (adolescents, parents or caregivers, and teachers) were kept safely on an external drive and personal computer, password protected for confidentiality purposes. Creswell's thematic framework analysis was utilized to analyze data. In this framework, the researcher familiarized herself with the data by listening over and over again to recorded interviews. The recorded data from the interviews were then transcribed, read through, edited and categorized in accordance with the objectives of the study. Afterwards, the researcher searched for themes by collating codes into potential themes and gathered all data relevant to each potential theme. The researcher defined the generated themes by assigning names to them. The researcher then did a detailed write-up and finally meaningful presentations of data were done.

3.9 Limitations of the study.

Interviews with parents and some adolescents were conducted in Asante Twi (Ghanaian language spoken by the Akans). The direct translation of some words into English language may have resulted to some data being lost. However, this in no means compromised the credibility and

reliability of data analyzed to generate findings of the study since the researcher used synonyms that gave close meaning to Twi words that did not have direct English words replacement.

Data was collected from children, parents and teachers at Awukugua community. Hence perceptions on barriers, sources and ways of improving SRHE shared by the study participants may be peculiar to their context and may not reflect the perceptions of other communities. Because the findings of the study may be context specific, generalization of findings may not be possible. However, findings is a significant source of reference for other studies and also adds to literature.

3.10 Ethical Considerations

Plagiarism was avoided throughout the study by ensuring that information from other sources were paraphrased and in-text citations were provided accordingly. The study also ensured that all in text citations were recorded in the reference list. In addition, informed consent was prioritized throughout the study. Informed consent was achieved when the researcher clearly explained the purpose, benefits, risk and how findings will be disseminated to the study participants (Broussard, 2006). This allowed the researcher to recognize participants as independent individuals who make decisions to willingly accept or refuse to be part of the study as well as withdraw from the study when they want to without any restriction whatsoever (Orb, Eisenhauer & Wynaden, 2001). Participants were made aware that they could withdraw from the study if they wished to do so. For adolescent participants, the researcher sought consent from parents and later asked for the children's voluntary participation. Recruitment of the study participants was therefore based on their willingness to be part of the study.

Moreover, confidentiality was ensured. This recognized participants' rights to privacy by protecting their identities (Orb et al., 2001). In ensuring confidentiality, participants' information were not disclosed to a third party with their names or identities attached; information given by participants were not traceable to their identities. The researcher replaced the names of participants with pseudonyms (Orb et al, 2000). Finally, permission was sought from participants to use a recorder to audiotape interviews and discussions.

CHAPTER FOUR

PRESENTATION OF FINDINGS AND DISCUSSION

4.1 Introduction

The chapter presents an analysis of data collected from study participants. The findings are presented in broader themes and sub themes based on the objectives of the research. It begins with the demographic characteristics of the study participants, followed by participants' perception on barriers to SRHE. The chapter further presents sources of information on SRHE and ways to improve SRHE. It ends with the discussion of the findings. It must be noted, however, that names attached to narratives in the findings section are pseudonyms to ensure participants' anonymity.

4.2 Demographic Characteristics of the Study Participants

Participants	Numbers	Age Range	Level of Education	Marital status	Occupation
Adolescents	Females- 5 Males- 5	14years to 17years	Junior High School - 9 Primary- 1	All the adolescents interviewed were single	Pupils
Parents or Caregivers	Males- 5 Females- 5	32years to 43 years	Junior High School - 6 Senior High School - 2 Tertiary- 2	Single- 2 Married- 2 Divorced- 6	Farming- 4 Trading- 3 Seamstress- 1 Teacher- 1 Electrician- 1
Teachers	Females- 2	27years- 29years	Tertiary- All	Single- All	
Total	22				

4.3 Barriers to sexual and reproductive health education

The study sought to find out barriers to SRHE. The study found that perceptions of participants particularly the parents posed as a barrier to SHRE. Again, cultural norms and religious belief was also identified as barriers to educating adolescents on SRH issues. Aside this, insufficient knowledge on the part of parents also served as barrier to parents educating their adolescent children on SRH issues. Accordingly based on the information from the interviews, the researcher

grouped barriers to SRHE under three sub-themes. These included Perceptions, Cultural norms and religious beliefs and insufficient knowledge on the part of parents.

4.3.1 Perceptions as a barrier to sexual and reproductive health education

The perceptions people hold about a phenomenon are a strong determinant to how they may approach it. Generally, most participants of the study perceived education on SRH issues to be good. However, such education directed at adolescents was perceived not to be appropriate. The study participants, especially most of the parents interviewed perceived SRHE directed at adolescents to be untimely. Accordingly, they were of the view that adolescence is an early stage in a person's life and as such education may not benefit them but rather expose them to immoral behaviors.

Contrary to the perceptions held by the parents that were interviewed, some of the participants, especially the two teachers and most adolescents found SRHE to be important for several reasons. Such reasons included risk of adolescents being exposed to negative peer and media influence as well as contracting sexually transmitted diseases.

4.3.1 Early exposure to sexual and reproductive health education

Some participants particularly parents were of the view that educating adolescents on SRH issues is premature because exposing adolescents to sexuality and its related issues too early would have some undesired consequences. Some of the participants indicated that information on sex and reproduction is meant for adults and not adolescents. Because of this, this section of participants

expressed that adolescents should reach adulthood before they get to know anything concerning sex and reproductive health issues. As one parent indicated:

My children are still young, they have not gotten to that stage where they should be hearing issues about sex and anything associated with it (Mama Adom, Female Parent).

Parents who shared such a perception established that when channeling SRHE to an individual, it is important to consider the age of the recipient:

I will not tell you that education on sex and other related issues is bad but look at the age of the person you are educating. At the adolescent stage of life, I do not think it is the best; it may even make them behave wayward (Mama Ama, Female Parent).

