SEX EDUCATION: A QUALITATIVE STUDY OF THE EXPERIENCES OF WINDOW OF HOPE TUTORS IN GHANAIAN COLLEGES OF EDUCATION

By

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ABSTRACT

In Ghana, sex and sexuality matters are not subjects for discussion among young people or even between young people and adults (Mack 2011; Nyarko *et al.*, 2014; Van der Geest, 2001). However, initiation rites which have become almost extinct existed to prepare initiates for their roles in marriage (Awusabo-Asare *et al.*, 2004). Faced with the devastating effects of HIV/AIDS first reported in the late 1980s, Ghana introduced many education programs including the Window of Hope (WoH) module for teacher trainees. Teacher educators were offered training which did not include exploring their attitudes, beliefs and values about sexuality which, claim Tijuana *et al.,* (2004), will affect their teaching. Thus, the purpose of this study was to explore the experiences of WoH tutors and propose a model for CPD which incorporates these experiences and their implications for the delivery of the module. Using a qualitative design, 18 tutors were purposively selected and interviewed. It was found that dominant norms such as abstinence before marriage, sex as harmful to young persons, sex as a heterosexual affair and gender as a dualism, influenced the practice of participants. A CPD model and intra-college and inter-college training were proposed among others to address the findings.

DEDICATION

To my beautiful, hardworking and supportive wife, Juliet, my daughters Janice and Tracy and my son Joachim whom I wanted to name PhD (Little Philosopher) because he was born during the period, we were both studying.

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ABBREVIATIONS

ACI   Africa Consultants International

AIDS   Acquired Immune Deficiency Syndrome

AO   Abstinence-only

BECE   Basic Education Certificate Examination

CA   Continuous Assessment

CBO   Community-based Organisation

CoE   Colleges of Education

CPD   Continuous Professional Development

CRDD   Curriculum Research and Development Division

CSE   Comprehensive Sex Education

CSO   Civil Society Organisations

DfES   Department of Education and Skills

DFID   Department for International Development

GAC   Ghana AIDS Commission

GHS   Ghana Health Service

GSS   Ghana Statistical Service

HIV   Human Immunodeficiency Virus

ICPD   International Conference on Population and Development

IoE   Institute of Education

E-SHEP   Enhanced- School Health Education Program

FoSE   Future of Sex Education

GES   Ghana Education Service

IPPF   International Planned Parenthood Federation

ITGSE   International Technical Guidelines for Sex Education

ITT	Initial Teacher Training
LGTB	Lesbians, Gay, Trans-sexual and Bisexual
MoE	Ministry of Education
NACP	National AIDS Control Program
NCTM	National Council of Teachers of Mathematics
NICE	National Institute for Health and Care Excellence
NTPSF	National Teacher Preparation Standards Framework
PLWHA	People Living with HIV/AIDS
PNDC	Provisional National Defence Council
PPAG	Planned Parenthood Association of Ghana
PRINCOF	Principals Conference
PSA	Parent-Staff Association
SEF	Sex Education Forum
SEM	Social Ecological Model
SHAPE	Strengthening HIV/AIDS Partnerships in Education
SHEP	School Health Education Program
SHS	Senior High School
SIECUS	Sexuality Information and Education Council of the United States
SMC	School Management Committee
SPT	Social Practice Theory
SRE	Sex and Relationship Education
STIs	Sexually Transmitted Infections
TED	Teacher Education Division
TLMs	Teacher-Learner Materials

TLRs	Teacher-Learner Resources
UCC	University of Cape Coast
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WE, Ghana	World Education, Ghana
WHO	World Health Organisation
WoH	Window of Hope

CHAPTER ONE

INTRODUCTION

1:1 Background to the study

In Ghana, as in many other parts of the world, there is a culture of silence (Mack, 2011; Van der Geest, 2001) on issues of sexuality; though it is difficult to separate sexuality from the everyday life of any society. Ankomah (1992, cited in Francoeur, *et al.*, 2006, p. 468) wrote about Ghana: "sexual matters are among the popular topics for conversation and gossip, but there is less evidence of a serious societal debate about sexual issues". Thus, during their transition from youth to adulthood, most youths do not receive any explanation as to the biological changes happening to their bodies until they attain puberty. Initiation or puberty rites - avenues for sex education aimed at preparing young people for marriage and childbearing - exist in many traditional African cultures; although these rites have become less prominent due to the influence of Western-style education and religion, as well as economic changes (Awusabo-Asare *et al*., 2004; Yakpir, 2016). Currently, the combined effects of HIV and other sexually transmitted infections; teenage pregnancies; unsafe abortions; intolerance of homosexuality and the incidence of sex and domestic violence in Ghana make the case for a more robust sex education program for Ghanaians of all ages. First detected in 1986, HIV prevalence went from 2.1% in 1987 to 2.7% by 1996, peaking at 3.6% in 2003. This then declined to 1.3% in 2013 (Ghana AIDS Commission [GAC] (2014). Prevalence rate refers to the proportion of persons in a population who have a particular disease (in this case AIDS) at a specified point in time or over a specified period of time. Although Ghana Heath Service [GHS] (2014) has described HIV as "established low level generalised epidemic" and the prevalence rate relatively low in comparison to other countries in Sub-Saharan Africa (eg, South Africa – 16%; Nigeria, 10%; and Uganda- 7%) (UNAIDS, 2014), recent statistics from the National HIV sentinel survey in Ghana estimate an increase

in the national prevalence to 2.4% in 2016 (GAC, 2017) with the 15-49 age category, the most sexually active category reporting the highest prevalence out of the 2.4%. The fluctuation of the prevalence rate in Ghana means that efforts are needed to bring down the prevalence rate and sustain the downward trend. In the last few years, abortion rates have consistently gone up – from 5,525 abortions among adolescents in 2009, rising to 6,679 in 2010 and 7,800 in 2011 (Daily Graphic, 2012). These are reported abortions. Ghana's Criminal code of 1960 amended by Provisional National Defence Council [PNDC] law 102 of 1985, Act 29, Section 58 criminalizes abortion **except** for pregnancies resulting from rape, defilement of a female idiot or incest or where the continuance of the pregnancy would involve risk to the life of the pregnant woman or unborn child (The Criminal Code (Amendment Law), 1985, p.37-38). Consequently, crude, unreported abortions do take place in 'quack clinics' in Ghana and these cannot be accounted (Guttmacher Institute, 2010). As a result, the current focus of sex education for young persons in Ghana is not just to prevent promiscuity and pre-marital sex among adolescents and prepare them for marriage. It is to stem the tide of sexually transmitted infections such as HIV, the decline in the age of first sexual intercourse and rates of abortion and to teach young people about sexual identities, relationships within the social context of the society, responsible sexual attitudes and behaviour as defined by the society resulting in productive populace for sustained socio-economic development. To achieve these aims, the home, the wider society and the school system all have a role to play and must complement each other (Awusabo-Asare *et al.,* 2017).

Despite the noted aversion to discussing sex in Ghanaian culture (Mack, 2011; Van der Geest, 2001), sex education has long been part of Ghana's education; albeit in different forms. Before Ghana's independence from British rule in 1957, the major providers of western-style education were missionaries and thus religious and moral education were key components of the school system. Sex education was embedded in Religious and Moral

Education mainly because sex and sexuality have always been regarded as religious and moral concepts (Acquah, 2011; Anarfi and Owusu, 2010; Fuglesang, 1997; Van der Geest, 2001) by the religiously inclined and the wider Ghanaian society (White, 2015). Post-independence, school-based Sexuality Education in Ghana has been delivered in various forms including integration in other curriculum subjects such as Integrated Science, Biology, Social Studies, Religious and Moral Education and Management in Living; Stand-alone sex education such as Window of Hope or HIV/AIDs Education have been at post-secondary education level only or as a co-curricular subject – such as the School Health Education Program (SHEP) and the HIV ALERT program delivered in collaboration with the Ghana Education Service and Ghana Health Service respectively.

To sustain school-based sex education initiatives in Ghana, there have been several notable initiatives within the teacher training sector aimed at equipping pre-service teachers with the requisite knowledge and skills to teach sex and sexuality education on completion of their training. In 1976, for instance, Sexual and Reproductive Health Education was introduced into pre-service teacher training programmes (Awusabo-Asare *et al.,* 2017). This was followed by the Life Skills Education programme which was introduced in 1987 as part of the implementation of the New Education Reforms of 1987. In 1998, life skills was replaced with social studies in Colleges of Education (CoE). It was not until the early 2000s that the current sex education program for pre-service teachers, the WoH module was developed as an education sector response to the HIV/AIDs prevalence in Ghana.

Ghana has a centralised education system that runs on a national curriculum designed by the Curriculum and Research Development Division of the Ministry of Education (MoE) for first (4-15years), second cycle schools (15-19years). The Teacher Education Division (TED), National Commission for Tertiary Education (NCTE) and Institute of Education, University of Cape Coast for CoE design the curriculum for initial teacher training in colleges of

education.   The New Education Reforms of 1987, which were largely informed by the recommendations of the Dzobo Committee of 1974 (Apeanti and Aseidu-Addo, 2013), led to the development of Life Skills Education for first and second cycle schools (replaced by Social Studies in 1998), which included adolescent sex and reproductive health education. In 1992, SHEP was also introduced as a co-curricular program into the first and second cycle school system (Awusabo-Asare *et al.,* 2017). In 2014, SHEP was repackaged into a new programme dubbed Enhanced School Health Education program (E-SHEP) and runs alongside the HIV ALERT Program in first and cycle schools as co-curricular programmes.

It is obvious that there have been attempts to provide training in sexual and reproductive health issues to teachers over the years. However, of particular interest is the response to the HIV/AIDs prevalence, when in 1986, Ghana initiated several programs, one of which was the introduction of the Window of Hope (WoH) program for pre-service teachers in the early 2000s.

1:2 Statement of the Problem

In 2003, the Ministry of Education (MoE), funded by the United States Agency for International Development (USAID) through World Education (WE), Ghana, developed a national HIV and AIDS curriculum known as the "Window of Hope" in partnership with Teacher Education Division (TED), Institute of Education - University of Cape Coast (IoE-UCC), and Principals Conference (PRINCOF). The pre-service teacher was the key target of this program. The program was dubbed "Window of Hope" as the term referred to young persons aged 5-15 not infected with the AIDS virus. According to William *et al.* (2007), the WoH module was designed to positively affect the HIV/AIDS prevention knowledge, attitudes, and behaviours of trainees (Aged 18+) and was delivered within other curriculum subjects and as a co-curricular activity; with CoE encouraged to form and nurture HIV/AIDS Clubs for trainees. An evaluation of the program in 2005 revealed that though there was

significant teaching and learning going on and active student participation, some college Principals were not supportive of the program as it was not considered part of the academic requirements of CoE, and tutors often focused on didactic methods instead of the non-formal, interactive methods proposed by the program (William *et al.*, 2007). Significant portions of the curriculum were also not taught. Those inherent characteristics that hindered the program included: WoH was not a stand-alone subject and thus had no place on the college timetable; the content was too large for the allotted two hours of teaching time; tutors had the flexibility to pick and choose what and when to teach; it was not examinable, so trainees were not assessed in any form. These inherent characteristics formed the basis for a review. Thus, WE, Ghana, TED and IoE-UCC conducted a series of workshops in 2005 (funded by USAID) to revise the curriculum. The result was a reduction in content as well as the addition of a one-credit component on the methodology of teaching WoH. This later addition was aimed at introducing trainees to adult learning participatory approaches that are more engaging for assessing personal risk and attitudinal and behavioural change.

Crucial to the implementation and success of any educational program are the skills, beliefs and practices of those responsible for its implementation (Peterson and Bickman, 1988). In the 2005/2006 academic year, WE, Ghana, trained 114 tutors from all Colleges of Education; focussing on the content of the curriculum as well as participatory methods of teaching (games, discussions, dramatization, debates, seminars, lectures and lecturettes, film shows, simulations and role-play), to ensure consistency and quality in content delivery in subsequent years (William *et al.*, 2007). In the 2006/2007 academic year, WoH was also made a stand-alone and examinable module with a dedicated place on college timetables.

Notably, the training of tutors focused on the content of WoH and participatory approaches to teaching sex education. Tutors' attitudes and values about sex education and related issues were not addressed in the training. As recognized by Tijuana *et al.* (2004), teachers' attitudes,

beliefs and values towards sexuality affect their teaching; and their ability to provide counselling on sexuality matters is dependent on the capability to differentiate what forms of sexual behaviour and belief are personally acceptable and what could be acceptable to their students or other people (Long *et al.,* 2003). Harrison *et al.* (1996, p. 69) argued that teacher values and attitudes are invariably imparted to students through speech but also through silences (what is not said or avoided), body language and role modelling through the curriculum and the hidden curriculum. As noted by Iozzi (1989), teachers' preparation, organization and presentation of teaching materials can unintentionally create negative feelings and attitudes towards a given topic or subject matter or a positive feeling if it is a subject or topic the teacher cares about (Sund and Wickman, 2008; Yero, 2010). This is even more relevant when the sex educator is a teacher educator. The novice pre-service teachers learn their practice by listening to and observing the practices of their tutors. Sex education (WoH) tutors in CoE in Ghana certainly have experiences about sex education arising from their own lived experiences and practice which may or may not have led to the development of certain behaviours and attitudes that affect their practice as sex educators. Policy formulators and Curriculum developers should recognise how tutors' experiences influence the practice of sex education and take appropriate steps to ensure tutors are prepared to effectively deliver the curriculum to trainees.

Therefore, what are the experiences of WoH tutors and how have these experiences influenced their teaching of WoH?

1:3 Purpose of the study

The purpose of this study is driven by five broad considerations: context, anecdotes from my practice, educational policy development, academic and theoretical understanding. Firstly, by context, reference is made to the current challenges Ghana faces in terms of HIV/AIDS, sexually transmitted infections, teenage pregnancies, unwanted pregnancies,

unsafe abortion practices, sexual abuse and homophobia which threaten current social and political environments; and the role of sex education and sex educators in addressing these challenges. The experiences of WoH tutors in relation to these challenges will largely inform how they address them and, more importantly, what pre-service teachers take away to their own classrooms when they graduate. For instance, if a WoH tutor holds conservative views of homosexuality, there is evidence that these views will more likely be expressed in the classroom consciously or unconsciously (Iozzi, 1989). Thus, it is important to establish tutors' experiences of these issues to ensure the appropriate attitudes and behaviours as approved by the society through the curriculum are presented.

Secondly, anecdotes from my practice as a Sex Education and Biology tutor show that sex education goes beyond just entering the classroom to deliver a pre-defined curriculum. Trainees approached me after lessons with questions on symptoms they were experiencing whilst others needed to talk about relationships and other situations in which they found themselves. There were times trainees openly wept in the class having realised from the lesson that they had made mistakes that could have been avoided; leaving me exasperated as I felt inadequately prepared to render the kind of support they needed. There were times I had to call on medical friends and relatives to help with some questions which I felt incompetent to answer. Could other WoH tutors be experiencing the same and how do they handle these challenges?

Thirdly, whilst sex education is taught as a stand-alone subject in tertiary institutions, particularly in CoE, it is integrated into other subjects at the basic and secondary school levels. As the debate on introducing Comprehensive Sex Education (CSE) in Ghana rages on, is the WoH preparing trainees to assume the role of CSE teachers? What are tutors experiences in relation to WoH and its effectiveness?

Fourthly, almost all sexuality studies reviewed from Ghana have been centred on students'

or parents' knowledge, attitudes and behaviour, but not sex education teachers (Anarfi and Owusu, 2010; Asampong *et al.,* 2013; Awusabo-Asare, *et al.*, 2004; Botchway, 2004; Kumi-Kyereme *et al*., 2007; Nyarko *et al.*, 2014). Teachers are important stakeholders in any educational set-up, and it is important to establish what are their ideologies, perceptions and the factors that influence their pedagogies and their outlook on the challenges and prospects regarding sex education.

Lastly, the findings from this study will help in constructing a suitable theory for training and development with respect to sex education within the Initial Teacher Training (ITT) sub-sector in Ghana.

Therefore, the purpose of this study was to explore the experiences of tutors with respect to their delivery of the WoH, how these experiences were shaped by their sexual socialisation and teacher training and based on the implications of the findings propose revisions to the WoH module, CPD model for tutors and initial teacher training.

1:4 Research Questions

This study was guided by the following questions;

1. What are the Window of Hope (WoH) tutors' experiences of delivering this programme?

2. How were these experiences shaped by their own sexual socialization and teacher training?

3. How should teacher training for sex education be revised in the light of these findings?

1:5 Significance of the study

Despite an active research environment on sex and sexuality issues, especially in relation to gender and sexuality, there is a dearth of research involving sex educators in Ghana. Therefore, much is not known about Ghanaian College sex educators, their attitudes and values towards what they teach, what their challenges are and how their practice can be

improved. This study will critically contribute to the available literature on sex education and perhaps a pioneering literature on the experiences of sex education teachers in Ghana.

Policy makers, curriculum developers and other stakeholders in Ghana's education sector will benefit from the findings of this study in the sense that they will have an understanding of the experiences and approach of the implementers of their products and therefore tailor their products to the strengths of the implementers. Significantly, this study involves teacher educators who are involved in the training of several thousands of teachers annually who are expected to teach sex education to basic school pupils in Ghana. Therefore, understanding their experiences and approach will be the first step in enhancing college sex education and ultimately basic school sex education to the benefit of the entire school system of Ghana.

For practitioners, there is always the possibility of thinking that the challenges you face in your practice are peculiar to you. The findings of this study will reveal the experiences of sex educators in Colleges of Education and enable other sex educators to compare their experiences and challenges in a bid to resolving them. Hopefully, this will encourage sex educators to share their experiences with fellow sex educators as a way of developing themselves to be effective sex educators.

1:6 Methodology

This study is a qualitative study designed to explore the lived experiences of Window of Hope (Sex Education) tutors in Ghanaian CoE using the phenomenological approach. Eighteen (18) Window of Hope tutors were purposively sampled and interviewed using a self-developed, semi-structured interview schedule. Documents were also analysed to complement the interviews conducted. Details of the methodology and methods used are provided in Chapter Four of this Thesis.

1:7 Study Location

This study took place in Colleges of Education located in the ten administrative regions of

Ghana. Ghana, a country located in West Africa and bordered by Togo, Ivory Coast, Burkina Faso and the Atlantic Ocean has an estimated population of 28,308,301 (Ghana Statistical Service, [GSS] 2016). The Colleges of Education are the sites for Initial Teacher Training (ITT) for teachers required for the Basic Education school system in Ghana. The teacher educators (Tutors) in these colleges are required to have a minimum qualification of a master's degree. ITT is a three-year program with two years spent in the College learning both content and pedagogy and the third year spent in a local school being mentored by a teacher of considerable experience and supervised by tutors from the College.

1:8 Positionality

I was born into a family of Educators. Growing up, I became very much conscious of the fact that my upbringing was different from many of my peers in school and in the neighbourhood. While I performed household chores such as sweeping, doing the dishes, emptying the waste bin at the community dumping site, my male peers never engaged in such tasks. Although I did not have a biological sister until I was nine years old, I had female cousins staying with my parents who made a point of not discriminating in assigning chores on the basis of gender. My recollections of any form of or semblance of sex education at home remain very faint. The little I remember is my mother telling me when I was about 12 years old to be careful with girls because if I got a girl pregnant, she will assume responsibility for the girl and the baby and then I must stop schooling and fend for myself. About this time, my mother taught Life Skills Education in a CoE and made a point to leave her textbooks some of which I remember branding as very graphic because of the pictures of the reproductive systems, in our rooms. The pictures looked real and more understandable in comparison to what was in my Junior High School textbooks and diagrams used by my teachers. If we brought homework that required assistance, my mother simply referred us to the textbooks to read. The only conversation I remember having with my father in relation to

sex and sexuality took place when I was in my final year at the University and he was telling me to ensure I do not have a child outside marriage as this complicated life for both the child and the parents involved as well as their partners.

Unlike today where there is a variety of media outlets and almost unregulated content in Ghana, the early 80s and up to the middle 90s when I was growing up, much of the media materials came from the state broadcaster and these were highly censored. Therefore, the media had no influence on my sexual socialisation. In primary school, I remember an excited class anytime sex was mentioned, and so teachers never mentioned it much. Lessons on reproductive systems were always delivered after stern warnings were issued to the class to remain silent and listen. However, in Junior High School, I had a very lively Life Skills teacher who taught us a lot about adolescence and how to handle ourselves in terms of personal hygiene, relationships and courtesy. The impact of this teacher was manifested in our improved personal hygiene, relationships among each other in the class and out of the school and particularly the respect and recognition we the boys had for the girls in our class despite our society (Yendi in the Northern Region) being very patriarchal. I will say my interest in Sex Education started from my interactions with this Life Skills teacher who has remained a model for my practice as a Sex Educator. The influence of my Life Skills teacher, my mother's warning and the religious teachings in school and the church provided me the capacity to recognise the influence of peers and how to avoid getting into 'trouble', at least until I was in my penultimate year in college. My first sexual experience was with a senior and was not planned. I succumbed to the desires and demands of the senior against my own convictions about the inappropriateness of pre-marital sex and the potential health dangers of unprotected sex. I was left very distraught and scared about the potential outcomes of pregnancy and STIs as it was unprotected sex. Worse, I feared going home because I thought my parents will notice I had 'done it'. As a Catholic, I was deeply troubled about taking

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communion, believing I had sinned but was not comfortable enough to go for confession and penance. A year or so later I started to date but always maintained non-sexual relationships. In my view, sex complicated the relationship and as I was not prepared for marriage I did not want to potentially be saddled with marital responsibilities. I believe many of my relationships ended because the partners took my stance for a lack of commitment. At age 30 I met my wife at a training workshop, and we got married two years later and have had three children since then.

In my first duty post to a Junior High School in Agona Nyakrom in the Central Region of Ghana in 1999, the talk in the staff common room was frequently about the promiscuous nature of the pupils and their personal hygiene. I took responsibility to offer lessons on adolescent reproductive health and personal hygiene despite the fact these were not part of the curriculum at the time and despite the fact that I had exceeded the maximum number of hours required of every teacher being the only one teaching General Science in a double stream school. Thus, these lessons were delivered by bringing the whole school together during the period designated for Library on Fridays. The excitement and interest in these lessons were infectious and soon other teachers joined in and offered to help with certain aspects of the delivery. With time, I was encouraged by the other teachers to organise separate lessons for the girls and boys as a way of getting them to speak up during lessons. In a later stage in my career when I had become a teacher educator teaching Biology, an opportunity arose to teach the Window of Hope module to a batch of teachers who were taking an Upgrading course in 2007. I have since taught the module to the regular trainees. From my anecdotal records gathered over the years of teaching the WoH program, my trainees always wanted us to discuss their everyday experiences with sex and relationships. This sometimes meant that I had to refer to my personal experiences and as the years went by the experiences from my interactions with previous trainees. These experiences influenced

my decision to take a postgraduate course in Health Education where I learnt various approaches to offering Health-related education both at the school and community level and behaviour change theories. Although the focus in my WoH delivery has always been the prescribed course outline and preparing my trainees adequately to pass the end of semester examination, I soon realised that unlike the Biology I also taught, the WoH program had more to it than just writing and passing the examination. Trainees had sexual and relationship choices to make which had nothing to do with passing or failing examinations and these mattered to them. The challenge for me then was how to properly accommodate the interests of trainees and still meet the demands of the course description. Although my trainees have always performed very well in the end of semester examination to their credit and my credit, my proud moments are when I receive calls from past trainees thanking me for the role, I played in resolving their relationship and sexuality issues and how it has helped them. These experiences have been recounted here as a way of establishing my own subjective realities and how they could influence my interpretation of the data for this study as the participants are also sex educators like me and their experiences could very well be similar to mine.

1:9 Structure of the Thesis

This Thesis is structured into nine chapters. Chapter One explores the background of the study, the concepts of sexuality and sex education in Ghana pre-and post-western education and religion and especially after the discovery of HIV/AIDS in the late 1980s. The statement of the research problem, the purpose of the study, research questions and significance of the study are then discussed. There is a brief description of the research methodologies and methods, the study sites and finally my positionality.

Chapter Two reviews the related literature of the key concepts of the study. Thus, the concepts of sexuality and sex education and how they have been used within the Ghanaian society in terms of socialisation and education, the agents of sex education- *Home, Peer*

Groups, Religious Bodies, and the School. This chapter also explores teachers' sexuality and sex education experiences and how it informs their practice as sex educators, sex education pedagogies, assessment practices, classroom environment and teacher professionalism and a summary of the chapter.

Chapter Three focuses on the theoretical frameworks that guided this study. The Social-ecological model (SEM) and the concepts in the theories explained. Studies are cited to show how this theory has been applied in related studies and then the concepts are then defined with respect to the context of this current study and a conceptual framework is developed based on these concepts and context.

Chapter Four then details the research methodology and methods employed in this study. It discusses the qualitative approach, my philosophical assumptions, research design, sample and sample size. The chapter also provides details of the methods employed in data generation including the instrument construction, piloting, fieldwork, interviews, data transcription and validation process, data analysis framework and ethical considerations and practices employed throughout the study.

Chapters Five to Seven presents the findings of the study. Chapter Five, Results I, presents an analysis of WoH-related documents and the comparison of WoH content with the National Teacher Preparation Standards Framework designed for the United States of America and adopted by UNESCO as part of International Technical Guidelines for Sex Education (ITGSE) to set the context for the analysis of the interview transcripts. This is followed by Chapter Six, Results II, which presents the Intra and Interpersonal level influences of tutors experiences and Chapter Seven, Results III which focuses on the Organisational and Policy level influences of tutors experiences. Results presented in Chapters Six and Seven were generated from the analysis of the interview transcripts.

Chapters Eight and Nine are the discussion and concluding chapters respectively.

CHAPTER TWO

SEXUALITY, SEX AND EDUCATION

Overview

This chapter reviews the relevant literature about sexuality, sex and education; the debates surrounding it, how it is delivered and the impact it makes especially for young people and the general population both socially and health-wise.

2:1 The Concept of Sexuality

Sexuality has been defined as the totality of "people's sexual identities in all their cultural and historical multiplicity" (Holland *et al.,* 1999, p. 458). As a concept, sexuality is an embodiment of the sexual knowledge, attitudes and behaviour of a person. Weeks (2003) argues that sexuality is a product of culture and nature and defines sexuality as:

> "an historical construction which brings together a host of different biological and mental possibilities and cultural forms -gender identity, bodily differences, reproductive capacities, needs, desires, fantasies, erotic practices, institutions and values- which need to be linked together." (p.7)

Sexuality goes "beyond genital sex to include gender-role socialisation, physical maturation and body image, social relationships, and future social aspirations" (Murphy, 2006, p. 398). As a product of culture, the concept of sexuality is unique to a culture and within a given culture there is a continual evolution of sexuality in response to the changes of the cultural, social and political values prevailing at a given time (Machera, 2004). Sexuality reflects the views of a society regarding appropriate sexual desires, practices, identities and gender roles (Lorber, 1994). According to the World Health Organization (WHO, 2015), sexuality encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.

As a concept that encompasses many aspects, the *Circles of Sexuality* model (see Figure 2.1), created by Dennis Dailey (1981, cited in Curtiss, 2012) put the various components of sexuality into five circles and showed how the components related and interacted with each

other in reality. The circles included: sensuality, which involved the individual's level of awareness, acceptance and appreciation of one's own body or that of others and comprises concepts such as skin hunger, aural stimuli, body image, and fantasy.

Figure 2.1 Circles of Sexuality (image adapted from Curtiss, 2012)
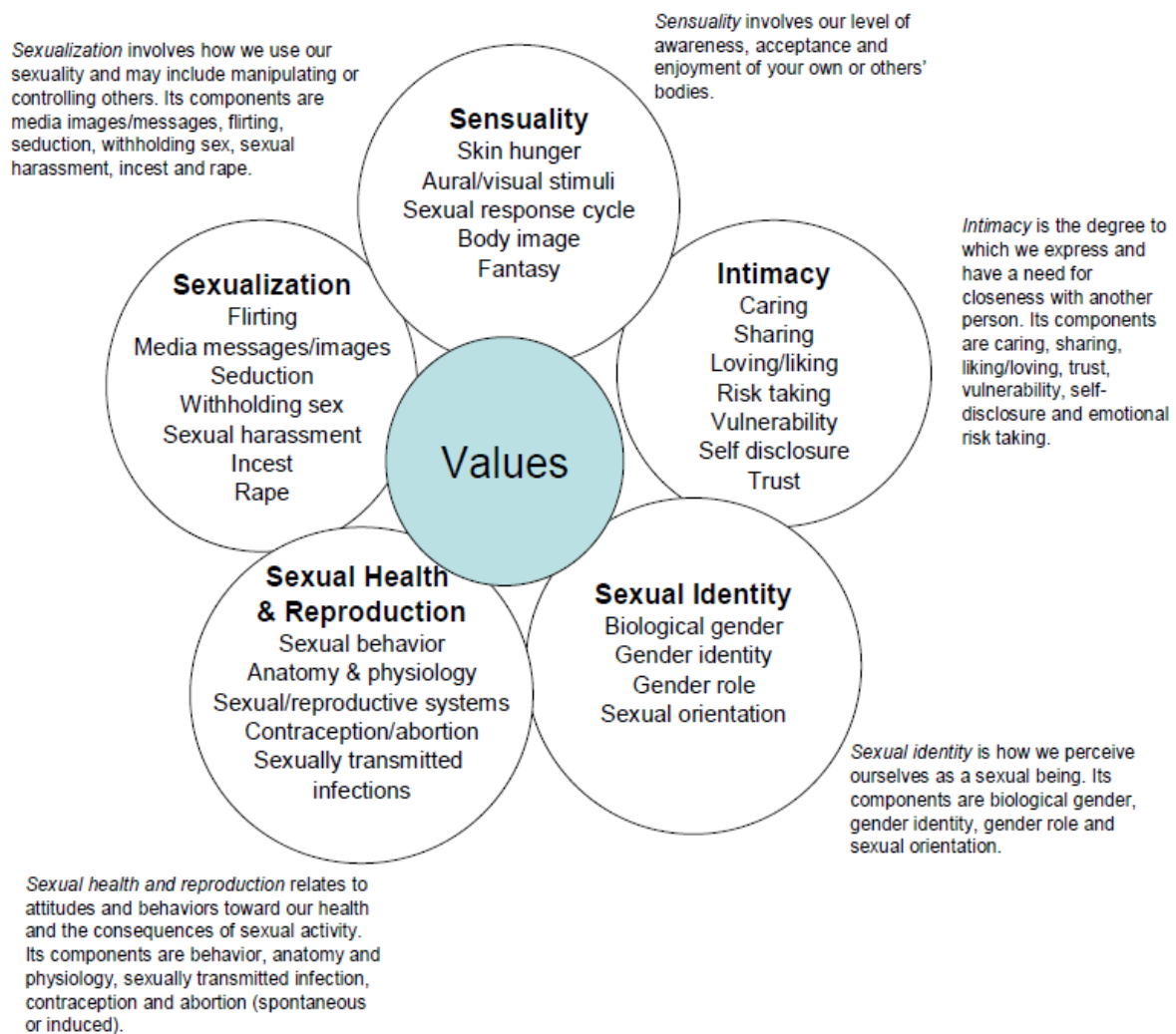
The intimacy circle encompasses concepts that express the need for closeness with another person and include caring, loving, sharing, trust, and emotional expressions. The sexual identity circle encompasses the concepts of biological sexual identities, gender roles, gender identity and sexual orientations. The sexual health and reproductive circle include concepts such as sexual anatomy and physiology, sexual reproductive systems, sexual behaviour,

contraception and associated issues, and STIs. The sexualisation circle encompasses how the individual uses sexuality; especially in interactions with others and includes concepts such as flirting, rape, harassment, seduction, incest, withholding sex and seeking to control others with sexuality. The sixth circle, values, was added by Satterly and Dyson (2010) who concluded that an individual's perception, interpretation and understanding of the concepts of the various circles was based on the values the individual held about the concepts. Schwartz (1996, p. 2) defined **v**alues as the "guiding principles in people's lives" which may or may not differ from the established values of the society. Thus, some individuals may accept and tolerate for instance contraception while others may view it as unacceptable due to, for instance, their religious values.

Sexuality is thus defined to fit the socially constructed reality of a given society and thus identifies what is acceptable or unacceptable in terms of sexual desires, practices, sexual identities, gender and sexual norms (Martine, 1997; Quadri, 2006). For instance, in the not too distant past, Ghana and indeed many other African countries denied the existence of same-sex relationships or homosexuality and pointed it out as foreign to their culture (Dankwa, 2009; Epprecht, 2004, 2008; Essien and Aderinto, 2009; Kapasula, 2009). Only heterosexual sexuality is recognised as appropriate sexuality in Ghanaian and many other African cultures. However, there is currently a discourse of homosexuality and a recognition of its existence within the Ghanaian society (Attipoe, 2004; Dankwa, 2009; Gye Nyame Concord, 2006; Owusu *et al.,* 2013); despite reports of Ghanaians being almost violently homophobic and contemporaneously with reports of attempted lynching of individuals caught in homosexual acts (Daily Guide, 2013; Vibeghana, 2012). Thus, in Ghana, sexuality, when discussed, does not include homosexuality. Rather, sexuality is linked instead to gender role socialisation, responsible parenthood, prenatal/post-natal care, menstruation, and menstrual care and hygiene (Ampofo 2001; Anarfi and Owusu, 2010; Osha, 2004). Being a socially

constructed concept, sexuality is passed on from one generation to the next through the process of socialisation. According to Anarfi and Owusu (2010, p.2), informal education, especially that occurring within the family, is the medium through "which men and women are taught their respective social roles including sexual expressions." This study will explore the conceptions of sex educators in CoE with respect to sex and sexuality.

2:2 Sex and Sexuality Education

Education is aimed at socialising an individual and equipping him/her with the knowledge and skills required in his or her environment. What constitutes sex education will, therefore, depend on the cultural values, needs and aspirations of the society in which it takes place. It is therefore unsurprisingly very difficult to come to a 'one size fits all' definition of sex education. In this study, the definition offered by UNESCO in its ITGSE is used:

> "Effective sexuality education can provide young people with age-appropriate, culturally relevant and scientifically accurate information. It includes structured opportunities for young people to explore their attitudes and values, and to practise the decision-making and other life skills they will need to be able to make informed choices about their sexual lives." (UNESCO, 2009, p.2).

