

Sexuality Education in Ghana: New Evidence From Three Regions



This fact sheet presents evidence from a study conducted in Greater Accra, Brong Ahafo and Northern regions in 2015. Data were collected in 82 senior high schools from 78 school heads, 346 teachers and 2,990 students in Forms 2 and 3, as well as from policy makers, program implementers and community leaders.

The need for comprehensive sexual and reproductive health education

- Comprehensive sexual and reproductive health (SRH) education is necessary to ensure healthy sexual and reproductive lives for adolescents. It should include accurate information on a range of age-appropriate topics; should be participatory; and should foster knowledge, attitudes, values and practical skills to enable

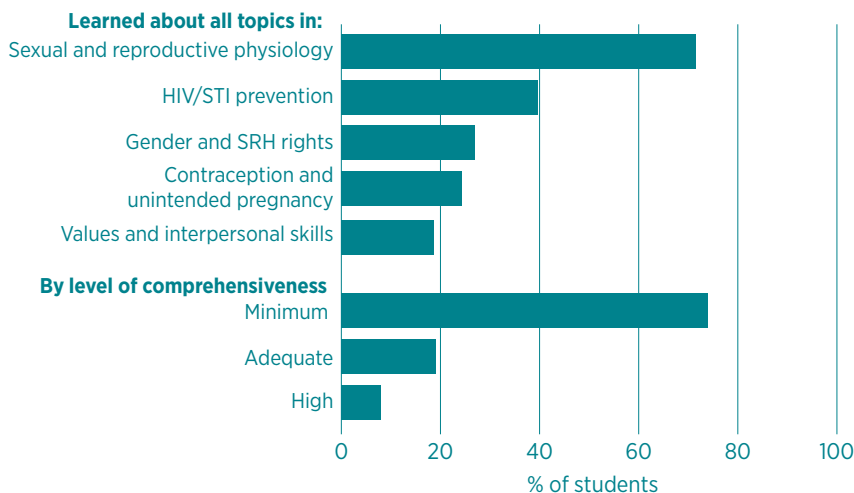
adolescents to develop positive views of their sexuality.

- Programs that focus on human rights, gender equality and empowerment, and that encourage active engagement among participants, have been shown to improve knowledge and self-confidence; positively change attitudes and gender norms; strengthen decision-making and communication skills and build self-efficacy; and increase contraceptive use among sexually active adolescents.
- Nationally, 11% of females and 5% of males aged 15–24 have had sex by age 15. In this study, 23% of females and 27% of males (mostly aged 15–17) had already had sex at the time of the survey.

The SRH education policy and program environment

- There is widespread support for in-school SRH education in Ghana; policies and curricula have been developed and continuously updated to meet the changing needs of adolescents.
- At the senior high school level, SRH topics are integrated into two core (social studies and integrated science) and two elective (biology and management in living) subjects, as well as into two co-curricular activities (the School Health Education Programme, or SHEP, and HIV Alert).
- Management in living—the subject into which the widest range of topics are integrated—is an elective course, typically taken by few students, and mostly females.

Few students reported learning about all topics in categories related to contraception, gender and SRH rights, and interpersonal skills.



NOTE: "Minimum" indicates at least one topic in each category; "adequate," nearly all topics, except one at most, in each category; and "high," all topics in each category. Levels are not mutually exclusive; for example, schools that meet the adequate level also meet the minimum level.

Exposure to SRH education

- Enrollment in primary and junior high school is high (85–90%), but only 48% of 15–17-year-olds continue on to senior high school. Most students (77%) had received some SRH education by the time they completed primary school; 20% first learned about the topics in junior high, and the remainder were first exposed in senior high.
- Forty-eight percent and 60% of students who started learning in junior and senior high school, respectively, would have liked to have started learning earlier.
- Almost all students in Forms 2 and 3 (95%) considered SRH education useful or very useful in their personal lives. Half (48%) reported that they did not receive this information from their parents.