In addition to the above, some parents were of the view that they have observed the curious nature of adolescents and as such talking to them about sex and its related issues must not be encouraged. The reason given was that adolescents are more likely to experiment on what they hear or are taught and this may lead them into harmful sexual practices. This according to these parents may put adolescents at risk of contracting sexually transmitted diseases (STDs) and early pregnancy. As a result, most parents were cautious about the kind of conversations they should have with their children especially when it's on sex related issues. They were of the view that once they start talking to their adolescents about sex and it related issues, they may start having sex out of curiosity. Accordingly, they considered it to be dangerous and inappropriate to teach adolescents issues regarding SRH at that tender age. A statement by a parent gives evidence to the above:

I think SRHE make adolescents to know the implications of premature sexual relationship for them to be careful and avoid indulging in such acts. But on the

other hand, some adolescents would want to experiment once they are educated on such issues and that becomes a disadvantage. This is why I am careful about educating adolescents on these issues (Dada Paa, Male Parent).

Some adolescents affirmed the perception held by Dada Paa that adolescence is indeed a period of curiosity and because of that SRHE should not be taught in details otherwise adolescents will experiment with sex.

I think that if adolescents are taught SRH issues, they will become curious about sex and may want to try it. I think it is not good for us to be taught in details, since some of us may want to practice sex out of curiosity (Beatrice, Female Adolescent)

Similar perception was held by the mother of Beatrice. She was of the view that adolescents should not be educated on contraceptives. According to her, adolescents may act on their curiosity and have sex knowing that they can protect themselves from getting pregnant.

I think that SRHE like teaching adolescents about contraceptives is not good. If children are taught on contraceptives, they may experiment with sex. They will go ahead and do that because they will know they will not get pregnant when they use condoms (Mama Adom, Female Parent)

Furthermore, some participants expressed that once adolescents start experimenting with sex because of exposure to SRHE, they may grow to live promiscuous life styles. They were of the view that this will be the case especially if adolescents are educated on contraceptives. Some parents believed education on contraceptives is tantamount to indirectly telling adolescents that they can have sex. One of the parents was of the view that SRHE is not helping the overall development of children and the early the communities recognizes and do something about it the better.

We are doing our children no good; we are responsible for all these teenage pregnancies among our children in this community. Some parents allow their children to talk and learn about sex and contraceptives at a very early stage in life and it does not help . . .It leads them to bad behaviors and the result is what we are seeing (Mama Yaa, Female Parent).

Due to the reasons given by these participants, some concluded that SRHE is not necessary for adolescents because they believed the disciplined upbringing they give their children will let them abstain from anything related to sex. They believed being strict on the children would prevent promiscuous lifestyles rather than SRHE:

For me, the kind of strict training I give her, will not allow her to think about sex related issues so I do not think it is necessary for me to give her such education (Mama Ama, Female Parent).

Contrary some participants especially teachers and some of the adolescents were of the view that SRHE is good and must be encouraged. They argued that, the world is now evolving and children do not solely depend on parents or caregivers for SRH information. Children are exposed to a variety of information communication technologies (computer, phone, internet etc.), which make it easy for them to access information. As a result, children can access general information on SRH on the internet that could be wrong and misleading, thereby resulting in children engaging in dangerous SRH behaviours. They expressed that it is therefore imperative for parents to constantly teach children what they need to know about their SRH. This is what one of the teachers had to say:

I always say it is better for parents to regularly talk to their children about SRH issues, they need such information to be able to make good decisions on other

information they get on the internet. If you hide sex and reproduction information from your child, you leave him or she in the hands of the Internet and that could be dangerous (Teacher Matilda).

Aside exposure to information communication technologies, particularly the internet, some participants were also of the view that adolescents' exposure to negative peer influence is the reason sexual and reproductive health education is needed. They explained that adolescents generally have challenges with their sexual and reproductive health but because they often do not know whom to turn to they rely on their friends in most cases. According to participants, information given by friends may be inadequate, inaccurate and misleading. A teacher had this to say:

We try telling them not to share their SRH challenges with their friends because they could give them wrong information. We encourage them to rather come to us their teachers, parents or go to any elderly person in the community. Bad peer influence is the reason I urge parents to take the role of educating their adolescents on SRH issues (Teacher Susan).

One parent also added that because adolescents are exposed to negative influence on the internet and friends, it is imperative for parents to discuss SRH issues with adolescents.

Now they say we are in the computer age. Children nowadays mature very fast. I think that parents should be able to sit their children down and talk to them about SRH issues. If not, they may learn it from the internet and friends. Mobile phones have become very common and so the Internet has also become easily accessible. So many wrong things are on the internet so it is up to parents to direct and teach their children (Dada Paa, Male Parent)

A statement from one of the adolescents supported the assertion above by Dada Paa:

I think SRHE given to adolescents is really important because we adolescents have many questions during this stage. If parents do not educate us on such issues, they leave us in a dilemma. To get answers to our questions we may resort to friends and the internet and such avenues may give us wrong information which may make us go wayward (Bismarck, Male Adolescent).

Moreover, some participants believed that the negative consequences such as engagement of adolescents in risky sexual behaviors associated with not educating adolescents on SRH issues, makes SRHE important. They were of the view that lack or inadequate SRHE may result in higher risk in adolescents contracting STDs. A male parent had this to say:

For me SRHE is very important especially in this era that AIDS is on the increase. I let my girl know that once she has sex with someone even if she does not get pregnant, she can contract sexually transmitted diseases like HIV. HIV/AIDS is no respecter of person, whether adult or child. That is why I think it is necessary for adolescents to be taught about SRH issues in the home and in schools (Dada Kwame, Male Parent)

A teacher was of the view that educating adolescents on SRH issues will make them knowledgeable about diseases contracted through sexual intercourse as well as how they can protect themselves against such diseases.

I think SRHE is good and it should be encouraged. This is because I think it makes adolescents knowledgeable about STDs and how to avoid them. Honestly, many adolescents are ignorant about such diseases. They do not know how to prevent such diseases. We preach abstinence and that is fine but whether we like it or not

some adolescents are sexually active. When we interact with them we get to know more and more that there is a great need to educate them on such issues (Teacher Matilda).

There were also some adolescents who expressed the view that because STIs are very dangerous, the early society educates them on SRH issues the better.

