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Parental perspectives on the legal age of sexual consent in Ghana

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Abstract

Background In Ghana, there is limited empirical evidence on parents' knowledge of the legal age of sexual consent, whether they approve of children consenting at that age, and how they perceive an "appropriate" age for sexual consent. This study examined Ghanaian parents' awareness of the legal age of sexual consent, their attitudes toward teaching sexual consent to children, and the underlying reasons shaping these views.

Methods Using a concurrent mixed-method online design, data were collected from 250 parents across Ghana's sixteen regions. The quantitative data were analysed using descriptive statistics, Pearson's chi-square tests and Fisher's exact test, while reflexive thematic analysis guided the analysis of the qualitative data.

Results The findings indicated that 78.4% of parents were aware of the legal age of sexual consent, though awareness varied significantly across age, region, marital status, and education. Most parents (84.8%) agreed that children should be taught about sexual consent, citing reasons such as child protection, moral development, informed decision-making, gender equality, and online safety. Parents who disagreed (15.2%) with teaching sexual consent to children cited cultural taboos, religious doctrines, fears of early sexualisation, and concerns about age-appropriateness.

Conclusions Guided by Socialisation Theory and the Protectionist Perspective, the study highlights how legal knowledge, cultural norms, and parental responsibility interact to shape views on sexual consent. The findings underscore the need for targeted legal literacy campaigns, parent-focused education, and culturally sensitive integration of sexual consent education in schools.

Keywords Age of sexual consent, Parental knowledge, Parental attitudes, Ghana, Children, Sexual and reproductive health

1 Background

Age of sexual consent is defined as "the minimum age at which a person is considered to have the legal capacity to consent to sexual intercourse" [1]. The topic of sexual consent, particularly children, remains deeply sensitive and contested for parents in both the Global North and Global South. According to the United Nations, a child refers to any person under the age of 18 [2]. Parents frequently struggle with the tension between



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protecting children from harm and acknowledging their evolving capacities as they navigate adolescence [3, 4]. Such discomfort is understandable, as sexual activity by children raises concerns about readiness, exploitation, and long-term implications for health and well-being [5]. At the same time, legal frameworks, social norms, and cultural values shape what is considered appropriate, safe, and acceptable for young people [3, 5, 6]. Understanding parents' knowledge, approval, and perceptions of the legal age of sexual consent is therefore crucial and forms the focus of the present study.

Globally, establishing a legal "age of consent" seeks to identify a developmental threshold at which a person can be deemed capable of legally consenting to sexual activity [7, 8]. The subject is sensitive because it touches on children's autonomy, bodily integrity, developmental readiness, power asymmetries, and parental responsibility [9]. In many Western contexts, empirical studies show that children themselves often express support for affirmative consent practices, prompting parents and educators to reconsider what constitutes morally or legally acceptable sexual activity among children [10, 11].

In the Global South, including many sub-Saharan African (SSA) countries, issues surrounding children sexuality are further complicated by cultural, religious, and socio-economic realities [3, 5, 6]. In rural Tanzania and Kenya, parents often avoid direct communication about sexual and reproductive health (SRH) with children for fear that such discussions may encourage sexual activity [12–14]. In Ghana, parent–child sexual communication is constrained by cultural taboos, religious values, and generational norms [3, 5]. Parents' reluctance to engage in open discussions about sex is often tied to concerns about undermining moral values, losing authority, or fostering early sexual experimentation [5]. These concerns reflect the broader sensitivity around the age of sexual consent, which is influenced not only by law but also by developmental, moral, cultural, and protection-related considerations.

Many parents perceive children as lacking the cognitive, emotional, and moral maturity to understand the consequences of sexual activity, including risks related to pregnancy, sexually transmitted infections, emotional harm, social stigma, or exploitation [3, 8, 15, 16]. This perspective supports a protectionist paradigm, one in which children are viewed as inherently vulnerable and must therefore be shielded until they attain sufficient maturity or reach legal adulthood [8, 17]. In several cultural contexts, premarital sex remains taboo, and the idea of granting children autonomy to consent to sex is viewed as morally unacceptable and socially destabilising [3, 5, 6]. Parents fear that educating their children about sexual consent could lead to sexual experimentation, early pregnancies, school dropout, and exposure to sexual harm [8, 16].

Conversely, others challenge strictly prohibitionist approaches and argue that once children reach a country's legal age of consent, they should be allowed to exercise sexual autonomy provided the relationship is non-coercive [18]. This perspective contends that suppressing children sexuality does not eliminate it and may, instead, push sexual behaviour underground, thereby heightening risks of unsafe sex, misinformation, or coercive relationships [18]. Critics also argue that laws treating all sexual activity below a certain age as inherently exploitative may unintentionally criminalise normative children behaviour and impede children's access to SRH education and services [18].

In Ghana, the issue of the age of sexual consent is embedded in a complex legal and socio-cultural landscape. Under the Criminal Offences Act (Act 29), as amended, the legal age of sexual consent is 16 years [17, 19]. In contrast, the Children's Act (Act

560) sets the minimum legal age of marriage at 18 years [8, 17, 19, 20]. This discrepancy, whereby a 17-year-old may legally consent to sex but cannot marry, has generated debate among scholars, policymakers, and child-protection actors regarding legal coherence and adolescent protection [7, 8, 18, 21]. Many Ghanaian parents strongly oppose sexual consent at ages 16 or 17 due to moral, cultural, and religious values which emphasise abstinence before marriage [3, 5]. Thus, the age of sexual consent remains a contested issue, reflecting deep-seated norms about sexuality, parental authority, and youth protection.

Despite ongoing discussions, there is limited empirical evidence on Ghanaian parents' knowledge of the legal age of sexual consent, whether they approve of children consenting at that age, and how they perceive an "appropriate" age for sexual consent. In Ghana, there are few studies on the age of sexual consent, and these existing studies primarily focus on the discrepancy between the age of sexual consent and the age of marriage [8, 18]. This gap underscores the need to explore parental knowledge, approval, and perceptions related specifically to the legal age of sexual consent.

This study therefore pursues three objectives: (1) to assess parents' awareness of Ghana's legal age of sexual consent; (2) to examine whether parents believe children should be taught about sexual consent; and (3) to explore parental reasoning for supporting or rejecting the teaching of sexual consent to children. The findings of this study will inform policy, parent-education interventions, and broader debates on children autonomy, protection, and sexual rights in Ghana and similar socio-cultural contexts.

2 Theoretical foundation

This study is anchored in Social Learning Theory (SLT) to explain parents' knowledge, approval, and perceptions of the legal age of sexual consent. SLT, initially developed by Bandura [22], posits that individuals learn behaviours, norms, and attitudes by observing, modelling, and imitating significant social agents such as parents, peers, teachers, and community actors. The theory emphasises that children internalise cultural norms and moral expectations not only through explicit instruction but also through repeated observation and social interaction.