Studies conducted in Africa and Asia point to cultures that are resistant to teaching or discussing sex with adolescents believing that such actions are unreligious and inimical to the social and religious expectation of young people avoiding pre-marital sex (Awusabo-Asare *et al.,* 2008; Mbonile and Kayombo, 2008; Mbugua, 2007; Pokharel *et al.,* 2006; Sridawruang *et al.,* 2010). And these concerns are common even to societies of high-socioeconomic status such as Britain and Canada (DiCenso et al., 2001; Turnbulla, et al., 2008). Even when the taboo barriers have been broken through attempts by policymakers and curriculum designers, concerns have been raised about the appropriateness of the content and the age at which exposure to the content will be deemed appropriate (Helleve et al., 2011). The result has been that many young people are growing up without receiving adequate preparation for a healthy sexual life and, subsequently, are vulnerable to coercion, abuse and exploitation, unintended pregnancy and sexually transmitted infections (STIs); including HIV (UNESCO, 2009). In Ghana, and many other African countries, culture, religion and

geographical factors have created a sensitive environment within which sex and sexuality issues have remained taboos (Mack, 2011) and young persons are discouraged from discussing 'embarrassing subjects' with adults; and even among themselves (Nyarko *et al.,* 2014; Van der Geest, 2001). Most religions, for instance, have associated offering sex education to young persons with encouraging immorality (Ankomah, 2001), contrary to evidence that young persons who are offered sex and sexuality education are more likely to delay the initiation of sexual activity (Kirby, 2007a). Amidst this reluctance to discuss sexuality and sex issues, especially with young people, HIV/AIDS and other STIs, teenage pregnancies and sexual violence have had devastating effects on many populations. For instance, 41% of global HIV/AIDS cases are accounted for by young people aged from 15 to 24 (United Nations, 2011). In Ghana, though the HIV infection rate is declining, of the 250,232-people living with HIV/AIDs, 34% is aged 0-24 (GAC, 2014). However, Ghanaian youth aged 15-24 are also sexually active and thus vulnerable to unplanned pregnancies, HIV/AIDS and other STIs, (GSS, GHS, and ICF International, 2015). The WHO (2012) reported that there were over 360 million new cases of sexually transmitted infections, with sub-Saharan Africa accounting for over a third of all cases. In addition, globalization, technology and the media, has ensured that sexually explicit information is available through almost every medium imaginable (Lim and Kui, 2006), making maintaining 'the taboo' culture unsustainable. In these circumstances, "many countries are increasingly signalling the importance of equipping young people with knowledge and skills to make responsible choices in their lives" (UNESCO, 2009, p.2) through sexuality and sex education programs. In their commentary on the roles of educators and parents in the sexual socialization and education of young people in the United States of America, Shtarkshall *et al.,* (2007) noted that failure to offer sex and sexuality education to young people can have consequences such as STIs, unintended pregnancies, unsafe abortions, sexual and gender discrimination.

2:2:1 Relevance of Sex and Sexuality Education

Sex and sexuality education programs have been noted to benefit young persons and by extension the general society as they enable the youth to get accurate information and explore their values about sexuality in an environment that is supportive and non-threatening (Daria

and Campbell, 2004). Beneficiaries of sex education have also been noted to learn how to practise relationship refusal skills that enable them to avoid being coerced into sexual activity; and learning to practise safer sex which have also been found to contribute to sexual behaviour change (Kirby *et al.,* 2007a).

In four different reviews, Kirby *et al.* (2007a; 2007b), UNESCO (2009) and NICE (2010), it was reported that young people who have had quality sex education are more likely to choose to have sex for the first-time later; contrary to the claims of critiques of sex education. In a review of 48 different studies conducted in the United States of America between 1999 and 2007 focusing on CSE for teens between 12-18 and using experimental or quasi-experimental designs and exploring sexual behaviour outcomes such as use of condoms or other contraceptives, combined measures of sexual risk, and pregnancy, birth, or STD/HIV rates, Kirby *et al.* (2007a) found that 40% of these had a significant impact on three aspects of behaviour: delaying the initiation of sex; reducing the number of sexual partners and increasing condom or contraceptive use; almost 30 per cent reduced the frequency of sex (including a return to abstinence); and more than 60 per cent reduced unprotected sex. Furthermore, nearly 40 per cent of the programs had positive effects on more than one of these behaviours.

In the study by Kirby *et al.* (2007b) 83 studies that measured the impact of curriculum-based sex and HIV/AIDS education programs on sexual behaviours of young people under age 25 from both high-income (United States, Canada, Netherlands, Norway, Spain, United Kingdom) and middle and low-income countries (Belize, Brazil, Chile, Jamaica, Kenya, Mexico, Namibia, Nigeria, South Africa, Tanzania, Thailand, and Zambia) were evaluated. All 83 reviewed studies used either experimental designs (51%) or quasi-experimental designs. In their analysis they found that out of the 52 studies that reported the impact on initiation of sex, 42% reported a delay in the initiation of sex, 55% reported no significant

impact and one reported sexual initiation was actually hastened. Only 29% of 31 studies reported a reduction in the frequency of sex and three studies (all conducted in High-income countries) reported an increase in the frequency of sex. In addition, 48% of 54 studies concluded condom use had increased with none reporting a decline in condom use and about half of 28 studies reported a decline in sexual risk-taking.

In another review of studies evaluating the effectiveness of sex education programs, Gallant and Maticka-Tyndale (2004) reviewed 11 studies from across Sub-Saharan Africa and concluded that knowledge and attitudes were easier to change compared to behaviour. All 11 studies included in this review used quasi-experimental designs. They found that the desired attitude changes of abstinence and condom use or intention to abstain or use condoms were inconsistent with only two of the studies reporting positive attitudes and intention towards abstinence and condom use respectively. In a more recent review of studies evaluating the effectiveness of school-based sex education programs in Sub-Saharan Africa, Sani *et al.,* (2016) reviewed 51 Randomised Control Trials (RCTs) and quasi-experimental design studies involving 31 intervention programs and found no evidence of effectiveness in reducing STIs, including HIV, although one study (Jemmott, *et al.,* 2015) conducted in South Africa reported a decrease in curable STIs (Chlamydia, Gonorrhea and Trichomonas) at one follow-up period. A similar conclusion was reached by previous reviews (see Kirby *et al.*, 2006; 2007a; Underhill *et al.*, 2007). However, they found that the interventions were effective with respect to self-reported condom use (which is subject to social desirability bias and recall bias) and this observation was especially strong with studies using RCTs at both intermediate and long-term follow-up periods. This finding contrasted findings from previous reviews (Gallant and Maticka-Tyndale, 2004; Kaaya *et al.*, 2002 and Paul-Ebhohimhen *et al.*, 2008) that typically suggested that interventions in Sub-Saharan Africa had poor records of sexual behaviour change.

Sani *et al.* (2016) identified characteristics common to interventions that were effective in increasing condom use including that these interventions were "adapted from other programmes, were theory-based, included provision of health services, included activities outside school and were implemented with fidelity" (p.20). These characteristics are similar

to some of the 17 characteristics (categorised into three parts: the process of developing the curriculum, the content of the curriculum and the implementation of the curriculum) identified by Kirby *et al.* (2007a). This review had a global character as it involved interventions from both High and low-income countries and across Europe, South America, Asia and Africa (see Figure 2:2).

The Process of Developing the Curriculum	The Contents of the Curriculum Itself	The Implementation of the Curriculum
1. Involved multiple people with different backgrounds in theory, research and sex/HIV education to develop the curriculum	**Curriculum Goals and Objectives** 1. Focused on clear health goals – the prevention of STD/HIV and/or pregnancy	1. Secured at least minimal support from appropriate authorities such as ministries of health, school districts or community organizations
2. Assessed relevant needs and assets of target group	2. Focused narrowly on specific behaviors leading to these health goals (e.g., abstaining from sex or using condoms or other contraceptives), gave clear messages about these behaviors, and addressed situations that might lead to them and how to avoid them	
3. Used a logic model approach to develop the curriculum that specified the health goals, the behaviors affecting those health goals, the risk and protective factors affecting those behaviors, and the activities addressing those risk and protective factors	3. Addressed multiple sexual psychosocial risk and protective factors affecting sexual behaviors (e.g., knowledge, perceived risks, values, attitudes, perceived norms, and self-efficacy) **Activities and Teaching Methodologies** 4. Created a safe social environment for youth to participate	2. Selected educators with desired characteristics (whenever possible), trained them and provided monitoring, supervision and support
4. Designed activities consistent with community values and available resources (e.g., staff time, staff skills, facility space, and supplies)	5. Included multiple activities to change each of the targeted risk and protective factors 6. Employed instructionally sound teaching methods that actively involved the participants, that helped participants personalize the information, and that were designed to change each group of risk and protective factors	3. If needed, implemented activities to recruit and retain youth and overcome barriers to their involvement, e.g., publicized the program, offered food, or obtained consent
5. Pilot-tested the program	7. Employed activities, instructional methods and behavioral messages that were appropriate to the youths' culture, developmental age, and sexual experience 8. Covered topics in a logical sequence	4. Implemented virtually all activities with reasonable fidelity

Figure 2:2 Characteristics of Effective Sex Education Interventions (Adapted from Kirby *et al.*, 2007b)

Several other studies (McGuire *et al.*, 1992; Sex Information Education Council of the United States, [SIECUS] 1992) have demonstrated that sexuality education courses in schools typically result in substantial gains in knowledge and a more tolerant attitude towards

appropriate sexual behaviour. Indeed, evidence from various parts of the world show clearly some benefits of sex education; especially in addressing problems such as teen pregnancy, STI rates and HIV. In England, research shows that the rate of teen pregnancy is lowest in areas where quality school sex and relationship education, as well as accessible sexual health services for young people, has been provided (DfES, 2006).

In Finland, the story of sex education has developed like a classical pre-test/post-test experiment. While Finland had a mandatory sex education program since 1970, a policy change in 1994 declared sex education optional and cut budget lines for sexual health programs. By the late 1990s, the result was a 50% increase in teen abortions, a decline in age at sexual debut and a decline in contraception use (Apter, 2009). The trend reversed when in 2006, a CSE program was re-introduced into Finnish schools (Apter, 2009). The reported effectiveness of sex education in Finland could be attributed to the fact that as a national policy, sex education is compulsory for both primary and secondary school pupils and some year groups get up to 20 hours of teaching and learning and teachers are provided training in the subject (Apter, 2009).

Delay in the initiation of sex, fewer sexual partners, increasing condom or contraceptive use do not constitute the only benefits of quality sex education. According to England's Sex Education Forum (2010, p.5) other benefits are reflected in public health measures, such as earlier reporting of sexual abuse and, in some cases, its prevention; reduced numbers of unplanned pregnancies; reduced maternal mortality; reduced infant mortality; prevention and earlier treatment of sexually transmitted infections and reduced gap in health inequality. Ultimately, there are economic benefits for a nation with a populace well educated in sexual and reproductive health issues. There is sufficient research to inform authorities that spending on sexuality education yields economic benefits. For instance, a study in Honduras found that for each $1.00 invested in sexuality education to prevent HIV infection among youth, the

program would generate up to \$4.59 in benefits from improved health and reduced medical care costs (Knowles and Behrman, 2003). This estimate only includes the economic benefits of averted HIV infection and does not include the benefits of other potential program outcomes such as increased education, reduced STIs, and reduced teen pregnancies and abortions (Knowles and Behrman, 2003).

In summary, reviews from Sub-Saharan Africa, America, Europe and some that considered studies from across the globe show effectiveness of sex education in achieving knowledge and positive attitudes towards sexuality and not with sexual behaviour modification. However, limited studies such as that conducted in Finland (Apter, 2009) and Jemmot *et al.,* 2015 in South Africa have shown some gains with behaviour modification. Apter (2009) attributed the positive outcome in Finland to clear policy guidelines on sex education and a commitment to its implementation whilst Jemmot et al., concluded the success was attributable to the theory-based behavioural intervention given to young adolescents.

2:3 Agents of Sex and Sexuality Socialisation and Education

This study takes the position that the responsibility to offer sex and sexuality socialisation and education to young people is one every society must take seriously and discharge to ensure that young people are adequately prepared to live a healthy and responsible sexual life. This responsibility falls within the domain of a diverse group of formal (schools, health services) and informal (home, peer groups, media outlets, religious organisations) institutions (Avotri, 1992). While the formal institutions offer sex education through well-structured programs, designed and transmitted to a defined group of persons with the intention to equip them with knowledge and skills deemed desirable, informal institutions offer sexual socialisation; that is, the process through which an individual acquires an understanding of ideas, beliefs and values, shared cultural symbols, meanings and codes of conduct

(Schneewind, 2001). In the context of a state, legal and policy regimes that confer protection on members of the society may also guide these formal and informal institutions in the discharge of their responsibilities. Awusabo-Asare *et al.,* (2017) has noted for instance the numerous legal frameworks as well as the supportive policy environment for sexual and reproductive health and rights in Ghana. From a national population policy first developed in 1969 and subsequently revised in 1994 to an Adolescent Reproductive Health Policy framework first designed in 2000 and revised in 2015, Ghana is also a signatory to may international declarations (e.g., the Abuja and Maputo Declarations) that seek to guide nations in designing legal and supportive regimes aimed at sex and reproductive health and rights issues. Although Ghana's constitution guarantees the rights of its citizens there are additional laws and acts of parliament such as Children's Act, 1998 (Act 560), the Domestic Violence Act, 2007 (Act 732), the Provisional National Defence Council Law (PNDCL) 102 of 1985 and the Criminal Code (Amendment) Act, 2007, (ACT 741) that have been enacted to promote sexual and reproductive health and rights (Boateng, 2017). The concomitant effects of these acts are that Ghanaian citizens have legally defined responsibilities to uphold and equally protected by law against domestic violence, female genital mutilation (FGM), forced marriages, and unnatural carnal penetration/activities.

Whilst these laws serve to regulate the conduct of Ghanaians in terms of sex and sexual relationships, their inadequacies and sometimes conflicts with the cultural values creates an environment of inconsistency. Although this is not the focus of this study, I will cite an example to illustrate this point. The legal age for consent for sex is 16 but young people cannot legally marry until they are 18. Meanwhile, the culture expects them to avoid pre-marital sex though the law says at 16 they can have sex.

2:3:1 Home Delivered Sex and Sexuality Education

The home is the first point of socialisation for young people. According to Shtarkshall *et*

al. (2007), parents emphasize their deeply held values in mostly implicit and occasionally explicit messages they expose children to concerning "modesty, nudity and privacy, including gender-specific messages about proper conduct" (p. 116). Parents also influence young people through the way they display affection between themselves and others and through what they emphasize as appropriate behave 12`1iour for young people to model (Shtarkshall *et al.,* 2007). While parents in the home remain the primary source of socialisation, there is an acknowledgement that many Ghanaian parents are not comfortable discussing sex and sexuality issues with their children (Anarfi and Owusu, 2010; Blakey and Frankland, 1996; Woody, 2001).

Parent-child communication is a relatively less researched area in Africa although a few studies especially conducted in Ghana (Baku et al., 2018; 2017a; Manu et al. 2015, Kumi-kyeremi et al., 2007, Van der Geest, 2001) have focused on sex and sexuality communication between parents and their young adult children. These studies have typically reported that parent- child and indeed adult - child communication about sex and sexuality is discouraged. Bochow (2012), in her study conducted in Kumasi and Endwa, Ghana, concluded that conversations about love, sex and sexuality among Akans were characterised by respect, speech and hierarchy. Bochow reported that young people in Kumasi and Endwa were seen as rude, disobedient, disrespectful and not humble enough if they spoke about love, sex and sexuality to not just their parents but other adults. Bochow also reported that communications about love, sex and sexuality revolved around hierarchies of gender (male and female) and age (young and old) which informed what can be said and how it should be said. Subsequently, Bochow concluded that respect is articulated through not just decent speech which involves using implicit rather than explicit language around sex and sexuality but also knowing when, where and how to speak. For instance, Akan and indeed Ghanaian women are not expected to speak about their sexual pleasure just as young people should not be head

unless spoken to, at which point young people are expected to answer clearly using decent and respectful language. In a comparative study involving American, South African and Ghanaian young adults (mean age of participants was 21.5 with SD = 3.05) and exploring the intergenerational communication beliefs across the lifespan, Giles *et al*., 2005 reported that intergenerational communication between young people and adults (young adults, middle age adults and elderly adults) showed a staircase pattern in relation to respect (Means and Standard deviations, Ms = 4.00, 4.66, 5.48, respectively) and avoidance communication (Ms = 2.60, 3.29, 3.82, respectively). American young people reported the highest levels of respect and South African youth the least. Ghanaian young people reported the least avoidance behaviour across the three categories of adults in comparison to Americans and South Africans. Similar staircase patterns were observed for politeness and deference and age stereotyping. While Ghanaian youth reported the least avoidance behaviour, sex and sexuality issues are out of consideration in their communication with elderly adults whom they consider to have more benevolence (defined to include being wise, generous and kind). Baku *et al.,* (2018) in their qualitative study exploring the experiences of parents discussing sexuality with adolescents in Accra metropolis, Ghana in which they used focused group discussions and in-depth interviews with parents concluded that the avoidance of discussions around sex and sexuality with adolescents was because sex is

"considered a sacred adult affair that is enshrined in secrecy and such discussions could lead to the adolescent getting 'spoilt'" (p.2).

Baku *et al.,* (2017a) researching the Socio-cultural factors affecting parent-adolescent communication on sexuality in the Accra metropolis of Ghana, noted that Ghanaian cultural taboos has typically discouraged communication about sex and sexuality with young people who have not attained 'maturity' believing that such discussions encourage young people to experiment and become 'spoilt'. Maturity is proven by readiness for marriage and or independent productive work (Boateng and Ampofo, 2016). Taboos about open discussions

of sex and sexuality define even the language used around discussions about sex and sexuality with euphemisms often used in place of for instance sexual organs such as penis, vagina, testes. Baku et al., (2017a) for instance noted that Akans refer to the penis as 'manhood'. Similarly, Owusu (2015), reported that cultures in Ghana regard sexuality as a sacred concept which should not be discussed with young people and Ghanaian children, especially girls, are brought up with strict discipline and fear, making them timid to ask very sensitive questions on adolescent sexuality.

In an anthropological study of the Kwahu (a sub-clan of the largest ethnic group in Ghana, the Akans) indigenes of Southern Ghana, where the sexual ideas and practices of the elderly were explored, Van der Geest (2001) reported that elderly people (55+) described the impossibility of having open discussions about sex and sexuality with their children and described sex as a harmful activity for young persons and the very elderly. When Van der Geest (identified as S), asked one of his participants (N) if he would discuss sex with his child or respond to questions related to sex from his child, the response, reproduced verbatim below illustrates this aversion:

S: Can an old person talk about sex to his own children?
N. No. No one can. Impossible.
S: What about if the child asks him about it?
N: Even the child can't ask such a thing (p.1389).

Kwahu culture and practices are typical of the dominant Akan ethnic group of Ghana.

Indeed, in Ghana, and other African societies, sexual socialisation was and in most cases still is the responsibility of aunts, uncles and grandparents, not parents (Anarfi and Owusu, 2010; Fuglesang, 1997; Loewenson and Chikamba, 1994) and was mostly done as a part of initiation or puberty rites such as *bragoro* (for Ashanti girls), *dipo* (for Krobo girls) and the circumcision of boys; and in many other communities, when young adolescents were prepared for marriage and were expected to avoid pre-marital sex (Adu-Mireku, 2003; Ankomah, 1992). However, the practice of extended family members bearing the

responsibility of sexual socialization has become untenable due to urbanisation and socio-economic developments as well as the weakening of the extended family system in favour of the nuclear family (Awusabu-Asare *et al*., 2004; Osha, 2004).

Even when parents have broken the taboo to 'discuss' sex and sexuality with young people, it is often due to circumstances, such as: a young person has become pregnant before marriage; a young person dying due to HIV/AIDS; parental perception of risky sexual behaviours or parents spotting their wards with someone of dubious moral character (Wamoyi *et al.*, 2010) by issuing warnings and threats, rather than engaging young people in meaningful dialogue (Izugbara, 2008). In their recent study discussed above, Baku et al., (2018) cited parents taking advantage of television scenes to reiterate their warnings about issues of sex and sexuality with their adolescents.

In Ghana, sexual socialization has tended to be driven by gender, where there is segregation of young person's according to their gender and their assigned roles. Females did household chores whilst males performed public activities aimed at providing the material needs of the family (Ampofo, 2001; Awusabo-Asare *et al.*, 2004), and the focus has tended to be on the girl child who must not get pregnant before marriage as that brings shame and banishment to the family (Nukunya, 1969; Sarpong, 1977). Despite the portrayal of sex as harmful (Van der Geest, 2001) and the expectation of girls marrying as virgins, boys, ironically, are expected to have not just sexual experience but multiple experiences (Awusabu-Asare *et al*., 2004). One is left to wonder, with whom the boys are expected to have sex? As the focus is on ensuring the girl does not get pregnant before marriage and the roles are segregated, mothers have the responsibility of ensuring that their daughters do not bring shame on the family. In a recent study involving 100 (male = 64, female = 36) parents in Obuasi, a mining cosmopolitan city in the Ashanti Region of Ghana, Nyarko *et al.* (2014) reported that more mothers than fathers communicated to their children about sex and

sexuality (8% of fathers and 27% mothers). Nyarko *et al*. (2014) also reported that 58% of the participants did not favour any form of sex education for lower primary pupils, citing as the reason that they were too young. Similarly, Kumi-Kyereme *et al.* (2007) in a national survey and qualitative study involving 4,430 adolescents (2,201 females and 2,229 males), which included 16 focus group discussions and 102 in-depth interviews, found that more females (33%) than males (16%) were involved in sexual behaviour communication with the young adults in a household. Other studies (e.g., Downie and Coates, 1999; King and Lorusso, 1997; Rosenthal *et al*., 2001) not conducted in Ghana also reported similar findings and described mothers as being more emotionally accessible, capable and knowledgeable about matters that relate to sex.

Recent research emerging from Ghana is showing that parents attitudes towards adolescent or youth sexuality are beginning to change and can be influenced by education. In a pre and post-test randomised experimental study of the effects of a training program that was aimed at improving the knowledge of Ghanaian parents in relation to adolescent sexuality, Baku *et al.* (2017b) concluded that parents in the intervention group showed a more positive attitude towards adolescent sexuality and were four times more likely to permit their wards to use family planning services [82% at post-intervention in comparison to 30.1% at pre-intervention (p-value = 0.039), n=145]. Thus, training improved not just the knowledge of these parents but improved their attitude towards adolescent sexuality.

The various roles played by parents have been noted to affect or influence the sexual behaviour of young people under their care. For instance, studies from both high and low income countries (Capaldi *et al.*, 1996; Hogan and Kitagawa, 1985; Kumi-Kyereme *et al.*, 2007; Luster and Small, 1994; Romer *et al.*, 1994), show that young persons whose social lives have been monitored and supervised by parents have been noted to delay sexual initiation and engage in less sexually risky behaviours whilst young persons who reported

warm and supportive relationships with at least one parent were more likely to delay the initiation of sex and less likely to engage in frequent sexual activity (Jaccard *et al.*,1996; Mueller and Powers, 1990; Resnick, 1997).

Parents' involvement in sexual socialisation has also had challenges which have been highlighted by studies. For example, one study conducted in Australia involving 298 (156 Boys and 142 girls) 16-year-olds reported that young persons had complained about not just the infrequent communication about sexuality and sex but parents offering incomplete and sometimes inaccurate information on sexuality issues, such as the effectiveness of condoms (Rosenthal and Feldman, 1999). In a longitudinal study conducted in both working and middle-income communities in the United States of America, Eisenberg *et al.* (2004) reported that the communication about sex and sexuality between parents and youth often occurred too late; after young people had initiated sexual activity. In their commentary on the role of educators and parents in the sexual socialisation and education of young people, Shtarkshall *et al.* (2007) highlights the conflict between what parents communicate and what young people feel they needed.

2:3:2 Peers and Sexual Socialisation

Stephenson *et al.* (2008, p. 1580) define peers as "people of equal status" and Sciacca (1987) defined them as a group of members of similar age and status. The peer group has been noted as a significant partner in the socialisation of adolescents; especially in the context of sexual development (National Association of Social Workers, 2001). Many studies (e.g., Kaiser Family Foundation, 2000, De Guzman, 2007) have highlighted that peer groups are the most likely sources of sexual health information for young people. At adolescence, young people begin the Identity Formation Stage (Erikson, 1968) where they develop identities modelled on those of their parents but rely on peers and other social institutions to develop their own social values (Forehand and Weirson, 1993).

According to De Guzman (2007, p.1), "peer influence can be both positive and negative" though the main concern expressed about peer influence is its potential to mislead young people into adopting unacceptable values and engaging in risky behaviours. For instance, some studies in the United States (DiClemente, 1991, DiClemente *et al.*, 1992) have found that adolescents who believe their peers are using condoms are also more than twice as likely to use condoms compared to teens who do not believe their peers use condoms, while others also from the United States (Kinsman *et al.*, 1998; Sieving *et al.*, 2006) have found that adolescents will engage in sexual activity to belong to a group or to gain power, rank and status in that group. Asampong *et al.* (2013) in their study in Ghana found that respondents who reported getting sexuality information from their peers were often misinformed. In their study in South Africa, Selikow *et al.* (2009) found that adolescents reported being misled by their peers not to use condoms and providing them with the information they could not trust. Miller *et al.* (1997) and WHO (2002) found that young people who relied on getting sexual information from their peers were more likely to engage in early dating and early sexual activity. Selikow *et al.* (2009) also found that adolescents consistently reported that adults were a more reliable source of accurate sexuality information. Nonetheless, the influence peers exert on each other, because of the similar characteristics, interest and values they share can often be harnessed to exert positive values and attitudes on young persons in the form of peer-led sex education (Milburn, 1995) and will be discussed later in this section.

The characteristics of a peer group and its structure can also result in varied influences. Power, status and rank have been noted as characteristics that can influence the nature of peer interactions among Nepalese youth (Acharya *et al.*, 2009). Age and structure within a peer group were often found to be the main determinants. Cavanagh (2004) in a study conducted in the United States, for instance, found that belonging to a peer group with a higher proportion of older persons was linked to sexual activity and Bingenheimer *et al.* (2015),

found that among Ghanaian youth, perceptions of peer norms favouring sex increased with age. In different studies in the United States, Kirby (2002) and Leatherdale *et al.* (2006), found that having significantly older friends was associated with a range of problem behaviours, including early sexual initiation. Lam *et al.* (2013), also found that exposure to classmates who are at least two years older increased the risk of early sexual initiation among adolescent females in South Africa. Thus, in a peer group where a considerable number are older than the rest, the influence of the older ones can be an issue of concern. Kinsman *et al.* (1998) and Sieving *et al.* (2006) have also found that adolescents will engage in sexual activity to gain power, rank and status in a group, whilst other studies mostly from high income countries (Eder *et al.,* 1995; Flood, 2008; Kimmel, 2009; Knight *et al.*, 2012; Smiler, 2012; Stombler, 1994) have found that young males frequently talked about their sexual experiences (romantic relationships, casual sexual relationships, one-night stands, sexual jokes, etc.) and used those narratives to gain status and rank as well as to strengthen bonds in the group.

Peer groups can be homogeneous or heterogeneous in terms of gender. In cultures where gender roles are segregated and clearly defined, heterogeneous peer groups are rare to find. For example, in Ghana, where gender roles are segregated, Bingenheimer *et al.* (2015) reported that most of their study participants did not have friends of the opposite sex and the few who did were much older in comparison to the cohort. Each composition has implications. For instance, many studies from middle- and low-income countries (Kumi-Kyeremi *et al.*, 2007; Selikow *et al.*, 2009; Wight *et al.*, 2006) have found a positive association between adolescents who reported having friends of the opposite sex and sexual activity and *vice versa*. Ghanaian parents have been noted to actively encourage same-sex friendships as a way of discouraging early sexual activity among young people (Kumi-Kyeremi *et al.*, 2007). However, in contrast to the studies cited above, Bingenheimer *et al.*

(2015) found that girls-only groups (older, 18-19 years) were more likely to report sexual activity in comparison with the boys-only groups.

Peer-led sex education takes advantage of the common interest and challenges of young people and their ability to communicate effectively with each other (Milburn, 1995; Sloan and Zimmer 1993) to develop positive group norms and the capacity to make informed choices about their sexuality (DiClemente, 1993).

Peer-led sex education has been noted to be more enjoyable and interactive (Acharya *et al.*, 2009) than teacher-led sex education. As noted by Stephenson *et al.* (2004) in England, peer-led sex education allows more open and culturally relevant communication about sexual health issues, with peers conveying information in a more credible and appealing way than teachers. Studies (Forest *et al.* 2002; Stephenson *et al.*, 2004) have also noted that students engaged in peer-led sex education programs were more able to ask questions and engage in discussions which resulted in a modest improvement in sexual behaviour.

Peer-led sex education programs have been shown to be successful if well organised; with sufficient training of leaders, provision of resources, proper supervision and monitoring to ensure the appropriate information is passed on and power is not abused by peer educators. For instance, in a study that evaluated a peer-led sex education program implemented by the West African Youth Initiative, in-school and out-of-school in Ghana and Nigeria, Brieger *et al.* (2001) found that the proportion of young people using modern contraception increased from 47% to 56% by the in-school group, whilst a decline was also recorded in contraceptive use by the out-of-school group. Similarly, James-Troare *et al.* (2002) in an evaluation of a peer-led sex education program in Cameroon found an increased use of modern contraception among the in-school group, who were also more likely to have used a condom in the most recent sexual activity in comparison to the out-of-school group. The above two studies highlight the need to be selective in where to use the peer-led approach to sex education; with

the out-of-school environment making supervision and monitoring a challenging task, which might lead to ineffective programs. Many studies from other parts of the world (Kelly *et al.*, 1991; O'Hara *et al.*, 1996; Slap *et al.*, 1991) have also reported significant gains in knowledge and contraceptive use by beneficiaries of peer-led sex education programs in comparison to control groups.

Despite the noted benefits of peer-led sex education programs, many authors including Acharya *et al.*, (2009) and Krugu *et al.*, 2016, note that the costs of implementing a peer-led sex education program could be high, due to the ongoing need to adequately train, support, supervise and equip peer educators with resource materials. In addition, Acharya *et al.* (2009) also note that managing power relationships, group dynamics and confidentiality between peer educators and their peers could be very challenging. Peer-led sex education may not always be influential in promoting behaviour change on certain topics: Stephenson *et al.* (2004) found insignificant differences in rates of teenage pregnancy and abortion between beneficiaries of peer-led and teacher-led sex education respectively.

In spite of the noted challenges of peer-led education, MEMA Kwa Vijana (MKV) programme conducted in 20 rural Mwanza communities of Tanzanian has achieved favourable results with a focused utilization of peer-educators in assisting teachers in a teacher-led sex education program aimed at improving knowledge, attitudes and behaviours of young people. The MKV programme trained a selected number of peer-educators (named Class peer-educators [CPE]) per class to perform a drama serial in the class to assist a teacher in delivering lessons (Plummer *et al.,* 2007). CPEs also received training in character portrayal skills, information about HIV/acquired immune deficiency syndrome (AIDS) and other STDs, risk behaviours and risk reduction and exercises designed to improve CPE's personal risk assessment, self-efficacy and communication skills. In an evaluation of the program, they found that CPE were effective in performing drama in class to assist teachers

and in some instances assisted teachers in answering other pupils' questions. Despite this positive effect and the annual training offered CPEs, they were noted to have difficulties in communicating issues effectively in and out of class and to have credibility challenges with their peers. As well, CPEs were envied and rumoured to engage in as much sexually risky behaviours as their peers by community members contrary to CPE self-reports of abstinence. It is worth noting however that the primary objective of getting the CPEs to assist teachers was effective and so limiting CPEs to assisting teachers in the classroom will hopefully negate the reported communication and credibility difficulties faced by CPEs.

In a comparative study that investigated a peer-led and adult-led sex education programme for 13/14 -year olds in Britain, Mellanby *et al.* (2001) concluded that peer educators were more effective at establishing conservative norms and attitudes related to sexual behaviour than adults. However, adult educators were more effective in communicating factual information and getting students involved in classroom activities. Wight (2011) made similar findings in his review of rigorous evaluations of three sex education programmes (SHARE, RIPPLE and Healthy Respect) conducted in Britain. Wight found that all three programmes improved knowledge and had some positive impacts on attitudes although SHARE (teacher-led) improved knowledge more than RIPPLE (peer-led). Similarly, RIPPLE had more positive impact on attitudes compared to SHARE. These reports suggest that an approach that combines teacher and peer-led efforts will more likely yield the desired results of improving knowledge, attitudes and behaviour of programme beneficiaries.

2:3:3 Religion and Sexuality Socialisation

In many cultures, especially in Africa, sex and sexuality issues are considered issues of morality (Anarfi and Owusu, 2010). Morality and religion though now considered distinct in their various definitions (Ash, 2002; Clarke, 2010), have a history of being inseparable (Stanford University, 2006) with the latter still influencing the vocabulary around the former.

Thus, discussions about sex and sexuality in many African cultures - Ghana included - are rooted in a religious language, with many believing young people have an inherent knowledge of sex and sexuality just like the concept of God (Acquah, 2011). For instance, Van der Geest (2001) in his study, asked a participant if parents instructed their children about sex before marriage and got the following response: "*Obi nkyere akwadaa Nyame"* (p.1390) which translates literally, "Nobody teaches a child who God is". According to Fuglesang (1997, p.4), "sexuality and sexual development carried special religious and mythic significance for several reasons, for instance, communities saw sex as a source of supreme pleasure, as a source of life and the ability of individuals to reproduce themselves and the community to perpetuate itself." Thus, young persons who are not ready to fulfil these religious and mythical responsibilities should not be discussing sex and sexuality. Indeed, by linking it with religion, only the religious views of sexuality would have been passed on to children; ignoring the biological, emotional and social aspects of sexuality. Researching into parent-adolescent communication about sex in Latino families in the United States, Guilamo-Ramos and Bouris (2008) found that parents from some religious backgrounds, such as those with a Christian faith, found it very difficult to recommend the use of contraceptives to their children, let alone talk about engaging in protected, pre-marital sex, as it was at odds with their morality and religious values.