At our stage, we are very curious. Some adolescents get pregnant because they would want to know how pregnancy feels like. Some have sex because they want to know how sex feels like. If adolescents are not educated on how to use condom and how to prevent pregnancy, they will go and have sex out of curiosity. If that happens, they may either get pregnant or contract STDs (Benjamin, Male Adolescent).

From the voices presented above, it is clear that some parents interviewed did not support teaching adolescents on SRH issues because they perceived that exposing adolescents to SRHE was too early and may lead them to experiment sex, which may in turn promote promiscuity among adolescents. Other participants who perceived SRHE as important for adolescents expressed that adolescents are at risk of contracting STDs as well as being exposed to negative peer and media influence.

4.4.1 Cultural norms and Religious beliefs

According to study participants, the culture of the people of Awukugua does not approve of SRH issues being directed at adolescents. This according to participants makes it difficult for parents to talk to their children about SRH issues. Traditionally discussing sexual issues with children is frowned upon and often seen as a taboo. For parents not to violate this traditional norm, they do

not educate their children on sex and its related issues. The issue of tradition also prevents some teachers from being able to teach pupils on SRH issues. A parent had this to say;

Traditionally, parents and their children do not talk about anything concerning sex. Sometimes it is a taboo and immoral on the part of a parent to discuss sex related issues with a child. Tradition is the same everywhere, whether home or in the school, so first the challenge is that some of the teachers do not feel comfortable talking about things related to sex. When a teacher or any other person is able to talk about it, some people look at them strangely and pass comments; like 'you are spoilt'. Another challenge is, because people do not want to be considered as spoilt, they do not mention the names of the sexual organs, as they are called (Dada Paa, Male Parent).

Further, one of the teachers interviewed revealed that traditionally, because children are not socialized to talk about sex and its related issues they do not feel comfortable and are often shy discussing such issues in class.

One challenge in teaching SRH issues is that the children themselves are not comfortable; their faces and gestures during such discussions indicate that the community has made it a taboo to discuss such issues with children (Teacher Matilda).

Furthermore, the study revealed that because talking about SRH issues is seen as a taboo, children who attempted talking or asking questions about it at home were sometimes verbally and physically abused. This tends to put fear in children when asking their parents or caregivers about SRH issues. In line with this, an adolescent narrated why he does not discuss SRH issues with his mother.

I do not discuss SRH issues with my mother because I sometimes feel shy to discuss such issues with her. Besides, she may shout at me and say I am a stubborn child so I do not want to have such discussions with her (Mark, Male Adolescent).

Assertion by teacher Susan supported the narration by Mark:

In the homes from what the pupils share with us, I think SRH is something they do not talk about . . . Some of the adolescents share their experiences that whenever they want to talk to their parents about sex related issues, they shut them up or beat them (Teacher Susan).

Besides this, parents who make attempts to talk about SRH issues are themselves limited by shyness. According to some participants, some parents are shy to talk about SRH issues because they did not have the experience of talking to their parents when they were young about such issues. This according to them is due to cultural norms surrounding discussions on sexually related issues. A female parent had this to say:

For me, it has always been difficult for me discussing with him such issues . . . I do not feel comfortable talking to my child about that. I never discussed such issues with my mother when I was his age so to be honest I feel shy talking about it (Mama Ama Female Parent).

Some of the adolescents expressed that some parents who make attempt to talk to adolescents on SRH issues do so out of suspicion. They explained that parents hardly talk or welcome their questions on sex and it related issues. However they only do that when they suspect they are having sex or are in a relationship. This is indicated by one of the adolescents:

If I should go to my mother and ask questions on SRH issues, she may think that I have started having sex that is why I am asking her such questions. If she starts

thinking that way, she will inform my father and he may sack me from the house.

Because of this, I am afraid to ask such questions at home (Eric, Male Adolescent)

Furthermore, in most traditional African settings, socialization of girls is left to their mothers, vice versa boys to their fathers. Traditional norms on gender also hindered most of the male parents interviewed from talking to their daughters on SRH issues. According to them they will rather prefer the mothers of their children to socialize and educate them on SRH. A parent had this to say

I am a male and she is female, I prefer that her mother takes up the responsibility of educating her on SRH issues because I believe she would be more comfortable talking to her about such issues than me . . . they have similar things in common and mentioning the names of sexual organs will not be difficult (Dada Kwame, Male Parent).

I am comfortable telling my male children about SRH but have always feel uncomfortable doing same with my female child. With the males I can mention everything as it is, but cannot do that with the female; I have not discussed issues on that with her yet, but I will try (Dada Paa, Male Parent)

Aside traditional norms, religious beliefs also posed a barrier to SRHE. From the context of religion some of the participants were of the view that issues on sex are holy and must be treated as such. This belief system created a barrier on the part of parents passing information on SRH to their children. In line with this, a male participant categorically mentioned because his religion considers sex to be holy and confined to married people he finds it difficult talking about it with his children.

Our various churches do not approve of SRHE given to adolescents. God created sex and in His wisdom he made it holy. Because I see sex as holy, I do not know

how to talk about it with my children. It's a discussion mostly left for married people so it's difficult. I am mostly concern about not polluting their minds, you see (Dada Kwadwo, Male Parent).

In addition, according to some participants, chastity and abstinence is what is preached by their religion. They stressed that their religious beliefs prevented them from giving a comprehensive SRHE to their children. A parent had this to say.

Our various churches do not approve of SRH given to adolescents. My religion is against fornication so if you are teaching adolescents on such issues as condom use then it means you are encouraging them to have sex. I do not want my children to fornicate so I do not discuss such issues with them (Dada Kwadwo, Male Parent)

A male adolescent revealed that because her mother is always preaching abstinence, it has become 'boring' to him and this does not encourage him to talk with her on other aspects of SRH issues he would have loved to discuss with her.

I find it boring discussing SRH issues with my mother because any time she starts talking about it all she says is that God hates fornication and so I should be careful. I feel it is the same thing she says all the time (David, Male Adolescent).