Within the family context, parents function as primary socialising agents who transmit beliefs, values, and norms about sexuality, including norms regarding consent, appropriateness, and maturity. In the SSA context, including Ghana, parent-child sexual communication tends to be moralistic, indirect, or framed around warnings, which mirror broader cultural and religious values, reinforcing the role of parental modelling emphasised in SLT [5, 8, 23, 24]. SLT also recognises that socialisation is dynamic. Bandura's concept of reciprocal determinism suggests that individuals both shape and are shaped by their social environment [22]. Thus, parental beliefs about sexual consent may shift in response to broader societal influences such as media, education, law reforms, and peer norms. This flexibility makes the theory a valuable tool for understanding how traditional views may persist yet remain open to change.

To enrich this understanding, the study applies a Protectionist Perspective (PP) on parenting. This perspective, grounded in developmental and parenting literature [25], suggests that parents' restrictive attitudes about children's sexuality stem from perceived responsibilities to protect children from moral, emotional, and physical harm.

Together, SLT and the PP offer a comprehensive framework for analysing parents' views about the legal age of consent. They illuminate how cultural norms, moral expectations, religious teachings, and parental fears are transmitted intergenerationally and how they shape perceptions of children sexuality. The frameworks also clarify why parental attitudes may diverge from statutory norms: parents may prioritise cultural continuity and protective instincts over legal guidelines.

3 Materials and methods

3.1 Study design and sampling procedure

This study adopted a concurrent mixed-method design that combined quantitative and qualitative data collection to provide both breadth and depth of understanding. An online survey was conducted and hosted on KoboToolbox, an open-source platform for electronic data collection. The online approach was particularly appropriate given its ability to facilitate rapid, cost-effective data collection from a large, geographically diverse population while maintaining respondents' anonymity [26].

The study targeted parents, defined as individuals aged 18 or older who have at least one child under 18 years and reside in Ghana. This definition guided the study's inclusion criteria. Additional eligibility requirements specified that participants must be Ghanaian citizens, have access to an internet-enabled device such as a smartphone, tablet, or computer, and be willing and able to complete the online questionnaire. Persons below 18 years who had children, those whose children were all 18 years or older, and individuals who were non-Ghanaians or not resident in Ghana at the time of the study were excluded. Reluctance to provide complete information also constituted a basis for exclusion. Non-Ghanaians were excluded from the study because their cultural norms and social orientation may differ from those of Ghanaians, which may affect the validity of the findings of our study.

Since the number of parents in Ghana is unknown, the Cochran's formula for an unknown population was used to calculate the sample size for our study.

$$n_0 = \frac{z^2 * p * (1 - p)}{e^2}$$

Where n_0 = minimum sample size. $z = 1.96$. $p = 0.5$. $e = 0.05$. $n_0 = 384$.

However, our study received responses from only 250 respondents due to non-response. Using convenience and snowball sampling, 250 parents were recruited across all 16 regions of Ghana. The concurrent mixed-method design allowed quantitative and qualitative data to be collected simultaneously, analysed separately, and then integrated at the interpretation stage to enhance validity through triangulation [27].

The writing of this manuscript adhered to the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines.

3.2 Study setting

The study was conducted in Ghana, a lower-middle-income country located along the Atlantic coast of West Africa and bordered by Côte d'Ivoire to the west, Burkina Faso to the north, and Togo to the east [28]. Ghana has a total land area of approximately 238,533 square kilometres and is administratively divided into sixteen regions that encompass diverse ethnic, linguistic, and religious populations. The 2021 Population and

Housing Census reported a national population of about 30.8 million in 2021 [28]. English is the official language, and Christianity (71.2%) and Islam (17.6%) are the dominant religions [28].

These cultural and religious values strongly shape family life, gender norms, and moral expectations regarding sexuality. Discussions around sexual consent, especially involving children, are often influenced by religious morality and cultural taboos. The online nature of this study, therefore, made it feasible to reach a geographically dispersed population across Ghana's 16 regions, leveraging the increasing use of smartphones and social media platforms, particularly in urban and semi-urban communities [29, 30].

3.3 Data collection

Data were collected between 21st July and 21st September 2025. A structured online questionnaire was designed and shared through social media channels such as Facebook, WhatsApp, and LinkedIn. Participants accessed the form on smartphones, tablets, or computers. To improve participation, the researchers shared the online survey link within their social and professional networks and encouraged others to share it further among eligible individuals. This snowballing technique is often recommended for online surveys targeting dispersed populations or those in which sensitive topics may discourage direct recruitment [31].

Participation peaked during the first month, when a large number of respondents completed the questionnaire. However, response rates declined during the early weeks of the second month and stopped entirely by the third week. Given the stagnation in new submissions, data collection was brought to a close at the end of the second month, allowing sufficient time for data cleaning and analysis. The online nature of the survey ensured a high level of privacy, which was essential given the sensitive subject matter.

3.4 Measurement of variables

The measurement of variables were developed directly from the three main objectives of the study, which sought to assess parents' awareness of the legal age of sexual consent in Ghana, to examine whether they approved of teaching children about the concept of sexual consent, and to explore their reasons for supporting or opposing such education. To address the first objective, participants were asked whether they were aware that the legal age of sexual consent in Ghana is 16 years, with "Yes" and "No" as response options. For the second objective, participants were asked whether they agreed that children should be taught about the concept of sexual consent, also with "Yes" and "No" as response options.

The third objective was explored qualitatively through an open-ended question: "Please explain why you think children should or should not be taught about sexual consent." Participants were encouraged to provide detailed explanations in their own words, which yielded rich qualitative data capturing parental beliefs, cultural orientations, and moral reasoning surrounding the concept of sexual consent. These responses were later subjected to thematic analysis.

3.5 Data analysis

Quantitative data were exported from KoboToolbox into IBM SPSS Statistics Version 27 for analysis. Data cleaning was conducted to check for completeness, remove

duplicates, and ensure internal consistency. Descriptive statistics such as frequency distributions and percentages were used to summarise the demographic characteristics of respondents, including sex, age, education, religion, marital status, and region of residence. Bivariate analyses using Pearson’s chi-square tests and Fisher’s exact tests were performed to determine associations between these demographic variables and parents’ awareness of the legal age of sexual consent, as well as their approval for teaching children about sexual consent. Fisher’s Exact Tests were conducted for variables that had expected cell counts less than 5. All variables were deemed statistically significant at 95% confidence interval.

