

Sexuality education in Ghana's schools: Some answers to 'when' and 'what'

April 12 2021, by Joshua Amo-Adjei



Sexual and reproductive health education is a key component in a multifaceted approach to address the sexual and reproductive health needs of adolescents.

Credit: Wikimedia Commons

Sexuality education is not a new phenomenon in formal curricula. Sweden, a country credited as the fountain of [modern sexuality education programs](#), has provided this form of education for more than a century. Diverse forms of sexuality education have existed for several years in many African countries too, albeit informally.

Now prefixed with "[comprehensive](#)", [sexuality education](#) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of [sexuality](#). It aims to equip [children](#) and [young people](#) with knowledge, skills, attitudes and values aimed at helping them in life.

The accepted path for doing this is by providing learners with information that is scientifically correct, appropriate to their age and development and sensitive to local cultures as well as legal provisions.

But how does this translate into the curriculum of schools? One or another [element of sexuality education](#) has been taught in Ghanaian schools since before independence in 1957. Taught under different nomenclature, sexuality education has, at all times, used an integrated approach at the pre-tertiary level.

We set out to [study](#) the relationship and the depth of coverage of topics in Ghana. Three regions—Greater Accra, Brong Ahafo and Northern—were sampled for the study. We looked at five themes: sexual and reproductive physiology; HIV and sexually transmitted infections prevention; contraception and pregnancy prevention; gender and sexual and reproductive health; and values and interpersonal skills. We also looked at the grades when students first started learning sexuality.

Our key findings were that disproportionate attention was being given to sexual and reproductive physiology with limited coverage of the other themes. Overall, the findings showed that pupils who studied sexuality education topics between Primary 6 (around 11 years) and Junior High School 1-3 (around 12 to 14 or 15 years) had better chances of being introduced to a wider range of the content.

We concluded that expansive coverage of sexuality education concepts depended considerably on the early introduction of students to these

issues. This is particularly helpful because it underscores [findings](#) elsewhere that norms and values formed early in life tend to be more enduring than those learned in older adolescence.

Our main recommendation was that knowledge, and perhaps behavioral outcomes on sexual and reproductive health, could be better enhanced with the early introduction of sexuality education topics.

The background

[Research](#) has shown that sexuality education is linked to a number of positive outcomes. These include delays in the timing of first [sexual debut](#), a higher use of contraceptives and safe sex among adolescents. These have a cascading effect. The most noticeable are reducing unintended pregnancies, unsafe abortions, sexually transmitted infections and HIV infections.

It also [shapes](#) gender norms in a positive way. This, in turn, minimizes the likelihood of coercive and violent sexual practices.

[Sexuality education](#) has also been shown to improve decision-making skills, competencies, and respectful sexual practices and behaviors.

Many national governments, including Ghana, are embracing sexuality education in theory. But in practice it remains highly contentious, particularly on what is considered acceptable, and at what age or [school](#) level children and adolescents should learn the main concepts.

The subject continues to be a [major cause of disagreement](#) among parents, teachers, school administrators and religious leaders involved in education.

Opponents to sexuality education make a number of arguments against

it. One is that it makes learners less likely to practice abstinence. Another is that it exposes them to "alien" and "Western" sexual norms and orientations (such as being gay and lesbian).

For their part, proponents point to the fact that there is no evidence that links learning of comprehensive sexuality education concepts to negative sexual practices.

Why Ghana?

Based on the positive outcomes of comprehensive sexuality education, there is a strong case to be made for its inclusion in school curricula in Ghana.

Here are some reasons why.

Approximately [14% of adolescents](#) aged 15-19 years in Ghana have had a baby, or been pregnant. Around 43% of females and 27% of males aged 15-19 are [sexually active](#).

Data on sexual activities of early adolescents (10-14 years) are scanty. Nevertheless, some micro studies estimate that about 10% of girls and boys have initiated sexual activities.

[Prevalence and victimization](#) of sexual violence, especially against adolescent girls, is about 25%. For adolescent boys it is 7%.

[Child marriage](#) (measured as a proportion of women who married before 18 years) is approximately 21% in the country.

But, argue some, can't this knowledge be passed on through other avenues?

Sexuality education provided in a school setting is considered the most appropriate because it is structured, regulated and monitored. In the absence of that, children and young people will seek information anyway—however questionable the sources.

Why early?

The age—and by extension, the school grade at which children should be introduced to sexuality education—is highly contentious.

[Arguments](#) against the early introduction in the curriculum include the need to preserve the "innocence" of children. Another assertion is that [current models](#) of sexuality education place too much responsibility on children in navigating the complex realm of sexuality.

However, an [ethnographic study in British schools](#) found that adults "imposing" innocence on children can lead to even greater ignorance.

[Research](#) shows that introducing elements of sexuality education to children before they are sexually active offers stronger impacts than if it's delayed until they have initiated sexual activities—both penetrative and non-penetrative.

Our research underscores the fact that delaying the start of sexuality [education](#) may significantly expose children and adolescents to risks associated with sexual choices. Initiating sexual activities with little to no information is more perilous than doing so with adequate information.

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