4.4.2 Insufficient Knowledge

Another barrier to giving SRHE was insufficient knowledge about sexual related issues on the part of parents. Some parents are unable to educate their children due to this. Most of them had limited knowledge on STIs and STDs. The most notable sexually transmitted diseases and infections known by the participants were HIV/AIDS, Gonorrhoea, candidiasis, and syphilis.

I know about AIDS, syphilis, and I think gonorrhoea, so I only tell them to protect themselves so they do not contract any of them. Those are the diseases I know of. If there are others I do not know (Dada Kwadwo, Male Parent).

Aside sexually transmitted diseases and infections, parents did not know much on contraceptives. The only contraceptive mentioned was condom. According to them condom is what they know to prevent pregnancy and STDs.

I care about the future of my children and try not to hide anything from them I would like to teach them how to prevent themselves from getting pregnant and contracting diseases but I know only about condom... if there are other contraceptives apart from condom I do not know (Dada Paa, Male Parent).

Due to inadequate knowledge on STDs and contraceptives, some parents affirmed that they are unable to educate their adolescent children on such issues. A mother said:

Sometimes my daughter comes to me to ask me questions about things like menstruation. I talk to her on menstruation and personal hygiene. I am only able to talk to her on infections like white (candidiasis) and HIV. I do not know other diseases contracted through sex I am not able to talk to her about them. When it comes to preventing pregnancies I tell her to abstain from sex even though I know about condom... Yes it is only condom I know of in preventing pregnancy. (LAUGHS) why are there others? (Mama Adom, Female Parent).

I do not educate my child on SRH issues because I did not have the opportunity to go to school like she has gotten. We sent them to school so that they can learn about such things there (Mama Yaa, Female Parent).

In addition, teachers and adolescents interviewed were in support of parents' insufficient knowledge on SRH issues as a barrier to effective dissemination of information on SRH:

I think my mother does not talk about such issues with me because she is not that knowledgeable about SRH issues. She is a little old and would not know much about these issues to discuss with me (Diana, Female adolescent).

Honestly parents do not talk to their wards on SRH issues because they do not know about them themselves. They cannot talk about what they do not know (Teacher Susan)

From the expressed views, cultural norms and religious beliefs served as a barrier to effective SRHE. Traditional norms surrounding sex has resulted in parents and adolescents not discussing sex due to shyness on the part of both parties. It has created discomfort on the part of teachers who teach SRH in schools as well as on the part of adolescents discussing it with adult figures. Religiously, sex being perceived to be holy has resulted in parents' difficulty to open up about SRH issues with their children and children's displeasure discussing such issues with parents. Insufficient knowledge also limited education on SRH issues on the part of parents.

4.6 Sources of information on sexual and reproductive health

In this study, the researcher sought to explore the sources of information on SRH among adolescents at Awukugua. Accordingly, adolescents were reported to resorting to several sources of information to satisfy their sexual and reproductive understanding. These sources of information have been discussed under family and non-family sources below.

4.6.1 Family sources of information

Family sources of SRH information among adolescents included parents (particularly mothers), siblings and other members of the extended family such as aunties. Some adolescents and teachers acknowledged the contribution of mothers as a source of SRHE. One of the adolescents indicated:

If I have questions on SRH issues I go to my mother to ask her (Mark, Male Adolescent).

A teacher explained that this is so because mothers tend to spend more time with adolescents at home

Their mothers especially at least feed them with information on such issues because they tend to spend a lot of time at home with the children (Teachers Matilda).

Aside mothers, other family members such as elder siblings and aunties were also mentioned as sources of information on SRH issues for adolescents. Some participants expressed that some adolescents feel comfortable to go to these family members than their parents. In light of this, an adolescent mentioned that because he does not talk with his parents on such issues, any time he has questions on his SRH, he ask his elder brother and sister.

I have senior brothers and sister who have passed this stage so I interact with them a lot about some changes I experienced as an adolescent and they always help me out (Bismark, Male Adolescent).

Some indicated that they go to their aunty for information. They had this to say:

Nobody sat me down to talk to me about menstruation before I menstruated...not even my mother. Rather it was when I menstruated that I told my aunty about it and she told me that if one menstruates and sleeps with a man she will get pregnant.

From that day any time I have any question on such issues I call her to ask (Patricia, Female Adolescent).

I feel comfortable talking to my aunty on such issues because with my mother I am afraid of her and I think she will think I am a bad girl if I should ask her questions on sex. My aunty is like my mother and friend (Diana, Female Adolescent).

The voices presented in this sub-theme indicate the importance of family members as sources of information on SRH to adolescents at Awukugua.

4.6.2 Non- family sources of information

The researcher grouped other sources of information either than family as non-family sources of information. One of such non-family sources of information was the church. At church, some of the adolescents cited Sunday school teachers as their source of information on SRH. However they specified that their Sunday school teachers only educated them on personal hygiene and encouraged abstinence. They mentioned issues such as contraceptives were never discussed at church.

When I go to Sunday school, my teachers teach me certain things I need to know about SRH . . . it is not that detailed like what we learn at school but it helps one to know what is expected of him or her and what he or she is not supposed to do as a child of God (Patricia, Female Adolescent).

Another adolescent had this to say:

My Sunday school teacher always says that cleanliness is next to godliness. She encourages us to keep ourselves clean. She talks about being chaste. She sometimes during girls' fellowship meeting talks to us the girls about menstruation too (Diana, Female Adolescent).

Some of the parents confirmed the church as source of information for their adolescent children.

One parent had this to say:

I know when she goes to church she gets educated on SRH issues during girls fellowship meetings. The girls' fellowship was established to aid the children understand such issues. I know they invite people from the women fellowship to talk to them on how to manage themselves well (Dada Kwadwo, Male Parent).

Apart from the church providing adolescents with SRHE, the school was one of the identified sources of information. Teachers were viewed by some participants as very instrumental in educating on SRH issues such as personal hygiene, menstruation and body changes that should be expected during adolescence. Parents and the adolescents highlighted the contributions of teachers:

We learn about SRH issues in social studies and Religious and Moral education. So, if I want information on SRH, I can go to my teachers who teach these subjects (Diana, Female Adolescent).