This study did not perform multivariate analysis because the sample size was small, which could compromise the precision and directional certainty of the model’s confidence intervals. A binary logistic regression examining predictors of awareness of the legal age of sexual consent and the teaching of the concept of sexual consent to children confirmed that the confidence intervals for some variable categories were very wide, indicating limited precision and directional certainty (see Tables 1S and 2S in the supplementary file). The quantitative findings of this study are exploratory.

The qualitative data obtained from open-ended responses were analysed thematically using Braun and Clarke’s [32] reflexive thematic analysis approach. This analytic process enabled the identification, interpretation, and organisation of patterns of meaning within participants’ responses while recognising the researchers’ active role in meaning-making. The analysis followed the six-phase framework proposed by Braun and Clarke [32]: familiarisation with the data through repeated reading of responses, generation of initial codes, searching for potential themes, reviewing and refining themes for coherence, defining and naming the themes, and finally, producing the interpretive narrative.

The data analysis was guided by the three objectives of the study, which formed the initial coding structure. Consequently, three broad themes were identified: (1) Parental awareness of the legal age of sexual consent, (2) Parental approval or disapproval of teaching sexual consent to children, and (3) Rationale for supporting or opposing sexual consent education. These themes were inductively refined from respondents’ narratives while remaining aligned with the research objectives. The reflexive approach was chosen because it offers flexibility, supports interpretive depth, and is especially suitable for studies exploring moral and cultural reasoning within mixed-method frameworks [33].

To ensure analytical credibility and trustworthiness, two researchers independently coded the qualitative data, after which their coding was compared to ensure consistency. Divergent interpretations were discussed until consensus was reached, thereby improving the dependability and confirmability of the analysis [34]. Table 1 presents

Table 1 Analytical framework linking study objectives, themes, and interpretations

Study objective	Analytical theme	Illustrative interpretation
Assess parental awareness of the legal age of sexual consent	Parental awareness	Parents’ knowledge often reflects confusion between legal and moral frameworks; many confuse the legal consent age (16) with the legal marriage age (18).
Examine parental approval for teaching children about sexual consent	Approval or disapproval of teaching about sexual consent	Approval is often linked to belief in informed protection; disapproval is rooted in fears of moral decay and early sexualisation.
Explore reasons for support or opposition	Rationale for agreement or disagreement	Supporters emphasise education and children’s rights; opponents cite religion, culture, and preservation of childhood innocence.

the analytical framework linking the study objectives, the themes generated, and their interpretations.

3.6 Ethical considerations

The study sought approval from the National Child Protection Committee of the MoGCSP. Ethical principles of voluntary participation, anonymity, and informed consent were rigorously upheld. All respondents gave their written informed consent by responding 'yes' to a question on the online survey asking whether they agree to participate in the study or not. All respondents were informed of the study's purpose, assured of the confidentiality of their responses, and notified of their right to withdraw at any time without penalty in the online survey. No identifying personal data was collected. The online format minimised potential discomfort and ensured privacy, given the subject matter's sensitivity.

4 Results

4.1 Demographic characteristics of respondents

Table 2 presents the demographic characteristics of the 250 respondents who participated in the study. The distribution by sex is relatively balanced, with 127 females (50.8%) and 123 males (49.2%). Regarding age, most respondents were aged 40–49 years (34.8%), followed by those aged 30–39 years (28.0%), and those aged 50 years and older (21.6%). This distribution indicates that most participants were in middle adulthood, representing a mature, economically active segment of the population.

In terms of ecological zones, almost half of the respondents (49.2%) resided in the Coastal zone, while one-third (33.2%) resided in the Middle zone.

Table 2 Socio-demographic characteristics of respondents

Socio-demographic characteristics	Frequency	Percentage
Sex		
Male	123	49.2
Female	127	50.8
Age group		
18–29	39	15.6
30–39	70	28.0
40–49	87	34.8
50+	54	21.6
Ecological zone		
Northern	44	17.6
Middle	83	33.2
Coastal	123	49.2
Marital status		
Never married	67	26.8
Currently married	149	59.6
Formerly married (divorced/ separated/ widowed)	34	13.6
Educational level		
Secondary education and below	48	19.2
Tertiary	202	80.8
Religion		
Christian	207	82.8
Muslim	24	9.6
Other	19	7.6
Total	250	100.0

With respect to marital status, a majority of respondents (59.6%) were currently married, while 26.8% were never married. A smaller proportion of respondents had formerly been married (13.6%). A majority of respondents (80.8%) had a tertiary education, while 19.2% had at most secondary education. This indicates a highly educated sample, which may reflect the characteristics of the target population and their accessibility to formal systems.

Furthermore, most respondents identified themselves as Christians (82.8%), followed by Muslims (9.6%) and other category (7.6%). This distribution aligns with national religious demographics, where Christianity predominates, but other faiths remain significant in social and cultural life.

4.2 Awareness of the legal age of sexual consent

Table 3 presents the socio-demographic characteristics of respondents and their awareness of the legal age of sexual consent. Overall, 78.4% of respondents were aware of the legal age of sexual consent, while 21.6% were not aware. Although awareness of the legal age of sexual consent was higher among females (81.9%) than males (74.8%), the difference was not statistically significant ($p=0.173$). Awareness of the legal age of sexual consent varied significantly across age groups ($p<0.001$). Awareness of the legal age of sexual consent increased with age, from 43.6% among respondents aged 18–29 years

Table 3 Awareness of the legal age of sexual consent in Ghana by socio-demographic characteristics

Socio-demographic characteristics	Are you aware of the legal age of sexual consent in Ghana?		P-values
	Yes Frequency (%)	No Frequency (%)	
<i>Sex</i>			0.173
Male	92 (74.8)	31 (25.2)	
Female	104 (81.9)	23 (18.1)	
<i>Age group</i>			< 0.001
18–29	17 (43.6)	22 (56.4)	
30–39	54 (77.1)	16 (22.9)	
40–49	82 (94.3)	5 (5.7)	
50+	43 (79.6)	11 (20.4)	
<i>Ecological zone</i>			0.174
Northern	39 (88.6)	5 (11.4)	
Middle	62 (74.7)	21 (25.3)	
Coastal	95 (77.2)	28 (22.8)	
<i>Marital status</i>			< 0.001
Never married	41 (61.2)	26 (38.8)	
Currently married	130 (87.2)	19 (12.8)	
Formerly married (divorced/ separated/ widowed)	25 (73.5)	9 (26.5)	
<i>Educational level</i>			< 0.001
Secondary education and below	20 (41.7)	28 (58.3)	
Tertiary	176 (87.1)	26 (12.9)	
<i>Religion</i>			0.150
Christian	163 (78.7)	44 (21.3)	
Muslim	21 (87.5)	3 (12.5)	
Other	12 (63.2)	7 (36.8)	
Total	196 (78.4)	54 (21.6)	

to 94.3% among respondents aged 40–49 years, suggesting that older adults are more informed about legal provisions on the age of sexual consent.