Ghana has been described as a very religious country (Pobee, 1992). Indeed, the latest population and housing census of 2010 reported Christians accounted for 70% of the population, followed by adherents of Islam (17.6%) and 5.2% for African Traditional Religion (GSS, 2012). Being the dominant religion, White (2015, p.1) has noted that "Christianity has become a potent social force in every facet of Ghanaian life, from family life, economic activities, occupation, and health to education." In a study involving 81 qualitative interviews (33in-depth interviews, 24- focus group discussions and 24 lifeline

stories) in all three ecological zones in Ghana, Anarfi and Owusu (2010), found that sex outside the context of marriage is prohibited by all the three main religious groups; and the idea that premarital sex or sex outside marriage was sinful was so strong that the study participants who were Christians for instance, did not approve their pastors speaking about it in Church because of the reverence they reserved for them. The expectation that pastors should not discuss sex and sexuality issues openly was similarly found by Osafo *et al.* (2013) who studied the influence of religion on youth sexual behaviours in two south-eastern communities in Ghana and noted the contradiction that parents referred sexually deviant young persons to pastors for counselling despite their non-approval of pastors discussing such issues. How does religion and morality which has been associated with sexuality influence the pedagogy of sex educators in CoE in Ghana? This study will explore the influence of religion and morality if any at all especially because these group of educators are training teachers and it is important to establish what goes into that training.

2:3:4 School-delivered Sexuality and Sex Education

Schools are generally acknowledged as the best place where there is a mass aggregation of young persons which presents the opportunity to equip them with knowledge which may allow them to make informed and healthy lifestyle decisions (St. Leger, 1999). School-based Sex Education will be discussed from three positions: Abstinence-only (AO), Abstinence-Plus (AP) and CSE (Lesko 2010; Winskell *et al.*, 2011). AO programs promote abstinence until marriage and assume that young persons will remain sexually ignorant until marriage (Goodson *et al.*, 2003). Although very common in most jurisdictions especially in Asia and Sub-Saharan Africa (Awusabo-Asare *et al.,* 2008; Boonstra, 2011; Mbonile and Kayombo, 2008; Mbugua, 2007; Pokharel *et al.,* 2006; Sridawruang *et al.,* 2010) and in some high-income countries such as United States and Canada (DiCenso et al., 2001; Santelli *et al*., 2017; Turnbulla, et al., 2008) nowhere has it gained currency more than the United States of America where federal

funding is aimed solely at AO programs (Santelli, et al., 2017; SIECUS, 2016). Normally, AO programs do not teach about: sexuality; contraception; sexual health relating to puberty and reproduction; and pregnancy and disease prevention (Starkman and Rajani, 2002). Thus, beneficiaries are not prepared for the inevitable; becoming sexually active. Although many researchers (Kirby, 2008; Kirby *et al.*, 2006; Stanger-Hall and Hall, 2011; Trenholm *et al.*, 2007) have concluded that there is insufficient data on AO programs to make conclusions about their effectiveness in delaying sexual debut, avoiding pregnancy and STIs, the obvious lack of discussion of contraception, sexual health, reproduction and disease prevention places beneficiaries of this kind of education at a disadvantage. Emerging recently is the AP sex education approach which present abstinence as the preferred option, but has some information about other sexual behaviours, contraception, and disease prevention (Hubbard *et al.,* 1998).

CSE (see ITGSE definition in Section 2:2) operates on the assumption that young persons are or will become sexually active and thus promotes the teaching of STIs and disease prevention; including condom and contraceptive use (Kirby, 2008; Lesko, 2010; Smith-Kuehnel, 2009; Starkman and Rajani, 2002). One obvious benefit is that young persons are given the opportunity to acquire the knowledge and skills needed to make informed and healthy choices regarding sex and sexuality. Unlike AO, there is evidence about the effectiveness of CSE. For instance, Fonner *et al.* (2014) reviewed school-based sexuality education programmes conducted in low and middle-income countries and concluded that beneficiaries of CSE demonstrated: increased HIV knowledge; increased self-efficacy related to refusing sex; increased contraception and condom use; reduced number of sexual partners; and later initiation of first sexual intercourse. A Cochrane Review of 41 randomized controlled trials in Europe, the United States, Nigeria and Mexico also reported that CSE prevents unintended adolescent pregnancies (Oringanje *et al.*, 2009). In Kenya, Maticka-

Tyndale (2010) found that beneficiaries of CSE were more likely to delay their sexual debut or if they were sexually active were more likely to use a condom in comparison to those who did not benefit from CSE.

Sex education programs in schools are delivered as stand-alone programs, integrated into other subjects (UNESCO, 2015) or as a co-curricular activity. "These options have direct implications for implementation, including teacher training, the ease of evaluating and revising curricula, the likelihood of curricula being delivered, and the methods through which it is delivered" (UNESCO, 2015 p.24). While there is little evidence of the comparative effectiveness of each model, the implications or requirements of each model and the policy frameworks in each jurisdiction can be a starting point for selecting a model to deliver sex education.

The stand-alone model means that sex education is presented as a unique subject within the school curriculum and therefore will have time allocated on the school timetable with dedicated teaching staff and resources. Ideally, the benefits of this module include: specialized teacher training pathways; the use of non-formal teaching methodologies such as learner-centred methodologies, development of skills and values, group learning and peer engagement that aim to build learners' critical thinking skills; easier to monitor and evaluate the effectiveness of programming; and revising curricula where it is not delivering the desired learning outcomes (UNESCO, 2015). Another important benefit of the stand-alone model is that non-school teachers may be drafted in to teach the subject. In their RCT study in East Scotland, Buston *et al.,* (2002) reported how pupils appreciated the visits of Sexual Health teams to discuss some aspects of the sex education program in comparison to the teacher led deliveries. The stand-alone model is practised in many countries such as Angola; South Africa; Malawi; Brazil; Azerbaijan; Jamaica; and Armenia (UNESCO, 2015).

The integrated model means that sex education topics are integrated into subjects such as

biology, social studies, home economics or religious studies within the school curriculum. One advantage of this model is that the school curriculum is not burdened with another subject thus easing pressure to recruit staff and create extra time slots on the school timetable (UNESCO, 2015). In a review of a CSE program in Zambia, the integration model was said to have contributed to program ownership as many staff members were involved in the implementation and had subsequently benefited from training (UNESCO, 2016). In a society where sex education is a taboo subject, this benefit is invaluable. The involvement of many staff in sex education using the integration model obviously means the cost of training is also high and organising logistical resources for sex education will obviously also be high. The integration model is also difficult to monitor or evaluate and may limit teaching methodologies to traditional approaches. In addition, teachers may focus on the main subject to the neglect of the sex education topics. The integrated model is practised in countries such as Botswana; Cameroon; Central Africa Republic; Democratic Republic of Congo; Ethiopia; Russia; and Belarus (UNESCO, 2015).

In Ghana, sex education in Basic and Senior High Schools is delivered through two models: integration and the co-curricular models, and as a stand-alone model in Higher Education Institutions. For the integration model, topics are integrated into two core subjects (compulsory for all): Social Studies and Integrated Science; and two elective subjects: Biology and Management in Living (GES, 2014). The co-curricular model involves two programs: School Health Education Program (SHEP) and the HIV ALERT program (Ghana Education Service, 2014) which are delivered in all Basic and Senior High Schools in Ghana; through teachers assigned the responsibility (SHEP Coordinators) and Peer Educators with support from Ghana Health Service, civil and community-based organisations. These two structures of delivery have various challenges. The integration model structure precludes the opportunity to have a focused program, specialised teachers and dedicated budget lines for

logistics and resources (Awusabo-Asare *et al.,* 2017). The presence of some topics in the elective courses: Biology and Management in Living, means that students who do not choose these subjects do not get to be taught CSE. With respect to the co-curricular model, Maticka-Tyndale *et al. (*2010) and World Bank, (2003) have noted from programs in Kenya and Tanzania respectively that teachers see these programs as additional responsibilities and that there is a lack of motivation in delivering this additional teaching load. In contrast, a study in Nigeria by Eko *et al.* (2013) reported that teachers preferred the integration model of delivering sex education because of the diverse nature of the subject and the fact that some of the topics were already part of the curriculum of some school subjects.

School-based sex education programs are often delivered in partnership with external partners such as health service providers, civil society and community-based organisations (CSOs and CBOs). The broad nature of sex education, its sensitive nature and the technical demands involved in delivering it to young people makes it imperative to involve as many experts as possible in its delivery. These external partners bring their expertise to complement that of the school. In their study in Ghana, Reality Check Approach (2015) reported that many respondents recalled nurses, doctors and other experts coming to their schools to deliver some form of sex education. Despite the support these external partners bring to the school, concerns have been raised about the potential conflict between the positions of the school on key issues and that of the external partner and the quality of materials and delivery methods. Awusabo-Asare *et al.* (2017) have, for instance, reported an on-going conflict between the Ghana Health Service (GHS) and the Ghana Education Service (GES), the two main governing bodies responsible for providing sex and reproductive health information and services to young people in Ghana. While the GES expects GHS to offer only counselling services, GHS has argued for the introduction of some direct services on school premises. Also, other stakeholders, including some who directly influence curriculum development and

implementation, support a more restrictive and fear-based approach to sex education that emphasizes abstinence and focuses on the negative consequences of premarital sex (Awusabo-Asare *et al.*, 2017, p.46). Chambers *et al.* (2017) in study conducted in Australia, reported that using external partners to deliver sex education compromised how and when information was delivered; limited teachers' capacity to answer questions arising from such deliveries; impeded teacher development and confidence building; and generally, did not contribute to sustaining sexuality education in schools. This study will explore the experiences of sex education teachers regarding the models used in teaching sex education and views about the advantages and disadvantages of each and their preferred model.

Despite the elaborate history of government policies to provide sex education in Ghana (See Section 1:1), doubts have been raised about implementation in the schools. Many studies (Abakah, 2015; Krugu *et al*., 2016; Reality Check Approach, 2015) respectively reported that in Greater Accra, Upper East and Brong Ahafo regions of Ghana, more than half of their study participants reported not receiving any form of sex education from the school, whilst a study by Odonkor *et al.* (2012) in Takoradi in the Western Region of Ghana reported that 90% (n=250) of their respondents had not experienced school-delivered sex education. Awusabo-Asare *et al*. (2017) attributed this situation to the conservative views of adolescent sexuality held by school head teachers and teachers, who believed, for example, that making contraceptives available to young people would encourage them to engage in sexual intercourse, despite evidence pointing to the opposite (Kirby, 2007c; UNESCO, 2009), and their very limited pre- and in-service training in sex education. The situation also raises questions about the kind of implementation plans put in place by policymakers and the monitoring regime in place for policy implementation. Thus, what are the experiences of sex educators in Ghanaian CoE in relation to school-based sex education?

2:4 Teachers and Sexuality Education

A few studies conducted in both high and low-income countries (Alldred *et al*., 2003; Bowden *et al*., 2003; Motalingoane-Khau, 2010) have highlighted the point that teachers are key factors in determining the effectiveness or ineffectiveness of sex education programs. As noted by Hargreaves (1994, p.ix), "It is what teachers think, what teachers believe, and what teachers do at the level of the classroom that ultimately shapes the kind of learning that young people get." Esa (2010) suggest that teachers' life experiences serve to shape their beliefs and inculcate values that are retained and reinforced during the teachers' life. Harrison *et al.* (1996, p. 69) argued that teacher values and attitudes are invariably imparted to students through spoken languages as well as through silences, body language, and role modelling through the curriculum or the hidden curriculum. As noted by Iozzi (1989), teachers' preparation, organization and presentation of teaching materials can unintentionally create negative feelings and attitudes towards a given topic or subject matter or a positive feeling if it is a subject or topic the teacher cares about (Sund and Wickman, 2008; Yero, 2010;). In a qualitative study conducted in the Midlands of England that used interviews to explore the life histories of sex education teachers, both as pupils and as teachers, Kehily (2002) concluded that teachers' approaches to sex education have been shaped by their past subjective experiences and this also influenced their relationships with their students/pupils. Similarly, a qualitative study involving 20 Dutch sex education teachers reported that teachers' pedagogical approaches were influenced by their personality (Timmerman, 2009). A few of their responses are reproduced here:

> 'After all, that [teaching sex education] is determined by the way I am and it's not easy for me to talk about sex with complete strangers'
> 'It's all about the teacher as a person'.
> 'You have to choose the didactic style that best suits you'. it is largely your own personality' (p.504).

Teachers have been noted to have a positive disposition to the relevance and capacity of

sex education programs to address issues such as teenage pregnancies and STIs (Alldred *et al.*, 2003; Bharatwaj and Jain, 2013; Onwuezobe and Ekanem, 2009) and this disposition is associated with teachers' age and years of teaching (Orji and Esimai, 2003; Sue, 2010). Despite the noted positive disposition of teachers to sexuality education, several studies (Alldred *et al.*, 2003; Milton, 2003; Motalingoane-Khau, 2010) have reported sex education teachers finding themselves in conflict situations because their personal values and beliefs about sex and sexuality issues are in contradiction with the demands of conventional sex and sexuality education curriculums. Many (Aggleton and Campbell, 2000; Francis, 2010; Helleve *et al.*, 2009; Mkumbo, 2012; Oshi and Nakalema, 2005; Pokharel *et al.*, 2006; Plummer *et al.*, 2007; Smith and Harrison, 2013) have noted teachers' anxiety and reluctance to challenge socio-cultural sexual norms or worrying about the reaction of parents if they do find out that children have been taught 'adult' content. Awusabo-Asare *et al.* (2017) reported that Ghanaian Secondary school teachers cited moral or religious contradictions, embarrassment or opposition from the community or students as factors that have informed their teaching of sex education. Subsequently, teachers were noted to reinforce societal norms in the classroom both as a way of upholding their own beliefs and not offending parents and the societies in which they taught. This study will hopefully provide further insights in respect of factors that influence sex educators in CoE in Ghana.

In an ethnographic study in Ethiopia, Le Mat (2017) reported that teachers, through language and other actions, reinforced societal norms of gendered discourse and heterosexuality, which conventional sexuality education programs seek to discourage. Similarly, other studies mainly conducted in Sub-Saharan African countries (Bhana *et al*., 2008; 2010; Ngabaza, 2011; Nkani and Bhana, 2010; Shefer *et al*., 2013) have reported that teachers are reinforcing the normative discourse rather than challenging it. In a recent study examining sex education policies and its implementation in Kenya, Sidze *et al.*, (2017)

reported that more than half of the 198 teachers who participated in a survey believed that making contraceptives available encourages young people to have sex; more than one-third believed that young people who carry condoms are bad, promiscuous or unfaithful; and about one-fourth believed that using condoms is a sign of not trusting your partner. A similar situation has been reported in Asia and the Pacific where a review of the policies and implementation strategies revealed that cultural sensitivities, personal beliefs, a lack of confidence and skills had an influence on the level of implementation of the sex education curriculum (UNESCO, 2012a). On the contrary, a national survey by Darroch *et al*. (2000) in the United States of America involving 3,754 teachers reported that more than nine in ten teachers believed that students should be taught conventional sex education subjects such as contraception, where to go for birth control, information about abortion, the correct way to use a condom, and sexual orientation although very few actually did because school authorities instructed them not to. It is noted here that in the United States of America, federal funding is tied to the condition of offering AO sex education in schools and school heads desperate to ensure their budgets are secure may exercise more controls on what teachers teach.

Though literature points to teachers being influenced by their past, beliefs and attitudes as well as societal norms, Darroch *et al.* (2000) prove that policy guidelines and strict implementation by school authorities could override the teacher's personal preferences in the delivery of the subject. In England, Aggleton and Campbell (2000) highlight how the policy environment can influence teachers approach to sex education by citing a local government act 1988, section 28 which barred local authorities from promoting homosexuality and how teachers felt they could be falling foul of the law by even just engaging in the discussion of sexuality with pupils.

Although Awusabo-Asare *et al.* (2017) have identified cultural and religious influences as

barriers to teachers teaching sex education, their study participants were Senior High School teachers. The participants of this study are College sex educators and their practices greatly influence the development of the beliefs and attitudes of pre-service teachers towards sex education. Thus, establishing the factors that influence them will be helpful in ensuring the right attitudes and beliefs are passed on to their trainees.

2:5 Sex Education Pedagogies

Sanjakdar *et al.* (2015) suggest that pedagogical choices for sex education are firstly focused on the 'safer option' of disease prevention, instead of looking at the more socially oriented, health-enhancing behaviours underpinned by critical thinking and that young people have been considered as a unified group despite the growing cultural and ethnic diversification within the school context. Contrary to Sanjakder *et al.* (2015), many pedagogical frameworks, including but not limited to conservative/didactic pedagogies, feminist/critical pedagogies and interactive/participatory pedagogies, have been used in sex and sexuality education programmes across classrooms. For instance, Timmerman (2009) found that Dutch sex education teachers commonly used three pedagogical frameworks; cognitive pedagogies (didactic), interactive pedagogies and humoristic pedagogies and that the didactic pedagogies were dominant. Even for those teachers who reported using interactive and humoristic approaches, Timmerman reported teachers always wanted to be in-charge and dominant in the discourse. Similarly, Che (2005) in a study involving 200 secondary schools in Hong Kong found that a spectrum of pedagogies including: lecture (83%); group discussion (40%); simulation (12%); role play (14%); case analysis (43%); values clarification (35%); newspaper cuttings (18%); and multimedia (12%) were regularly used. From Che's findings, it can be concluded that although Hong Kong teachers were using interactive approaches, the didactic (lecture) was prominent in comparison to the rest.

Pedagogies that have focused on risk knowledge (McWilliams, 1996) and normative

ideals of sex, sexuality, and gender have been described as conservative pedagogies and are said to be pervasive in the practice of sex education (Allen, 2005; Rasmussen, 2004). Tiendrebeogo *et al*. (2003), for instance, found that teachers in Eastern and Southern Africa used didactic methods for sex and sexuality education programmes that reinforced societal norms contrary to the objectives of the conventional sex and sexuality education programmes they were delivering. The findings reported by Che (2005) and Timmerman (2009) also indicate the dominance of didactic pedagogies in those jurisdictions. In Ghana, Awusabo-Asare *et al*. (2017) in their study involving secondary school teachers reported that all sex education teachers in their study (n=343) used the lecture and talk method as their main pedagogical approach, although other less didactic pedagogical approaches (assignments, i.e., essays, 97%; quizzes, 81%; charts/drawings, 75%; small-group discussions, 73%; creative, participatory learning activities, 60%; practical demonstrations e.g., condoms, 39%; internet/social media, 38%; audio-visual (film, video, radio) 17%; and other, 1%) were also employed. What might be the situation in CoE where teachers are trained?

Critical pedagogy, an approach that seeks to transform oppressive structures in society using democratic and activist approaches to teaching and learning (Darder *et al*., 2003) has been noted by Sanjakder *et al*. (2015) as an approach that encourages participatory, democratic, critical, and reflective practice within the classroom. Such an approach is essential to sex education because, as Cohen *et al.* (2000) note, pedagogy should not "merely be to give an account of society and behaviour'' or to ''understand situations and phenomena, but to change them'' (p. 31). In a qualitative study of the pedagogical practices of sex education teachers in Australia and New Zealand using sociograms, visual diaries, interviews and observations, Sanjakder *et al.* (2015) noted from the classroom observations and student interviews that the teachers' pedagogies were at variance with the demands of the students and that gaps existed between the teachers' visions of critical pedagogies and the realities of

their classrooms.

Interactive pedagogies take their roots from constructivist theories which posit that learners learn best when they are actively engaged in the teaching and learning process (Goldman and Torrisi-Steele, 2002; Light and Cox, 2001; Rowland, 2000; Torrisi and Davis, 2000). Interactive pedagogies engage students as active participants in the teaching and learning process (Sessoms, 2008). Dewey (1963), made the case for interactive pedagogy when he wrote that, for any meaningful learning to take place, there should be a connection between the abstract world of concepts and the real world of individual experiences. His *Principle of Interaction* states that "an experience is the product of the interaction between an individual and the environment through the interaction of personal needs, desires, purposes and capabilities" (Dewey, 1934, p.44). Thus, for Dewey, a major task of teaching is to create the opportunities for students to interact with the subject and to personally experience its abstractions (Dewey, 1963, p. 33). Interactive pedagogy includes many techniques such as role play, simulation, case studies, large or small group discussions, jigsaw puzzles and brainstorming (Barkley, 2010; Newble and Cannon, 1994; Steinert, 1993). Interactive pedagogy has also been defined in recent times by Gitterman (2004, p.15) to also include interactions with 'modern' media materials (PowerPoint, overhead projector, videos, charts and graphs, force field analysis, ecomaps, genograms) that facilitate the teaching and learning process. According to Meyers (1986), interactive pedagogical techniques invite "students to think out loud, to use the concepts, to seek clarification, to discuss them with their peers, to roleplay them, to view them, to deepen their meaning, to make them their own" (p.57).

According to Awusabo-Asare *et al.* (2017) interactive pedagogies "such as group learning, peer engagement and learner-centred methodologies that aim to build students' values and critical thinking skills - is increasingly being recognized for the positive influence on learning and education broadly" (p.26). Many studies have shown that the use of interactive

pedagogies can improve students' attitudes (Marbach-Ad *et al.*, 2001; Preszler *et al.*, 2007; Prince, 2004) and learning outcomes (Ebert-May *et al.*, 1997; Freeman *et al.*, 2007; Hake, 1998; Knight and Wood, 2005; Udovic *et al.*, 2002). Interactive pedagogies also help to develop life skills such as self-expression, promotion of emotional intelligence, empathy, interpersonal communication, cooperation, negotiation, examining or analysing different perspectives, constructive argument and problem-solving (Belize Ministry of Education, 2006).

2:6 Assessment Practices

Assessment has been defined as, "those actions we undertake to obtain information about pupils' knowledge, attitudes or skills" (Morris and Adamson, 2010, p.127). Assessment practices in schools include formal quizzes, tests and examinations as well as informal observations, investigations and projects (McAlpine, 2002). The purposes of assessment can be varied but generally are aimed at supporting and enhancing the student learning experience (Rust, 2002). It is used to monitor pupils' progress towards learning goals, make instructional decisions, evaluate pupils' progress at a time and evaluate programmes (National Council for Teachers of Mathematics, 2005).

There is evidence that the assessment practice in place has an influence on both teacher practice and student learning as well as curriculum outcomes or even the sustenance of the curriculum. Many researchers (Alderson and Wall, 1993; Biggs, 1998; Crooks, 1998; Elton and Laurillard, 1979; Havnes 2004; Posner, 2004; Shepard, 2000; Yaratan and Firat, 2013) have emphasised that assessment drives student learning, teachers approach to the teaching of a subject, selection of content to teach and how to teach it. In an analysis of the status of CSE in 21 Eastern and Southern African (ESA) countries, Cheetham (2015) reports that about half of the countries including Democratic Republic of Congo, Ethiopia, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, Tanzania and Zambia conduct examinations

or school-based assessment and this is ensuring that the subject is not just taught but that teachers and students alike take the subject seriously and do effective teaching and learning in comparison to those countries that do not conduct any examinations or school-based assessment. The need to get pupils/students to pass the examination is also an incentive for school heads and education authorities to actively recruit and train teachers who will effectively deliver not just the curriculum but good examination results. In their evaluation of the initial WoH module in Ghanaian CoE, William *et al.* (2007) reported that very little teaching had gone on in many colleges and that College principals did not offer enough support to the program because they did not consider it as one of the 'academic' subjects. In response, William *et al.* (2007) recommended making the program examinable as a way of encouraging effective teaching and learning and support of college principals who are keen to maintain good examination results and to make the module sustainable. In a recent review of the challenges of implementing sex education in low and middle-income countries including Peru, Guatemala, Kenya and Ghana, Keogh *et al.* (2018) concluded that the conduct of examination in Peru and Ghana ensured that teachers and students took the subject seriously and that at least the knowledge gained by the students was assessed whilst in Kenya and Guatemala teachers often ignored the subject, instead focusing on the examinable subjects in the curriculum.

Despite the effect of examination or school-based assessment on the attitudes of teachers, school authorities and students towards sex education, the very nature and intent of standardised tests means that both teachers and students respectively focus teaching and learning activities towards passing the examination (Alderson and Wall, 1993; Havnes, 2004; Posner, 2004; Yaratan and Firat, 2013) to the detriment of other measures such as behaviour intent which usually cannot be measured in the same way. In their review described in the preceding paragraph, Keogh *et al.* (2018) reported that the key informants expressed their

concern about the inability of examinations to assess values and skills which in their view are the key purposes of sexuality education. Elsewhere, concerns have been raised about what standardised examinations measure and what they mean to the overall program outcome. For instance, in the Washington D. C State of the United States where a standardised examination was developed and administered in 2012, concerns were raised about the fact that the examination only identified factual knowledge gaps rather than promoting specific sets of health behaviours or values (Meier, 2012). Similarly, a global review of Life Skills Education which is defined as personal and social (interpersonal) domains of behaviour, as well as psychosocial skills and often includes sex and sexuality education, in over 40 countries expressed concerns about "measuring complex and abstract outcomes such as behaviour change as opposed to basic skills for which there is more experience of assessment" (UNICEF, 2012, p.11).

The focus of assessment in sex and sexuality education programs include knowledge, attitudes, skills and behaviour intent (Cheetham, 2015). However, as can be seen from the above, the sensitive nature of sex and sexuality education and the rationale behind such programs make traditional assessment practices such as the sit-down examination which has been employed in most instances unsuitable for assessing the values, skills and behaviour intent components of sex education (UNICEF, 2010). Considering this challenge, assessment practices that reduce the emphasis on summative assessment practices and, particularly sit-down examination, are emerging. For instance, Oerton and Bowen (2014) developed and taught a sex education program to students of the School of Social Sciences, University of South Wales, United Kingdom that did not involve a sit-down examination as assessment. Instead, they adopted and implemented an assessment system that involved students identifying sex and sexuality issues of interest to them and making a presentation in which both sides of the issue were argued out and the student took a position which articulated a

personal view, belief and attitude towards the subject of interest. These views, beliefs and attitudes towards the subject matter were then subjected to discourse in the classroom and students encouraged to incorporate the accepted changes into the second part of the assessment exercise which required students to develop a 'manifesto or position paper (students expanded on their earlier presentation to make posters, leaflets or flyers targeting a wider audience and suitable for public display). Student presentations were then assessed on five equally weighted criteria: "clarity and development of standpoint; knowledge and understanding; supporting evidence; links to broader cultural, social and historical factors; and presentational style" (Oerton and Bowen, 2014, p.684) and enabled students to develop their opinions; express them within an environment where there was regard for diversity and dissenting views, and empowered them with knowledge and the confidence of speaking up and reaching out to a wider audience. The criteria for assessment used by Oerton and Bowen (2014) was comprehensive as it covered the indices of knowledge, attitudes and behaviour also recommended by UNICEF (2010) for sex education programs which typically aim at modifying behaviour.

2:7 Classroom Environment and Teacher Professionalism

The sensitive and emotional nature of sex education coupled with the desire to get students actively involved and affect behaviour modification makes it different from other school subjects. Thus, teachers involved in sex education need to create safe and accommodating environments and processes to make students comfortable enough to participate effectively in the teaching and learning process (Dyson *et al.,* 2003). According to Moos (1976, as cited in Vahala and Winston, 1994, p.100), the environment's 'personality' influences the behaviour of its inhabitants (eliciting certain kinds of responses and suppressing others). Buston *et al.* (2002) conducted 66 in-depth interviews and 16 focus group discussions with pupils in six co-educational schools in the East of Scotland and found that pupils preferred an environment

in which they felt protected, accepted, secure (in terms of trust) and fun-laden lessons. Many other studies (Koch, 1992; LaCerva, 1992; Sapon-Shevin and Goodman, 1992; Trudell, 1992; 1993) conducted in High-income countries have concluded that a milieu or climate must be created, by the sex education teacher, where pupils feel secure and valued, and trust other class members and the teacher. Buston *et al.,* (2002) in a randomised control trial conducted in East Scotland identified four interrelated processes that worked to make students comfortable in a sex education classroom: the teacher being a protector; the teacher being a friend; a climate of trust between students and between students and the teacher; and the program should be fun. Buston *et al.,* (2002) further advised that sex education lessons should be delivered in familiar groupings whilst teachers moderate inherent power relationships in the classroom by remaining firm but approachable.

Awusabo-Asare *et al.* (2017) in their study conducted in Ghana found that 50% (n=2,990) of the students who participated in their study felt their sex education classes were overcrowded; 40% felt embarrassed in the class; one student out of every five had the impression their teachers felt embarrassed about what they taught; one out of every 10 had the perception their teachers did not have enough knowledge about the subject and 27% felt the environment did not encourage them to ask questions (citing reasons such as embarrassment, fear of being shouted at by mates and the teacher, fear of reprimand from teacher and the fear of offending other people in the class).

In creating a good classroom environment to facilitate sex education delivery, the teacher's personality and professionalism are important especially in fostering desirable and beneficial interpersonal relationships (teacher-student relationships). Interpersonal relationships refer to the relationship between two individuals characterized by degrees of continuity, shared history, and interdependent interactions across settings and activities (Collins and Repinski, 1994; Hinde, 1997). Desirable relationships are characterised by trust,

intimacy and sharing; the presence of positive affect; closeness and affective tone; and the content and quality of communication (Collins and Repinski, 1994; Laible and Thompson, 2007). In dyadic relationships, there is power and submissiveness. In teacher-student relationships, at least formal relationships, the power dynamic is in favour of the teacher (Rawlins, 2000) which must be managed in a way that the student feels comfortable as advocated by Buston et al., (2002). Teachers, who are sensitive to this power dynamic, must make efforts to reach out to students. For instance, Timmerman (2009) reported that his participants (Dutch sex educators) highlighted the need to court good interpersonal relations with their students due to the tension surrounding the discussion of the sensitive topics that make up sex education. In Ghana, teachers must make the effort to break this power relationship as it is reinforced by a culture that has; reverence for age, an aversion to discussing sex and sexuality issues, and a strong religious background that associates discussing sex and sexuality with immorality (Anarfi and Owusu, 2010; Mack, 2011; Van der Geest, 2001; 2008).

2:8 Summary

This review focused on the concepts of sexuality, sex education, teachers and their conceptions of sex education, training, sex education pedagogies, assessment practices and classroom environments that facilitate sex education delivery.

Sexuality as a concept was shown to be a cultural and socially influenced concept which embodied all the sexual knowledge, attitudes and behaviours of a people at a defined time including but not limited to gender-role socialisation, physical maturation, body image, social relationships, and future social aspirations. Sexuality and sex education were explored in terms of its content, agents and how it was delivered at home, among peers and within the wider society.

The relevance of quality and effective sexuality socialisation and education to the sexual

development of young persons is not in doubt although many RCTs conducted in High, Middle and low-income countries reported minimal effects of CSE to include delays in initiating sex, condom use and preventing pregnancies. These benefits are in spite of many societies, Ghana included, resisting CSE and a natural aversion to openly discussing sex and sexuality. There are also concerns about the content of sex and sexuality education being delivered especially at home, among peers, within religious institutions and within the school set up in many societies.

In the home, parents were found to be reluctant in communicating sex and sexuality issues with young persons. Literature also shows that traditional puberty rites, avenues for sexual socialisation in traditional Ghanaian societies are becoming defunct practices as modern religions abhor these rites. Peers have been seen as a double-edged sword. Whilst literature abounds about how they are ineffective in providing factual information to positively affect the knowledge of their fellow young people, many rigorous reviews of sex education programmes in both high and low-income countries involving peer-educators also report of their capacity to influence sexual behaviour norms more than adults are capable of doing.

Religion has a big influence on the sexual socialisation of its members although it has often focused on propagating the abstinence before marriage messages to the detriment of sexual health and well-being issues. Literature is beginning to emerge albeit from High-income countries such as the United States of America about religious bodies getting involved in offering conventional sex and sexuality education programmes to their members.

The review also revealed limited pre and in-service training for sex education teachers in Ghana and many other jurisdictions and that teachers were influenced by their subjective experiences and convictions in choosing what they taught and how they taught it. A review of sex and sexuality education pedagogies indicated an overwhelming usage of didactic pedagogies across many jurisdictions despite evidence that interactive pedagogies were

preferable in the delivery of sex and sexuality education programs.

The review also focused on assessment practices and their implications for sex and sexuality education programs. It was found that the assessment regime in place had an influence on teacher and student practices as well as the emphasis school authorities place on the subject. So, if examinations were conducted, teachers and students often focused on passing the examinations which at best only assessed knowledge to the detriment of skills and values which are the ultimate objectives of sex education.

Finally, it was revealed that sex education thrives in an environment of trust and an environment where pupils felt protected and secure. In addition to offering this trust, security and protection, teachers needed to be firm but approachable and have the capacity to moderate the power dynamics in their classrooms to the benefit of all pupils/students. The evidence showed that Ghanaian Senior High school students did not find their classroom environments welcoming enough to freely participate in sex and sexuality education lessons.

CHAPTER THREE

THEORETICAL AND CONCEPTUAL FRAMEWORKS

Overview

This study was guided by the Social Ecological Model (SEM) theory. The tenets of this theory are discussed in detail and illustrated with studies that employed it as an analytical framework. The strengths and weakness of the model are discussed, and reasons advanced for why it was selected for this study.

The terms, theoretical and conceptual framework have been used interchangeably by some researchers (Anfara, 2008; Maxwell, 2013; Ocholla and Le Roux, 2011), whilst others, such as Lieher and Smith (1999), make a clear distinction between the two. Lieher and Smith (1999) describe the theoretical framework as existing literature or an already made map that guides a study. On the other hand, Miles and Huberman (1994, p.18) defined a conceptual framework as a visual or written product, one that "explains, either graphically or in narrative form, the main things to be studied - the key factors, concepts, or variables - and the presumed relationships among them". For the purposes of this study, the distinctive use of the two is maintained.

For Tudge *et al.* (2009), theoretical frameworks are representations that serve two purposes; providing researchers with a common scientific language and rubric of communicating and evaluating their findings and enhancing our understandings of the theory and its relevance or application to the phenomenon being studied. Tudge *et al.* (2009) write that failure to declare the theoretical framework guiding a study "misleads students and fellow researchers about the contents and propositions of the theory, thus providing a flawed heuristic tool and preventing a fair test of the theory" (p.198). Theoretical frameworks guide the enquiry process by prescribing how data should be collected, processed and analysed for meaningful deductions to be made.