Content of curricula and teaching approach

- Three-fourths of students were exposed to at least one topic in five key categories related to SRH education; only 8% of students reported learning about all the topics that constitute a comprehensive curriculum (see figure; topics are listed in the full report).
- According to both teachers and students, strong emphasis is placed on abstinence, reproductive physiology, sexual and reproductive rights and HIV, and there is less emphasis on gender equity, contraception, and practical skills related to contraceptive use and STI/HIV services.
- Most teachers (96%) covered abstinence, and 82% of these indicated to students that it is the best or only method for preventing STI/HIV and pregnancy.
- Nearly all teachers (97%) reported covering contraceptives; 69% of them gave students information about where to access services, and 44% showed methods to demonstrate how they work. Yet one-fourth emphasized that they are not effective for pregnancy prevention.
- A majority of teachers (60%) reported using creative, participatory activities, such as role playing, debates and art projects, in their teaching of SRH topics.

Teacher training

- Seventy-eight percent of teachers reported that their pre-service training covered some topics related to SRH; 80% said they would benefit from separate

training specifically for SRH education.

- Thirty-nine percent had received in-service training on SRH topics, but only 14% had received such training in the past three years.
- Eighty-four percent of teachers who received either pre-service or in-service SRH education training reported that it covered at least one topic in each of the five key SRH categories, while 40% were trained in all relevant topics.
- Eight in 10 teachers who received any training expressed the need for more hours of training and training in teaching methods; nine in 10 wanted more training in certain topics.
- Overall, teachers wanted more information, particularly on contraception. The main barrier to teaching SRH education reported by teachers was lack of resources or teaching materials.

Classroom environment

- Because SRH issues are rarely discussed in public in Ghana, it is critical that a safe environment is created in schools so that young people can discuss these important matters. However, 74% of students never or only sometimes felt safe expressing themselves in front of others at school, 51% feared being teased and 39% feared physical harm.
- Three-fourths of students said they had experienced having a question in classes related to SRH but not asking it: The reasons included embarrassment, time constraints, worry that they would embarrass or offend someone else, and fear

that the teacher or students would shut them down.

- In general, teachers believed that adolescents should be taught about a number of issues related to healthy sexuality, but some messages conveyed to students were reportedly fear-inducing and judgmental, emphasizing that sex is dangerous and immoral for young people.

Recommendations

- Strengthen efforts to demystify and desensationalize sexuality among adolescents, and promote continued sensitization of the community, teachers and school heads, to ensure that adolescents are supported in learning and implementing SRH-related skills.
- Prioritize a comprehensive and rights-based focus to SRH education at the primary and junior high school levels to ensure that students receive essential age-appropriate information and skills prior to initiating sexual activity.
- Integrate a wider range of topics into the curricula of core subjects, and further invest in teaching materials and resources, to promote SRH education for the healthy development of adolescents.
- Better systematize pre-service and in-service training and ensure that it complements the integrated approach employed in senior high schools, so that teachers are prepared to deliver accurate, appropriate and effective information.
- Actively engage with key stakeholders—including community opinion leaders and school boards—regarding the current

evidence related to SRH education, in order to improve support for teaching a broad range of topics that go beyond abstinence.

SOURCES

Most data in this fact sheet are drawn from Awusabo-Asare K et al., From Paper to Practice: Sexuality Education Policies and Their Implementation in Ghana, New York: Guttmacher Institute, 2017. Additional resources can be found in the online version of this fact sheet.

ACKNOWLEDGMENTS

The study on which this fact sheet is based was made possible by grants from the Dutch Ministry of Foreign Affairs and the Swedish International Development Cooperation Agency. The views expressed are those of the authors and do not necessarily reflect the official policies of the donors.



University of Cape Coast

Cape Coast, Ghana
+233-33-213-2139
registrar@ucc.edu.gh

www.ucc.edu.gh



125 Maiden Lane
New York, NY 10038
212.248.1111
info@guttmacher.org

www.guttmacher.org