Ecological zone differences in awareness of the legal age of sexual consent were not statistically significant ($p = 0.174$). A higher proportion of respondents from the Northern zone (88.6%) were aware of the legal age of sexual consent than those from the Coastal (77.2%) and Middle (74.7%) zones.

Marital status also influenced awareness of the legal age of sexual consent ($p < 0.001$). Awareness of the legal age of sexual consent was highest among respondents who are currently married (87.2%), followed by those who were formerly married (73.5%) and never married (61.2%). Additionally, education was significantly associated with awareness of the legal age of sexual consent ($p < 0.001$). More respondents with a tertiary education (87.1%) were aware of the legal age of sexual consent than those with at most secondary education (58.3%). This finding indicates that higher educational exposure plays a vital role in the awareness of the legal age of sexual consent.

Religious background of respondents, however, was not significantly associated with awareness of the legal age of sexual consent ($p = 0.150$). A higher proportion of Muslims (87.5%) were aware of the legal age of sexual consent than Christians (78.7%) and those of the other category (63.2%).

4.3 Whether children should be taught about sexual consent

Table 4 presents the distribution of respondents' socio-demographic characteristics in relation to their opinions on whether children should be taught about the concept of sexual consent. Overall, an overwhelming majority (84.8%) of respondents agreed that children should be taught about sexual consent, while 15.2% disagreed. This widespread support highlights a strong public endorsement of early sexuality education as a tool for promoting child protection and responsible behaviour. Sex of respondents was statistically insignificant in determining whether children should be taught about sexual consent ($p = 0.550$). Although agreement was slightly higher among males (86.2%) than among females (83.5%), both groups generally supported teaching children about sexual consent. This suggests that awareness of the importance of sexual consent education transcends the sex of parents.

Age differences were statistically significant ($p < 0.001$). Agreement on teaching children the concept of sexual consent increased with age: while only 67.1% of respondents aged 30–39 supported sexual consent education, agreement rose to 95.4% and 92.6% among respondents aged 40–49 and 50+, respectively. Older respondents may have a greater appreciation of the protective role of such education, possibly due to life experience and exposure to the consequences of inadequate sexual education.

Ecological zone variation was not statistically significant ($p = 130$). A higher proportion of respondents from the Northern zone (88.6%) affirmed that children should be taught about the concept of sexual consent than those in the Coastal (87.8%) and Middle (78.3%) zones.

Regarding marital status, most respondents who were currently married (94.6%) agreed that children should be taught about the concept of sexual consent, followed by those who were never married (79.1%). Respondents who were formerly married were the least to agree that children should be taught about the concept of sexual consent (52.9%).

Table 4 Socio-demographic characteristics of respondents and their views on whether children should be taught about the concept of sexual consent

Socio-demographic characteristics	Whether children should be taught about the concept of sexual consent		P-values
	Agree Frequency (%)	Disagree Frequency (%)	
Sex			0.550
Male	106 (86.2)	17 (13.8)	
Female	106 (83.5)	21 (16.5)	
Age (years)			< 0.001
18–29	32 (82.1)	7 (17.9)	
30–39	47 (67.1)	23 (32.9)	
40–49	83 (95.4)	4 (4.6)	
50+	50 (92.6)	4 (7.4)	
Ecological zone			0.130
Northern	39 (88.6)	5 (11.4)	
Middle	65 (78.3)	18 (21.7)	
Coastal	108 (87.8)	15 (12.2)	
Marital status			< 0.001
Never married	53 (79.1)	14 (20.9)	
Currently married	141 (94.6)	8 (5.4)	
Formerly married (divorced/ separated/ widowed)	18 (52.9)	16 (47.1)	
Educational level			< 0.001
Secondary education and below	30 (62.5)	18 (37.5)	
Tertiary	182 (90.1)	20 (9.9)	
Religion			0.037*
Christian	179 (86.5)	28 (13.5)	
Muslim	21 (87.5)	3 (12.5)	
Other	12 (63.2)	7 (36.8)	
Total	212 (84.8)	38 (15.2)	

* Fisher's exact test

Education was also associated with sexual consent education ($p < 0.001$). Agreement on teaching children the concept of sexual consent was highest among respondents with tertiary (90.1%) than those with at most secondary education (62.5%). The finding reinforces the role of education in shaping progressive attitudes toward child rights and sexuality education.

Moreover, respondents' religious affiliation was statistically significant with sexual consent education ($p = 0.037$). A higher proportion of Muslims (87.5%) supported the view that children should be taught about the concept of sexual consent than those who were Christians (86.5%) and belonged to the other religion category (63.2%).

4.4 Parents' reasons why children should or should not be taught about sexual consent

Parents' views on whether children should be taught about sexual consent reveal complex intersections between protection, morality, culture, and developmental appropriateness. Out of 250 respondents, the majority (84.8%) supported sexual consent education for children, while 15.2% opposed it. The qualitative data provide insights into parents' reasons for supporting or opposing sexual consent education. These reasons are discussed in detail in the following sub-sections.

4.4.1 Reasons parents believe children should be taught about sexual consent

Six themes emerged as parents' reasons supporting sexual consent education: (a) prevention of sexual abuse and exploitation, (b) promotion of informed and responsible decision-making, (c) preparation of children for adulthood and moral development, (d) Alignment between modern realities and exposure to technology, (e) promotion of respect for rights and gender equality, and (f) prevention of early pregnancy and risky sexual behaviour. These themes are graphically presented in Fig. 1.

4.4.1.1 Prevention of sexual abuse and exploitation Many parents underscored sexual consent education as a protective measure against abuse. They believed that informed