3:1 Social Ecological Model

Sex and Sexuality issues, especially concerning public and adolescent health have gained prominence in research over the last few decades. Many of these studies initially attributed health behaviour to intra-personal characteristics that inform lifestyle choices and the consequences of such choices thereof (Diclemente *et al.,* 2005). Over the years, it has become clear that beyond intra-personal choices, cultural, social, economic and political context and how all these interrelate influence health behaviour and outcomes (Salazer et al., 2009; Lynch, 1997). The Social Ecological Model (SEM) posits that individual decisions and behaviours result from interactions within and between the individual's social and physical surroundings (Bronfenbrenner, 1979). The proponents of SEM sought to translate the biological systems approach of explaining the interdependence of biological organisms and their environment (the physical environment and other organisms) to the social world of a person who equally interacted with other humans and human developed systems as well as the natural environment with each exerting some level of influence or order on the other (Ungar, 2002). Thus, the SEM approach offered its proponents the opportunity to explore comprehensively all the possible influences of a phenomenon by stratifying the influences in the environment from intra and interpersonal to organisational and community levels and policy or national level influences.

The ideas of an ontological stratification, which is discussed later in this Thesis (see Section 4:1) and the need for ontological depth, that is exploring phenomena beyond one ontological domain (Bhaskar, 1989) is seminal to the selection of SEM as a guiding theory for this study.

Social-Ecological models have been used as foundations for planning and evaluation models because they provide a comprehensive understanding of the human, social and organisational influences of a programme (Woods, 2009; Glasgow et al., 1999; Green and

Kreuter, 1999). They have also been used to better understand the determinants of behaviours such as physical activity and nutrition (Brownson et al., 2001; Egger and Swinburn, 1997; Elder *et al.*, 2007; Essiet *et al.*, 2017), smoking (Commit Research Group, 1991; De Vries *et al.*, 2003), sexual activity (DiClemente *et al.*, 2007; Latkin and Knowlton, 2005; Raneri and Wiemann, 2007; Salazar *et al.*, 2010) utilization of sexual and reproductive health services and HIV testing behaviour (Dyson *et al.*, 2018; Gombachika *et al.*, 2012). Indeed, Kelly (2006, cited in Richard *et al.*, 2011, p.311) has described the ecological approach to researching as a unique way of "looking at the world because it involves working in collaboration with groups and in settings situated in local environments to further the objective of community development or capacity building".

In his earlier publication, *The Ecology of Human Development* (Bronfenbrenner, 1979), he is said to have focused on "a scientific approach emphasizing the interrelationship of different processes and their contextual variation" and not recognised the role of the person to his/her development (Darling, 2007, p.203).
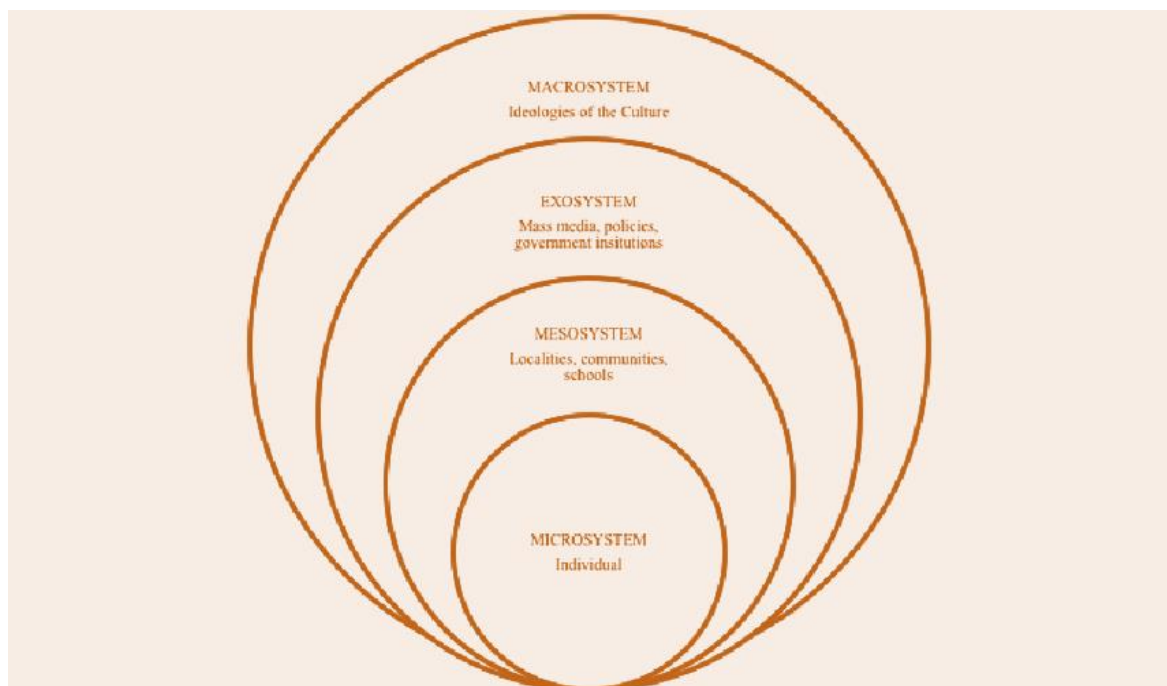
Figure 3.1: Bronfenbrenner's Ecological Systems Model. Source: Bronfenbrenner (1994).

Earlier versions of the module though placed the individual at the centre of an environment, it emphasised the series of contexts termed micro, meso, exo and macro systems which operated both independently and in relation to the other contexts. See Figure 3.1.

The emphasis on the contexts was acknowledged by Bronfenbrenner who demonstrated a history of self-criticism when he acknowledged that his theory had de-emphasised not denied the role of the person in his or her own development (Bronfenbrenner, 1989). In his later writings, Bronfenbrenner stressed on the interrelatedness of the person-context factors (Tudge *et al.,* 1997) and introduced the concept of *"process"*. Following his death in 2005, a posthumous publication, Bronfenbrenner and Morris (2006) synthesised the levels of development of an individual, micro, meso, exo, macro and chrono systems as well as the seamless interactions between them, into four key elements to be used both in understanding human development, and in structuring research on it: Process, Person, Context, Time (PPCT), see Figure 3.2.
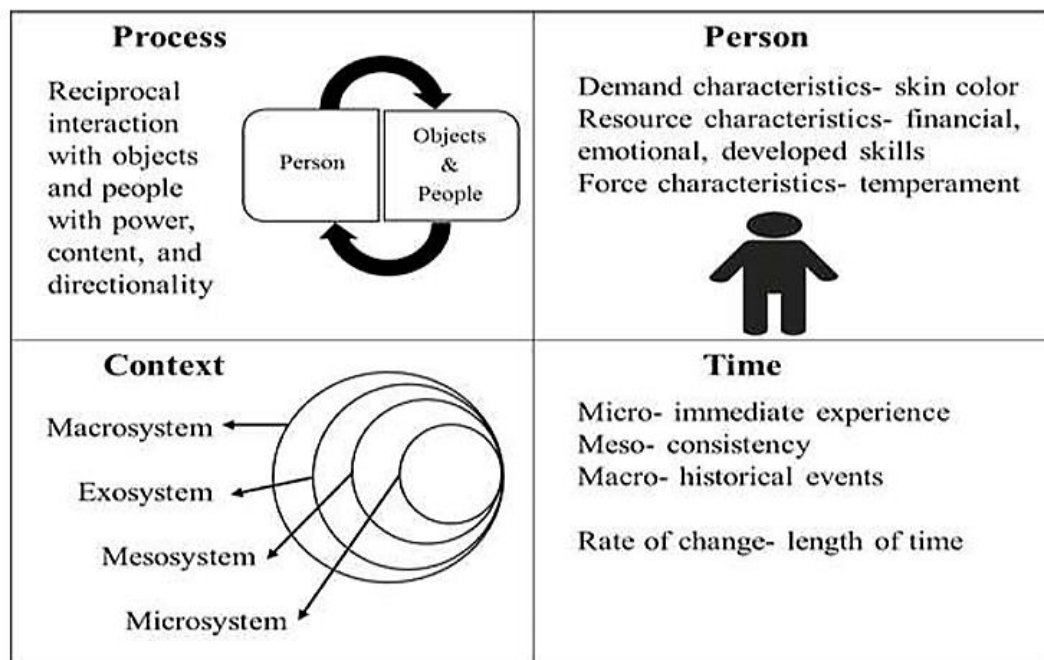
Figure 3.2: Process, Person, Context, Time Model developed from Bronfenbrenner (2005, as cited in Trummer, 2017).
Note: Demand characteristics in the second quadrant is the same as Demographics (age, gender, nationality, religion, social class, occupation, caste, etc)

The emphasis remained on examining each of the four individually and then how the four interact with each other (Bronfenbrenner and Morris, 2006). It must be noted that even this version of the theory was described as 'work in progress' (Bronfenbrenner and Morris 2006).

3:1:1 Process

According to Bronfenbrenner and Morris (2006) "process is a construct that encompasses particular forms of interaction between organism and environment, called proximal processes, that operate over time and are posited as the primary mechanisms producing human development" (p.795). These proximal processes include the biological, psychological, social and cultural processes that underpin the development of the individual as well as the influence the individual exerts over the environment. These processes occur between the individual and other people around the individual. For example, sexual role socialisation will usually occur between a parent and a child at certain stages of the child's life and will lead to the child developing certain skills to conduct himself/herself in a certain way within the community which will also exert a certain process such as puberty rites or public circumcisions on its members. However, not all processes are the result of interpersonal interactions. Some processes result from interactions with objects and symbols in the environment. Although the processes influence development, they "vary substantially as a function of the characteristics of the developing Person, of the immediate and more remote environmental Contexts, and the Time periods, in which the proximal processes take place" (Bronfenbrenner and Morris, 2006, p.795).

3:1:2 Person

Bronfenbrenner and Morris (2006) identified three types of personal characteristics that are most influential in shaping the course of future development and in determining the direction and power of the proximal processes that the individual experiences. These include; *demography or demand characteristics, resources and force/dispositions.*

Demand/ demographic characteristics include age, gender, ethnicity, nationality, religious affiliation etc which immediately place certain expectations on the individual as well as define their roles. For instance, a child may not be expected to speak about sex or even to mention the sexual organs by their names especially when elders are around in certain cultures. Religion, for instance, may prohibit certain sexual practices such as Catholics and the prohibition of contraception.

Resources refer to the ability, experience, knowledge, and skill required for the effective functioning of proximal processes at a given stage of development (Bronfenbrenner and Morris, 2006, p.796). Resources can be internal or external. Internal resources are previous experiences, intellectual capacity and developed skills (Trummer, 2017). In this study, the internal resources to be explored will include participants' previous experiences with sex and sexuality, their socialisation and the skills they developed from their experiences and socialisation. External resources include factors such as education and for this study that will explore the kind of sex and sexuality education the participants experienced, their training pre and during the teaching of the WoH module.

Force/Dispositions are the personal things such as motivational drives, temperament, determination, that set proximal processes into action and can sustain or curtail them. For instance, if one had issues to do with pre-marital sex that resulted in unpleasant experiences and motivated the person into advocacy, the person will more likely favour and initiate discussions that promote abstinence before marriage.

3:1:3 Context

The context component of the PPCT model has been discussed in section 3.1 as part of the initial model which is said to have focused on the context of development. Regarding the first context - microsystem, the interest will be in exploring the participants' experiences with family, peers, school etc as these are the places that proximal processes take place. These

different contexts at the microsystem levels are not islands and thus interact to form the mesosystem. The exo and macrosystems have direct influences on the proximal processes in the micro and meso-systems. For instance, national level policies on sex education could influence what is taught in schools and other contexts in the micro and meso-systems; with the macrosystem contexts referring to established patterns such as culture, norms, beliefs etc., which govern the overarching context of human development and usually reflect in the practices of the various institutions within the mesosystem. For instance, there may be an acceptable norm which defines how young persons are socialised with respect to sex and sexuality and how females or males are expected to conduct themselves in a given context and reflects for instance in the gender-driven socialisation in some societies.

3:1:4 Time

The dimension of time in Bronfenbrenner's model is based on the principle that there are either changes of a temporal nature or consistency over time not only in the characteristics of the developing individual but also the environment within which the individual develops (Bronfenbrenner, 2005). The changes or consistencies could vary from familial structures and values to socioeconomic conditions and policy evolutions and could manifest in dimensions such as lifecycle changes, including age at sexual initiation, menopause, aging children, and aging parents (Jones *et al.,* 2011). For instance, at the socio-cultural level, literature abounds about how puberty rites influenced the sexual development of young people in Ghana in the past (See Adomako-Ampofo, 2001; Awusabo-Asare *et al.,* 2004; Nukunya, 2003; Sarpong, 1977). This influence has however been reported to have waned due to the proliferation of Christianity, Islam and Western style education (Addai, 2000; Awusabo-Asare *et al*., 2004; Biddlecom *et al.,* 2008; Glover *et al.,* 2003). Although these contemporary religions, just like the traditional practice require young people to remain asexual until marriage, the threat of banishment which characterised the period of prominence of puberty rites does not exists for

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these contemporary religions. State policies that clearly spell out human rights and freedoms coupled with an increasing literate population have equally quelled the threats that underpinned adolescent development in the past. Therefore, the influences of the sexual development of young people when these new religions and guarantees were less prominent will likely be different from the influences characterising the development of young people in contemporary Ghana.

3.2 The Application of SEM in Research

Researchers have adopted this model in varying forms to conduct their studies. Predominantly applied in public health and health promotion, World Health Organisation (WHO) and others such as the Centre for Disease Control (CDC) of the United States have adopted this framework as the guiding principle for program design, implementation and evaluation and as a sound basis for understanding the determinants of health behaviour, be it addiction, sexual behaviour or indeed any other form of health issue (Golden and Earp, 2012). For instance, CDC adapted the SEM for various health promotion projects to include the spheres of interpersonal, organizational, community, and policy factors.

SEM has also been applied as a multilevel approach analysis to areas such as in public health promotion, violence prevention, healthy college campuses, geriatric preventive health, and colorectal cancer prevention to name a few. Similarly, researchers in the social sciences have utilised the model either by adopting or adapting it to fit the circumstances of their research.

In relation to health behaviour research, the SEM has been applied in varied ways to examine the multi-level influences of individual behaviours and most have explored this multi-level influences from the intrapersonal, interpersonal, organisational/institutional and community/policy factors levels in both high and low income countries (Aral *et al.*, 2005; Essiet *et al.*, 2017; Gombachika *et al.*, 2012; McLeroy *et al.*, 1988; Salazar *et al.*, 2010; Sallis

and Owen 2002; Stokols 1992; Yacob and Ncama, 2016). In one variation, Belsky (1980) combined the theory of individual development and Bronfenbrenner's model and developed a framework to account for individual, family, social and cultural influences on child abuse. Belsky complemented Bronfenbrenner's model (which, according to him, focused on the context of development rather than development itself) with Tinbergen's (1951) ontogenic developmental framework, which analysed behaviours of interest based on: how the behaviour of interest was developed by the individual, the immediate antecedents of the behaviour (an explanation of why the behaviour was exhibited) and, the consequences of the behaviour. Belsky used the framework to explore child maltreatment and made the following conclusions; abusing parents have developmental histories that may predispose them to treat children in an abusive or neglectful manner (ontogenic development), stress-promoting forces both within the immediate family (the microsystem) and beyond it (the exosystem), increase the likelihood that parent-child conflict will occur and a parent's response to such conflict and stress takes the form of child maltreatment. Thus, child maltreatment is a consequence both of the parent's own experience as a child (ontogenic development) and of the values and child-rearing practices that characterize the society or subculture in which the individual, family, and community are embedded (the macrosystem). Belsky's framework helped him to explain the structural relationship among individual, familial, community, and cultural factors that influence child maltreatment.

The SEM has also been applied severally and variedly in exploring the needs of both in-service and pre-service teachers involved in delivering health behaviour related programs in high-income countries such as Canada and United States of America (see Vamos and Zhou, 2009, and Eisenberg *et al.*, 2012 respectively) and in sub-Saharan African countries such as Namibia and South Africa (Haufiku, 2014; Tayob, 2010). Vamos and Zhou (2009) used SEM to assess the Health Education needs of pre and in-service teachers in British Columbia

within the K-12 education system in Canada. They interviewed 16 in-service and 14 pre-service teachers and analysed their findings into seven themes which were then categorised as (1) Intrapersonal Level (teaching strategies; knowledge/skills; comfort); (2) Interpersonal Level (teaching barriers); and (3) Community Level (health curricula; health programs; role of school). Following from Vamos and Zhou (2009), Eisenberg *et al.* (2012) assessed the interpersonal, organisational/institutional and community/policy level influences on teaching sexuality education in Minnesota, United States of America using focus group discussions by describing each theorised level of influence and providing several examples in relation to sex education. This study involved 41 sexuality education teachers and a total of seven focus group discussions that explored teachers' challenges and the supports teachers experienced in the teaching of sex education. At the interpersonal level, teachers reported both positive and negative interactions with parents, regarding parents as highly influential on school administrators and policy. Teachers also reported many organisational level challenges, including their administrators, district policy, and structural factors such as time, financial resources, and diversity in the student body. At the community level, participants overwhelmingly felt that policy changes could be very beneficial to sexuality education in Minnesota and believed that this support could come from all levels. Interpretations of the two studies (Vamos and Zhou, 2009; Eisenberg *et al.*, 2012) must be cautious as both covered only local areas and not national studies and therefore may not have reflected national conditions. However, the findings highlighted the multiple levels of influence on the experiences of sex educators and the need to identify such factors as the basis of planning and executing both in-service and pre-service sex education teacher preparation programs.

In Namibia, a low-income country, Haufiku (2014) used SEM as an analytical guide in exploring the experiences of teachers and the kind of support the teachers offered to school-going teenage mothers. Using a purposively selected sample of eight teachers from two

boarding secondary schools in Northern Namibia, Haufiku found that although teachers were empathetic towards teens with visible pregnancy signs, they still felt overwhelmed and burdened in having to deal with them. Teachers were found to be influenced by the cultural and social norms of the society where teenage pregnancy is frowned on and were, therefore, less enthused about the presence of teen mothers in their classes whom they thought had fewer academic potentials and were a source of indiscipline in their classrooms. Study participants blamed a Namibian national inclusive policy for creating fewer ideal conditions for academic work by allowing teen mothers in schools. Notwithstanding the non-representative nature of the sample and thus the inability to generalise the findings of this study, it highlighted the potential discord that can arise when community-level influences are ignored in the development of national policies and when teachers do not receive adequate training to offset the potential effects of the implementation of national-level policies on community-level norms and practices.

In a similar application of SEM, Tayob (2010) explored the knowledge and attitudes of 13 intermediate level primary school teachers selected from seven schools in Philippi, Cape Town, South Africa. Using semi-structured interviews, Tayob found that though participants exhibited knowledge of HIV/AIDS, their practices were influenced by their religious beliefs and their interactions with PLWHA and community level norms and practices. Tayob also highlighted the influences of Macrosystem levels such as the policies introduced by the Education Department (in this case, the Western Cape), and the Microsystems of the societies and communities within which the schools were located on the practice of the participants. Tayob recommended the recognition of how cultural and community level factors can influence the knowledge and beliefs of teachers and thus should be factored into the training and resourcing of teachers and the fostering of a collaborative relationship between the school system, the community and policy developers as well as developers of teaching-

learning materials. Once again, though the sample size was not representative, the findings highlighted the fact that development is shaped by the influence of multi-level factors, the central theme of SEM (Stivaros, 2007).

In Ghana, a middle-income country and also where the current study is being conducted, Kumi-Kyereme *et al.* (2007) used the SEM to explore the influence of social connectedness, communication and monitoring on adolescent sexual activity in Ghana. Although this study did not directly explore sex and sexuality education, it examined the roles of parents, other household members, friends, schools and religious institutions in the lives of adolescents with respect to sexual risk-taking behaviour by focusing on the kind of sex and sexuality communication and who were involved and what was communicated, and effect of the message communicated. These are components of sex and sexuality education and are of interest in this study as I seek to explore the participants' experiences within the context of their development from home through to school, teacher training and others. Data was collected from a national survey conducted in 2004 involving 4,430, 16 focus group discussions (FGD) and 102 in-depth interviews (IDIs) of 12-19-year-old adolescents. They found among others that, within the home, mothers were more likely to be those communicating about sex and sexuality with adolescents and the focus was often on the females as they were expected not to indulge in pre-marital sex. They also found that this communication was mostly in the form of instructions and no form of discussion was encouraged. Adolescents were more likely to approach peers who they thought were more sympathetic and prepared to listen to them. The study concluded that the influence of parents and immediate family members on the sex and sexuality socialisation of the adolescent is waning in Ghana and instead the school system due to the growing influence of formal education and peers have become the prime sources of information on sex and sexuality for adolescents. In addition, a gender-based perception of sex and sexuality showed in the levels

of parental monitoring with monitoring of sons less intense than daughters. Overall, the findings pointed to gaps in parent-child communication in relation to sex and sexuality and the need to create an enabling environment for the sexual socialisation of adolescents by providing intervention programs for parents and other adults in the community to improve on their sex and sexuality communication skills and knowledge. Kumi-Kyereme *et al.* (2007) collected their data from young adolescents at a time that they needed sex and sexuality socialisation or were experiencing adolescent related crises (for example, they interviewed teens who were either pregnant or had given birth). According to Bronfenbrenner (1986), the environment is dynamic and does not uniformly influence individuals. These experiences could have influenced their responses. The current study will involve participants recounting their experiences of growing up mediated by time and hindsight knowledge and could thus provide untainted perspectives of their communication with parents, other adults and peers during their socialisation.

In the current study, I used the approach of Vamos and Zhou (2009) and Eisenberg *et al.,* (2012) to provide a description of each theorised level of influence and relevant examples in relation to tutor's experiences arising from their own sexuality socialisation, experiences, training as well as their interactions with the WoH materials, trainees and other stakeholders (see Table 3.1). In doing so I am guided by Belsky's coupling of Bronfenbrenner's models and Tinbergen's framework to explore not just tutors' experiences from their development and practice in relation to sex, sexuality and the WoH module but the antecedents that helped in developing the attitudes, beliefs and behaviour and the consequences of these to their practice of sex education and the kind of experiences they provide to teacher trainees. For example, at the intrapersonal level, tutors' beliefs about the relevance of sex education, attitudes towards pre-marital sex and others may influence the way they deliver the WoH module and the messages they send across in their interactions with trainees. Establishing

Level of Influence	Description (McLeroy *et al.*, 1988)	Examples
Intrapersonal	Psychosocial characteristics of the individual, such as beliefs, attitudes and knowledge	Beliefs and attitudes towards pre-marital sex, sexual diversity, safe sex. Teacher efficacy, prior training and CPD
Interpersonal	Exchanges with other individuals and formal or informal groups (e.g. family, colleagues), such as encouragement or shared information	Nature of sex and sexuality socialization from parents, school, peers, religious organizations and influences
Organizational/institutional	System-wide programmes, resources or policies in a formal group or an established organization	Principals support, availability of TLRs, Sundry duties, IoE, TED, NCTE etc.
Community/public policy	Large-scale system characteristics, such as resources, norms, and cultural values, and laws and policies at the local, state, and national levels	Sex and sexuality norms of Ghanaian societies. National level policies and implementation, National Curriculum and requirements

Table 3.1: Application of Social-Ecological Theory to the Experiences of WoH Tutors

such influences will enable recommendations for remedial actions to ensure the module is delivered to achieve the set objectives. Tutors' interactions with trainees and the information, knowledge and attitudes passed on between them (Interpersonal) is also important especially as these are what will form the basis for the future practice of the trainees. Unlike Eisenberg *et al.* who did not explore the intrapersonal influences because in their view this had received

enough attention in literature, it is explored in this study because there is a dearth of such literature emanating from Ghana especially in relation to teacher trainers (tutors) and as a way of understanding all the influences that form the tutors' experiences. In addition, I adopted the definitions of Mcleroy *et al.* (1988) for the four levels of influence in the same manner as Eisenberg *et al.* (2012). However, I cited examples relevant to tutors' sex and sexuality socialization, beliefs, attitudes and behaviour, the nature of their interactions with trainees, the WoH module, their training and how it has influenced them in their practice and how institutional, community and national level policies and practices affect them.

3:2:1 GAPS

The discussions in Section 3.2 demonstrate the extensive application of various forms of Bronfenbrenner's model in research in very different contexts. Although applied by Kumi-kyereme *et al.* (2007) in a study that can be described as national in Ghana, the demographics of the participants were limited to young adolescents and the study did not demonstrate how the various context interacted to influence the proximal processes that characterized the development of the adolescents with respect to sex and sexuality communication with their parents. By exploring the sex and sexuality experiences of the participants in this study and how the experiences have influenced their practice of teaching the WoH, I hope to show how the various context interact and importantly how these interactions influence the development of beliefs, knowledge, skills and attitudes of the participants towards sex and sexuality education. In addition, participants training in terms of its relevance to the teaching of WoH will be explored to provide an insight into teacher efficacy which is central to the success of every teaching project.

Bronfenbrenner (1986) made the point that the environment is dynamic and that it does not uniformly affect individuals. Considering the age demographics (an average of 45yrs) of the current participants, their experiences of sex and sexuality education and socialization

would have occurred in contexts different from what existed in the middle 2000s when Kumi-Kyereme *et al.* conducted their studies. Thus, the current study will expand on our understanding of the contexts of sex and sexual socialization then, and now and provide insight as to the age categories to target in remedial interventions and the content of the intervention. Also, the sampling technique employed in this study was aimed at ensuring a very diverse sample in terms of gender, ethnicity, religion and geographic location to provide the basis for exploring as many different contexts and proximal processes as possible and how they influenced the experiences of the participants. Such diversity in the sample provides a basis for making recommendations that cater to varied contexts and processes.

In their study of the challenges of implementing CSE in lower to middle-income countries including Ghana, Kenya, Peru and Guatemala, Keogh *et al.* (2018) found highly centralized national CSE curricula often led to unnecessary bureaucratic challenges such as delays in releasing budgetary allocations, guidelines not always filtering down to local levels and a lack of accountability in terms of implementation. However, the data from Ghana for this study was collected from teachers and principals of SHS as well as policymakers, CSOs and CBOs leaders. The governing structures of teacher training institutions in Ghana is different from the governing structures of SHS (2nd cycle education). Whilst the Curriculum and Research Development Unit of the Ghana Ministry of Education has direct responsibility for developing the curriculum for the 1st and 2nd cycle schools, that responsibility lies with the IoE, UCC in consultation with NCTE and TED. Thus, this framework should help explore how the policy and regulatory environment at national, college and local levels affect tutors in the discharge of their WoH teaching responsibilities.

Similarly, Awusabo-Asare *et al.* (2017) has reported the challeneges faced by Senior High School (SHS) sex education teachers (see Section 2.4) . As argued in the preceeding paragraph, the governing structures and practices as well as expectations differ for SHS

teachers and college tutors. For example, sex education is either integrated into other subjects in SHS or taught as a co-curricular module whereas it is a stand-alone module in CoE. In addition, this participants being teacher trainers may have different dispositions to teaching especially as their trainees are considered adults. This framework will be useful in identifying the challenges of these participants at the personal, interpersonal, organisational and national policy levels.

3.3 A Critique of SEM

In an evaluation of 25 studies published in English between 2001 and 2008 utilizing Bronfenbrenner's model, Tudge *et al.* (2009) found that only four studies based their application of Bronfenbrenner's theory on the mature form which consisted of the PPCT model. The remaining studies although stated clearly that they were applying Bronfenbrenner's theory used references dating to the 1970s, 80s and 90s when the theory was in its early stages of development. These latter group of studies treated the theory "as though it either dealt solely with contextual influences on development or on contextual and individual characteristics, but without any attention paid to proximal processes" (Tudge *et al.,* 2009, p.204). I have noted this critique and have traced the development of the theory through to its present application as well as how it has been adopted and utilized in research involving in-service and pre-service sex educators (see Section 3.2) to demonstrate the rigorous refining process that has led to the current PPCT form and the adaptability of the model. Thus, this study is applying the model in the form that explores the contextual, individual and proximal processes. As well, I have been categorical in stating the lenses I intend to use in analyzing the data so as not to fall in the category of others who have been criticized for just referencing Bronfenbrenner's model without indicating which form of the model.

Bioecological models have often been used in studies especially those of quantitative

nature to provide dominant normative influences of specific subgroups or populations as if the personal developmental experiences which formed the basis of Bronfenbrenner's ecological model do not matter. In contrast, the model provides for a focus on the individual experiential qualities which Bronfenbrenner (2001) believed were powerful in shaping the development of the individual. This study will thus present the findings to reflect the individual experiences while drawing out the commonalities and differences in the participants experiences and the processes that led to the experiences. Although education and particularly CPD should focus on the individual needs of beneficiaries, highly centralized systems such as Ghana's teacher training system often require a 'one size' fit all package. However, if this package is the result of considering the commonalities and differences of the experiences of the individuals involved then the package may very well be responding to the needs of the beneficiaries.

Hovell *et al.* (2009) have criticised earlier versions of ecological models for being non-comprehensive and lacking in demonstrating how learning takes place. By identifying the experiences of this study participants and the context within which the experiences took place, I aim to make connections between their earlier and later experiences to demonstrate how learning took place, the reinforcing factors across the various levels of interaction and how individual factors such as gender, sexuality, religiosity and ethnicity may have influenced the development of the participants and or how they interpret their experiences (Richard et al., 2011).

3.4 Conceptual Framework

Following Miles and Huberman's (1994) definition of conceptual framework (see Overview of Chapter Three) the data collected from interviews will be explored using the lenses of Vamos and Zhou (2009) and Eisenberg *et al.* (2012) which explores individuals experiences   by   identifying   the   intrapersonal   and   interpersonal   characteristics,

institutional/organisational level influences and community /public policies that have influences on the individual level characteristics (See Figure 3.3). The model also enables one to establish the interactions between these levels.

At the intrapersonal level, this study will explore teachers attitudes towards sex and sexuality education by soliciting their views of pre-marital sex, sexual diversity, safe sex and practices. Participants knowledge acquisition prior to and during their teaching of WoH and their teacher efficacy beliefs will also be explored at this level. The various sources of their personal sex education and how they influenced their sexual socialisation will be explored in terms of who were involved, what was acquired (knowledge, skills and attitudes) and the effect on the development of participants will be examined at the interpersonal level. At the organisational or institutional level, this study will explore the practices in the colleges, the requirements of the regulatory institutions, the challenges of teaching the module and in its participants view what can be done to improve the module.

Finally, the community or public policy level analysis will explore the participants views of norms and values of the society and national policies that have influenced their personal socialisation and their duties as WoH tutors. How the characteristics of each of the four levels interact or add up to influence the experiences of the participants will be discussed to highlight not only the multiplicity of the factors that influence individual development but to inform the need for considering the same in the development of sex and sexuality education programs and CPD for in-service teachers.
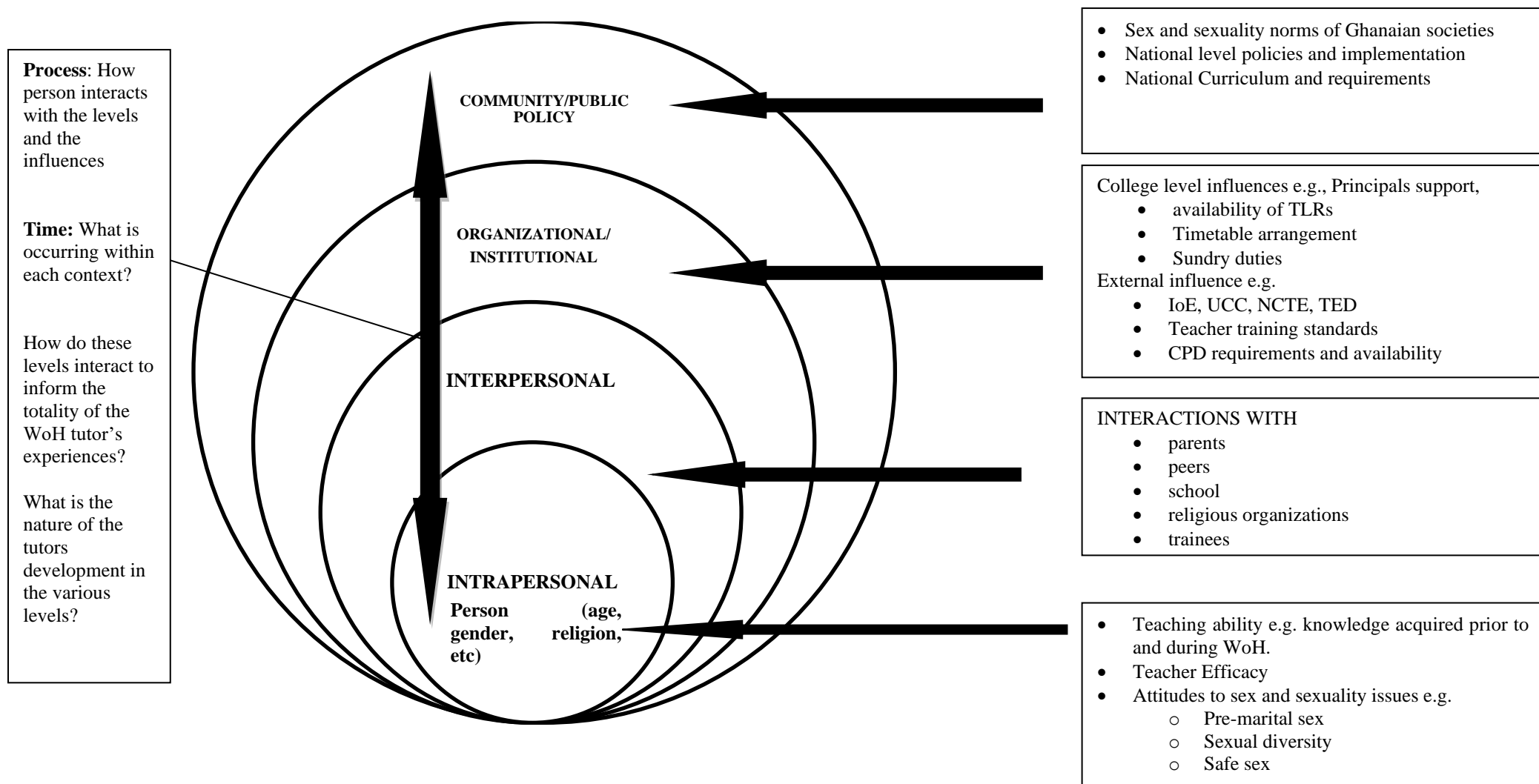
Figure 3.3: CONCEPTUAL FRAMEWORK BASED ON THE SOCIAL-ECOLOGICAL MODEL OF BRONFENBRENNER AND MORRIS (2006) AND BELSKY (1980).