A male parent buttressed the statement by Diana with this comment:

I know my child get more information from her teachers. They spend a lot of time with them and I believe they teach her all these things they need to know about their SRH (Dada Paa, Male Parent).

In line with this, most of the adolescents indicated that they were getting more and adequate information on sexually transmitted infections from their teachers more than other sources.

When it comes to issues on AIDS, gonorrhoea, syphilis, and other sexually transmitted infections, our teachers teach us more than any other...they give us detailed information for us to understand and know what we should do to prevent ourselves from contracting such diseases (Beatrice, Female Adolescent).

Even though adolescents were of the view that they get more and adequate information from their teachers, most of the adolescents who were interviewed indicated they were accessing SHR information from their peers. They gave several reasons this was so. Included was the fact that they felt comfortable and not shy discussing SRH issues with their peers. Also they were not afraid of any abuse from friends if they asked questions related to sex.

I am more comfortable asking my friends questions I have on SRH. The first time I saw a condom I was in my friend's room. He told me that if a man wears condom when having sex with a girl, the girl would not get pregnant. I learn a lot from them and I am comfortable talking with them on such issues more than my parents or any other person (Mark, Male Adolescent).

When I am going to my mother to ask her questions on my sexual and reproductive health, I feel shy and afraid to ask. For example, sometimes when my menses become irregular and I want to ask her why this happens I tend to be afraid to go to her because I do not know what she will say. However, with my female friends I can discuss my irregular periods with them without being afraid (Patricia, Female Adolescent).

A parent voiced another reason he thinks adolescents resort to friends more than parents and teachers for information on SRH

Because most parents hide information on sex related issues from children, they rely on their friends. And sometimes because they are shy coming to adults concerning such issues, they prefer asking their friends when they have questions (Dada Enoch, Male Parent).

Furthermore, social media was one of the mentioned sources of information for adolescents on SRH. Social media such as what's app and Facebook has made it more convenient for people to access information via the internet. Social media can be used to circulate and access information on almost every phenomenon. Majority of the adolescents who were interviewed acknowledged social media particularly Facebook as their source on SRH.

I get information on Facebook most of the time... on my page I sometimes see post about sex, condom and the like and I read such post.... Through that I am able to know about these SRH issues (Eric, Male Adolescent).

According to some of the parents they were aware some adolescents access SRH information from the social media:

These children have got big phones and they get such information from there. They can go to Facebook and every information they need they get it (Mama Adom, Female Parent).

Additionally, some of the adolescents acknowledged traditional media such as television and radio as their sources of sexual and reproductive health education:

I get most information when I watch TV or listen to the radio. Most of the radio and television stations have programs on sex education. When I have time I watch or listen to such programs and learn something from it (Mark, Male Adolescent).

A statement from one of the teachers was in support of the above statement by Mark:

Some of the children get to know about these things through the movies they watch on television; these telenovelas and the soap operas. That's basically their source of information on SRH (Teacher Susan).

Exploring the sources of information among adolescents, the study found out that most of the adolescents were getting information from multiple and not one particular source.

I get information on SRH from my teachers at school, church, internet and sometimes from my parents (Beatrice, Female Adolescent).

The statements above from participants indicate the importance of non-family members and social media as sources of information on SRH for many adolescents in the study area.

4.5 Ways to improving sexual and reproductive health education

SRHE has been highlighted as an important practice in addressing teenage pregnancy; risky sexual behaviours and preventing sexually transmitted infections among adolescents. The importance associated with SRHE warrants the need to know from participants how to improve SRHE at Awukugua. The emerging themes are presented below.

4.5.1 Awareness Creation

To improve SRHE, some participants suggested there should be awareness creation about the need for SRHE. To raise awareness, some of the participants suggested the use of community durbars where traditional leaders will use their positions to educate the community on the importance of SRHE.

There should be community gathering that will bring everybody together to make sure that individuals, especially parents are educated in a way that will change the negative perceptions they have about sexual education. Until these negative perceptions are changed it is going to be difficult for sexual education to be encouraged in our homes . . . but if we are able to educate people for them to understand the need for sexual education, then we can improve on it (Teacher Matilda).

A female parent had this to say:

I think for SRHE t to be improved, the chiefs and leaders should come together and let everybody understand that sex education is important and needs to be encouraged by everyone in the community (Mama Ama, Female Parent).

Another parent suggested the use of the community information centers to promote SRHE:

The community radio stations can also use their platforms to discuss SHR issues in order to raise awareness on such issues (Dada Enoch, Male Parent).

Another participant highlighted on the need to use community resources such as community nurses and other personnel to encourage parents and other stakeholders to educate children on SRH:

Community nurses can be used during radio discussions and even at durbars to educate us on SRH issues. They tend to be knowledgeable about these issues because they are nurses (Dada Paa, Male Parent).

Moreover, statements by some of the adolescents also suggested that teachers should play significant role in educating the community including parents on SRH issues.

Teachers have an important part to play in improving SRH. They must help organize talks on SRH in the community (Beatrice, Female Adolescent).

Also, teachers interviewed expressed that raising awareness on the need for SRHE is the duty of all stakeholders (teachers, parents, community leaders, church leaders, and political leaders).

We should all take up the role to educate adolescents on their SRH. It is a role for all of us. I think being adults and having experienced what adolescents are now going through, I think we should all be educators on such issues and talk with them about it. (Teacher Matilda).

Awareness creation according to participants will help change some of the myths and folkways surrounding sex as something that cannot be talked about with children.

Community education will discourage the tradition that sex is something we cannot talk about in the home. It will also encourage parents to have a more open relationship with their children so that they can have confidence in them to talk about everything (Dada Paa, Male Parent).

4.5.2 Developing friendly relationships

Friendship leads to intimacy that makes people confide and feel comfortable around each other. In this regard, some of the participants were of the view that for SRHE to be improved at home there is the need for parents to conduct themselves in a way that their children may see them as friends. This would ensure that children share issues bothering them with parents, rather than friends. Some parents suggested that;

Parents should make their children their friends to be able to have such discussions with them. If parents shout on their children, there will be no friendship and they will be afraid coming to them to discuss such issues (Mama Becky, Female Parent).