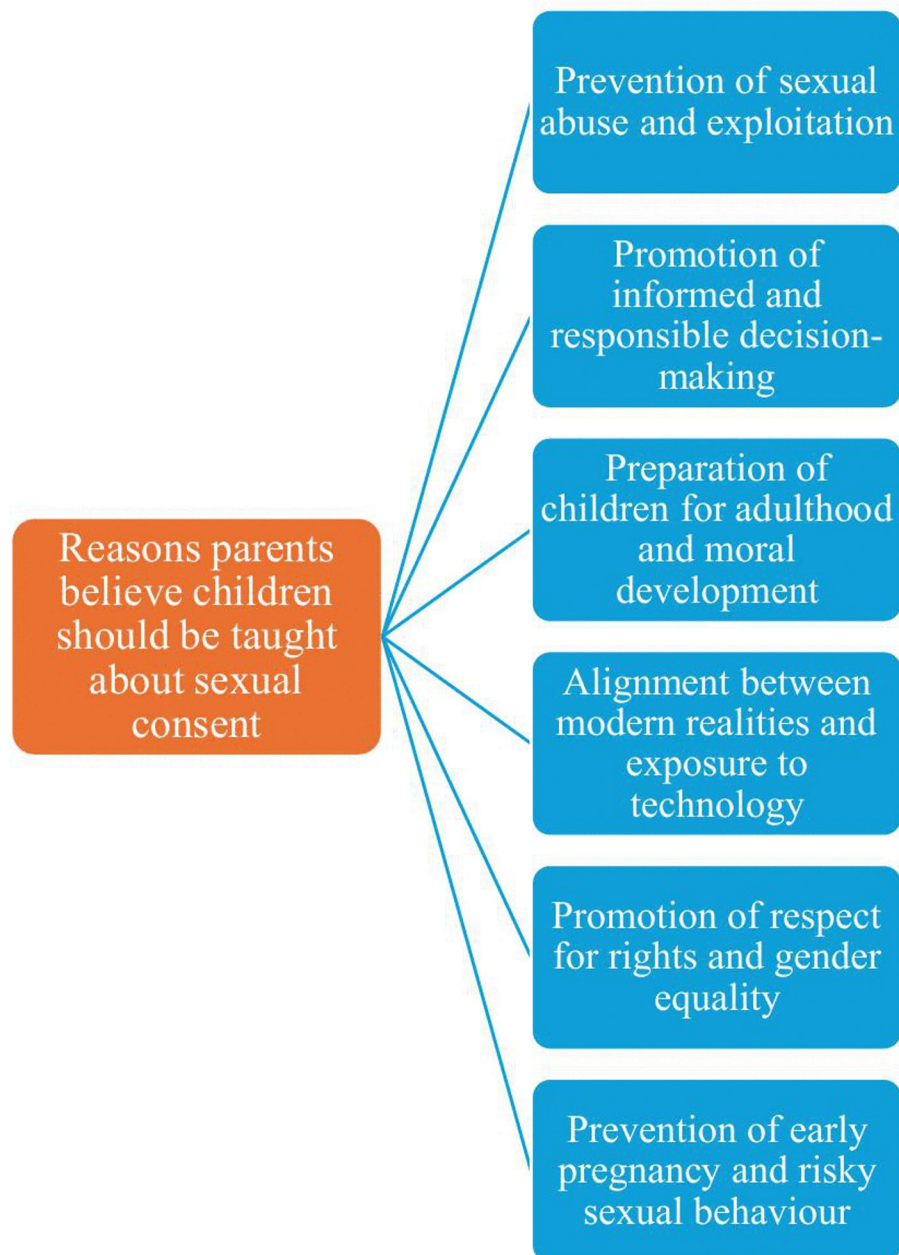


Fig. 1 Thematic map of reasons parents believe children should be taught sexual consent

children could recognise inappropriate behaviour, resist pressure, and report abuse more confidently.

Teaching children about consent empowers them to recognise inappropriate situations. This knowledge helps them speak up and seek help before harm occurs, ensuring their protection and emotional well-being. (Mother, 38 years, Middle Zone)

When a child realises that no one should touch them without their permission, the likelihood of abuse is considerably reduced. Many children suffer because they are unaware of their rights in terms of personal limits. Education on this subject is critical for children's safety and well-being. (Father, 40 years, Middle Zone)

Teaching children about consent early helps them understand their responsibilities and fosters a sense of accountability. This knowledge allows them to speak openly about their experiences without fear or shame, promoting a healthier dialogue around boundaries and relationships. (Mother, 42 years, Coastal Zone)

4.4.1.2 Promotion of informed and responsible decision-making Several respondents highlighted that sexual consent education nurtures self-awareness and responsibility, enabling children to make thoughtful decisions and resist coercion.

Knowledge is power; when children understand what sexual consent means, they gain the ability to make informed decisions. This understanding helps them resist being misled by others and enables them to navigate situations confidently without engaging in actions they don't fully comprehend. (Father, 45 years, Middle Zone)

When children learn about sexual consent, they can make responsible decisions because they know what will happen and have no fear of getting in trouble. Knowing this makes them feel responsible and makes them more likely to be careful in their interactions and relationships. (Mother, 36 years, Coastal Zone)

4.4.1.3 Preparation of children for adulthood and moral development Parents who supported teaching sexual consent often linked it to moral training and character formation, arguing that early guidance fosters responsible adulthood.

Learning to distinguish between right and wrong is a natural aspect of maturing. Children who learn about sexual consent develop self-control, discipline, and responsibility in their behaviour. (Mother, 41 years, Coastal Zone)

Moral upbringing involves teaching children about boundaries. By learning about sexual consent, they develop respect for themselves and others, fostering healthier relationships and a deeper understanding of personal integrity. (Father, 52 years, Coastal Zone)

Understanding sexual consent influences a child's subsequent behaviour. A child who understands sexual consent is more likely to treat others with respect and kindness, lowering the chance of cultivating negative behaviours and maintaining positive relationships throughout their lives. (Mother, 39 years, Middle Zone)

4.4.1.4 Alignment between modern realities and exposure to technology Respondents noted that early exposure to media and technology makes sexual consent education

timely and necessary. They argued that without proper guidance, children risk learning distorted messages online.

In today's digital age, children encounter vast amounts of information online. We, parents, need to teach them about sexual consent and boundaries, rather than allowing the internet or peers to confuse them. Proper education provides clarity on these essential concepts. (Father, 50 years, Coastal Zone)

Children are exposed to movies and smartphones, making it unrealistic to pretend they are unaware of sex. Teaching them about sexual consent is vital to correct misinformation and ensure they understand healthy boundaries and relationships. (Mother, 35 years, Northern Zone)

The world has changed significantly, and delaying education on sexual consent allows social media to misinform children. It is our responsibility to provide them with a proper understanding of these crucial concepts to ensure they grow up with the right values. (Father, 43 years, Northern Zone)

4.4.1.5 Promotion of respect for rights and gender equality Parents emphasised that teaching sexual consent builds respect for human dignity and equality between boys and girls, reinforcing children's confidence to assert their rights.

Every child should understand their right to say no and that no one should force them into unwanted situations. This knowledge fosters confidence and respect, helping them become accountable and respectful adults in the future. (Mother, 35 years, Northern Zone)

Sexual consent education promotes gender equality by teaching boys that girls' opinions are important and empowering girls to value themselves. This foundational understanding fosters mutual respect and equality in relationships, contributing to a more balanced and equitable society. (Father, 48 years, Coastal Zone)

Understanding sexual consent reduces harassment and instils respect in all individuals. It teaches both genders to value fairness and recognise personal boundaries, fostering healthier interactions and relationships in society. (Mother, 37 years, Northern Zone)

4.4.1.6 Prevention of early pregnancy and risky sexual behaviour A recurrent justification was that awareness of sexual consent discourages premature sexual activity and protects children from early pregnancy and its consequences.