CHAPTER FOUR

RESEARCH METHODOLOGY AND METHODS

Overview

The purpose of this chapter is to explore the methodology and methods adopted for researching the experiences of sex educators in Ghanaian Colleges of Education. The methodology is the general way in which a topic is researched (L0angdridge, 2007). Somekh and Lewin, (2005) define methodology as "the collection of methods or rules by which a particular piece of research is undertaken, including, principles, theories and values that underpin a particular approach to research" (p.346). The term method was used here to refer to the specific strategies employed in collecting data, processing and analysing the data and by extension, the reasons and justifications for the strategies so adapted.

This chapter covers the study's philosophical assumptions; the research approach; research design; sampling techniques and study sample; data collecting processes; data analysis procedures; and ethics observed from inception to end.

4:1 Philosophical Assumptions

Creswell (2009, p.6) refers to philosophy as a "worldview" and that it is the "general orientation about the world and the nature of research that a researcher holds". These beliefs about the world and the nature of research influence a researcher to make assumptions: about human knowledge (epistemological assumptions), about the realities to be encountered in the research (ontological assumptions) and the extent and ways the researcher's own values influence the research process (axiological assumptions) (Burrell and Morgan, 1979).

Epistemological assumptions concern the nature of knowledge, that is, "how is it possible, if it is, for us to gain knowledge of the world?" (Hughes and Sharrock, 1997, p.5). It is concerned with "nature, validity, and limits of inquiry" (Rosenau, 1992, p. 109). Ontology, on the other hand, relates to the nature of reality, that is, what things, if any, have existence or

whether reality is "the product of one's mind" (Burrell and Morgan, 1979 p. 1). Finally, axiological assumptions refer to the assumptions made concerning values and ethics within the research process. Axiology incorporates questions about how a researcher deals with both his or her own values and those of research participants.

Epistemologically, the study takes the critical realist approach that views knowledge as relative because it is socially and historically conditioned (Bhaskar, 1978). Thus, facts are social constructions and causality has historical antecedents that need to be established. Critical realist's philosophy accepts that there is an independently "existing world of objectives and structures that are causally active, giving rise to the actual events that do and do not occur" (Mingers, 2006, p.19). However, one's knowledge of this world is always socially, historically and culturally situated (Archer *et al*., 2015). Thus, individuals may observe or experience the same phenomenon but interpret it differently. As already discussed, the focus of this study is on WoH tutors, their interactions with the environment and the emotions and ideas attached to the outcomes of these interactions with respect to sex and sexuality education and their practice as WoH tutors. The ultimate aim is to identify the experiences, what caused or influenced (social, cultural and historical antecedents) the experiences and how they have in turn influenced the participants and their development as well as practice as sex educators. With epistemological claims being relative, this study aims to find the sex and sexuality norms that characterised tutor's socialisation and how their socialisation influences their current practice as well as their current social interactions and consistent with critical realists' philosophy, how this knowledge can be used to improve the current practice of WoH for both tutors and their trainees. Archer (2003), argues that the current social context within which agents operate is conditioned by past social and cultural structures. An understanding of the past and the current can thus be the basis for conditioning the future and by that, I refer to the practice of tutors and that of their trainees.

Ontologically, reality is single. However, there can be multiple interpretations of reality with knowledge socially constructed rather than objectively determined (Carson *et al.*, 2001, p.5) and perceived (Hirschman, 1985; Berger and Luckman, 1967; as cited in Hudson and Ozanne, 1988, p.3). Critical realist also maintain that underlying structures and mechanisms of the real world determine social arrangements and understandings (Hughes and Sharrock, 1997, p.164). For Bhaskar, the mechanisms generate events which may or may not be experienced. In addition, although reality is single, it is stratified into the domains of *real*, *actual* and *empirical*. Empirical reality refers to the directly observable patterns of behaviour that can be explained for example by scientist in experimental settings and is typically the focus of quantitative researchers. In the real domain, the interest goes beyond the observable patterns of behaviour to the causal mechanism which is not immediately observable and can only be explored in open systems (Bhaskar, 1975, p.13). For instance, puberty rites (see Section 2:3:1) took place in some Ghanaian societies. The reasons for such rites, the power exercised by the society on members, families and young persons and how these affected the interrelationships between the society and the families and young persons with regard to the rites are what the real ontological domain will be concerned with. Actual reality refers to "things and events in their concrete historical contexts, only some of which will ever be known or experienced by human beings" (Scott, 2014, p.6). Back to the example of puberty rites, if families failed to prepare their wards for the rites, they were subject to the wrath of the gods and banishment from the community. Why this was so may never be known because the gods were and are not answerable to ordinary humans. But the fear of the gods meant that families seldom defied their wishes. Thus, the punishment of the gods though known may never have been experienced. To conflate these domains amounts to what Bhaskar (1989) terms as the epistemic fallacy. To get a deeper understanding of a phenomenon is to delineate the phenomenon by exploring it beyond the observed or reported occurrence. Indeed, Bhaskar

refers to the potential to explore beyond the empirical, the real and the actual domains as the 'ontological depth'. Using the concept of ontological stratification, the structures and agents that govern sex and sexuality, the events that are experienced, what could have caused the events to happen the way they did will be explored with respect to the study participants sex and sexuality experiences.

Based on the epistemic relativism and the ontological reality, critical realist accept the "hermeneutic notion that knowledge is communicatively constructed, that our concepts and beliefs are historically generated and conditioned and that the explanatory knowledge produced through realist analysis will always be open to challenge and subject to change" (Wikgren, 2005, p.14). Indeed, in chapter three of this Thesis where the theoretical framework was discussed, Bronfenbrenner and Morris (2006) identified the inter-relationships between a person and the context of the experience and the processes (defined to include the interaction with people and objects and the power dynamics involved in such interactions) as well as the effect of time. Thus, a change in the context, the dynamics of the processes or the length/time frame of the experience and the person characteristics such as gender, ethnicity etc. could all affect how the reality is interpreted. As a result, the goal of the study was to give each participant the opportunity to tell their experiences in the way they experienced them, and the analysis focused on identifying the structures and other agents (norms, cultural practices, organisations such as religious groups, schools, health services, parents, peers, family) that influenced the experiences. Archer makes the point that structures and agents should be viewed as separate entities (though she doesn't deny their interaction) as a way of understanding the nature of their interactions and to make them analysable. This concept was utilised throughout the analysis. The power dynamics between structures and agents and between agents are explored and discussed as is consistent with critical realist philosophy.

Axiologically, I have conceptions about the phenomenon being studied as I am also a sex educator and have already acknowledged my positionality in Chapter One (see Section 1:8). This is consistent with the position of Creswell (2003, p.182) that "introspection and acknowledgement of biases, values or interests (or reflexivity) typifies qualitative research today. Additionally, the participants have rights which must be respected and were respected (See Section 4:8).

As a philosophical view, critical realists have been criticised for employing a dualist perspective in which causal mechanisms are associated with 'closed' systems while actual concrete events operate in 'open' systems (Carchedi, 1983). This criticism is not entirely out of place and has not gone unnoticed by critical realists. For instance, Bhaskar's description of how structures evolve and transform through different concrete levels with each concrete level existing in its own ontological space gives credibility to this criticism (Bhaskar, 1986/ 2009). In response, Bhaskar in his later writings clarified that structure and history must be viewed as entwined rather than existing in their own ontological spaces.

Still, on the criticism of dualism, the fundamental concern of critical realists is to explain "independent underlying causal or generative mechanisms which may in principle be unobservable" (Mingers, 2006, p.24). As social systems so often overlap, if it takes delineating structures to get an understanding of the phenomenon and to arrive at plausible solutions, the import of the enquiry and the benefits thereof should be viewed as superior. In other words, the end justifies the means.

4:2 Approach

Creswell (2009, p.3), defines approach as "the plan and procedures for research that span the steps from broad assumptions to detailed methods of data collection, analysis, and interpretation". The approach is informed by the philosophical assumptions the researcher brings to the study (see section 4:1 above); procedures of inquiry (called research designs);

and specific research methods of data collection, analysis, and interpretation; the nature of the research problem or issue being addressed; the researchers' subjective experiences, and the audience for the study. In the view of Thomas (2013), the approach is also influenced by the focus of the research, which is whether it focuses on individuals and the meanings that they invest in their social interactions or on groups where closely defined variables are identified, measured and quantified.

Creswell (2009) advances three approaches to research; qualitative, quantitative and mixed method. Of the three, Foucault (1972, p.1980) refer to the quantitative (objectivist approach) as the dominant approach to establishing the truth. This Thesis has no intention of exploring why objectivity has been a dominant approach in establishing the truth, opponents of this approach have, for instance, pointed out that objectivity is an elusive concept (Denzin and Lincoln, 1998).

The qualitative (subjective) approach developed within the social and human sciences refers to theories of interpretation (hermeneutics) and human experience (phenomenology). It includes various strategies for systematic collection, organisation and interpretation of textual material obtained while talking with people or through observation (Malterud, 2001). The aim of qualitative research is "to investigate the meaning of social phenomena as experienced by the people themselves" (Malterud, 2001, p. 398). The qualitative approach is useful in many circumstances. For instance, Creswell (2013, p.15) writes: "if a concept or phenomenon needs to be explored and understood because little research has been done on it, then it merits a qualitative approach". The qualitative approach is also useful if variables cannot be predetermined, the research topic is new, the subjects of the research have never been studied with respect to the research problem, and existing theories do not apply to the subjects (Morse, 1991; as cited in Creswell, 2013, p.20).

A qualitative approach was chosen for this study for many reasons. First, the novelty of

the area of study (there is no research of any kind, qualitative or quantitative, involving College sex educators in Ghana). In addition, the experiences of these group of tutors with regards to teaching the WoH module which has been in existence in colleges of education for ten years now has not been documented anywhere to the best of my knowledge. The paucity of research in this area means that an approach that encourages "thick and deep" work to gain an understanding of how tutors experienced sex and sexuality education, socialisation and the teaching of WoH (Geertz, 1988, p. 10). Geertz has shown that qualitative approaches and engagements with small groups allow a researcher to do just that.

Second, the subject of the study (sex educators) and the phenomenon (experiences of sex and sexuality education) are both situated in a context that can present unique situations and experiences. Thus, the qualitative approach will allow for each subject to relay their unique experiences and the context within which it happened without being subjected to trying to fit their subjective experiences into a generic narrative pre-determined by a scale or structure as is synonymous to studies emanating from quantitative designs. Third, the subject of sex, sexuality and sex education has been proven to be averse to open discussion and people will only speak about it in confidence (Mack, 2011; Van der Geest, 2001). Finally, the philosophical position is taken in this Thesis (see Section 4:1) acknowledges that knowledge is relative, socially and historically constructed. Thus, an approach that facilitates a type of inquiry that enables the individual's social context and history in relation to the subject of study to be described and to provide the basis for an interpretation of the experiences was deemed appropriate.

As argued in Chapter Three, the sex educators' experiences are within unique contexts (Webb *et al.*, 2002) and it is impossible to understand social activities outside of the subject (Krais, 1991, p.vii), thus, understanding the experiences of sex educators is important but equally important is understanding the contexts within which the experiences occurred.

Therefore, a qualitative approach also helped to understand the experience and the context and is consistent with Maltrud's (2001) view that any approach must allow the study "to investigate the meaning of social phenomena as experienced by the people themselves" (p.398).

The qualitative approach has proven to be a good one when practitioners are being studied and there is an overall interest in improving their practice (Schratz and Walker, 1995) and devising appropriate CPD. For instance, Wood and Bennett (2000), in a study involving early childhood educators in England found they changed their own theories or teaching practices (or both) when they helped to collect data concerning their own theories of play and their relationship to practice. Gaining different perspectives on an issue is a crucial step in arriving at what is good for all involved and will eventually lead not just to the desired social change (Motalingoane-Khau, 2010; Schratz and Walker, 1995) but also the improvement in classroom practices to the mutual benefit of all involved in the education process.

The qualitative approach has some challenges that must be navigated to ensure the validity of the findings. My personal sex and sexuality socialisation, experiences and background as a WoH teacher meant that there were some preconceptions prior to the interactions with the study's participants. These have been acknowledged in section 1:8. Acknowledging my positionality is accepting the possible influence I bring to not just the design and research process but my interpretation of the research data (Cohen *et al.,* 2011; Greenbank, 2003).

4:3 Phenomenological Design

According to Thomas (2013, p.103), "research design is the plan for the research that takes into account the expectations and context of the research". Design is used in social science research as a broad and encompassing term which involves a discussion of the methods a researcher intends to use and the justification for those methods adopted. Thomas explains that design decisions are usually informed by the broad purpose(s) of the research; the kind of

questions to be answered; the kind of analysis required; the design frame and the techniques for gathering data. Consistent with the study's philosophical assumptions, preferred approach and the research questions, phenomenology was deemed the most suitable design.

Creswell (2009, p.13) defines phenomenology as "a strategy of inquiry in which the researcher identifies the essence of human experiences about a phenomenon as described by participants". Giorgi and Giorgi (2003, p. 27) also define phenomenology as an approach that is used "to capture as closely as possible the way in which the phenomenon is experienced within the context in which the experience takes place". Phenomenological approaches can either be descriptive or hermeneutic/interpretive (Sloan and Bowe, 2014), but both recognize the essence of human experience, and that at the centre of experience is the context. However, the two differ in what the focus should be in trying to establish the 'truth' or reality. For a hermeneutic phenomenologist, time and the participants' existence and relation to the world is of the essence, whilst the descriptive phenomenologist is focused on describing the 'what' and 'how' of the phenomenon as it occurred (Sloan and Bowe, 2014). Descriptive phenomenologists 'bracket off' their preconceptions of the phenomenon to ensure the objectiveness of their findings (Smith *et al*., 2009), whilst hermeneutic or interpretive phenomenologists hold the view that the researcher is an organic being with preconceptions of the phenomenon which cannot be divorced and thus, must be made explicit prior to engaging with the data (Smith *et al.*, 2009).

Phenomenology has also been defined by Giorgi (1995, p.39-40) as research "based upon descriptions of experiences as they occur in everyday life by persons from all walks of life". Thus, in this study, the intention was to describe the meanings study participants attached not just to their everyday sex education experiences but the experiences that had significant meaning to them and how those experiences informed their practice. Husserl, considered the founder of the phenomenological movement, believed that "to be able to identify the

distinctive qualities of an experience, it was necessary to adopt a specific attitude, to suspend – or bracket – presuppositions and judgments so that a clear and unblinkered view of the life-world could emerge" (Brooks, 2015, p.643). Husserl's phenomenology consisted of two concepts, epoché and essences. The former is a Greek word meaning abstain or stay away and referred to the notion that the researcher must set aside his/her experiences (bracket out) and allow for a fresh/new perspective of the phenomenon as experienced by the research subjects (participants) (Moustakas, 1994). The latter refers to the essentialities of the phenomenon as that which makes a thing what it is (van Manen, 1997). Heidegger and Lovitt (1977) describe the essence of a phenomenon as "the way in which it remains through time as what it is" (p. 3). Van Manen (1997) suggests that:

> "A good [phenomenological] description that constitutes the essence of something is construed so that the structure of a lived experience is revealed to us in such a fashion that we are now able to grasp the nature and significance of this experience in a hitherto unseen way." (p. 39)

For Husserl, epoché and essences resulted in uncovering the conscious acts of study participants. In other words, by bracketing one's experiences and focusing on the essences of the study subjects' experiences, the investigator or inquirer was returning to the things themselves (Husserl, 1931). However, the notion of suspending – or bracketing – presuppositions and judgments were challenged by Heidegger, Husserl's' student. Heidegger, to whom hermeneutic phenomenology is credited questioned the "possibility of any knowledge outside of an interpretative stance whilst grounding this stance in the lived world – the world of things, people, relationships and language" (Smith et al., 2009, p.16). In *Being and Time,* (1962), Heidegger focused on establishing the fundamental nature of *Dasein* (there being – Heidegger's preferred term for a human being) by exploring ontological questions of existence itself, the contexts, the relationships and the meanings that Dasein makes of its world and the interactions thereof. For Heidegger, Dasein is "always already thrown into this pre-existing world of people and objects, language and culture, and cannot be meaningfully

detached from it" (Smith et al., 2009, p.17). Heidegger's concept of Dasein recognises that there is interdependence between Dasein and others and between Dasein and the world. Thus, Heidegger's concept of intersubjectivity- shared, overlapping and relational nature of our engagement with the world reflects the crust of the theoretical framework guiding this study, SEM (see Chapter Two). Indeed, Heidegger views Dasein as an indelibly worldly 'person-in-context' (Smith et al., 2009). To understand the world of Dasein, one has to understand the context, the kind of interactions and the influence exerted both by Dasein on the world and others and by others and the world on Dasein. It is recognised that the concept of Dasein which Heidegger also used to refer to himself also interacts with the world and others from a particular context within which he/she makes meaning and therefore understands his world. It is from this perspective that one can describe and interpret the experiences of his/her study subjects. Spanos (1976) articulates this view when he writes:

> "Inquiry, as a kind of seeking, must be guided beforehand by what it sought. So, the meaning of being must already be available to us in some way." (p.457)

Maurice Merleau-Ponty echoed Heidegger's position on bracketing by concluding that man is an embodied being and so when considering human experience there can be no meaningful detachment of the mind from the body or subject from object. The views and experiences of the researcher are therefore bound to influence how he or she interprets their participants' experiences.

The concept of bracketing marked the point of departure of Heidegger and his contemporaries, Findley and Marias and later Marleau-Ponty from Husserl and has been the source of a raging debate (Tufford and Newman, 2010). Perhaps the many definitions of the concept of bracketing have not also helped in providing an understanding of when to apply it, how to achieve it and its essence in the research process. For instance, Drew (2004) defined bracketing as 'the task of sorting out the qualities that belong to the researcher's experience of the phenomenon' (p. 215). Gearing (2004) explains bracketing as a 'scientific process in

which a researcher suspends or holds in abeyance his or her presuppositions, biases, assumptions, theories, or previous experiences to see and describe the phenomenon' (p. 1430). Regardless of whose definition is applied, what is inherent in the concept is an effort to present the experiences of the study subjects in unadulterated forms. In other words, not tainting the experiences of the subjects with the preconceptions of the researcher. In that sense, even the opposers of the concept try to achieve untainted findings by identifying the 'voice and interpretations' of the participants and their (researchers) interpretation of the meanings espoused by the participants. Crowell (2001) (cited in Archana, 2007, p.2) argues that Husserl and Heidegger are nevertheless both working out the transcendental space of meaning, which is presupposed and enacted in all understanding and interpretation.

As with the many definitions, there are also many positions of when and how to bracket. Georgi (1995), for instance, advocates limiting bracketing to the analysis phase whilst others such as Glaser (1978, 1992) advocate developing an awareness of preconceptions at the start of the research. I tend to agree with Georgi's position as it is my own experiences as a sex educator that led to my conception of the research project and so to bracket from the beginning of the project represents a deception in my view. I have thus discussed my positionality in Section 1.8 to explain my pre-conceptions and the understanding I bring to this inquiry process and therefore the position from which I explore the phenomenon. Merleau-Ponty (1962) describes the inquirer's positionality as the primacy of his/her situated perspective of the world- the one he/she can never escape from. He writes:

> "I cannot shut myself up within the realm of science. All my knowledge of the world, even my scientific knowledge, is gained from my own particular point of view, or from some experience of the world without which the symbols of science would be meaningless." (p. ix)

Phenomenology focuses on understanding experiences by not just examining the experiences but by examining the meanings people impress on their experiences. This focus enables multifaceted meanings to be attached to a single experience without tainting the

original meaning attached to the experience by a single participant. In that sense, Husserl's concept of essence is maintained. As well, the realists view of multiple interpretations of reality because it is socially constructed is represented in the sense that the sample and the analysis are ensuring that multiple experiences from different individuals are synthesised to provide a comprehensive description of the phenomenon. The subject's voices (subject's interpretation of the experience) will be presented in an unblemished form (verbatim quotes) in the results section of this study to present participants perspective of the phenomenon. Descriptive phenomenology is not immune to interpretation as has been posited by hermeneutic phenomenologists. By describing, categorising into themes and sub-themes and explaining the experiences of the subjects relative to the nuances, the contextual underpinnings, the emotiveness, and the actions that were evoked in consciousness, the researcher is engaged in a form of interpretation rather than just reporting the raw essences. Thus, Mohanty (1984, p.117) noted that for Husserl, being given (as was done during the interview) and being interpreted (analysing the data) represent two different levels of the same situation. The former is a description of the phenomenon and the latter is the interpretation of the phenomenon as relayed by the subject. However, care must be exercised to ensure the interpretation does not contort the meaning of what was given by the subject. As noted by Starks and Trinidad (2007), bracketing is a:

"self-reflective process whereby the researcher recognizes and set aside (but do not abandon) their a priori knowledge and assumptions, with the analytic goal of attending to the participants' accounts with an open mind" (p. 1376).

Indeed, by synthesising the experiences of subjects to illuminate the phenomenon, the researcher is using language while also trying to make meaning of the language used by the subjects. Gadamer (1989) posits that in finding the appropriate language to bring about understanding, interpretation is involved.

As a design, phenomenology has been applied by researchers in their quest to understand

human behaviour by exploring the subjective experiences of individuals from 'inside' rather than relying on external explanations (Gerrish and Lacey, 2010). This is achieved by finding the meanings that subjects attach to their lived experience of a concept or phenomenon both at the individual level and as a collective (Creswell, 2007). In the view of Polkinghorne (1989), the interpretive process of phenomenology concentrates on historical meanings of experience and their development and cumulative effects on individual and social levels. In the field of education, this is important because the phenomenon of interest when understood from the individual and social levels often illuminates the phenomenon and helps in improving the educational practice in relation to the studied phenomenon (Creswell, 2007; Crotty; 1998; Dahlberg *et al.*, 2008; Giorgi, 1985; Laverty, 2003), an objective of the current study.

Phenomenology has been criticised for lacking rigour (trustworthiness) (Sandelowski, 1986). This criticism is traceable to using the criteria of scientific research as the gold standard for rigour. However, Sandelowski ask the question, "whether qualitative inquiry belongs in the domain of science at all?" (1986, p.31). In other words, should the same criteria be used in judging processes that belong to opposing philosophical schools of thought? Increasingly, many (see Cohen *et al.,* 2007; Elliot *et al.,* 1999; Tong *et al.,* 2007; Yardley, 2000, 2008) criteria are being proposed or developed for assessing the rigour of qualitative studies. Common to all these authors, is the desire to ensure the integrity of the data collected and the integrity of the data analysis and presentation process. For instance, Cohen *et al.* (2007) writing about the lack of trust in the data-gathering processes of qualitative research refers to the possibility of study subjects presenting their feelings about the phenomenon not as they are but as they think the researcher wants them to be because of the desire to assist or to thwart the researcher. The effect of this critique will be minimal as the study subjects were my peers and have been equally involved in inquiries at certain stages

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of their professional development and thus have a good understanding of what it means to contribute to a study and the need to be truthful (ethical). De Gagne and Walters (2010) have recommended relying on peers as subjects with regards to phenomenological research to counter the possibility of subjects dressing their stories to please or thwart the researcher. My own experiences with WoH and sex and sexuality socialisation would have stood me in a position to identify untruthful narratives. Many authors (Chew-Graham *et al*., 2002; Elliot *et al*., 2002; Griffiths *et al*., 1993) have identified bias, over-familiarity, detachment of the researcher from the subject of study, quality controls on interviews, disclosures by interviewees and the potential risk of exploiting vulnerable interviewees as challenges of interviewing peers. Whilst the participants in this study are my peers in terms of the fact that we teach WoH in CoEs, I have personally met only a few of them at training and marking sessions and our familiarity is reduced to those casual interactions during these meetings. The likelihood of disclosure of the content of what is shared during the interview is almost none existent as I do not have any relationships with the networks of interviewees, many of whom I have not personally met and may only meet them in the future at the professional level. Another concern that has been raised about research involving peers is the issue of power dynamics (Bryne *et al*., 2015). None of the participants worked in my college and I do not hold any position of power or influence over them except that I am the researcher and they are the researched. The power dynamics are therefore limited to the fact that I have power over the knowledge sought from the participants and they have power over what they share with me (Corbin and Morse 2003; McDermid et al., 2014).

Lawler (1998) has also suggested that the theoretical insights of phenomenology may be lost to the formality of the research process. Formality of research processes is designed to guide and to create a common platform for understanding the way researchers communicate their inquiry processes and findings not to convolute it. Thus, by following processes that

ensure the integrity of data such as validating the data and the product of analysis, ensuring what is reported represents the voices of the participants, one could still adhere to the tenets of phenomenology.

4:4 Study Sample and Size

There is still a lot of discussion about the sample size for qualitative studies. Whilst there is no agreement on the appropriate sample size - Brocki and Wearden (2006) have advocated for samples ranging from 1 to 48 - the intent for any study should be on undertaking an in-depth analysis of the data; with Smith and Osborn (2008) advising researchers to use sample sizes that enable a depth of data to be collected and a "penetrating analysis" (p.57). Indeed, Smith *et al.* (2009) suggest sample size is partly dependent on "the degree of commitment to the case study level of analysis and reporting; the richness of the individual cases and the organisational constraints one is operating under" (p.51). Smith *et al*. (2009), argue that advocates of large sample sizes may have been influenced by historical antecedents; where qualitative researchers typically used large sample sizes as a way of parrying criticisms. They also note that sample sizes have declined over the period as qualitative designs have matured and practitioners have become more experienced and competent in analysing data.

It was decided that Twenty (20) WoH tutors be selected for this study out of an estimated population of about 50 WoH tutors. Ghana currently has 42 CoE with a total academic staff population of 1, 629 (NCTE, 2016). Four of these colleges are only two years old and were not considered as part of the population because of the experience selection criteria discussed later in this section. The 38 colleges considered for sample selection are spread across the ten administrative regions of Ghana; Greater Accra (2), Eastern Region (6) Central Region (3), Western Region (3), Ashanti Region (7), Northern region (3), Upper East (2), Upper West (2), Volta (7) and Brong Ahafo (3) (NCTE, 2016). As this was a national study, the sample size of 20 was equally distributed across the ten administrative regions of Ghana (See Figure

4.1).

FIGURE 4.1: A Map of Ghana showing the Ten Administrative Regions

I approached the chief Team leader (CTL) of the WoH module (The lead examiner who

coordinates and supervises the marking of WoH exam scripts from all CoE) and briefly

discussed the purpose of my study and my desire to interview WoH tutors. The CTL sought the consent of his Assistant Team Leaders and gave me a contact for each of the 10 regions. Using the snowball approach, the contacts of tutors from the other colleges within a region were sourced. I then contacted tutors and selected those who met the criteria discussed below.

Greater Accra, Upper West and Upper East each had only two colleges respectively. Therefore, the tutors in these regions were considered and contacted to take part in the study by default. In the seven regions that had more than two colleges, all tutors were considered and were purposively sampled on the initial demographics I gathered speaking with the WoH tutors in the colleges in that region, making sure no two samples came from the same college.

The sampling criteria included: (1) the participant should be teaching the Window of Hope Module; (2) participant should have taught the Window of Hope module for a minimum of five years to guarantee richness of the experiences; and (3) participant should be available and willing to participate in the study. In addition to the sampling criteria, I also aimed to have a sample that was representative in terms of religion, gender, ethnicity and college. Thus, I was flexible and contacted WoH of tutors in every college in a region before purposively sampling participants. The aim was to get a female and male, or a Muslim and Christian from each region. For example, in the Northern region, which has three colleges, I contacted tutors in all three colleges and spoke to them to establish the gender, religion and ethnicity of the WoH tutors before finally choosing a female and a male who both hailed from different ethnic and religious backgrounds. Unfortunately, several attempts to enrol the two tutors from the two colleges in Greater Accra were unsuccessful. They agreed in principle to participate but never made time for the interview. Therefore 18 tutors representing a little over a third of the population of WoH tutors were enrolled for the study. Each of the 18 participants came from a different college. Thus, the sample was drawn from just under 50% of the 38 CoE. This sample of 18 tutors included four (4) tutors I had earlier

interviewed from Central and Western region at a time I focused on using the Interpretative Phenomenological Analysis (IPA) approach. Data from these four participants were added and further contact made to augment it.

Purposive sampling is a technique widely used in qualitative research for the identification and selection of information-rich cases for the most effective use of limited resources (Patton, 2002). Although Cole and Knowles (2001) argue that participant selection for studies involving the exploration of personal experience is not aimed at sample representatives but depth of information, my flexible sampling approach enabled sample representation from all but one of the ten administrative regions of Ghana as well as identifying a very diverse sample in terms of religion, gender, subject specialisations and ethnicity. The purposive sampling technique also enabled the identification of subjects who equally had the depth of experience required to reflect the study phenomenon. Many (Chapman and Smith, 2002, p.127; Reid *et al.*, 2005, p.8; Smith and Osborn, 2008, p.37) have noted that participants in phenomenological studies must be selected because of their expertise with the phenomenon.

The Pseudo identities and some biographical data of the participants recruited for the study is shown in Table 4:1 in conformity with the consent form (see Appendix A) participants completed prior to taking part in the interviews. The average age of all 18 participants was approximately 45years, the youngest being 36years and the oldest 53years. Female participants accounted for 39% of the sample, a higher ratio compared to the 23% of female representation of academic staff in CoE (NCTE, 2016). In terms of religion, 17% were Muslims, a reflection of the national ratio of Muslims in Ghana (GSS, 2012). The Christians in the sample varied in terms of denominations though the majority (44%) were Catholics. This is also a reflection of the diversity of the Christian population in Ghana. In terms of ethnicity, the sampling procedure used ensured that the variety reflected the multi-ethnic nature of Ghanaian population. The least experienced participant had taught for 8years,

Table 4:1 Biodata of study participants

Participant Name	Gender	ORA/NORA
Esi	Female	Once a week/Daily devotion
Kojo	Male	Once a week
Ama	Female	More than once a week (Daily devotion)
Kweku	Male	Once a week
Kofi	Male	More than once a week (Daily devotion)
Nick	Male	More than once a week
Fele	Female	More than 3 times a week/Daily devotion
Ibra	Male	More than 3 times a week/Daily devotion
Moco	Male	Once a week
Darling	Female	More than once a week/Daily devotion
Ayaapa	Male	More than 3 times a week/Daily devotion
KD	Male	Once a week
Justy	Female	More than 3 times a week/Daily devotion
Hajia	Female	More than 3 times a week/Daily devotion
Proff	Male	Once a week
Al	Male	Once a week
Gilbert	Male	Once a week
Ann	Female	More than 3 times a week/Daily devotion

Note: ORA - Organizational Religious Activity (ORA) and NORA - Non-organizational Religious Activity are two-sub-scale measures of religiosity out of the three- sub-scale measure index of the Duke University Religion Index (DUREL) by Koenig, H. G., Meador, K. G., & Parkerson, G. (1997). Religion Index for Psychiatric Research: A 5-item Measure for use in Health Outcome Studies. *American Journal of Psychiatry*, 154(6), 885-886.

6years of which included teaching WoH and the most experienced had taught for 30years and 15 years involvement in teaching WoH. Only two out of the 18 participants considered WoH as their main teaching subject.

4:5 Methods

This section describes the data sources, the development of the data collection instrument, piloting, the data collection processes and the field experiences. Two sources of data were used in this study: semi-structured interviews with participants; and documentary analysis of WoH materials (see Section 4:8).

4:5:1 Semi-structured Interviews

In exploring the experiences of participants, the focus was to understand the participants and their world; to identify or empathise with participants' narratives and then to make meaning of what participants made of their experiences (Smith and Osborn, 2008). Thus, the participants who were the experts in the phenomenon under investigation must be able to provide "a richly detailed, first-person account of their experiences", so the chosen data collection method had to "elicit detailed stories, thoughts, and feelings from the participants" (Smith *et al.,* 2009, p.57). Semi-structured, one-to-one interviews are ideally suited for this purpose (Reid *et al*., 2005). Semi-structured interviews make it possible for the researcher and participants to engage in meaningful dialogue based on an initial question and subsequently modified questions emanating from the responses of the participant (Smith *et al.,* 2009). This approach also enhances the likelihood of chancing on experiences or narratives during data gathering that the researcher may not have thought about during the conception and planning stages of the project.

A problem with all interviews is the potential to misrepresent the narratives of participants due to either recording challenges such as poor sound quality, noise interruptions or transcription errors. Therefore, the venues for face-face interviews were carefully agreed on

with noise and other interruptions being key considerations. Two recording devices were used as a form of security. Transcribed audios were sent through the WhatsApp application to participants to validate their narratives. These processes ensured data integrity and participants' narratives were not tainted.

4:5:2 Developing the Interview Schedule and Piloting

The interview schedule was developed to guide the interaction with the study's participants and aimed at ensuring as much detail as was required to answer the research questions was gained from the interview process. Being a guide, the schedule was not followed rigidly as pertains to questionnaires. The intent was to ensure that there was minimal interruption of participants and a focus on ensuring all the relevant areas were covered without worrying much about the ordering of the questions (Merriam, 2009, p.89; Smith and Osborn, 2008, p.74).

The questions in the schedule were open to ensure that participants were not restricted in their responses. The open questions ensured uninterrupted narratives; though there was room for prompts and probes.

In arriving at the actual interview questions, the sequence proposed by Smith *et al*. (2009, p.61) was followed. This included: not asking participants the research questions, but letting them guide you to identifying the broad areas which need to be addressed; once these broad areas have been decided, using them to identify the range of topics to be tackled in the interview; the topics are then arranged in the most appropriate order or sequence to help to identify sensitive issues; carefully considering the phrasing of the questions to ensure they are open enough and unrestrictive, but relevant; what prompts and probes could be useful and, finally, discussing possible questions with supervisors and potential participants and use these outcomes to revise the schedule.

Following this proposed sequence, a matrix attached was developed and included: the

research questions (RQ), the broad areas of interest that helped to answer the RQs and the preliminary questions, prompts and probes. In all, the schedule consisted of 23 questions covering tutor's prior training, experiences with teaching WoH, views of the content of WoH and the objectives, views of sex and sexuality norms and how they affect their teaching, tutors sex and sexuality socialisation and how it influences their practice, challenges of teaching WoH and how the challenges can be reduced or managed. Subsequently, the draft schedule was discussed with my supervisor which led to revising the wording and phrasing of some of the questions.