One of the adolescents stressed on the need for parents to devote a significant amount of time on children:

Parents should make time for their children. Some parents are too busy. They do not have time. They should make time out of their business to play and have fun with their children (Mary, Female Adolescent).

To buttress the points made above, adolescent participants suggested that parents should take initiatives not based on suspicion to discuss SRH issues with their children

Parents should make time for us . . . Parents should not wait for us to ask questions before they discuss SRH issues with us. I think it is important that they rather initiate such conversations. They should find time to discuss such issues with us because it is very important (Beatrice, Female Adolescent).

Suggestions made by participants indicated that awareness creation and parents developing friendly relationships with their wards will go a long way to improve sexual and reproductive

health education by changing the negative perceptions and eliminating fear on the part of adolescents respectively.

4.6 Discussion of the Findings

The study explored the barriers to giving SRHE, sources of information on SRH among adolescents at Awukugua as well as ways of improving SRHE. In this study, one of the barriers to SRHE was perceptions held by participants about SRHE which shaped by beliefs and values. Similar findings have been reported in a study conducted by Igbel et al. (2017); Kaping and Hyera (2015); Seif et al. (2016), whose respective studies reported the role played by cultural norms and history, as well as religion in shaping people's perceptions about SRHE.

Some of the participants, especially parents and some adolescents highlighted their religious beliefs and values as the reason they perceived SRHE directed at adolescents not to be appropriate. Mahwezi et al. (2015) recorded similar findings in their study that explored perceptions on SRHE by indicating that religious belief played a crucial role in shaping participants' perceptions especially about contraceptives. Further, some of the study participants (predominantly parents) had internalized cultural norms surrounding SRH and were of the view that issues pertaining to sex and reproduction should not be discussed with children. This finding is in support with research the findings of Chothe et al. (2014), whose study revealed that most parents in Uganda frowned upon SRHE due to traditional norms surrounding such education.

Inferring from the theoretical perspective (health belief model) that guided the study, the findings of the study supported the theory's position that individuals' tradition, belief, and values shape

their perceptions. Accordingly, the health belief model posits that participants' perceptions about a phenomenon (in this regard sexual and reproductive health education) are mainly shaped by their culture and religious belief system (Tavafian et al., 2011).

Furthermore, irrespective of the belief system some participants indicated the need to educate adolescents on SRH issues. They were of the view that SRHE play vital role in protecting adolescents from engaging in risky sexual behaviours. These findings are consistent with the tenet of the health belief model, which contends that individuals are more likely to change their belief system towards a phenomenon based on the risk they ascribe to it (Rosenstock, 1974).

In this study, perceptions held by participants about SRHE were divergent. Whilst teachers and some adolescents and few parents perceived it to be good, majority of the parents and few adolescents perceived it to be untimely for adolescents. To the best of the researcher's knowledge, there is a paucity of studies that have reported positive and negative perceptions about SRHE. The uniqueness in these findings to previous studies may be as a result of the study setting, theory and methods used. In addition, some of the participants who perceived SRHE directed at adolescents to be inappropriate were of the view that adolescents at Awukugua were too young and such education could lead them to experiment sexual activities. These findings were in support with the findings by Igbel et al. (2017) who established that parents perceived adolescents' SRHE to be bad because it is not appropriate for their development.

Contrary to the view held by most of the parents who participated in this study, some section of the participants, predominantly, teachers and adolescents held positive perceptions about

adolescents' SRHE. They believed that adolescents' SRHE does not lead to experimentation, rather it helps adolescents to protect themselves from risky sexual behaviours. Similarly, some scholars have reported positive and negative perceptions about SRHE (Kapinga & Hyera, 2015).

Furthermore, cultural norms and religious beliefs resulted in fear, shyness and discomfort discussing SRH issues on the part of parents and adolescents. Accordingly, most of the adolescents lamented on fear and shyness as major barriers to discussing SRH issues with their parents. Male parents were not comfortable discussing SRH related issues with adolescents of the opposite sex. The findings are in line with the study by Do et al. (2017); Walker (2001), whose respective study reported that male parents feel embarrassed and uncomfortable discussing SRH related issues with female adolescent daughters. These discomforts created barriers to SRH information directed at adolescents.

Further, in this study individuals' low level of knowledge and awareness on SRH created barrier on the part of parents to effectively educate their adolescent children on SRH issues. This finding is consistent with Kiapi-Iwa and Hart (2004) who reported inadequate knowledge on the part of parents and caregivers as the main barrier to SRHE. Further, Insufficient knowledge about contraceptives prevented parents from educating adolescents on contraceptive use. Similar findings have been reported in previous studies. For example, Botchway (2004) in their respective study found that most parents have insufficient knowledge about contraceptives, which has hindered effective dissemination of information regarding sexual and reproductive health. In this study, most parents could mention HIV/AIDS, candidiasis and gonorrhoea as the only STIs they know of.

Limited or lack of knowledge about other STDs (syphilis, chlamydia, herpes and genital warts) on the part of parents hampered effective SRHE on sexually transmitted diseases and its prevention. These findings are consistent with the research findings by Baku (2014); Olandepo and Akintago (1991); Seif et al. (2016). Their respective study reported that parents had limited knowledge about STDs and this affected their skills to effectively communicate with their children on SRH issues.

Further, due to the difficulty on the part of adolescents to get needed information on SRH issues from parents and other stakeholders, adolescents who participated in this study were accessing reproductive health information from countless sources. These ranged from school (teachers), church (Sunday school teacher), friends and social media (WhatsApp and Facebook). Most of the sources reported by this study have been identified in previous studies as the main sources of SRH information for adolescents (Hindin & Fatusi, 2009; Nair et al., 2012).

Further, in this study, teachers and friends were the main sources of information for adolescents on SRH issues. These findings are consistent with research findings by Ayalew et al. (2014); Kramani (2011); Makinwa-Adebusoye (1992) whose respective studies reported that teachers and peers were the main sources of information on SRH for adolescents. Contrary to these findings, some studies have reported parents and family members as the main sources of adolescents' SRH information (Kramrani et al., 2011; Nwalo & Anasi, 2012). The reason for this divergent finding could be as a result of the methodology employed in both studies.