Many young girls face unintended pregnancies due to a lack of understanding about sexual consent. By educating them early on this topic, we can help them make informed choices, avoid potential mistakes, and protect their futures. (Father, 42 years, Middle Zone)

When children grasp the concept of sexual consent, they become more mindful of their choices, which can significantly reduce the rates of teenage pregnancy. This awareness empowers them to make informed decisions in their relationships. (Mother, 33 years, Middle Zone)

Sexual consent lessons equip children with the confidence to resist peer pressure and avoid unwanted situations, helping to protect their future and well-being. This

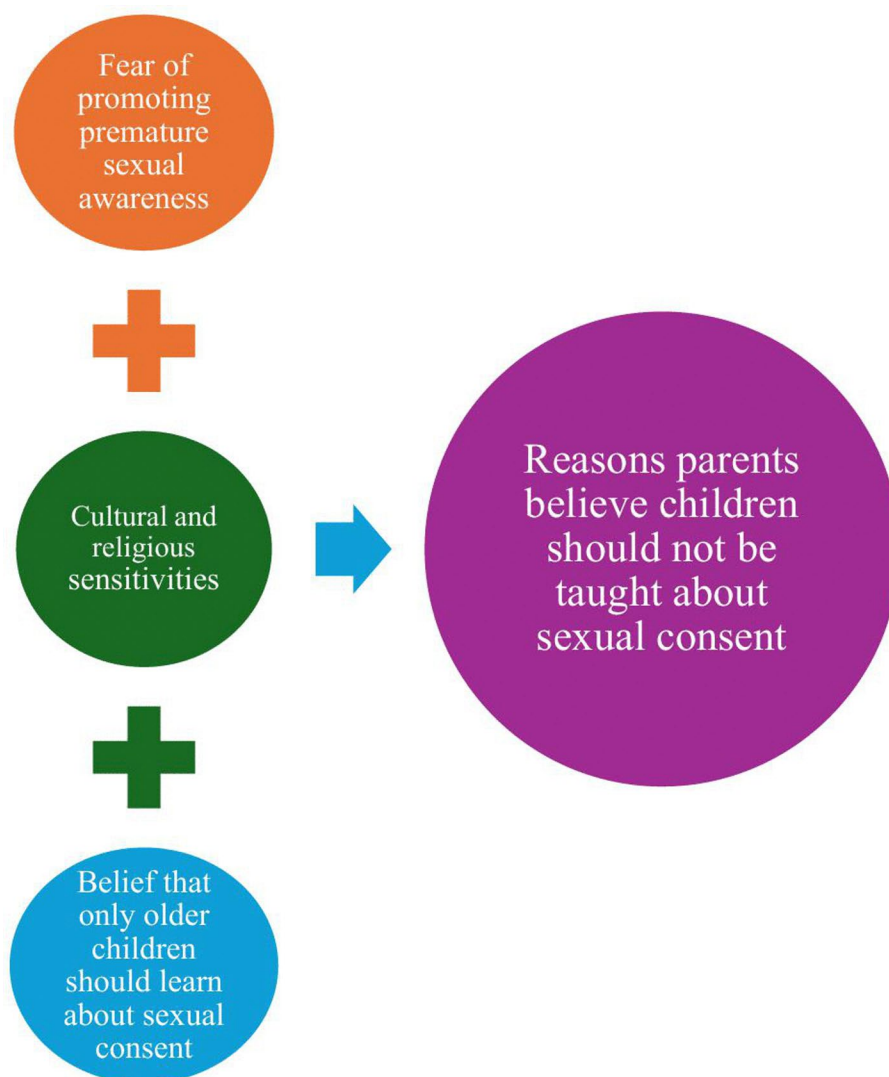


Fig. 2 Thematic map of reasons parents believe children should not be taught sexual consent

understanding fosters a sense of agency and prepares them for healthier relationships. (Father, 45 years, Coastal Zone)

4.4.2 Reasons parents believe children should not be taught about sexual consent

Three themes emerged as parents' reasons opposing sexual consent education: (a) fear of promoting premature sexual awareness, (b) cultural and religious sensitivities, and (c) belief that only older children should learn about sexual consent. These themes are presented graphically in Fig. 2.

4.4.2.1 Fear of promoting premature sexual awareness The primary reason for the opposition to sexual consent education was the belief that teaching sexual consent might expose children too early sex or stimulate curiosity about sex.

Teaching children about sexual consent can spark curiosity about sex. It can make children try sexual intercourse since they may become overly confident that they know everything about sexual consent. (Mother, 33 years, Coastal Zone)

Some topics can provoke early curiosity in children about sexual relations before they're ready to understand them fully. It's crucial to allow them to mature before introducing lessons on sexual consent and relationships, ensuring they grasp the concepts in a meaningful way. This approach fosters a healthier understanding at the right age. (Father, 38 years, Northern Zone)

Some parents indicated that some children might misinterpret sexual consent education as an indication of preparedness for sexual activity.

Teaching children about sexual consent may be misconstrued as indicating their readiness for sexual behaviour, which is not the intended message. (Mother, 37 years, Coastal Zone)

If you introduce children to issues about sexual consent, you are giving them a license to engage in sex. This is because some children may misuse the message and think consent means permission to explore sex. (Father, 39 years, Middle Zone)

4.4.2.2 Cultural and religious sensitivities Several parents linked their opposition to sexual consent education to cultural taboos and religious teachings that discourage open sexual discussions.

Our culture doesn't allow us to talk about sexual issues with children. This practice is viewed as foreign and believed to lead children to become disrespectful and contrary to our moral teachings. (Father, 46 years, Northern Zone)

We are individuals who value religious purity, and our faiths instruct us to safeguard the innocence of children rather than expose them to inappropriate topics. Discussing sexual consent with children is deemed unsuitable on religious grounds. (Mother, 40 years, Middle Zone)

4.4.2.3 Belief that only older children should learn about sexual consent Some parents accepted the idea of sexual consent education but preferred it for older adolescents, arguing that younger ones lack the maturity to understand sexual consent.