The revised schedule was piloted with a science tutor who taught the Window of Hope module some years ago via Skype. This pilot served two purposes. Firstly, it helped to identify which questions, prompts and probes were most suitable, and which should be revised. Secondly, it provided an opportunity to practise and develop the skill of interviewing in preparation for the fieldwork; albeit behind a computer screen. A few questions were re-worded or rephrased or re-ordered from the initial pilot. The final interview schedule is attached as Appendix C.

Whilst interviewing via Skype felt like having a normal Skype call conversation, the first interview in the field made me realise that face-to-face interviews are very different from those interfaced by technology. During the Skype interview, I referred to the instrument which had been held away from the screen. In the first field interview, I struggled to look at the schedule and maintain eye contact and attention with the first respondent. I ended up not using many of the prompts and probes and the whole interview looked like a typical question and answer script. It was therefore decided that this first field interview should also be a pilot. Critically, this 'second pilot' allowed me to properly familiarise myself with the questions and probes, as well as prompts so that I could focus on gaining the attention and interest of participants. It also allowed for the re-ordering of the questions, so that the subsequent

interviews began in a less intrusive and a more sensitive manner; when trust and confidence, as well as interest, had been gained. In addition, it was apparent that following a pre-ordered schedule meant that the participants were directed in how to recount their experience instead of recounting experience in their own order. Therefore, the two pilot interviews were not included in the data analysis; though they were subsequently used to practise the planned data analysis procedure. The experiences from the face-to-face interviews ensured that by the time I started the telephone interviews, I was very familiar with the schedule and could focus on encouraging interviewees to relay their experiences. Although skype was employed for the pilot, the quality of the connection occasioned by the fact that the participant was using a mobile modem and not the much more stable Wi-Fi posed a challenge. Researchers (Whale, 2017; Symonds *et al.,* 2016) employing skype as a tool for conducting interviews have noted similar challenges including that software, hardware such as webcams cost could be issues of concern for participants. Although data services are becoming increasingly available in Ghana and the potential for using skype as a tool for data collection exists, many people especially in educational institutions do not as yet have access to broadband services (Research and Markets, 2019). By contrast, mobile phone usage is almost universal in Ghana (Laary, 2016) and the quality of connections fairly good with most mobile operators offering 4G services. Phone interviews were therefore preferred to the skype interviews.

4:5:3 Fieldwork

The fieldwork was divided into three stages: preparation, conducting of interviews and validation of the data.

4:5:3:1 Preparatory Stage

This stage involved contacting participants to seek their initial consent. Copies of the Information Sheet (Appendix B) which explained the study, its purpose and what was required of the participant were emailed and sent through the WhatsApp application to those

who gave consent. Further phone contacts were used to arrange the most convenient time for the interview, venue for interviews that were conducted face-to-face and to address any concerns participants expressed.

4:5:3:2 Conducting Interviews

Interviews were conducted in two forms, six face-to-face interviews and 12 telephone interviews.

4:5:3: 2:1 Face-to-Face Interviews

In all, six interviews were conducted face-to-face in six CoE located in the Central, Western and Ashanti, two each in a region. These colleges were within three hours driving distance from my base in Cape Coast and thus did not pose a logistical challenge.

Establishing rapport for these interviews was not challenging as I had met some of these participants either at training sessions or conference marking centres. Interview sessions began with an exchange of pleasantries and introductions and then a discussion of the content of the Information Sheet, which included: the purpose of the interview; what was required of the participant; their rights and soliciting their signatures for the consent form. The biographical data as shown in Table 4.1 were then collected. Participants were then reminded that the interview was about them and their opinions and experiences and hence there are no correct or incorrect answers (Smith *et al*., 2009, p.63).

With their consent, the audio recorder was switched on and the interviews began using the schedule discussed in section 4:5:2 as a guide. Participants were always given the opportunity to make any further comments, ask for clarifications or talk about something they felt was relevant but were not asked to talk about. Most participants took the opportunity to talk about their practice and how to improve it. When there was nothing more to be said, the recorders were switched off and participants thanked for making time to be interviewed.

Interviews lasted for 45 minutes to one hour. Follow-up questions were either via 'phone

contacts, WhatsApp or emails and thus cannot be quantified in terms of time. Follow-ups allow for further exploration of the topic, the clarification of issues and re-visitation of themes that have emerged from the analysis of earlier interviews (Flowers, 2008; Smith *et al*., 2009).

4:5:3: 2:2 Telephone Interviews

Telephone interviews are emerging as potentially viable ways of collecting in-depth data for qualitative studies (Drabble *et al.*, 2016). Advocates (Cachia and Millward, 2011; Carr and Worth, 2001; Musselwhite et al., 2007; Shuy, 2003; Stephens, 2007; Sturges and Hanrahan, 2004) of this data collection method point to benefits such as its ability to reach a geographically dispersed sample, decreased cost, safety and flexibility in scheduling interviews. Many studies (Cachia and Millward, 2011; Lechuga, 2012; Stephens, 2007; Sweet, 2002) have also noted that qualitative telephone interviews create a perception of anonymity, increased privacy for respondents and reduced distraction (for interviewees) or self-consciousness (for interviewers) when interviewers take notes during interviews. Others (Holt, 2010; Saura and Balsas, 2014; Trier-Bieniek, 2012) have suggested that qualitative telephone interviews compared to in-person (face-to-face) interviews may mediate power dynamics that might otherwise emerge in the researcher-subject relationship, are less intrusive and confer greater power and control to interviewees in terms of negotiating interviews to suit their schedules as well as rescheduling interrupting or ending the interview.

Telephone interviews were opted for in this study due to the logistical challenge of reaching participants so widely distributed across Ghana. In addition, the assurance of anonymity and privacy for participants was attractive especially because of the sensitive nature of the study. Also, the convenience of scheduling and re-scheduling interviews, especially for participants, was helpful for both parties. In the face-to-face interviews, I made two trips to one particular college because the participant after agreeing to a specific time had

to take care of some unforeseen sundry responsibilities just when we were settling down for the interview.

Despite the potential and advantages of qualitative telephone interviews they have been criticized for posing challenges in terms of establishing rapport, inability to respond to visual cues, and potential loss of contextual data (Holt, 2010; Novick, 2008). In this study, establishing rapport was not a challenge as I had attended training and conference marking sessions with some of the participants and therefore had a reference point to start a conversation and establish rapport. Similarly, I started conversations about marking and training workshops with those participants I have never met before proceeding to do the interview. In addition, the initial contacts to introduce myself and subsequent contacts to discuss both the information sheet and the interview schedule and a convenient time for the interview using the WhatsApp application greatly contributed to developing rapport prior to the interview. As noted by Scott (2004) combining semi-structured interviews with previous communication (i.e. email, message board discussions), individuals are more likely to eschew shyness and offer extremely perceptive points of view on social life. Thus, a typical introduction during a scheduled telephone interview started by me mentioning the last time we probably met and what we did, or a funny incident we could both relate to and then a quick review of our last discussion of the information sheet and the interview schedule before proceeding to conduct the interview. This approach is consistent with the "how- to" strategies for successful telephone interviewing proposed by many researchers (Glogowska *et al.*, 2011; Musselwhite *et al.*, 2007; Smith, 2005). Regarding the inability to respond to visual cues, there is an advantage in the interviewer not distracting interviewees by trying to note down these cues. In addition, the interviewees explicitly express themselves as they realise the interviewer cannot, for example, see them nod their head or give a thumb up, ensuring their mood is properly conveyed rather than the researcher interpreting it the

way they understand it. Unlike the face-to-face interviews, these telephone interviews lasted for between 60 to 70 minutes.

Although there is a scarcity of studies evaluating the quality and effectiveness of qualitative telephone interviews in comparison with the well-established face-to-face interviews, a few studies mainly in high-income countries have concluded that telephone-based interviews are effective for collecting data on sensitive issues such as alcohol use, alcohol-related problems and others (Greenfield *et al.*, 2000; Midanik *et al.*, 2000; 2001; Midanik and Greenfield, 2003;) with the anonymity guaranteed by this method making it suitable. For instance, in a study conducted in the United States exploring the emotional connection of women to the music of an artist (Tori Amos) whose music addressed themes such as sexual violence, religious upbringing, and repressed sexuality, Trier-Bieniek (2012) found that the telephone interviews did not only provide anonymity for participants to share traumatic experiences but also enabled them to stay in places of comfort during the interview. In addition, Trier-Bieniek found that the use of telephone enabled her to reach many people across the United States. Like Trier-Bieniek, this study will explore how participants experienced sexual socialisation and their sexual experiences, and the sampling techniques involved participants being drawn from across all ten administrative regions of Ghana which would be a logistical nightmare were I to conduct face-to-face interviews.

These telephone interviews were recorded following consent of the participants using an end to end recording application for Samsung Galaxy phones identified as "CALL RECORDER" available on google play. It provides a very clear and secure end to end recording of phone conversations that are automatically stored on the phone of the originating caller and can be retrieved and processed for storage and processing on other compatible devices.

4:6 Data Transcription

According to Smith *et al*. (2009) the transcription of interviews for the purposes of phenomenological analysis "does not require detailed transcription of prosodic aspects of the recordings" (p.74), consequently, non-verbal communication gestures, pauses and others do not have to be transcribed. However, semantic records were made of all the interviews. Notes were also made of notable pauses and hesitations and reactions such as laughs and exclamations in the transcriptions by putting them in brackets. Also, enough margins and space were left to make room for writing comments and queries when the proper data analysis started.

As indicated earlier, the transcriptions were produced as soon as was practicable; to enable familiarisation with the data and the identification of areas for further clarification or expansion from participants prior to data validation. To facilitate the identification of areas of participants descriptions that needed clarification or further explanations I used the Review function of Microsoft Word to make initial comments, concerns that needed further clarifications or explanations and using these initial comments which mark the start of data interpretation I reached out to participants to seek answers to the concerns. These further contacts were varied and ranged from phone calls to WhatsApp messaging.

Transcripts were updated as soon as participants clarified or expanded on flagged issues and edited to correct typographic errors and remove redundancies

4:6:1 Validation of the Data

Qualitative studies have often been criticised for being subject to researcher bias, lacking reproducibility and not generalizable due to the small sample sizes (Pope and Mays 1995; Khan, 2000).

Validity is aimed at ensuring the findings of a study are accurate; from the standpoint of researchers, participants and the readers of any account (Creswell and Miller, 2000). Various

practices have been proposed, tried and tested to overcome the criticisms associated with qualitative studies and to enhance the validity of findings. For instance, bracketing is designed to minimise or reduce the effect of researcher bias (Drew, 2004; Gearing 2004; Moustakas, 1994). Thus, influences likely to affect findings are recognised and steps taken to lessen their effects on the research findings. Such steps could span from the study conceptualisation, data collection processes and the data analysis processes (Polkinghorne, 2005). In this study, I have discussed my pre-conceptions in Section 1:8 and clearly spelt out the sampling, data collection and analysis procedures to account for transparency and any biases. The report will stick to presenting the participants experiences and letting their voices be heard in the interpretations.

To facilitate the validity of the data and findings, interview transcripts were returned to participants through the WhatsApp application for them to verify and confirm if it was a true reflection of what transpired during the interview process and whether they have additions to make or want some aspects expunged. This process was aimed at ensuring data integrity and that what was reported was participants' experiences. Each participant responded they were satisfied with the content of the final transcript.

Some researchers often carry out this verification process with the analysed data rather than the raw data despite the potential of analysing data that participants might not recognise as representing their views or that participants might not be conversant with the phenomenological research process and thus may not be in a position to appreciate the analysed data or they may in the process introduce their biases into the findings (Giorgi *et al.*, 2017).

I have verified the raw data to avoid all these scenarios. To enhance the validity of my analysis and consequently the findings, reproducibility of my analysis was explored by soliciting the support of other researchers to analyse some parts of the data for comparison.

Thus, a researcher in University of Sheffield, a fellow Doctoral student at the University of Birmingham and my two supervisors analysed selected parts of transcripts for comparison with my analysis.

On reproducibility, the methods, data collection processes, data handling and analysis processes are very well described for any trained researcher to follow and arrive at similar if not the same findings using the same set of data.

Generalisation is a rather strange term to use in qualitative research as the intent is to highlight the particularity of the phenomenon with respect to the study subjects and location (Greene and Caracelli, 1997). However, the sampling technique (nation-wide distribution of sample, gender and religious representativeness), the sample size (over 1/3 of population and from almost 50% of CoE) applied in this study allows for generalisation of the findings relative to college sex educators in Ghana.

4:7 Data Analysis

The focus of analysis in phenomenology is to learn about the lived experiences of the participants as much as is possible from what they have given in the interview; both explicitly and implicitly. To do this, the analyst must engage with the transcripts in a rigorous search for participants' interpretation of events and occurrences and the analyst's understanding of these interpretations (Brocki and Wearden, 2006 p.96; Smith and Osborn, 2008, p.157-160). However, the sample size made a more standard approach to thematic analysis appropriate. Thematic analysis is not incompatible with phenomenology as it can focus on the subjective experiences of participants and their interpretations of those experiences (Guest *et al.,* 2012; Dapkus, 1985). Many researchers have demonstrated the application of thematic analysis to phenomenological data to great effect (see Dowling and Cooney, 2012; Norlyk and Harder, 2010; Sundler et al., 2019). Although van Wijngaarden *et al.,* (2017) has argued that a general structure of meaning rather than a fragmentation into themes is generally the focus of

phenomenology, themes based on meanings and presented with both concrete expressions and descriptive text could contribute to constructing the phenomenological experiences of the participants providing the data. Thus, the analysis starts with the particular and moves on to general claims as each transcript is treated independently with the same rigour and procedure (Chapman and Smith, 2002, p.127; Smith and Osborn, 2008, p.34, p.168). An effort is made to present as many sides of an experience as was reflected by the participants for every single theme.

The theoretical framework, SEM (see Chapter Two) was the lens through which the data was explored. Thus, the data was explored for intrapersonal level influences such as participants' beliefs and attitudes towards pre-marital sex, safe sex, sexual diversity, teacher efficacy, personal challenges regarding what they teach and any others. Data was also explored to identify the interpersonal level influences such as the influence of the family (parents, siblings and extended family members), school, religious bodies and others on the sex and sexuality socialisation and development of the participants and their current practice. In addition, data was explored to identify the institutional level influences including the support or lack of support of college authorities, other partner organisations such as; IoE, UCC, NCTE, TED, and the availability of TLRs and how they influence the work of the WoH tutors. Finally, the data was explored for community or public level influences such as sexual norms of the Ghanaian society, national sex and sexuality policies, their implementation and how they influence tutors and their practices.

I have had training in handling and analysing qualitative data as part of my PhD training in the School of Education. I have also attended a training workshop on Interpretative phenomenology organised by Dr Larkin of the University of Birmingham's School of Psychology and had the opportunity to practice data analysis process using a transcript. The opportunity to work in groups after independent work served as a good lesson in appreciating

how different researchers' approach and deal with the same transcript in diverse ways. The key lesson, however, was in ensuring that enough evidence is provided to illustrate the processes of engagement with the data and how each theme was arrived at.

The analytical procedure was guided by the five steps outlined by Giorgi et al., (2017) and was aimed at capturing as closely as possible the manner in which the phenomenon under investigation has been experienced by the participants (Giorgi, 1985; Giorgi and Giorgi, 2003) and involved a rigorous step by step procedure whereby "the raw data was segmented into units of meaning, restructured in terms of meaning clusters, translated into scientific language consistent with their central meaning, and the constituent themes common to all the participants' accounts eventually synthesised into a coherent description of the structure of the experience investigated" (Isabirye and Makoe, 2018, p.3). The steps are described in detail below illustrated with screenshots of the actions that were taking specific to this study.

4:7:1 Getting to Know the Data

Giorgi's first step is aimed at familiarising with the data (audio or visual recordings or transcripts of the recording) and making the participant the focus of the analysis (Smith *et al.*, 2009). It helped to begin to identify the unique parts of the participants' experiences, the points of focus for the participant, the patterns, the order of events and the striking parts of the narrative. After a very slow reading, initial impressions were noted as a way of ensuring that focus was. not on how these initial impressions will be proved or disproved; rather, ensuring that the data was considered from the point of view of the participant (Smith *et al.*, 2009). After reading a transcript repeatedly, each line of a transcript was numbered in preparation for the next stage (See Figure 4.4).

4:7:2 Identifying Meaning Units

Giorgi's second step involves breaking down the participants descriptions into its constituent parts. This breaking down process is referred to as identifying the meaning units.

GMY: INTERVIEWER

Kojo

1   GMY: What is your opinion of the content of the window of Hope course in the context of

2   trainees using the information themselves and preparing them to teach sex education in basic

3   schools?

4   **P2**: hmm yes, I think it covers wide range topics suitable for whatever knowledge they

5   require in other to teach sex education in basic schools. Yes, I think about 80% ok.

6   GMY: 80% ok so the other 20% should be made up of topics such as?

7   **P2**: well adolescent reproductive health is not part of what they are doing. So, I think it can

8   be added. Teenage pregnancy is not part, it can be added to it. It all just about HIV, VCT,

9   signs and symptoms etc so these things can be added

10   GMY: Without doubt the focus of every sex education program is behaviour change. From

11   your experience over the years do you think this is being achieved?

12   **P2**: Well hmmm yes but the way ... the course is structured and all that the focus is study and

13   pass your exam. It really addresses that but not fully. But we a have a club, HIV club where

14   we meet over the weekend and discuss issues and that one before they go home some of them

15   request for condoms and we distribute it to them. But sometimes when you are teaching you

16   hear comments like 'Safer sex is not good because how can you eat a toffee wrapped in its

17   wrapper?' so some of them it's like they just acquire the knowledge, but they don't use it. It's

18   a general thing. People will talk about things but when it comes to practice then there is a

Figure 4.2: A Screenshot Showing parts of Kojo's Numbered Transcript

A unit of meaning consists of "those words, phrases, non-verbal or para-linguistic communication which express a unique and coherent meaning ... clearly differentiated from that which precedes and follows" (Hycner, 1999, p. 282). It is a part of the whole description which expresses a distinct meaning understood in the context of the whole description (Ratner, 2001). To facilitate the identification of the meaning units the *Review* function of Microsoft Word was used to make comments on portions of transcripts which captured meaning units. Comments were automatically numbered in a coherent order**.** The comments made here mark the beginning of step three which will be discussed below.

At this point, a four-column matrix (see Table 4.2) was constructed in Microsoft word and the verbatim text deemed to contain the meaning unit was transferred to the first column. The meaning unit was placed in column two. The use of the matrix enabled each theme to be traced back to a participant and the line in the transcript. It also made it easier to pick out

verbatim quotes for the discussion of themes in the report chapter.

4:7:3 Re-grouping Meaning Units in Clusters

The meaning units identified in step two were re-grouped into clusters to build coherent and complete meanings as expressed by the participants.

Main text from transcript	Meaning Units	Clusters	Comments	Initial Themes

Table 4.2 Matrix for Analysing Data

The comments made on the meaning units from step one was also revisited and expanded to make accurate descriptions of the meaning units. Giorgi (1985), describes this process as "transformation of the participant's own first-person expression into appropriate scientific language in the third person" (p.73).

94. Discussion and role play mostly 97. I also use case studies which I am very good at crafting 102.　Jigsaws, grouping and regrouping are also methods I use when there is a lot to be done. 103.　These all help to get the trainees involved and engaged in the lessons	Kweku used student-centred methods which helped him to sustain trainees' interest and involvement

Table 4.3 An Example of Clusters and Comments

These descriptions identified the context of the experience, the character or characters involved and the influence or meaning of the experience to the participant. An example of clustering and the descriptive comments is shown in Table 4.3 for Kweku.

4:7:4 Transformation of the Meaning Units into Descriptive Expressions

The descriptive comments made in step three and the meanings derived from the clusters were reduced into phrases or words that captured the meanings of participants' experiences. For instance, in the example cited in Table 4.3 for Kwaku, the clusters and the comments pointed to the teaching techniques frequently employed and the intention behind that choice. In theory, these techniques are collectively known as Learner-centered approaches. Thus, the

theme 'Student-centered approaches.

The sagacity of emerging themes was challenged by continually going back to the transcript to verify the content and then the relationship emerging.

4:7:5 Moving to the Next Case

All transcripts went through the above process. To ensure the analysis of each participant's narrative was not 'tainted' by the experience of the previous analysis, a pause in the analysis (usually about three days) was taken, during which time I focused on other aspects of the study.

4:7:6 Synthesis and Integration: Looking for Patterns across Cases

The emerging themes for each of the 18 participants were then analyzed by regrouping and re-clustering them and identifying general themes (Super themes), themes that were common to participants even if they held different meanings and then sub-themes which were derived from the themes. The sub-themes addressed some specific parts of a theme. Individual transcripts were then re-visited, as was the complete trail for each analysis, to ensure the themes and sub-themes were authentic and originated from the participants. Where initial themes (or sub-themes) were similar, the rationale for each theme (or sub-theme) was rechecked to ensure if they reflected a distinctive issue. Verbatim quotes were then selected to support the Super themes, themes and sub-themes. This process was aided by tracing themes back to meaning units which had line numbers from the transcripts attached to them.

The analysis at this stage was represented in tabulated form, as shown in Figure 4.3. Each stage of the analysis outlined above was discussed during supervision meetings, and inputs, suggestions and lessons from the study's supervisor were then incorporated.

4:8 Document Analysis

Bowen, (2009) defines document analysis as "a systematic procedure for reviewing or evaluating documents—both printed and electronic (computer-based and Internet-

File   Home   Insert   Design   Layout   References   Mailings   Review   View   Help   EndNote X8   Foxit PDF   Grammarly   RefWorks   Design   Layout   Tell me

FELE	IBRA	MOCO	DARLING	AYAAPA	KD	JUSTY	HAJIA	PROFF	AL	GILBERT	ANN	MAIN THEME, THEME AND SUB-THEMES
Yah! Well professionally, I did primary education and I majored in religious and moral education. Aha, you know when you pick the syllabus of religious and moral education, there are issues of sex and sexuality Ahaa! Now coupled with that, I also went through a lot of HIV/AIDS training. We started the programme of WOH in	Hmm Not formal but what happened actually was I was a club patron, Health club in the college around 2000. Based on this there was an NGO in the area interested in sex education but focused on HIV/AIDS education and they convinced us to turn	Ya! Yes, I had training, I attended workshops, I attended two workshops at Offinso College of Education and one at Ho purely on sex education and one at Fosu College of	Not related. It was just the general aspects of diseases I studied, and this did not cover the content of WoH	Yes, you know when you are a student of UEW you have first, second and third area of specialisation and my third area was Home Economics where we dealt with issues like that. Yah	WE (World Education) took the tutors from the various training colleges through series of training on the new course (HIV Education). We were taken through the content and the methodology	I had in-service training for WoH organised by WE. In addition, through my own efforts, I read a lot around sexuality for my role as a youth counsellor in my church where I counsel the youth in the church on ethics and sexuality. So, I	Yes, I remember I had one inset on WoH before I started with the teaching, I think it was a workshop in Kumasi, my colleagues had earlier on gone for such training several times before I did	I basically had in-service training consisting of series of workshops which were offered prior to the start of WoH. We were trained on the content of the module and methods of teaching it.	I only attended one session of inset, and even that was after I started teaching. No training before	You know I joined the system when the course had already been introduced so I did not get any training before. I just read and taught although I have since had a few workshops	I was just given the text book and I read it and prepared to go and teach. No training at all	**Intra-personal** 1. Pre-WOH 1.1 Formal Training 1.2 **In-service Training** 1.3 **No Training**

Figure 4.3: A Screenshot Showing the Super-theme, theme and sub-themes with verbatim participant quotes

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transmitted) material (p.27). Document analysis is a method that can be used independently or in combination with other methods to complement, corroborate, or provide evidence of progress between then and now. The document analysis for this study served three purposes. First, it provided the opportunity to illuminate the context of the WoH module by exploring the planning, development and implementation stages, the objectives, the content and the expected outcomes. Second, I was able to compare the processes of planning, development and content of WoH with international standards defined by the ITGSE. The third purpose was that the analysis triangulated the data sourced from the interviews. Olsen (2004), defines triangulation as "mixing approaches to get two or three viewpoints upon the things being studied". Of the importance of triangulation, Webb et al (1966, p. 3) wrote "Once a proposition has been confirmed by two or more independent measurement processes, the uncertainty of its interpretation is greatly reduced. The most persuasive evidence comes through a triangulation of measurement processes." Although document analysis can be affected by limitations such as documents having insufficient details, low retrievability and biased selectivity, the cost effectiveness, time efficiency for analysis, availability of documents, broad coverage, stability and exactness of documents tend to make these limitations potential flaws that can be managed (Bowen, 2009). I had personal copies of the WoH syllabus issued by the IoE, UCC, WoH Trainees Module Handbook and WoH Tutor's Module Handbook. The other two documents; Strengthening HIV/AIDS Partnership in Education (SHAPE I and II Evaluation Report) and International Technical Guidelines on Sexuality Education: An Evidence-based Approach to Schools, Teachers and Health Educators, UNESCO (2009) were sourced from the Websites of World Education, Ghana and UNESCO respectively. The documents analysed for this Thesis and the purpose they served in the analysis are shown in Table 4.4. Thematic analysis was used to analyse the documents. Thematic analysis is a form of pattern recognition within the data, with emerging themes

becoming the categories for analysis (Fereday and Muir-Cochrane,2006). Pre-determined themes are useful when the document analysis is supplementary to other methods (Bowen, 2009). As these was supplementary to the interviews, I used pre-determined themes; Development process, Content, Guiding Theory, Expected Outcomes, Teacher Training and Support. I read through the documents and identified aspects that corresponded to these themes and interpreted them accordingly. The content of WoH was drawn from the Syllabus, Trainees and Tutor's Module handbook and compared to the ITGSE adopted framework.

Document and Source	Data analysed from Document
WoH Syllabus issued by the IoE, UCC	Objectives, Content, and Assessment criteria of who
Strengthening HIV/AIDS Partnership in Education (SHAPE I and II Evaluation Report) by William et al., (2007)	Planning, development, implementation and initial evaluation of WoH and the training and professional development given to tutors prior to and during the implementation
Trainees module Handbook	Objectives, content and expected outcomes
Tutor's Module Handbook	Objectives, content and expected outcomes and suggested teaching techniques and activities
International Technical Guidelines on Sexuality Education: An Evidence-based Approach to Schools, Teachers and Health Educators, UNESCO (2009)	Comparison of the content of WoH with ITGSE standards

Table 4.4: Documents and Data Analysed

4:9 Ethics

Research ethics refers to the moral principles guiding research from its inception through to completion and publication of results (The British Psychological Society, 2010). This study gained ethical clearance from the University of Birmingham Ethical Review

Committee and was assigned the reference number ERN_15-0337.

Wassenaar (2006) identified four widely accepted principles which should guide ethical considerations in any research. These are non-maleficence, autonomy and respect for the dignity of research participants, beneficence and justice. The principle of non-maleficence argues that researchers should ensure that participation in a study should "not cause any harm to the participants either directly or indirectly" (Wassenaar, 2006, p. 67). Harm has been defined by Sarantakos (2005) to include physical, mental, and legal harm. As far as this study was concerned there was no potential for physical, mental or legal harm in this study, although the sensitive nature of the topic could have potentially caused some form of distress or embarrassment.

Consequently, the researcher was very sensitive to the mood and comfort of participants throughout the process and my supervisor, a Psychologist was on standby to assist any participant in distress. The principle of autonomy and respect for participants' dignity were accounted for by providing information about the study, the commitments required from them and assurances of anonymity and confidentiality (Sarantakos, 2005, p.19). Each participant received an Information Sheet detailing all the information required for participants to give their informed consent to take part in the study, their expected roles and benefits (Appendix B). Anonymity was achieved using pseudonyms when referring to the research participants and their colleges and the colleges were not identified by name including on the map in Fig 4.1 to ensure no participant could be traced back to a particular college and therefore compromise their anonymity. During data transcription and analysis, any reference to a college or a name that could compromise anonymity was replaced with the letter X. The principle of justice in social research requires that research participants "receive what is due to them" (Wassenaar, 2006, p. 68). Thus, all promises made to the research participants were kept during this study in relation to their freedom to withdraw, their

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anonymity and confidentiality and safeguarding their interests (Denscombe, 2002). Thus, informed consent (Appendix A) was sought before interviews started and that the data collected would be anonymised and will be used only for purposes of this study and related publications. At all times, interviews were conducted at the convenience of participants to ensure they went about their normal everyday activities.

According to Wassenaar (2006), research should benefit the research participants or the society in some way. This study will hopefully benefit the participants by helping them reflect on their understandings and practice of sex education. This study is also expected to contribute to knowledge that can be used by the Ghanaian Ministry of Education, curriculum developers, and other stakeholders to plan effective sex educator training programs for tutors in Colleges of Education.

4:10 Quality Assurance

Smith *et al*. (2009) indicate their preference for quality criteria as proposed by Elliot *et al*. (1999) and Yardley (2000; 2008) as they take into consideration the subtle features of qualitative work and are "more sophisticated and pluralistic" (Smith *et al.,* 2009, p.179). In comparison, criteria that use a checklist are described as simplistic and prescriptive. Whilst the preferred criteria of Smith *et al*. (2009) is comprehensive and accounts for, or makes it possible to explain, every action or decision without being tied to a restrictive checklist, quality assurance is not just about the researcher feeling that quality has been established but also proving the same to a third party in a way that is easy to verify. Therefore, a checklist was used as a transparent and non-subjective way of showing where in the research process quality criteria were met. Thus, I adopted the *Consolidated Criteria for Reporting Qualitative Research* (COREQ); a 32- item checklist developed by Tong *et al.* (2007). A completed checklist can be found in Appendix F.

4:11 Report Writing

The report for this study is presented in three chapters for ease of presentation. The first, Results I present findings from the review of WoH documents.

Results II and III result from the analysis of the interview data based on the SEM (See Chapter Three) and yielded four main themes which were then grouped bearing in mind the levels of influence using SEM. Results II captured Intra and Inter-personal level influences and Results III presented findings that related to organisational and policy level influences. The reporting format for Results II and III is illustrated in Figure 4.6.
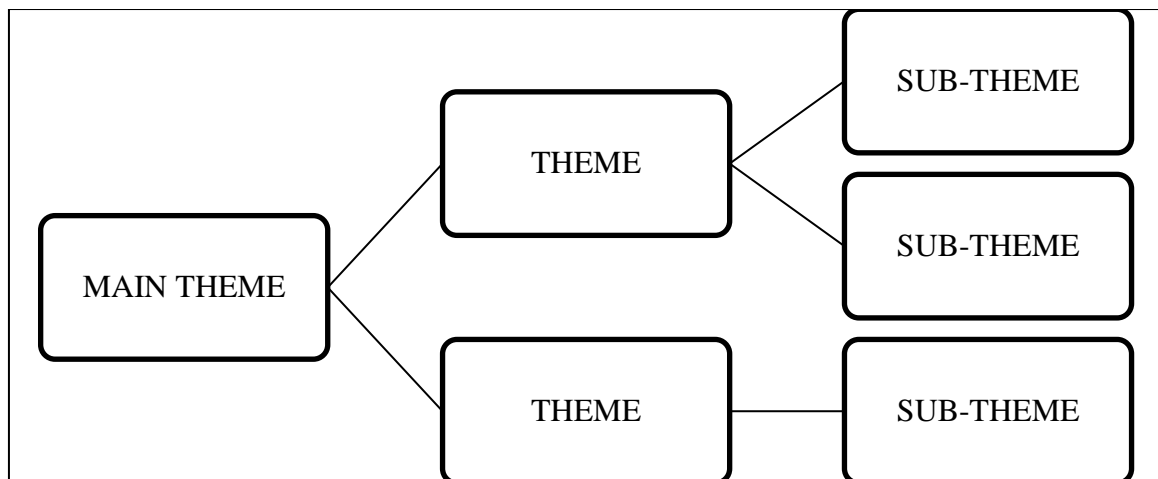
FIGURE 4.4   REPORT WRITING FORMAT

Verbatim quotes from participants interview transcripts feature prominently in Results II and III. The use of verbatim quotes in Results II and III is a way of demonstrating that the interpretations were based on the participants' interpretations of their experiences, thus their voices are still being projected (Smith *et al.*, 2009; Yardley, 2008). Verbatim quotes are identified by participants' pseudo identity (Kojo, Ama, Kweku and Kofi), sex (M= Male; F=Female) and the line numbers from the transcript to facilitate auditing. For example,

> "Hmmm, so the circumstances will dictate when because formerly it was a taboo to mention sex in the presence of children." (Ama, F, 121-122).

Though a participant's interpretation of their experiences could be unique, when compared with other participants, their interpretations could be addressing a different conception of the

same experience. For example, all participants referred to sex education as a taboo subject in their homes while they were growing up, however, some referred to it as a taboo subject because parents never spoke of anything in relation to sex or sexuality with them, while others referred to it as taboo subject because sex was viewed as a religious issue that was forbidden and therefore could not be discussed with young people.

CHAPTER FIVE

RESULTS I

This chapter presents findings from the analysis of documents related to WoH and a comparison of WoH content with the National Teacher Preparation Standards Framework (NTPSF) adopted by ITGSE.

5:1 Assessment of WoH based on Document Analysis

Sex education is integrated into other subjects such as Science, Social studies, and Religious and Moral Education in primary, junior and senior high schools in Ghana and so all teachers at these levels are expected to teach it. As a result, the WoH is a compulsory course for all pre-service teachers in CoE.

The NTPSF was drawn up by Future of Sex Education (FoSE 2014), an umbrella organisation for Advocates for Youth, Answer, and the Sexuality Information and Education Council of the U.S. (SIECUS) to guide the design of sex education teacher preparation programs in the United States of America. These standards were subsequently adopted by the United Nations Educational, Scientific and Cultural Organisation (UNESCO) and incorporated into the ITGSE and used to guide the development of sex education curriculum for pre-service teacher training in jurisdictions such as East and Southern Africa (see Cheetham, 2015, p.12). Reference to NTPSF is henceforth ITGSE standards.

The ITGSE has seven standards and each is demonstrated by a set of indicators (shown in square brackets below) which, when reasonably met, will mean that the standard has been met. They are: (1) professional disposition [pre-service teachers demonstrate comfort with, commitment to and self-efficacy in teaching sexuality education]; (2) diversity and equity [pre-service teachers show respect for the individual, family and cultural characteristics and experiences that may influence student learning about sexuality]; (3) content knowledge [pre-service teachers have accurate knowledge of the biological, emotional, social and legal

aspects of human sexuality]; (4) legal and professional ethics [pre-service teachers make decisions based on applicable local laws, regulations and policies as well as professional ethics]; (5) planning [pre-service teachers plan age-and developmentally-appropriate sexuality education that is aligned with standards, policies and laws and reflects the diversity of the community]; (6) implementation [pre-service teachers use a variety of effective strategies to teach sexuality education] and (7) assessment [pre-service teachers use effective strategies to assess student knowledge, attitudes and skills in relation to sexuality].