Nevertheless, the importance of SRHE requires the need for it to be improved. The study participants from their perspectives suggested that there is the need for awareness creation on SRH issues at the Awukugua Township. This finding is in line with Syodziwa et al. (2016) whose research findings highlighted the need for parents and other stakeholders to be educated on SRH issues to enable them pass it on to their children. This would ensure that parents acknowledge the importance in adolescents' SRHE as well as becoming equipped with the needed skills to educate their children.

CHAPTER FIVE

SUMMARY OF THE FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

5.1 Introduction

This chapter concludes the study by presenting a summary based on the findings, conclusions, and suggested recommendations to help improve SRHE directed at adolescents.

5.2 Summary of the findings

The study has reported findings on barriers encountered in giving SRHE, sources of information on SRH and ways of improving SRHE at Awukugua community. The study found that participant's perceptions was one of the barriers to SRHE and this were shaped mainly by cultural norms and religious belief. Cultural norms and religious beliefs that had been internalized over a course of time made some parents who participated in this study viewed SRHE directed at adolescents to be inappropriate. Some parents and adolescents who participated in this study held the perception that adolescents were too young to be fed with information on sexual related issues. They indicated the experimental nature of adolescents and expressed that adolescents out of curiosity may practice what they learn about SRH issues. This made parents cautious about discussing such issues with them. Some of the adolescents contended that their parents discussed SRH issues with them only when they became suspicious of them being involved in sexual activities.

From religious point of view, the study found that some of the study participants' religious beliefs frowned on the use of contraceptives. This had influenced some of the participants to perceive SRHE on contraceptives as bad. Some participants established that teaching adolescents about contraceptives is tantamount to telling them have sex.

Nonetheless, teachers and some adolescents who participated in this study perceived SRHE to be good. According to them, it does not expose children to live promiscuous life; rather it helps children to acknowledge the changes and uncertainties that the adolescence state comes with. They established that SRHE was important especially during adolescence stage and needs to be encouraged.

Cultural norms and religious beliefs regarding SRHE generated fear, shyness and discomfort on the side of both parents and adolescents. Some adolescents revealed that talking about SRHE issues in the home is a taboo and could attract physical punishment or verbal abuse. As a result, this had created barriers to effective communication on SRH issues in the home and sometimes in the school with teachers.

Besides, the study found that most of the parents had limited knowledge on SRH issues. As a result, such parents attributed their inability to educate their children on sexual related issues to insufficient knowledge. In this study, some of the parents were not knowledgeable about contraceptives, with the exception of condoms. Additionally, with regard to STIs, parents who participated in this study were knowledgeable about HIV/AIDS, gonorrhoea, candidiasis, and syphilis. Other STIs such as genital warts, chlamydia among others were not known by most of the adolescents and parents who participated in this study.

Nevertheless, adolescents were accessing information on SRH issues from their parents and elder siblings, teachers, Sunday school teachers, social media and friends. Additionally, participants

suggested the need for improvement SRHE. They established that parents and other stakeholders should be educated about the importance of SRHE. Some also expressed for the need for cordial relationship between parents and their adolescent children.

5.3 Conclusion

The dissemination of SRHE to adolescents has not been proactive and effective. Several factors have influenced this overtime. Most often, the belief system of people (cultural and religious) has shaped people's perception negatively. Most parents do not see the importance of SRHE. Some people see SRHE to be an avenue that exposes adolescents to promiscuous lifestyles. Accordingly, this negative perception held by most parents about SRHE posed a barrier to effective SRHE directed at adolescent.

Aside this, there are countless barriers that prevent adolescents from getting information on their sexual and reproductive health from the right sources. Barriers such as insufficient knowledge limit parents from educating their adolescents on such issues. Cultural and religious beliefs surrounding SRHE create shyness, fear and discomfort to individuals thus demeaning the effective dissemination of such an education. As a result, adolescents access SRH information from myriad sources. Apart from parents, adolescents got information from teachers, church, internet, and friends. In this study, adolescents were more comfortable accessing reproductive and sexual information from their friends and teachers. It was assumed that, friends could give adolescents inaccurate and misleading information on SRH which could lead them wayward.

5.4 Recommendations

Based on the findings of the study, the following recommendations are;

First and foremost, there is the need for community based education and sensitization programs on SRH. In this, the Ghana Health service can collaborate with traditional leaders and churches to organize community based education and sensitization programs. Such programs should target on changing negative perceptions about SRHE among parents and other stakeholders.

In the school, the Ghana Education Service (GES) should SRHE a core subject. The current curriculum places reproductive health education under Social Studies and Religious and Moral studies. This does not allow adequate time for teachers to teach issues on SRH during lesson hours. The study identified teachers as the most utilized source of information for adolescents. Thus this creates the need for teachers to get enough time to teach SRH related issues in schools. When this is done, school-based SRHE will supplement home-based SRHE.

Moreover, this study was a rural-based study hence future researchers can extend investigation to urban communities. This will enable a full range of interventions that will help SRHE in Ghana.

5.5 Implications for social Work Practice

Based on the findings of the study, social workers would help improve adolescents' SRHE at the three levels of practice (micro, mezzo, and macro levels).

At the micro level, social workers could act as advisors or counselors. In performing their roles as working with children and families, there is the need for social workers to counsel clients and let them know the need for SRHE. Also, at the mezzo level, they could act as educators and educate

adolescents and families on the need for SRHE among adolescents. At the macro level, social workers should advocate for policies that would remove all barriers that hampers SRH information among adolescents.

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APPENDIX

INTERVIEW GUIDE

Interview guide for parents

I am Portia Appiah Danquah. In partial fulfillment of the requirement for Master of Philosophy Degree in Social Work, I am conducting an Academic Project Work on the topic “**Sexual and Reproductive Health Education at Awukugua**”. I would be pleased if you could spend some few minutes of your time to answer these questions.