Sexual consent education is best introduced when children are older, such as in Senior High School. At that stage, they are more mentally developed and better equipped to understand complex concepts, making discussions about sexual consent and relationships more meaningful and effective. (Mother, 39 years, Middle Zone)

5 Discussion

This study examined parents' awareness of the legal age of sexual consent in Ghana, their views on whether children should be taught about sexual consent, and their reasons for supporting or opposing such education. Guided by SLT [22, 35] and the PP [25], the findings illuminate how cultural norms, parental values, and social roles shape perceptions of children sexuality in Ghana. Overall, the results highlight a complex interplay

between knowledge, socio-cultural orientation, family experience, and educational attainment in determining parental attitudes toward sexual consent.

The findings indicate relatively high awareness of the legal age of sexual consent, with 78.4% of respondents being aware of the legal age of sexual consent. However, awareness of the legal age of sexual consent varied significantly across age, marital status, and educational level. Older adults, particularly those aged 40–49 years, demonstrated the highest awareness of the legal age of sexual consent (94.3%), suggesting that life experience and prolonged engagement with social institutions may increase familiarity with legal provisions on the age of sexual consent. In contrast, the lowest awareness of the legal age of sexual consent among younger adults (18–29 years) reflects the limited emphasis on civic and sexual rights education for young adults, an issue documented in earlier work on sexual health literacy in Ghana [9]. These findings highlight the uneven awareness of the legal age of sexual consent, underscoring the need for targeted civic and legal literacy campaigns. National bodies such as the National Commission for Civic Education (NCCE), Ghana Education Service (GES), and the MoGCSP should strengthen community-based education using culturally appropriate communication channels, including local radio, community durbars, religious gatherings, and school outreach programmes.

The significant association between educational level and awareness of the legal age of sexual consent supports SLT's assertion that knowledge and attitudes are shaped through structured social environments such as schools [22]. Respondents with a tertiary education (87.1%) were significantly more knowledgeable of the legal age of sexual consent than those with at most secondary education. Educational spaces thus serve as critical platforms for disseminating legal information and shaping normative attitudes toward sexual behaviour. This pattern reinforces the role of formal schooling as an agent of socialisation, influencing how adults interpret and internalise legal norms around sexuality.

Regarding marital status, awareness of the legal age of sexual consent was highest among respondents who are currently married and formerly married than those who had never married. This finding suggests that direct experience with marriage or related social institutions enhances knowledge of the legal age of sexual consent.

A striking finding is the broad support (84.8%) for teaching children about sexual consent, indicating growing recognition of the importance of early sexual health education as a protective tool. The high support for teaching children about sexual consent aligns with global evidence suggesting that sexuality education strengthens children's ability to identify, resist, and report sexual abuse [36–38]. Parental support for sexual consent education was consistently high across religion, suggesting a shift toward viewing consent education as a universal child-protection mechanism rather than a moral issue. The high public support for teaching children about sexual consent provides a strong foundation for integrating consent education into the national school curriculum. Rather than treating sexual consent as a taboo topic, policymakers should embed it within age-appropriate Comprehensive Sexuality Education (CSE) frameworks. This should emphasise personal boundaries, respect, gender equality, and child rights while adhering to cultural sensitivities. Teacher training colleges should incorporate modules on sexual consent education to ensure educators are equipped to deliver these lessons effectively and sensitively.

Age, education, and marital status were significantly associated with parental support for sexual consent education. Older respondents, particularly those aged 40–49 and 50+, were more supportive of sexual consent education, likely due to their heightened awareness of risks faced by children in contemporary society. Currently married parents also showed higher support for sexual consent education. Since currently married respondents may have children or may want to have children in the future, they may want to enhance their children's well-being. Consequently, they may appreciate the protective importance of sexual consent education. This aligns with the PP, which posits that parents' instinctive desire to protect children from harm motivates them to support preventive interventions [25].

Additionally, educational level was significantly associated with sexual consent education. Respondents with tertiary education overwhelmingly supported sexual consent education (90.1%). Higher education appears to broaden understanding of children's rights, gender equality, and the protective value of sexual consent education, consistent with SLT's premise that social learning environments shape moral and cognitive development [22].

The qualitative findings provide deeper insight into the motivations behind parental approval or disapproval of sexual consent education. Parents' supportive views clustered around six themes: preventing sexual abuse, promoting informed decision-making, fostering moral development, aligning modern realities with technology exposure, advancing gender equality, and preventing early pregnancy. These perspectives reflect both protective instincts and progressive reinterpretations of parental authority, consistent with the PP.

Many parents emphasised the role of sexual consent education in safeguarding children from sexual abuse. They believed that informed children are better equipped to recognise inappropriate behaviour and report abuse. This aligns with Ghanaian studies that identify a lack of awareness as a major contributor to child sexual exploitation [9]. The arguments linking sexual consent education to moral upbringing and responsible adulthood demonstrate how parents integrate new information into long-standing cultural scripts of child training, thereby illustrating socialisation processes adapting to contemporary challenges.

Parents also highlighted technology exposure as justification for early sexual consent education. With children accessing sexual content on phones and social media, many respondents argued that formal education is needed to counteract misinformation, a concern increasingly recognised in studies on digital exposure among Ghanaian adolescents [5]. This reflects Bronfenbrenner's [35] argument that modern macrosystem influences, including media, technology, and globalisation, reshape the developmental context and require new forms of parental guidance. Given parents' concerns about technology and social media, national child protection strategies should prioritise digital literacy and online safety programmes. Strengthening parents' and children's capacity to navigate online risks will complement sexual consent education and reduce exposure to harmful content.

Conversely, parents who opposed teaching sexual consent expressed concerns related to cultural taboos and religious teachings, fear of encouraging prematurity in sexual awareness, and a preference for introducing sexual consent education only at older ages. These views align with SLT's emphasis on the transmission of cultural norms: parents

raised in communities where sexuality is considered sacred or taboo are more likely to resist early sexual education for children [5].

From a protectionist standpoint, these parents perceive early sexual consent education as potentially exposing children to moral risk. Their objections arise not from disregard for safety but from a belief that shielding children from sexual discourse is the best form of protection. This tension between protective instincts and evolving legal norms helps explain persistent resistance to Ghana's legal age of consent (16 years), which many parents view as culturally inappropriate or morally premature. The strong protectionist motivations expressed by parents, both for and against sexual consent education, highlight the need for parent-focused programmes. Interventions should support parents with accurate information about child development and sexual health, enabling them to fulfil their protective roles without relying on misinformation or cultural taboos. Parenting programmes delivered through community health nurses, faith-based institutions, and social welfare officers can help bridge knowledge gaps, reduce fear-driven resistance, and encourage constructive parent-child sexual communication.

Furthermore, the study highlights an urgent need for harmonisation between legal frameworks and cultural norms. Many parents oppose the statutory age of sexual consent (16 years) because they view it as culturally misaligned. Policymakers should therefore intensify public engagement when reviewing or implementing sexual consent laws, ensuring that community voices inform interpretation, enforcement, and public messaging.