These standards have been adopted for international usage, therefore, indicators that do not reflect the local Ghanaian environment have been adapted to reflect the Ghanaian situation. For instance, Ghana is not a federal state and so has only one set of laws governing all, thus reference is made to national laws rather than state laws.

From the analysis, it was concluded that the WoH module generally meets some of the standards but is lacking in terms of others. Part 2 of WoH (see Appendix E) which covers pedagogy of sex education generally meets the standards of planning, implementation and assessment of sex education outlined in the ITGSE standards. However, the content fails to address major indicators for professional disposition, diversity and equity, and legal and professional ethics with notable absences of key components of CSE concepts such as Relationships; Values, Attitudes and Skills; Culture, Society and Human Rights; Human Development and Sexual Behaviour. Table 5.1 shows a comparison of the WoH content and materials with the ITGSE standards.

5:1:1 Development Process

A team composed of professionals of varied backgrounds developed the WoH module. The team included representatives of the following; the Ministry of Education (MoE), Curriculum Research and Development Division (CRDD), National AIDS Control Program (NACP), Principals Conference (Princof), Tutors, and Teacher Trainees.

Table 5.1 Evaluation of WoH Module Content using the ITGSE Standards Framework

STANDARDS	INDICATORS	HOW WoH ADDRESSES THE STANDARDS	REMARKS
Professional Disposition	Teacher confidence	Addresses teacher confidence in terms of the potential knowledge to be acquired.	Trainees may acquire knowledge about HIV and STI if these are appropriately taught to their understanding. However other sexuality issues not addressed by WoH may pose a challenge and affect confidence. As personal values, beliefs, biases and experiences are not part of WoH, trainees' professional disposition may not be appropriately developed.
	Appreciation of the importance of SE	Not addressed in the true sense of sex education. The emphasis is on knowledge of HIV/AIDS.	
	Personal values, beliefs, biases and experiences	Not addressed.	
	Appreciation of the need for CPD	Does not identify avenues for CPD and does not present SE as an evolving subject.	
Diversity and Equity	Recognise individual differences	Not addressed.	Trainees are not trained to identify individual differences in relation to sexuality beliefs, values and knowledge. Thus, they may be able to create a safe classroom in a homogenous class. Heterogeneous classrooms may pose a challenge.
	Ability to create safe and inclusive teaching and learning environment	The methodology component addresses classroom management, motivation and appropriate pedagogy for sex education.	

Content Knowledge	Knowledge of biological, emotional, social and legal aspects of human sexuality	WoH content addresses knowledge of HIV and STIs comprehensively and addresses the social and emotional implications of HIV/AIDS rather than sexuality. All the others are not addressed.	Whilst knowledge of HIV/AIDs and STIs is comprehensively addressed, trainees will find it challenging with other sexuality issues such as Healthy relationships, communication, LGBT, behaviour change approaches and legal aspects of sexuality.
	Ability to identify accurate and reliable sources of knowledge	Assumed with competence.	
	Familiar with state laws relating to sexuality	State laws are not addressed in WoH.	
	Familiar with health behaviour theories and models	Not addressed.	
	Aware of sources of valid and reliable sexuality information, health products and services	WoH provides sources of accurate sexual health information, products and services (VCT, PPAG, contraception).	
Legal and professional ethics	Ghana Education Service regulations and policies regarding sex education	Not addressed.	Legal and professional ethics in relation to sexuality education are not addressed during training.
	State laws and safeguarding practices	Not addressed.	
	Confidentiality and safeguarding practices and procedures	Not addressed.	

Table 5:1 Cont'd

Table 5:1 Cont'd

Planning and implementation	Ability to plan and implement sex education lessons	Addressed in Part 2 of WoH (experiential learning cycle and techniques, learning objectives, TLMs and lesson plan formats and evaluation techniques).	WoH Part 2 addresses the preparation of trainees to be able to plan and implement sex education in classrooms although behaviour theories are not taught.
	Ability to apply behaviour theories to SE	Behaviour theories are not taught.	
	Ability to identify and use appropriate resources to guide lessons	Addressed as part of lesson planning.	
	Effective strategies to teach SE	Addressed in Part 2 of WoH (experiential learning techniques, peer learning techniques and motivation).	
Assessment	Ability to assess students' knowledge, attitudes, skills and behaviour using diverse strategies	Addressed in Part 2 of WoH though the focus is on the cognitive domain.	More needs to be done to develop appropriate assessment techniques even for the assessment of trainees. The current assessment trend is cognitively centred.
	Analyse assessment results and use to plan future lessons	Not addressed.	

Note: **Standards 5 and 6 were put together and the indicators harmonised because the implementation (6) involves putting the plan into action.**

Africa Consultants International (ACI), WE, Ghana and USAID. The composition of the team was consistent with the recommendations of ITGSE (UNESCO, 2009, p.9) except for the absence of religious and faith-based organizations, community and traditional leaders, persons living with HIV/AIDS (PLWHA), lesbians, gay, bisexual and transsexual (LGBT) groups and the media.

5:1:2 Content

One key aim of the WoH module was to prepare pre-service teachers to adopt safe sex practices and reduce HIV/AIDS rates, reduce the stigma of PLWHA and teach the same to their pupils and members of the communities after the completion of their training (MoE *et al.*, 2006). From the evaluation in Table 5:1, the content of WoH (see Appendix) is comprehensive in terms of HIV/AIDS and STIs. However, significant sex education topics corresponding to the indicators of the ITGSE are not part of the WoH module.

Regarding diversity and equity which is defined as respect for individual, family and cultural characteristics and experiences that may influence student learning about sexuality (FoSE, 2014), trainees are taught classroom management skills. However, the sensitive nature of sexuality and related issues will require an in-depth discussion of individual, religious and cultural differences in the context of sexuality.

The content of WoH part 2, which includes topics such as experiential learning cycle and techniques; learning objectives; TLMs and lesson plan formats and evaluation techniques, satisfies the indicators (see Table 5.1) for planning, implementation and assessment outlined in the ITGSE, except for behaviour change theories and how to use assessment results. Therefore, to that extent, trainees are receiving a training that prepares them to plan, teach and evaluate sex education lessons on completion but nothing on behaviour modification.

WoH does not address the standards for professional disposition, diversity and equity, and legal and professional ethics. Professional disposition stems from trainees gaining confidence

in the subject matter and practice, ability to identify their personal values, beliefs, biases and experiences and to appreciate the demands of the curriculum in that regard. To the extent that WoH comprehensively covers HIV/AIDs education, trainees may gain confidence in teaching the same provided it is well taught and they can reconcile their personal beliefs and experiences which are not explored as part of the content. However, when presented with issues concerning puberty and adolescence, teen pregnancy, LGBT rights, abortion, and the many others, trainees may be found wanting. The professional disposition also requires trainees to appreciate the importance of sex education. Unfortunately, no part of WoH deals with this.

The indicators for achieving legal and professional ethics are not addressed at all. The sensitive nature of sexuality, and the fact that teachers have the responsibility to ensure a safe classroom and school environment means that teachers need to be aware of their professional responsibilities and avenues for the redress of infractions. For instance, UNESCO/UNFPA (2012) in a review of sex education curricular in ten East and Southern African countries concluded that the curricular did not mention "reporting requirements for teachers who encountered disclosure of sexual abuse during delivery of sexuality education programmes" (p.25). In the absence of training about the legal and professional dimensions of sex education, there are implications for the ability of teachers to offer and uphold safeguarding responsibilities in schools. Legal and professional ethics must form an integral part of any sex education program so beneficiaries can be taught to exercise and demand their rights at any given time and situation.

5:1:3 Duration/Time

The original content of WoH was designed to be taught over 65-hour sessions. However, the follow up review discovered that most colleges allocated two hours a week for the module and with a 16-week semester, it was determined that only about half of the sessions

were taught (William *et al.,* 2007). A subsequent review of the original content reduced the sessions to 18 hours in 2005 and also introduced a one-hour a week session on the methodology of teaching WoH. The latest review by the IoE, UCC in 2014 has reduced the 18-hour sessions to 13 sessions and assigned it a one credit hour value (IoE, UCC, 2014). The methodology component has also been reduced to 11-hour sessions.

5:1:4 Behaviour Modification Theory Guiding WoH

Behaviour modification theories have long guided the development of public health intervention programs and many studies have reported the success of theory driven interventions (Darnton, 2008). Behaviour modification theories support interventions by describing how behaviours develop and change over time and therefore help us understand behaviour and identify the underlying factors that influence it and subsequently the approaches that are likely to bring about the desired change. My analysis looked out for the theory guiding the development of the module as well as the teaching of behaviour modification theories as part of the content. I found that the WoH module did not have an explicitly stated behaviour modification theory as the guiding principle. In addition to this, the content did not include behaviour modification theories as a topic. Being a teacher training module, trainees should be at least familiar with behaviour modification theories. However, many activities and case studies in the module could be linked to certain theories. Activities such as 'Alone and Frightened', a musical recording by Philly Lutaaya, the Risk game which dwells on the risk of contracting HIV/AIDS, the movie, 'Uncut: Playing with Life', respectively portrayed the brutality of the AIDS virus in Africa and will suggest there was a desire to expose beneficiaries to materials that put fear into them in relation to sexual behaviours. In addition to these media, the trainee's manual copiously quotes statistics from Botswana, South Africa and Ivory Coast and avoids providing statistics about Ghana presumably because this will be very low and will not contribute to the fear such statistics are

intended to create. These statistics have remained a central part of the module despite changes that have occurred over time. For instance, the Trainees Manual quotes a prevalence rate of 35.**5** to 43.7% for pregnant women in Botswana contrary to the current rate of 21% (WHO, 2017).

5:1:5 Expected Outcomes

The notable absence of key topics outlined in the previous sections (see Table 5.1 and Section 5:1:2) suggests the WoH is not comprehensive and may not be able to deliver the expected outcomes of gaining knowledge about HIV/AIDs and STIs, acquiring HIV/AIDS and STI prevention skills, using the knowledge and skills acquired to modify sexual behaviour, and creating a supportive environment for PLWHA as well as pupils (William *et al.,* 2007; IoE, UCC, 2014). There is no reported national evaluation of the impact of WoH since the evaluation of the pilot program by William *et al.* (2007). However, the IoE, UCC has subsequently reviewed the content on two separate occasions, the first in 2011 which augmented the content to include the ALERT module which had been introduced earlier in basic schools; and the second, in 2014 which did not change the material content but brought forward WoH to the first of the six-semester pre-service teacher training program. In their evaluation of a similar module applying the integration model for Initial Teacher Training (ITT) in Zambia, Oki and Phiri, (2009) using qualitative methods (focus group discussions, in-depth interviews and classroom observations) noted the limited nature of the module and reported that although the WoH program was effective in promoting college-wide dialogue on culturally sensitive issues of sexual behaviour including harmful practices, gender and sexuality, both tutors and trainees were nervous when cross-generational and transactional sex topics were mentioned.

The Ghanaian government has long recognised that high-quality, CSE is essential for the healthy development of adolescents and their transition to adulthood (Awusabo-Asare *et al.*,

2017). In recent times, public discourse in Ghana has been dominated by calls for the implementation of a school based CSE due to the numerous media reports of rape, defilement and high incidence of teenage pregnancy (UNFPA, 2017; Brew, 2016). Consequently, the Ghanaian government through the National Population Council (NPC), GHS, GES and Development Partners led by UNFPA have tasked a consultant to develop a national guideline for CSE in Ghana to address the shortcomings of the current sex education modules taught in schools (UNFPA, 2017). Hopefully, the proposed guidelines will guide the review of the ITT program which is currently being reviewed to conform to a new National Teachers' Standards and Teacher Education Curriculum Framework for Ghana (MoE, 2016).

5:1:6 Teacher Selection, Training and Support

Though not documented, selection of tutors to train for the teaching of WoH was probably not based on a clearly defined criteria of the skills and competences required. In their evaluation report, William et al., (2007) wrote the following:

> "The test of this commitment will come primarily from assigning a competent tutor to the subject, rather than assigning it to the tutor who is newest or has the least influence over scheduling decisions and reconciling the assigned tutor's instructional load so that it is not an extra burden but is a part of their normal teaching load" (p.26).

The above will suggests that the review discovered that tutors were selected using criteria other than competence.

As recommended by World Education (WE), Ghana, training programmes based on the content of the curriculum and participatory methods of teaching were offered to teachers at the inception of the programme and regular follow-up training was recommended to ensure consistency and quality in content delivery (William *et al*., 2007). The main methods of delivery recommended to tutors were non-formal participatory approaches which included: games, discussions, dramatisation, debates, seminars, lectures and lecturettes, film shows, simulations and role play. It was also recommended for the use of resource persons from the local communities to share ideas and challenges encountered in HIV/AIDS/sex education

(William *et al.,* 2007). The ITGSE (2009) recognized the importance of specialised training for teachers to cope with the new concepts and methods associated with sex education and advocate that a training program is driven by "clear goals and objectives, should teach and provide practice in participatory learning methods, should provide a good balance between learning content and skills, should be based on the curriculum that is to be implemented, and should provide opportunities to rehearse key lessons in the curriculum. All of this can increase the confidence and capability of the educators." (p.24). Thus, the training offered teachers in preparation for WoH addressed the content of WoH and teaching methods (pedagogy). However, the duration of training raises concerns about the quality of training. Doubts have been raised about the potential of such short-term or one-time training activities to affect teacher competence and confidence over the long term (UNESCO, 2015). In addition, effective sex educators need to have interest in teaching the curriculum, a personal comfort discussing sexuality and the ability to communicate with trainees. The initial training given to teachers did not address their own attitudes and personal comfort in discussing and communicating about sexuality with trainees. An effective teacher training program should "have an impact on teachers themselves at a personal level, helping them examine their own attitudes towards sexuality and behaviours regarding HIV, STIs and early and unintended pregnancy prevention, understand the content they are teaching, learn participatory teaching skills, and gain confidence to discuss sensitive and controversial topics" (UNESCO, 2015, p. 25). In their review of the WoH program, William *et al.* (2007) recommended continuous professional development (CPD) programs to sustain the quality of teaching as well as motivate the teachers. However, there is little evidence of opportunities available for tutors to access CPD. No literature can be offered detailing CPD for tutors since the implementation of the revised WoH module in 2007.

As part of the implementation of the WoH, some teaching-learning materials were

supplied to facilitate the module delivery. However, in their evaluation of the WoH program, William *et al.* (2007) raised concerns about the ability of CoE to sustain the availability and use of the materials due to funding challenges and changing demands of technology.

CHAPTER SIX

RESULTS II

INTRA AND INTER-PERSONAL LEVEL INFLUENCES

This Chapter presents the findings of two main themes identified from the analysis of the interviews conducted. The first, Intra-personal Level Influences captured participants' psychosocial characteristics such as their attitudes and beliefs towards sex education concepts such as pre-marital, safe sex and homosexuality, teacher training experiences, concerns prior to engaging in the teaching of WoH and WoH teaching experiences. This main theme was made up of four themes and twelve sub-themes (See Table 6.1). The second main theme, Interpersonal Level Influences comprised of two themes and five sub-themes (See Table 6.2).

6:1 Intra-personal Influences

Main Theme 1: Intra-personal Level Influences	
Themes	**Sub-themes**
1:1 Personal Beliefs and Attitudes towards Sexuality Concepts	1:1:1 Homosexuality 1:1:2 Pre-marital and Safe Sex
1:2 Teacher Training Experiences	1:2:1 No Pre-service Training 1:2:2 Comprehensive In-service Training 1:2:3 Selection to Teach who
1:3 Concerns Prior to Teaching WoH	1:3:1 Apprehensions 1:3:2 Expectations
1:4 WoH Teaching Experiences	1:4:1 Interactive Pedagogies 1:4:2 Sharing Subjective Experiences 1:4:3 Professionalism 1:4:4 Recognising and Dealing with Diversity and Power play in the WoH Class 1:4:5 Teacher Efficacy

Table 6.1 Intra-personal Level Influences

6:1:1 Personal Beliefs and Attitudes towards Sexuality Concepts

This theme highlighted participants' beliefs and attitudes towards sexuality concepts including Homosexuality, Pre-marital sex and Safe Sex. Prior to discussing participants' beliefs and attitudes towards these concepts, we discussed their sexual biographies. All reported that they have always been heterosexual. Some participants seemed surprised that I even asked them about their sexuality:

> What? I just told you I was married and now widowed. I have always been heterosexual, and it hasn't changed. How can it change? Homosexuality is not my style. (Fele, F, 274-275)

> Seriously heterosexual, it has always been and will forever remain that way forever and ever shall it be [laughs]. (Moco, M, 231-232)

In the first extract, marriage is associated with being heterosexual. Felecia said, "I just told you I was married" to make the point that being married meant that she is heterosexual.

All participants also reported having engaged in pre-marital sex although this was against family, religion and cultural expectations of their conduct and assigned various reasons for doing it. The reasons included wanting to 'belong' to their peer groups and this reason was popular with the female sample:

> "hmmm, it was not necessarily against my will … and I wasn't necessarily scared about it but what my friends said about it, it wasn't like that. I went in because some of my friends told me to go do it and that I will be given money and that the boy will take care of me, but he never did." (Justy, F, 188-192)

> "It was my friends, so everybody is doing it so also do, that was how it happened and when I tried it, I got pregnant at age 17." (Fele, F,240-241)

All the males claimed to have been taken advantage of by a sexually mature or knowledgeable person because they were naïve:

> "The person was far, far, far older than me, about 10 years older and lured me into the situation, it was something foolish. I was small, very, very innocent and naïve" (Moco, M, 211-212)

> "I was very naïve; I didn't know anything. My first test came when I was in form three (Year 9). There was this beautiful girl who lured me to her mother's place, and I had a taste of it." (Ayaapa, M, 155-157).

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6:1:1:1 Homosexuality

Homosexuality has been reported as largely unacceptable to the Ghanaian population (See Section 5:1:1) although it's legality in Ghana is contentious. Whilst some (Beyrer, 2014; Kretz, 2013 and Taylor, 2014) have argued that Ghana criminalises homosexuality, others (Atuguba, 2019; Oppong 2018) have argued that careful reading of section 104 of the criminal code of Ghana 1960 ACT 29 reveal the contrast. To the latter, the law only criminalises unnatural carnal knowledge which it defines to include; anal and oral heterosexual intercourse as well as "blowjobs" and sexual intercourse using sex objects on one's partner. Infractions of this law are classified as misdemeanours and are punishable by the imposition of a fine determined under the Penalty Units Act, 2000 (ACT 572). Oppong (2018) argues that, "legally, the law does not persecute only homosexuals but also heterosexuals as well" (p. 417). Till date, no conviction has been recorded under this law in Ghana. Atuguba (2019) based on the interpretations of the law concludes that " a member of the LGBT community is permitted by the confines of Ghanaian law, to live openly as a homosexual—with the opportunity at will to publicly show affection to another person of the same-sex, and engage in all acts attendant to such affection, and which fall short of the requisite degree of interpretation of unnatural carnal knowledge" (p.114).

All participants, irrespective of age, gender, ethnicity and religious affiliation or religiosity expressed their personal dislike for homosexuality with some using strong words such as 'hate' to express their dislike of it. The group that used strong language also belonged to the highly religious group using the DUREL scale. This group included all three Muslims and they each referred to the religious abhorrence of homosexuality and how it defied the laws of God and the potential sexual health risk:

"I hate it, I don't like it. It is bad!" (Justy, F, 229)

"I don't know how it came about. To start with, how did they even start to experiment it, how did it happen? It's crazy, very crazy." (Darling, F, 247-248)

"When we talk about homosexuality, all the religions, Islam, Christianity, even traditionalists, they all abhor it. So, under no circumstance should anyone practice it or endorse it." (Ayaapa, M, 199-201)

"hmmmmm, you see I have sighed for a very long time! Why will anyone decide to do that? The scripture says you should marry and have children, even though people may have different views about that. Looking at even gay, let's put lesbianism aside, anal sex is the easiest way to get infected with HIV/AIDS, why will one do? Why will one want to have both a woman and a man? Bisexuals? I don't understand it". (Hajia, F, 195-199)

Other participants expressed their dislike by refusing to even discuss it when I brought it

up in our discussions:

"No, no, as for that one it is out of my endorsement completely. I wouldn't encourage it at all." (Ibra, M, 270-271)

"Is there anything to talk about it at all? I ask myself what there is to gain. Erh, aha, is it pleasure, sexual satisfaction? So, it's not anything good … there is nothing in same-sex relationship. I don't know what is there, so there is nothing there to discuss. There is nothing there to discuss, nothing, nothing to discuss." (Moco, M, 251-256)

For some participants, their dislike was attributed to a societal norm that disapproved of

homosexuality and although they accepted this norm at a personal level, they were

professionally willing to not openly condemn homosexuals. In one instance, a participant had

actually had contact with homosexuals and described it as a psychological or biological

problem which required understanding rather than condemnation. The following two extracts

from Fele and KD illustrate this interpretation:

"But if it is happening and that's the norm in Ghana, who am I to say no? But naturally me, I don't buy into those things. In your teaching, you mention that these are some people and they are advocating for their rights, but the moment you say that they will start shouting, but you tell them, now you are shouting because there is no conscious law that protects their rights ahaa! That is why you are shouting, but even with that (no law to protect their rights) they have the right, I tell them they have their rights. But honestly, I myself, I don't like that thing, I am an African and I don't like it myself even though I don't condemn them." (Fele, F, 143-145)

"I won't approve of it personally. I remember in Uni some two guys proposed to me. That time homosexuality was hardly spoken about, so I was shocked at the boldness of the guys. I have the feeling those who practice it have a problem, psychological or biological and need help because the practice is dangerous and makes them more prone to infections. I will be professional with people like that, but I won't encourage it among our young people." (KD, M, 154-158)

The other side of participants' non-approval of homosexuality as a form of acceptable sexuality showed in their conceptions of diversity in the sex education class. When asked about diversity in their classes and how it influenced their teaching, all participants discussed diversity in terms of gender which was limited to a dualism of male-female, religion and ethnicity:

"Yes, so majority are Muslims and then we have Christians also …In terms of gender, the females are always timid, and the males are alright." (Ayaapa, M, 28-38)

"In terms of religion, we have both Christian and Moslem trainees and we have both male and female trainees. Few are married both male and male trainees. Religion does not play a part in the kind of discussions I need to have with trainees. Aside the early incident where trainees used to walk out based on their religious belief, I don't have such issues anymore, because I had to take the opportunity to educate them on the need for them to have such education to know about themselves and what is happening on the outside." (Hajia, F, 82-87)

When I inquired specifically about sexual diversity, many participants said it was possible they could have homosexuals in their classes, but the society's non-approval or acceptance meant that even if they were in the classroom, they (homosexuals) would not want to be known so they are silent about their identities:

"The diversity is very large, in terms of culture and in terms of religion. You know we have those who are purely Christians and those who are purely Muslims, they may go the same way because of the scriptures which abhor certain sexual practices like adultery, fornication, pre-marital sex and all that. Then the traditional people are also there, and the other aspect is the female, male aspect where the males are very ready to say anything because they are guys and the females can't because they are not expected to. So, one has to be cautious and tactful." (Ibra, M, 118-123)

Researcher: Any other?

Ibra: No. (Ibra, M, 127)

Researcher: Do you ever consider that you could have people of different sexual orientation in your class?

Ibra: Well for that one I will say I never consider it. I least expect it. (Ibra, M, 130)

6:1:1:2 Tutor's Views of Pre-marital and Safe Sex and How it Affected their Teaching

Although there is preponderance of literature discussing Ghanaian cultures' abhorrence of

pre-marital sex (Ankomah,1992; Anarfi and Owusu, 2010), there is almost in equal measure, data to support the occurrence of pre-marital sex among Ghanaians below age 17 (Addai, 1999; Ankomah, 1996; GSS, GHS, and ICF International 2015).

Participants' attitudes to pre-marital sex could be grouped into three categories, those against it, those in favour and those who recognised abstinence as ideal but wouldn't condemn those who engaged in pre-marital sex. These positions influenced the way they presented the subject in their teaching and interactions with trainees. Notwithstanding their position on pre-marital sex, participants agreed that safe sex practices were ideal, and all spoke of sex in terms of heterosexual sex as they each referred to male-female sexual relations. The majority were against pre-marital sex citing reasons ranging from religion, culture and health. These participants did not only disapprove of pre-marital sex, they portrayed it as a sinful act in their teaching citing references to scriptures and did not even approve practices such as making condoms available to young people, a practice aimed at encouraging safe sex among young persons. Ama, female, typified this category in the following extract where she talks about the kind of discussions she holds with her trainees:

> "But we also talk about other very important issues like what the good old book talks about, for example, not involving in fornication and adultery. We note that if you supply condoms to people you are giving them the license to be promiscuous." (Ama, F, 35-37)

In the extract, Ama uses the description "the good old book", a term commonly used to describe the Christian bible. For her, the position of the 'good old book' is ideal. She emphasises the benefits of sticking to the Bible's position by citing her disagreements with providing safe sex services to young people. Fele, F, expressed the religious position but also emphasised on the health and cultural implications of pre-marital sex to her trainees:

> "If I had my way, I would cancel it. People should wait to be married before they engage in sex that would have been the best. I prefer that because, in the first place, it will save you the headache of infection, getting unwanted pregnancy that you may have to abort and even going in for pregnancy preventive drugs especially on the part of the woman that may later make you barren. It will save you; it will save you a whole lot.

And if you come to our cultural and religious set up, these are values we have, so when you do that, apart from saving yourself the pain of suffering certain diseases, you will become culturally safe and for me, it should have been the best way to go, it should be the best and I emphasis this in our discussions of the subject." (Fele, F, 277-284)

The phrase 'culturally safe' refers to observing abstinence before marriage which the culture demands. Fele admitted when asked directly if these views influenced her teaching and engagement with trainees:

Ya!, they influence. You know students are funny sometimes they will know and ask you very stupid questions, so when they do it, you also try and explain it accordingly, but we don't restrict them we tell them this is the game, you play it this way or that way, but you don't impose issues on them, hmm! I don't impose (Fele, F, 284-287)

Similarly, Hajia expressed disapproval of pre-marital sex citing social and health implications. Hajia thought pre-marital sex exposed 'womanhood' to people who should not see your womanhood especially if the relationship doesn't end in marriage and like Fele, she said these views influenced her interactions with trainees and she emphasised even secondary abstinence for those who were already sexually active but not married:

"It should be avoided. Yes, several reasons. First, let's look at this philosophy, literally, sex is something that touches the heart of every person, so, each time you make love with someone, let's say a man, there is a legacy you have left there. You understand? If you fail to marry this man, you have revealed your womanhood to someone who is not supposed to see, so I don't even know how to describe how bad that is but let me make this analogy, you see ink? if you dip your finger in ink and clean several times, eventually there will be no ink. So, if you start doing that you will eventually not have anything to offer your husband. Secondly, you could easily pick up infections that will have consequences either on you directly or your marriage." (Hajia, F, 184-192)

"It depends on the age. We see our trainees as children, but they don't see themselves that way. Some are even married. So even though we talk about secondary abstinence and safe sex, you can't tell a married person to abstain. The unmarried ones, you can advise abstinence until marriage but then also safe sex if they can't abstain" (Hajia, F, 130-133)

Curiously, Hajia's concern with the social effects of pre-marital sex had to do with the exposure of womanhood. Pre-marital sex is viewed to have social implications for females and not males. This position was explicitly stated by Darling when she was discussing the negative effects of pre-marital sex. A woman that engages in pre-marital sex especially with

men she doesn't eventually get married to is not only having to deal with the psychological

trauma of having been 'used' but has to deal with the social tag of being a loose woman. In

Darling's view, men can do it as many times as they want and there is no problem with it.

> "The negative side is that sex before marriage may lead to regret if the relationship
> doesn't develop into marriage. You feel used. Some people may also think that because
> you agreed to have sex with them you are loose and that could affect you. As for men,
> they can do it as many times as they want no problem but for us women, it's not good.
> If you have sex and it doesn't end in marriage, it is not good for the woman." (Darling,
> F, 235-238)

Although Darling did not approve pre-marital sex and made this clear in her interactions with

trainees, she emphasised the need to teach sex education to young people so that they can

make intelligent choices:

> Yes, I make my trainees understand that they need to offer those services because
> parents simply won't do it. My parents were not educated but even educated parents
> won't do it. People think that when you speak about those issues with children then
> they would experiment but it's not like that. Education rather helps them to understand
> themselves and even if they will engage in sex, they will do it with knowledge and
> explore the positives. I believe if you have the knowledge you will engage sex
> responsibly. (Darling, F, 194-199)

For the participants who were against pre-marital sex, the impression one gets from some

of their responses is that, it is not so much about pre-marital sex being wrong culturally and

religiously and potentially injurious to their health, but that young people who are still not

matured cannot bear the potential psychological, social and cost implications of the possible

outcomes of pre-marital sex such as pregnancy and having a baby on hand to cater for:

> "Well at times, I try to let them (trainees) know that early sex is not the best if you do
> them now and some of them say oooh sir but you also did it, and I tell them no I did it
> only when I was in a position to handle the repercussions without a problem so they
> should wait until they are in such a position." (Al, M, 241-244)

The participants who favoured pre-marital sex emphasised safe sex in their classes. The

participants in this category viewed pre-marital sex as necessary for young people to learn

and to be able to make choices that they can live with when they settle for marriage. Many

cited the experiences of people who had married partners they did not have sex with prior to

marriage and the problems they had after marriage.

Am thinking if you put religion away, you should taste it before you enter it fully, but can we do away with religion? That is it. I know a woman from Bolga (Upper East region of Ghana) … and I think the church negotiated the relationship for marriage ahaa! So, when they started, the man will come and say Mama T disturbs a lot and I didn't understand it and later the woman also complained to me that the man's thing is as small as her little finger (the man has a small penis). … another incident with the same Pentecost church where the church negotiated a relationship which ended in marriage and when the couple were on honeymoon, the man was bathing, and the woman entered the bath, immediately the man squatted and covered his penis. They did not have sex throughout the honeymoon and so on their return, the woman reported to the church elders. (Justy, F, 211-227)

"To me, I will go for it because if you learn it before marriage it helps you to fortify your marriage. Yes, it helps (194-197). I place emphasis on safe sex, and I do that because these our trainees cannot abstain. Even primary school children are sexually active. Recently I dealt with an issue from our demonstration school where a year six boy impregnated a classmate. So, you see even primary six children. So, to me, safe sex should be encouraged to ensure that those involved are safe. (Ayaapa, M,138-145)

The third category noted abstinence before marriage as the ideal but wouldn't demonise or condemn pre-marital sex. Participants in this category recognised biological and current social pressures on young people and the fact that their experiences with trainees showed that many were sexually active. They, therefore, encouraged trainees who could abstain to do so and those who could not to practice safe sex. KD and Ibra typified this position in the following extracts:

"To be honest, I had pre-marital sex but looking at the things closely and current trends in terms of STIs and HIV I will advise caution, but I am also conscious of people having independent choices to make and the pressures to deal with. So, even though the ideal is to avoid sex before marriage, but some people can't stay away so those ones I will advise safe sex practices. In my teaching, I encourage the very young ones who sometimes you can see they are naïve to keep away from it until they are ready for marriage" (KD, M, 147-152)

"You know when it comes to WoH I don't emphasise any of them. I teach abstinence, faithfulness, safe sex practices etc and discuss the advantages and disadvantages of all. I don't place emphasis on a single one. These are adults who can make intelligent choices." (Ibra, M, 151-153)

What is notable from this sub-theme is that regardless of participant's view of pre-marital sex they still recognised abstinence as ideal. And this holds true even in the case of

participants who claimed to approve of pre-marital sex. For instance, Justy advocated for pre-marital sex due to experiences of people she had encounters with. However, in another instance, she was actively encouraging trainees to abstain from pre-marital sex because it could distract them from their academic work and affect their psychological wellbeing:

> "I tell them, they don't gain anything from it, and because they spend so much time talking about it, it distracts their attention from their academic work. I usually use the sheep and salt scenario, if a sheep hasn't tasted salt, it can stay away and not know that there is salt anywhere, but as soon as it tastes it, it will go and come back for more. … students who go into relationships, about 99.9% of them end up on rocks and so the guy will use you arrrrrrh! (have several sexual encounters with you) and in the end, dump you and go in for another person. So why do you worry yourself?" (Justy, F, 199-207).

Beyond religious and cultural beliefs which prohibit pre-marital sex, these tutors identified abstinence as ideal for young people because, young people are not in a position to handle the potential fallouts of pre-marital sex such as pregnancy and childcare and the psychological, social and cost implications and many emphasised this position in their teaching. Subsequently, it can be observed from some of the quotations above that tutors have emphasised on the negative outcomes of pre-marital sex to put fear in trainees and discourage them from engaging in it. For instance, in the immediate quotation above, Justy states that 99.9% of trainees sexual relationships 'end up on rocks and trainees get dumped' and uses this view to discourage trainees from engaging in pre-marital relationships. Similar views have been expressed by Fele, Hajia and Darling in their responses quoted above emphasising on the negative religious, health and social implications of pre-marital sex in their interactions with trainees. In one instance, Ibra recounts the story of a trainee who had a child out of wedlock and attempted killing it because he could not bear the responsibility and the police had to deal with it. This experience is relayed to trainees to discourage them from engaging in pre-marital sex.

> "And there are certain issues I have handled in the college like counselling trainees who have impregnated girls while still in school and I use it to talk to them about the psychological implications. There was even an issue of a trainee who had a child and because he could not cater for it, he went and attempted killing the child and it became

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a police case and he run back to the college and the police came with a warrant and I had to give him out and later follow up to the police station to find out what he did. So, I use these things to talk to them though I don't dwell too much on them." (Ibra, M, 243-249)

Some tutors noted that this emphasis on the negative outcomes of pre-marital sex is not just attributable to them but the content and approaches of the module itself. For example, Hajia recounts an encounter with a trainee who was clearly affected by the content of a video they had watched in class:

"There is another instance when the class was watching a video on STI's and a student asked madam, is it a must to have sex? He just came out to me and asked and so I asked why, and he said, madam, what I saw made me scared. It means there was a lesson learnt from what I was teaching." (Hajia, F, 47-50)

6:1:2 Teacher Training Experiences

This theme captured participants' discussions of their pre-service training in relation to sex education and the In-service training they received prior to assuming the responsibility to teach WoH.