Information is required solely for academic purposes and strict confidentiality is assured.

Demographic Information

- Age
- Occupation
- Educational background
- Religion

Barriers in giving sexual and reproductive health education

1. From your opinion can you tell me how often you engage your children in reproductive health education?
2. What are some of the things you talk about with your child when discussing issues of sexual and reproductive health?
3. What or will prevent you from educating your child on certain sexual and reproductive issues?
4. Which sexually transmitted disease do you know?
5. In your opinion what are the challenges in talking to your child on sexual and reproductive health issues?

6. Please may I know from you if you have any believe system that may prevent you from disseminating issues on sexual and reproductive health education to your children?
7. Please from your candid opinion may I know if you are more abreast with sexual and reproductive health issues and you have more knowledge on it to educate your children?

Improving sexual and reproductive health education

8. In your opinion what can be done to improve sexual and reproductive health education in the home?
9. Would you like to suggest any other means that parents, teachers and the community at large could do to enhance sexual and reproductive health education in this community.
10. From your candid opinion do you think a change in perception and belief system would improve sexual and reproductive health education?
11. How and what can be done to change people perceptions about sexual and reproductive health education of this community?
12. Specifically, what do you think are the contributions teachers could make to improve sexual and reproductive health education in this community?

Perceptions about sexual and reproductive health education.

13. Please I would like to know your perceptions about sexual and reproductive health education among adolescence.
14. Please how has the believe system you hold on to contributed in shaping your perceptions about adolescent sexual and reproductive health education.
15. What do you think are the perception of others when it comes to reproductive health education?

16. Please explain to me how comfortable you would to educate your children on issues regarding sexual and reproductive health.

Sources of Sexual and Reproductive Health Education

17. Please what do you think are the sources of reproductive health education among adolescence?

18. If the sources were to be among their friends, would you encourage it and what do you think it could lead the children to?

19. Have you ever encouraged your child to seek sexual and reproductive health education elsewhere?

Interview Guide for Teachers

I am Portia Appiah Danquah. In partial fulfillment of the requirement for Master of Philosophy Degree in Social Work, I am conducting an Academic Project Work on the topic “**Sexual and Reproductive Health Education among adolescents at Awukugua**”. I would be pleased if you could spend some few minutes of your time to answer these questions.

Information is required solely for academic purposes and strict confidentiality is assured.

Demographic Information

Age

Sex

Educational background

Religion

Barriers in giving sexual and reproductive health education

1. Please does your school has a course or class section on sexual and reproductive health education?
2. Please from your candid opinion, comparing the class lessons of sexual and reproductive health education, do you think it is given much attention like other courses taught in the school?
3. Please may I know from you if you have any belief system that may prevent you from disseminating issues on sexual and reproductive health education to your students?
4. Please from your candid opinion may I know if you are more abreast with sexual and reproductive health issues and you have more knowledge on it to educate your students when the need arises?

5. What do you think are some of the things that normally discourage information dissemination on sexual and reproductive health in this school and the community at large?

Improving sexual and reproductive health education

6. From your opinion what do you think are some of the things that can be done in this school to improve sexual and reproductive health education?
7. Generally, would you like to suggest any other means that teacher, parents, and the community at large could do to enhance sexual and reproductive health education in this community.
8. From your candid opinion, do you think a change in perception and belief system would improve sexual and reproductive health education?
9. How and what can be done to change people perceptions about sexual and reproductive health education of this community?
10. Specifically, what do you think are the contributions teachers could make to improve sexual and reproductive health education in this community?

Perceptions about sexual and reproductive health education

11. Please I would like to know your perceptions about sexual and reproductive health education among adolescence?
12. Please how has the belief system you hold on to contributed in shaping your perceptions about adolescent sexual and reproductive health education?
13. What do you think are the perceptions of others when it comes to reproductive health education?
14. Please explain to me how comfortable you would be to educate your students on issues regarding sexual and reproductive health?

Sources of sexual and reproductive health education

- 15 Please what do you think are the sources of reproductive health education among adolescence?
- 16 If the sources were to be among their friends, would you encourage it and what do you think it could lead the children to?
- 17 Have you ever encouraged your child to seek sexual and reproductive health education elsewhere?

Interview Guide for Adolescents

I am Portia Appiah Danquah. In partial fulfillment of the requirement for Master of Philosophy Degree in Social Work, I am conducting an Academic Project Work on the topic “**Sexual and Reproductive Health Education at Awukugua**”. I would be pleased if you could spend some few minutes of your time to answer these questions.

Information is required solely for academic purposes and strict confidentiality is assured.

Demographic Information

Age

Sex

Level of education

Barriers in giving sexual and reproductive health education

1. Please can you share with me some of the challenges you have faced in getting access to sexual and reproductive health information?
2. How often do your parents engage you in conversations revolving around sexual and reproductive education?

Improving sexual and reproductive health education

3. From your opinion what do you think are some of the things that can be done in schools and communities to improve sexual and reproductive health education?
4. Generally, would you like to suggest any other means that teacher, parents, and the community at large could do to enhance sexual and reproductive health education in this community?
5. From your candid opinion, do you think a change in perception and belief system would improve sexual and reproductive health education?

6. How and what can be done to change people perceptions about sexual and reproductive health education in this community?
7. Specifically, what do you think are the contributions teachers and parents could make to improve sexual and reproductive health education in this community?

Sources of information on sexual and reproductive health

1. How often do you discuss issues of sexual and reproductive health with your parents?
2. Among your parents, who do you feel comfortable discussing sexual and reproductive health issues with? Why?
3. What are some of the ways of preventing pregnancies and sexually transmitted diseases?
4. Which sexually transmitted diseases do you know?
5. Where do you get information on issues on sexual and reproductive health? In your opinion, why do you access that source?

Perceptions about sexual and reproductive health education

1. Please I would like to know your perceptions about sexual and reproductive health education?
2. What do you think are the perceptions of others when it comes to reproductive health education?
3. Please explain to me how comfortable you would to engage in conversations with friends or elderly person on issues regarding sexual and reproductive health.