The findings reinforce the explanatory value of SLT and the PP. High awareness of the legal age of sexual consent among older, educated, and married respondents reflects the cumulative impact of social learning. At the same time, variations across regions demonstrate how community norms shape knowledge. The strong protective reasoning among supporters and opponents alike underscores that parental attitudes toward sexual consent are deeply moralised and culturally embedded. The theories together explain why resistance persists even among parents who are familiar with the law: their cultural socialisation and protectionist instincts often take precedence over legal obligations [3, 5, 6].

This study has several methodological strengths but also limitations that should be considered when interpreting the findings. One major strength lies in the online concurrent mixed-methods design, which enabled the collection of both quantitative and qualitative data simultaneously. This approach enhanced the validity of findings through triangulation, enabled rich thematic insights, and captured both statistical patterns and nuanced parental reasoning. The use of an online survey further ensured efficient and secure data collection. The online nature of the data collection provided a high degree of anonymity, an essential feature given the cultural sensitivity surrounding sexual consent in Ghana.

Another strength is the sample's geographical diversity. By leveraging social media and snowball recruitment, the study successfully obtained responses from all sixteen regions of Ghana. This wide regional spread improved the diversity of respondents' perspectives and enabled meaningful comparisons of awareness and attitudes across geographic and socio-cultural contexts. The inclusion of both closed- and open-ended questions provided depth and flexibility, capturing the complex interplay between legal awareness, cultural norms, religious beliefs, and parental protection instincts.

Despite these strengths, several limitations must be acknowledged. First, the study's sample size was small; therefore, we could not conduct multivariate analyses, which are more robust than the univariate analyses used in this study. Future studies should use large samples to enhance the robustness of their findings. Second, the use of a convenience and snowball sample introduces potential selection bias. Individuals with internet access, higher digital literacy, or a strong interest in child protection issues may have been overrepresented. Parents without smartphones, or social media presence, especially those in more rural or marginalised communities, may have been underrepresented. Thus, the findings, while indicative, cannot be generalised to all Ghanaian parents. In Ghana, studies have documented that some parents provide general sexual and reproductive health information to their children rather than specific education on sexual consent [3, 5].

Third, the online recruitment strategy limited opportunities to clarify misunderstandings or probe for deeper explanations during data collection. Unlike face-to-face interviews, the self-administered format may have constrained the richness of respondents' qualitative responses, particularly among those who were less expressive or literate. Fourth, the study relied on self-reported data, which may be influenced by social desirability bias, particularly given the moral and cultural sensitivities surrounding sexuality education. Participants may have provided responses they perceived as socially acceptable rather than their true beliefs.

Overall, the strengths of methodological rigour, national coverage, and integrated analysis provide confidence in the study's insights. However, the limitations indicate a need for complementary community-based and longitudinal studies in the future.

6 Conclusion

This study examined Ghanaian parents' awareness of the legal age of sexual consent, their attitudes toward teaching children about sexual consent, and the reasons underlying their support or opposition. Grounded in SLT and the PP, the study provides comprehensive insight into how socio-cultural beliefs, family experiences, education, regional norms, and moral expectations shape parental views on children sexuality. The findings reveal a generally high level of awareness of the legal age of sexual consent. However, awareness of the legal age of sexual consent varied considerably across key socio-demographic factors such as age, marital status, and educational level, suggesting that legal knowledge on the age of sexual consent is unevenly distributed across Ghana's social landscape.

A significant proportion of parents supported children being taught about sexual consent, reflecting a notable shift in public attitudes toward early sexuality education as a protective and developmental tool. Parents articulated that sexual consent education strengthens children's ability to resist abuse, make informed decisions, and cultivate moral responsibility. Parental support for sexual consent education was high among older, currently married, and more educated respondents, indicating that life experience and educational attainment enhance appreciation of the protective value of sexual consent education. The findings demonstrate that support is driven by both practical considerations, such as protecting children in an increasingly digitalised world, and evolving norms around child rights, gender equality, and personal autonomy.

Despite this broad support, a minority of parents expressed concerns rooted in cultural taboos and religious teachings, fears of inciting premature sexual curiosity, and beliefs about the age-appropriateness of sexual consent education. These objections highlight persistent discomfort with open discussions about sexuality within Ghanaian households and communities. Such views are consistent with SLT, which emphasises the deep-rooted cultural frameworks within which parents themselves were socialised. They also align with the PP, as these parents believe their opposition is necessary to shield children from perceived moral or emotional harm.

Overall, the study underscores that parental beliefs about sexual consent are shaped by a complex interplay of knowledge, cultural norms, protective instincts, and social learning. While awareness of the legal age of sexual consent and support for sexual consent education are relatively high, significant disparities remain, particularly in regions with limited educational access and in communities where sexuality is framed as taboo. Addressing these gaps requires interventions that recognise the cultural and moral contexts within which parents make decisions about their children's sexual development.

Ultimately, the study highlights that effective strategies to improve sexual consent literacy among young people must target not only children but also their parents, who remain the primary socialising agents in matters of morality, sexuality, and protection. Strengthening parental knowledge, reshaping cultural narratives, and aligning legal frameworks with community norms are essential steps toward ensuring child safety, promoting healthy adolescent development, and advancing gender-equitable attitudes in Ghana.

Abbreviations

GES	Ghana Education Service
MoGCSP	Ministry of Gender, Children and Social Protection
NCCE	National Commission for Civic Education
PP	Protectionist perspective
SLT	Social learning theory
SSA	Sub-Saharan Africa

Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1007/s44155-026-00409-3>.

Supplementary Material 1.

Author contributions

SK-G, FK-A, MWA, and SNM contributed to the study's conceptualisation, design, and data analysis. All authors wrote and edited the first draft of the manuscript and read and approved the final version submitted.

Funding

We did not receive any funding for this study.

Data availability

The data supporting the findings of this study are available from the corresponding author upon reasonable request. All data have been fully anonymised to safeguard participant confidentiality.

Declarations

Ethics approval and consent to participate

Ethical approval for this study was obtained from the National Child Protection Committee of the MoGCSP. All procedures conformed to established ethical guidelines for research involving adult human participants. All parents provided written informed consent before completing the online survey by responding 'yes' to a question on the survey's front page that asked whether they agreed to participate in the study. Parents were informed that their participation in the study was voluntary, and they could withdraw from the study at any time without penalty, and that they were free to skip any questions they found uncomfortable. All ethical safeguards were upheld in accordance with the Declaration of Helsinki.

Consent for publications

Not applicable.

Competing interests

The authors declare no competing interests.

Received: 23 January 2026 / Accepted: 19 March 2026

Published online: 26 March 2026

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