6:1:2:1 No Pre-service Training

With the exception of two participants (Fele and Ayaapa), the rest had no teacher training in relation to sex education. Even for the two who claimed to have had training in sex education, they were very particular in stating that this training was only a part of their main subjects of study. Indeed, for one, Ayaapa, it was part of an optional course that he took in the University. However, both felt it was adequate in preparing them to teach WoH:

"Yes, you know when you are a student of UEW you have first, second and third area of specialisation and my third area was Home Economics where we dealt with issues like that. Yah. Yes, for WoH, it is integrated into Physical Education because it's a Health issue and the course is HPERS, so we learn things like that in the Health component. So, I felt well prepared to teach sex education." (Ayaapa, M, 3-9)

The second participant, Fele, indicated that it was part of issues captured in her subject of specialisation, Religious and Moral Education. Unlike Ayaapa, she still needed in-service training to feel competent enough to teach WoH.

"Yah! Well professionally, I did primary education and I majored in religious and moral education. Aha, you know when you pick the syllabus of religious and moral education, there are issues of sex and sexuality. Ahaa! Now coupled with that, I also went through a lot of HIV/AIDS training … and that's how I got the skills to teach." (Fele, F, 4-14)

The majority of participants did not get any form of sex education during their Pre-service training. Participants' areas of specialisation varied from Agronomy, Horticulture, Religion, Human resource to Chemistry. By inference, the closest specialisation area that could possibly have a semblance of sex and sexuality education was for Darling who specialised in Public Health. But even in the case of Darling, she indicated that the closest her training related to sex education was her study of diseases:

Darling: Not related. It was just the general aspects of diseases I studied, and this did not cover the content of WoH

Researcher: Did it prepare you to teach WoH?

Darling: No, not at all. So, yes it was not adequate training for teaching WoH. (Darling, F, 3-6)

Many of the participants (16) stated that WoH was an additional teaching responsibility. The recruitment of Ayaapa and Darling to specifically teach WoH are attempts to depart from the past where people already recruited to teach other subjects were assigned WoH which they clearly deemed as an additional responsibility (See Section 5:1:6 Teacher Selection, Training and Support).

6:1:2:2 Comprehensive In-service Training

All participants who were present at the inception of WoH reported receiving comprehensive In-service training and described it as rigorous as it included both content knowledge of WoH and approaches appropriate for teaching sex education:

"WE took the tutors from the various training colleges through series of training on the new course (HIV Education). We were taken through the content and the methodology. These workshops took place in different towns. Basically, we were taken through the misconceptions in HIV transmission, how HIV transmitted, stages of HIV transmission, the signs and symptoms of AIDS, prevention of HIV, mother to child transmission, stigmatization and discrimination in HIV, counselling and testing, positive living

guidelines, negotiation skills impact of HIV on education, the economy, on the family and on the individual, sexual abuse etc. The various techniques like role play, brainstorming, jigsaw, etc, SMART objectives, TLMs the use of experimental approach in the teaching and later the use of the Alert Model which were to be used in the teaching and learning of HIV issues to the basic schools using peer education and participatory approaches focusing on the teachers, learners and the community. There was rigorous training. I personally learnt a lot which helped me to facilitate lessons in the HIV Education." (KD, M, 3-14)

Participants who joined the programme later obviously did not benefit from any comprehensive training prior to starting. Indeed, whilst some had just one prior In-service training, others did not benefit from any In-service training before being assigned the responsibility to teach WoH and obviously these participants felt inadequate from the start. In the former was Hajia who had only one training session and described it as inadequate and the latter Darling, Ayaapa, Al, Ann and Gilbert were not offered any training prior to teaching WoH. Ayaapa and Darling recruited to specifically teach WoH had to find out on their own what was entailed in the program and prepare themselves to teach it.

Hajia: Yes, I remember I had one inset on WoH before I started with the teaching, I think it was a workshop in Kumasi, my colleagues had earlier on gone for such training several times before I did. (Hajia, F, 3-5)

Researcher: Did it prepare you to teach WoH?

Hajia: No no no I had to learn most on my own, underground. I had to sit down and also learn and develop strategies. So, at the time I started teaching it, I needed to sit down do a lot of work in terms of preparation to teach it. Even though I went for the training, the training was to introduce you to certain concepts and how to handle the book. But you know mostly it was not adequate, so you must do your own homework and add. (Hajia, F, 7-11)

"When I was asked to teach it on arrival in the college, I was just wondering what kind of information was there to teach because HIV issues can't be that much to constitute a whole semester course. But when they gave me the module handbook, I realised ooh the language is simple and understandable and familiar and so I just had to read and understand." (Darling, F, 9-13)

Two participants, Ibra and Justy indicated they had prior training and exposure to sex and sexuality education; Ibra from a Non-governmental Organisation (NGO) and Justy in her role as a church youth counsellor. These prior engagements and exposures complimented the

initial In-service training they received prior to teaching WoH:

> "Hmm Not formal but what happened actually was I was a club patron, Health club in the college around 2000. Based on this there was an NGO in the area interested in sex education but focused on HIV/AIDS education and they convinced us to turn the club into an HIV/AIDS education club and started to invite us to workshops on how to disseminate HIV/AIDS information." (Ibra, M, 3-6)

> "In addition, through my own efforts, I read a lot around sexuality for my role as a youth counsellor in my church where I counsel the youth in the church on ethics and sexuality. So, I already had knowledge on it before I started teaching." (Justy, F, 3-6)

This sub-theme has not only highlighted the comprehensive nature of the In-service training that was offered to tutors prior to the inception of the WoH programme in CoE, it has also highlighted how this comprehensive training was not sustained over the period as new recruits clearly indicated the inadequate nature of their prior training and as we will see in Chapter Seven, their professional development.

6:1:2:3 Selection to Teach WoH

With the exception of two participants who were specifically recruited to teach WoH, the rest (16) of the participants were selected by the college Principal for the initial In-service training and assigned to teach WoH and some were happy and felt privileged to be have been selected from amongst many colleagues to train and teach a new program that in their estimation was very important:

> "Well at that time, I saw it as an opportunity and an honour, you know am the type that when we are many a leader selects you single headedly to go and run a program, you realise that maybe you are the one that they think can manage that program very well, so for me I saw it initially as an honour so I went there with all the vim to learn and come and then work and not to disappoint my principal who actually selected me go for the programme, because there were a lot of people who could have been selected but he selected me." (Fele, F, 21-27)

> "I was happy to be among the chosen people to be part of those to bring down HIV prevalence rate down through helping trainees to change their behaviour. I also saw this as a big responsibility." (KD, M, 25-26)

However, this mode of selection (principal selecting) did not always work. At least in one instance, the selected tutors went for the training and when they returned, they refused to

teach. The principal had to then fall on a tutor he did not consider in the first instance though he should have because the said tutor was already engaged in similar work.

> "Before that, some tutors from Ghanaian languages and other departments had been selected to go for the training and they went but when they returned, they refused to teach it and the principal asked me to do it since I was already engaged in similar activities" (Ibra, M, 13-16)

Some tutors were also self-selected. These tutors showed interest in the subject and were subsequently asked to teach it. This interest in a notable instance involved Justy sitting in WoH classes and actively participating until her colleague noted her enthusiasm and recommended her to the principal:

> Due to my interest in the subject, I used to sit in classes of my first two colleagues who were assigned to teach it and actively took part. So, my colleagues recommended that I join them to teach it due to my enthusiasm and rich contributions and so I did, and the trainees loved it. They were happier with me than with my colleagues. (Justy, F, 8-11)

6:1:3 Concerns Prior to Teaching WoH

This theme concerned participants' apprehensions and expectations when they were assigned the task of teaching WoH. Regarding their apprehensions, all participants expressed concerns about either their personal fears, their fears about the possible reactions of trainees to the subject and how trainees will perceive them given the nature of the subject. All participants also had expectations of themselves and the trainees. In almost all cases, these expectations ranged from the possible impact on the sexual attitudes and behaviours of trainees to public health outcomes and trainees' attitude towards WoH.

6:1:3:1 Apprehensions

All participants regardless of gender, age or religion expressed anxieties about their personal ability to openly discuss sex and sexuality. These anxieties were linked to the religious and cultural perspectives of not openly discussing sex and sexuality especially with young people and how the trainees were going to perceive them (participants). Participants were also concerned about how trainees will react to the subject matter for discussions in the

class and chief among these concerns were whether trainees will be willing to participate in the discussions given the sensitive nature of the subject and the norm of not openly discussing such issues:

> "Apprehension, anxiety. Things like penis, vagina etc are not things you mention publicly due to our African culture". I was concerned about student participation. I was also concerned about how the trainees will perceive me, the picture they will paint about me." (Prof, M, 16-18)

> "Initially I was [laughs] wondering how I was going to talk about sex, condoms, STIs and all that to people who may not want to open up and you might be entering into people's personal lives and I was worried that my trainees were mostly adolescents and how they will react to it. I thought it will be a challenge. Even for me I personally had the discomfort of speaking openly about those things. [Laughs]". (Darling, F, 15-19)

> "I was thinking that most of them will feel shy and would not want to discuss certain things because of the delicate nature of the subject, yes, and it came to pass but with time they built confidence, yeah, yeah." (Al, M, 21-24)

The religious aspect of these concerns also had to do with whether the trainees will even stay in class for the lessons:

> "Yes, initially with the trainees, it was a problem, they see you to be … (hesitates) I don't even know how to put it, they see you as an indecent human being coming to class to talk about vagina and penis and what have you, you understand that? Eheee! So that was just my problem initially. But as time went on, I was able to correct the misconception about the subject, you see that? Ehee! And that made them feel comfortable to stay for the classroom because initially, trainees would walk out when am coming into the classroom, Yes, they would walk out, a student would say he is a pastor and cannot stay in to listen to that." (Hajia, F, 20-26)

In most instances, these apprehensions or anxieties were realised although participants have generally overcome them and are very enthusiastic about their current roles as a result of the knowledge and experience acquired over the years. Hajia spoke of how the situation has improved over the years:

> "The situation is better than when I first started. I have acquired more knowledge and skills in teaching that subject. Again today, you could see that trainees really like the class compared to when I started to teach the subject. They even call you outside classroom hours to tell you their problems." (Hajia, F, 38-41)

6:1:3:2 Expectations

All participants had expectations about what they hoped to achieve at the onset of the

program. For many of the participants, WoH offered them the opportunity to positively influence the sexual behaviour, knowledge and attitudes of trainees. For others, it was an opportunity to influence trainees with their moral and ethical dispositions. Others saw their influence going beyond the trainees and thought they had a unique opportunity to contribute to the national project of curtailing the HIV/AIDS pandemic. Many cited examples to indicate how their expectations had been met:

> "When I started, I will not tell lies, actually my expectations have been met because you know within the year, we normally request for medical personnel to come and test for diseases such as HIV/AIDS, hepatitis B and if possible offer help and support to people who may be infected with these diseases and my expectations have been met because I expected them to accept the trend and so that even if any of them was found with the disease, it shouldn't be something new and I think my expectations have been met because one is that for so many years, ever since we started teaching, we have never registered any student with HIV. Because of the education they had received, a student saved the mother from dying because the student came and said the mother travelled down south and came back with the disease and was dying and didn't know what to do and when the student discussed it with me, I told the student to convince the mother to go do the test and if it turns out positive, she can start with the anti-retroviral drugs and to date for about seven years the woman is still surviving, living with HIV but if you see her, you wouldn't know." (Fele, F, 37-50)

In a particular instance, Ayaapa a Muslim thought his fellow Muslims had serious issues with sex and sexuality and the opportunity to teach WoH was exactly what he needed to influence his fellow Muslims:

> "Yes, I thought it was an opportunity to positively influence the trainees, majority of whom are Muslims and you know we have a problem when it comes to sex. I also had apprehensions about how the trainees will accept my lessons given the Muslim position on talking about sex and sexuality even in the home, it simply can't happen. And this came to pass. … I also worried about the females who because of our Muslim position cannot talk or even mention sex especially in public and I noticed straight away that they became very timid anytime those things were mentioned in lessons." (Ayaapa, M, 16-26)

Similarly, Justy, who also doubles as a church youth counsellor saw the chance to teach WoH as an opportunity to influence the trainees with her ethical and moral standards as well as pass on her biblical teachings about morality. So, in addition to WoH she also formed a

club by name Virtues Club where she could have broader discussions about ethics, morals and sexuality:

> "Yes, because of my religious background and my ethical and moral stands, I saw it as an opportunity to pass on my experiences and biblical teachings. … I also have a club called Virtues club and I hold meetings in my home for members (trainees) and we discuss ethics, morality and sexuality issues and sometimes I am overwhelmed by the attendance. We have deep discussions even including marital and economic issues. We discuss values and issues that have dogged our development as a people." (Justy, F, 13-25)

Only one participant mentioned helping trainees to pass their end of semester examination as an expectation. The majority did not count passing the end of semester examination as part of their expectations. This was commendable as sex education programs generally aim at benefits that go beyond passing an examination. Even for KD who listed trainees passing examinations as an expectation, he also expected to help reduce the stigma and discrimination associated with HIV/AIDS among trainees and to encourage trainees to speak to professionals when they have challenges with sex and sexuality issues rather than speak to people who do not have the expertise to assist them appropriately:

> "My expectation was to help in removing the stigma and discrimination associated with HIV and encouraging trainees to discuss with trained counsellors their problems in sexual issues. I wanted my trainees to be able to study and pass and of course, also teach it well." (KD, M, 28-30)

6:1:4 WoH Teaching Experiences

The sex education classroom is an active classroom full of experiences for both tutors and trainees. Both make inputs, and both take away certain experiences and lessons. The sex educator has the responsibility of ensuring that his/her lessons are delivered in such a way that the trainees understand, feel comfortable and confident enough to participate in discussions and all other activities in the classroom and out of the classroom. How educators do this is important because they are preparing trainees to teach. They should be able to adopt appropriate pedagogical practices as well as create enabling environments for their trainees to learn same and use it upon completion of their training. Participants' teaching experiences in

relation to WoH were captured in five sub-themes including their experiences with pedagogies; professionalism; and creating conducive environments for their sex education lessons and power play in the WoH class.

6:1:4:1 Interactive Pedagogies

This sub-theme reflects the pedagogic techniques adopted by participants in delivering their sex education lessons, their justification of those techniques and the subjective experiences that informed their pedagogical approaches.

All participants described the techniques they frequently used as either interactive techniques or student-centred techniques and the choice of a particular technique or approach was informed by the nature of the content to be taught:

> "Depending on what I am teaching. For instance, when I am teaching negotiation skills, role play helps me very well to explain the three negotiation skills, passive, aggressive and assertive. A little sketch and then you can explain." (KD, M, 37-39)

> "It all depends on which is most suitable for a particular lesson. I always like to use role play to teach negotiation skills." (Ama, F, 78-79)

Irrespective of the description participants assigned to their choice of pedagogies, they frequently involved techniques that actively engaged trainees in the teaching and learning process. Participants also assigned reasons for choosing to use interactive approaches. These reasons included not only getting trainees to actively participate in lessons and to understand the lessons but providing opportunities for trainees to learn these approaches and be able to apply them in their classrooms when they complete their training. For instance, Kojo and Ibra had the following to say when asked about their preferred techniques:

> **"**hmmm sometimes demonstration methods, child centred because well at this level we are not supposed to but because they have to use that approach to teach in basic schools, we do that." (Kojo, M, 61-63)

> "You see it all depends on the topic one is teaching but because we are also training them to teach you have to employ a lot of the techniques in your teaching so that the trainees can learn them also for their own practice … but the second phase the methodology, we have to use all the techniques so that the trainees learn how to use them. Because if you just talk and talk you end up washing the back of the screen but

when you employ them in teaching the trainees also get the skills in say how to discuss, how to brainstorm etc, …" (Ibra, M, 49-56)

There was a strong belief among participants that trainees will be able to learn and use the techniques used in their lessons when they assume teaching after completing their training and trainees were often encouraged to present their group task using interactive techniques:

"Participatory techniques, I can say I use all the techniques that the WoH talks about from jigsaw to role play to all the techniques and that makes trainees love it because before you even teach, you have to practise it, if you don't practise it, how would you understand especially jigsaw for instance, If you are teaching jigsaw and you don't practise it yourself, you don't use it yourself, no trainees would understand what you are doing. You have to put them into subgroups for them to do an activity and then regroup them for them to see whatever is going on, I have used fishbowl method as well and a host of them. So, I teach it in this way so that they learn the techniques themselves and it also facilitates understanding. And it makes them have a close feel of what they are doing. For example, if they are doing simulation, it makes them feel as if they are really involved in that activity you are discussing in the classroom, it makes them question themselves and has an emotional dimension which affects them and enables change when necessary. Sometimes depending on the topic, you can see signs of remorse in their faces when they role play." (Hajia, F, 53-65)

Techniques/approaches were adopted in reaction to the limited time assigned to WoH and therefore the need to adopt approaches that enabled much content coverage within the limited time and were also effective in getting trainees involved in the teaching and learning process:

"Some of the techniques help you to cover a lot of content within a short time. For example, the Jigsaw when you group and re-group, a lot of content is covered within a very short time." (Nick, M, 39-41)

"I employ these techniques because they are more effective than the lecture and enable trainees to learn by getting involved rather than the lecture where they are passive. They are practical and gets everybody involved. With the lecture, some even fall asleep but these ones everyone is involved and within a short time you can teach so much." (Ayaapa, M, 68-71)

In a few instances, participants preferred the interactive techniques not just because they got trainees actively involved in the lessons but because by getting them to take centre stage in the lesson and generating knowledge by themselves, the trainees could not then turn and label the teacher as 'spoilt'. Prof typified this position in the following extract.

"Yes, I often use participatory methodology which allows more of trainee participation in the lesson. Participatory methods are helpful in getting the trainees to understand the

lessons as they are actively engaged. It also helps address my earlier apprehensions because if the trainees are actively involved, they can't then turn and brand me 'spoilt'". (Prof, M, 31-34)

Although time was a factor in choosing these interactive approaches, participants were clear that some interactive approaches were not time-friendly despite their effectiveness and others needed to be carefully crafted:

"Yah! Errm! You know when we started to teach the content in 2004, it was not examinable, and because it was not examinable, we could use films, storytelling, group activities and sometimes even excursions to teach because you were not under pressure to finish the course outline within a certain period and so we were able to do that. but honestly speaking after it was made examinable course, for the first three years we still tried to use films etc and am telling you that didn't help us at all because there was no way I could finish my course outline so after some time these videos like Except from Sahel, Born in Africa, blah blah (etc), am telling you that I have never shown those films again. Because it not possible for you to do that and still finish the course outline for these trainees to go and pass exams and in our Ghanaian system, we don't respect people who have knowledge, we respect people who have paper (both laugh). Oh yes! So currently I use group work." (Fele, F, 54-65)

Overall, the Jigsaw was a popular choice because of its capacity to cover much content within a short time and also because it ensured that all trainees got involved in the lesson:

"I use the Jigsaw technique where they discuss in groups, then I regroup them, and new members share what they learned from the old groups. When it's like that everybody wants to share their experiences." (Darling, F, 37-42)

"I also use Jigsaw a lot because you know we have large numbers of trainees so if you don't use the Jigsaw otherwise you can't finish the syllabus. The Jigsaw helps a lot." (Ibra, M, 41-43)

"And then I use this technique that you group and regroup, yes Jigsaw puzzle, mostly, because when you use the Jigsaw puzzle, you are able to finish your course outline very fast. This is what I use so that I would be able to cover up. Apart from finishing the course outline on time, one other advantage of the Jigsaw puzzle is that, you can't afford not to be active because after the first grouping, you are going to regroup and you will be the only person representing your group in that second group and so it puts every student on their toes because if you are not able to master the topics your group have studied, you will embarrass yourself in the next group." (Gilbert, M, 66-74)

Some of the other popular techniques included role play, discussions and small group tasks/discussions most of which were initiated using case studies and frequently participants said they always made time at the end of the lesson to shape and refine the ideas and

discussions emanating from the group task. However, two concerns were noted with the case study approach. Kweku noted that the crafting of case studies if not carefully done could compromise the trust of trainees who may have shared similar stories with tutors in confidence and the second was that interest in the case study could lead to class control challenges such as noise:

> "Discussion and role play mostly. There is this topic 'negotiation skills, I always use role play and the trainees love it. The only problem I see is I always use student-teacher relationships for the role play, and I am thinking about changing it to student-student relationships to formulate the case studies. I also use case studies which I am very good at crafting. And the cases generate a lot of interest and participation. The problem with these methods is usually to do with class control because interest and participation can generate a lot of noise. I occasionally use the lecture and lecturettes for some topics. Sometimes I use personal experiences or experiences from my colleagues. In the end, I always make time to shape and refine the lessons arising from the discussions." (Kweku, M, 95-105)

> "So mostly colleagues complain my classes are noisy because I don't stick very much to traditional classroom practices." (Ama, F, 79-80).

One aspect of contemporary teaching and learning is the application of Information and Communication Technology (ICT) in the teaching and learning process. Only three participants recognised the role of ICT in the teaching and learning process but were either challenged because they could not use the technology, or it was not available. One of the three did not know how to use the ICT facilities available in her college but was resourceful enough to seek assistance from a colleague:

> "… but mostly I use TLMs [Teaching and Learning Materials] to make my lessons practical. My colleague is very good with ICT, so, he uses PowerPoint and other electronic media to compliment my lessons. As for me, I don't know much about these new things. So, he supports me." (Justy, F, 34-37)

> "Sometimes, I use my laptop, but the class size is too large for laptop screens to be seen by everyone." (Hajia, F, 140-141)

> "… I also allow them to use their phones to access information for their discussion and then they have time to present and their peers have the chance to ask questions and then I sum it up for them." (Kofi, M, 176-180)

6:1:4:2 Sharing Subjective Experiences

This sub-theme describes participants' views about sharing or resisting the sharing of their subjective experiences in the classroom. With the exception of a few participants, sharing of subjective experiences was a common practice and though many reasons were assigned for doing it, the overarching reason was the desire to get their trainees to understand that the concepts they were teaching were real. Despite this desire to use their experiences to bolster the understanding of their trainees, one will notice participants' hesitance in citing experiences that are explicitly sexual in nature. Those participants who shared their subjective experiences in the class believed doing so not only helped the trainees to appreciate the realities of the lessons being thought but also improved their understanding by removing abstractions. In the words of one participant, "experience is the best teacher", so their experiences served them well in delivering their lessons.

> "hmmm yes, at a point when you are teaching you have to recount your experiences because you see experience is the best teacher. It helps to let trainees follow by using your experiences of what you have done. For example, when you are talking about modes of transmission of HIV, issues of multiple sex partners and all, issues of tattoos etc sometimes I use myself as an example. When I was in the UK I nearly went for a tattoo. This is my symbol (pointing to a wall painting) Gye Nyame. I got the symbol posted to me from Ghana so I could do it. However, before I did, I visited a friend who had come from the USA and she was complaining about how tattoos are common in town. It was clear she was not happy with it. I also spoke with an older friend who was telling me how painful the experience is. I also taught about my religion because in biblical terms tattoos are not acceptable. So, I dropped the idea and I tell them. It helps with your personal experiences. We try to make things practical. Some listen and take but others too don't." "No problem at all. Sometimes I tell them. I schooled here and if you remember I mentioned to you earlier that I was an athlete. In college I was the fastest sprinter, so I got a certain girl in my class as a result, so I tell them when I was here, I did some of the things you are doing so you just have to relax and do things responsibly. You see our trainees are not children. They are adults, and some have children already." (Kojo, M, 180-196)

There was a belief among participants that the experiences they shared with trainees could assist trainees in seeing the potential dangers of certain sex and sexuality choices they made and avoid them entirely. Participants believed their personal experiences connected what they taught to real-life situations they had gone through before, and they expected trainees would

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most likely be faced with similar situations. A participant likened the role of a teacher to a pastor who must affect his congregation using his own experiences, the consequences and how to avoid similar experiences. Therefore, by sharing his experiences and the consequences, his trainees can then use him as a role model and attribute their success at not falling into similar experiences to the role he played.

> "The way I see it, a good pastor who wants to affect his congregation must use his own experiences and spell out the consequences and how to get out of the behaviour. Same must a teacher." "I want my trainees to mention me in a positive way in future by saying, 'but for Mr Kweku I would have messed up' etc and I am very proud to say most get back to me to thank me for sharing my experiences with them and showing how to avoid those problems." (Kweku, M, 135-140)

Despite participants' beliefs about the benefit of sharing personal experiences, some cautioned about how often it was done, claiming the teacher risked losing credibility, to the extent that the trainees would no longer believe that the said experiences were real. Participants also cautioned about using the experiences of trainees who had spoken to them in confidence in their lessons as this could compromise trust and confidentiality and eventually compromise the teacher's ability to offer out of class counselling services to trainees.

> "I even think I am overdoing it and the trainees may not believe me anymore and may be thinking it is fabricated or from the class. And I always tell the trainees when they must use real-life experiences in the class it should always be theirs and not what trainees share with them. Otherwise, you risk letting a student feel betrayed." (Kweku, M, 132-135)

On the other hand, the few who refused to share subjective experiences didn't feel it was right to expose themselves to trainees especially if their experiences were not 'ideal' and this group went to all lengths to resist sharing their subjective experiences even when trainees were persistent in their demand.

> "We all have our personal perceptions and whatever, our own philosophies of life but when I go to class, I try as much as possible to stay within the syllabus. So, when it comes to those issues, would rather not discuss my opinion. I teach them the ideal thing; I am not subjective when it comes to personal questions. … If that experience would not go against the ideal thing that should be done, I will tell them but if it falls contrary to it, I wouldn't." (Kofi, M, 156-173)

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The following extracts demonstrate the lengths to which some participants resisted sharing their personal experiences:

Researcher: **Will you 'open-up' if your trainees insist on your own experience in a sex-related issue?**

Ama: [Laughs for a long time.] At the moment they don't worry me a lot due to the time factor. We have just 2 hours a week which is hardly enough to finish a lesson. So that is how I get away with it. (Ama, F, 141-143)

Researcher: If they pushed you will you...?

Ama: If they pushed me hmm [laughs]... They have pushed me once and it was on an issue that so obvious, so I had to talk but I told myself if they insisted, I will push the issue to another lesson and never resurrect it again. We were discussing Mrs Dzidjors experience where she talked of making love to her financial benefactor in the dark and so never noticed that he had developed sores on the skin. So, they asked me if I will make love in light or darkness and so I had to answer, and we all laughed it off. I try not to get to that level with them. (Ama, F, 145-150)

A similar observation can made in the dialogue below:

Researcher: If trainees insisted on what you would have done as an individual in a certain situation. For example, if there's a discussion on a scenario in which one partner insist on condom use and the other is not in agreement …?

Kofi: In that situation…Humm! [laughs] in that situation as a woman, I would just tell them, I would just tell them I would fight back, I would fight back. I will then be pushed to tell them what exactly I would do, I would be pushed. (Kofi, M, 164-169)

6:1:4:3 Professionalism

This theme covers what participants referred to as their personal qualities, the personal efforts they made to build and maintain relationships with trainees and colleagues, to create an enabling environment for trainees to feel comfortable to speak with them, both inside and outside the classroom, and to be effective sex educators.

All participants identified certain personal characteristics that enabled them to teach sex education and perform all the other sundry roles associated with the subject. These qualities ranged from their capacity to communicate professionally to qualities such as the capacity to show empathy, having the patience to listen, being trustworthy and the capacity to maintain

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confidentiality. These qualities were complemented by their capacity to build and harness good inter-personal relationships with trainees to facilitate both their teaching and out of classroom services they offered trainees.

Participants emphasised the need to be able to communicate professionally and effectively using appropriate language around sex and sexuality to ensure the right information is delivered and in the right manner to benefit all present in class. For many participants, effective communication also meant not being shy to use the appropriate language around sex and sexuality including mentioning the sex organs by their names rather than the many unconventional names used in everyday local conversations in Ghana.

> "you see the nature of the course, the way it is if you have an element of shyness in you, you will cause more damage. One has to be very frank and direct and because I am frank and direct, and I say everything the way it is the trainees are very close to me and because of that they come to me and share their sexuality problems with me and I share the little I know, with them." (Kweku, M, 34-37)

The word "damage" is used here to mean not furthering the objectives of offering sex education. Instead, effective communication, which he termed as being "frank and direct" was a preferred quality to have and this quality endeared him to his trainees. To demonstrate the effect of miscommunication, a situation that was blamed on a culture that encourages the use of inexplicit language for sex and sexuality issues, Kweku, cited an incident with his daughter:

> "I will also say if one decides not to be very direct and straightforward and cover things up with refined language the trainees may not get the correct idea and will repeat same to their pupils down there and it will course more harm. My clients are matured enough so they may understand me, but their clients are not matured to understand them. I will use my family to explain what I mean. My daughter who is currently 20yrs told me she had been suffering from candida for some time. So, I bought a local drug people testified was effective and the instruction for use was to add water to it and insert into the vagina and then after your bath you wash the vagina. So, I gave the drug to my daughter and told her to add water and put it into your face instead of saying insert it into your vagina because in our local dialect we refer to the vagina as face. My daughter asked me so many questions because apparently, she didn't understand what I told her, and I didn't also realize she didn't understand me because I took it for granted. So, she used it wrongly and came out with a white face and I asked why her face was white and she said it was the medicine you gave me to use and we all started laughing

because it suddenly occurred to me, I had miscommunicated to her." (Kweku, M, 47-61)

Subsequently, Kweku has cited this incident in his class as a way of encouraging trainees to communicate clearly with their pupils when they complete and begin teaching:

"So I always use that example in my class when I want to impress on my trainees to communicate well in a sex education class especially those people who claim they are Christians among us they think when you are talking about sexuality and you talk direct then you are seen to be next to Satan or … and if you copy me you will help the children you are going to teach." (Kweku, M, 61-66)

Some participants considered the capacity to communicate using the appropriate vocabulary as being bold. The use of the term 'bold' demonstrated the strong societal norm that made speaking about sex and sexuality issues especially mentioning the sex organs by their real names such an abominable act that it took boldness to overcome:

"I am bold, very bold. It is not everyone that can enter the class and start mentioning penis, vagina etc. It takes a bold person and that's me. [laughs]" (Prof, M, 61-62)

Other personal qualities that were identified by participants included being honest, open-minded and welcoming, having the capacity to listen to trainees and show empathy when that was needed:

"Am very sociable, honestly am very sociable, erhm! Very, very, open and jovial, and one thing I have heard from my colleagues and trainees is that they claim am never offended. So, these are some other things that make up who I am and then yah! Yah! Am so very sociable, that one I know myself, yah!" (Moco, M, 74-77)

"Hum! [laughs] Yes, I think I am very open in terms of what I can tell them and then and what we can also swallow. Because sometimes when you are teaching them about sex education, the trainees would just make a funny comment and they are all laughing. I wouldn't go chasing that student to punish, I wouldn't do that, others will, others will say get out of my class. I wouldn't do that. … we are very open, we are very frank and down to earth, so I think these are some of the reasons why we can teach them and teach them very well." (Kofi, M, 236-242)

The use of "swallow" refers to his ability to tolerate excesses from trainees during lessons.

Participants described the ability to listen and show concern for trainees as desirable qualities that were required to fulfil the role of a sex educator and as well encouraging trainees to comfortably communicate their challenges with tutors:

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"Most of the trainees have a lot of challenges and a listening ear is always welcome. Some also just need a hug or some patting on the back and they are good. I have no hesitation being there for them. I like to maintain eye contact with them when we are talking and that lets them feel they have your full attention, so they get comfortable to talk with me." (Ama, F, 157-161)

Last but not least, participants identified having a grasp of the subject matter, a good physical presentation (dressing professionally), and not engaging in illicit sexual relations with trainees as qualities that won the trust and confidence of trainees:

"These trainees always respect tutors who have the content knowledge. You know some of our colleagues won't read before going to the class and so the trainees regard those who have the content knowledge. … Also, I am always very well dressed. You see trainees don't regard teachers who dress shabbily." (Ayaapa, M, 115-123)

"You know trainees are also interested in persons, I don't even know how to put it, You, know, someone who won't go in for the trainees in sexual relationships because I always tell them if you are a teacher and you engage your trainees in such illicit relationships how do you then stand before them and teach them?" (Ibra, M, 90-93)

Ultimately, participants' personal qualities were helpful in cultivating and sustaining relationships between tutors and trainees. The participants spoke about the need to make it easier for trainees to approach them, within and outside the classroom, in an open, transparent and secure environment to discuss issues of sex and sexuality and their personal challenges. In doing so, most participants spoke about assuming identities different from their official identities and therefore changing the dynamics of the formal relationship of Teacher-Student, to one of 'Elder Sister/brother-Younger Sister/brother' and 'Friends' respectively:

"Okay, first and foremost I take my trainees as my younger sisters." (Ama, F, 154)

"And just being friendly to them and making time to listen to their individual issues and trying to be there for them. … yesterday, for instance, a student was telling me she will be coming for condoms because if she gets pregnant now, she can't take care of the child. So, it's like we are free, not too harsh on them so they can come to you anytime." (Kojo, M, 62-66)

Others (female participants) described their relationships with trainees as maternal relationships:

"Very, very cordial, very cordial. It's like a mother and a teenage or young adult child. I appreciate them so much and they also love me back. Yes, that's how it is." (Justy, F,

50-51).

In both extracts above, the intent was to remove the normative barriers that prevented trainees from talking about sex and sexuality issues and discussing their personal challenges.

One other reason that was cited for the need to build and maintain good interpersonal relationships with the trainees was that it was impossible to cater to all the needs of trainees in the classroom and so one needed to create an enabling relationship that encouraged trainees to seek assistance even out of the classroom.

> "You can't give all the information to them in class, some will necessarily be outside the class and that is where they can openly share their experiences because in class most of them may be shy and won't speak and may see you privately." (Kweku, M, 43-46)

Despite participants' efforts to change the normative relationship between a tutor and a student, they reported that trainees maintained the respect that is required of a trainee towards a tutor and vice versa.

> "Wow! As for my relationship with trainees, I won't tell lies it's perfect. Perfect in the sense that am not the ye, ye ye type (talkative), if you come here and they call me, you see that they do so and respond to me with respect and you won't believe that am doubling as a freelance counsellor, we have a counsellor in the college but how many trainees go to him? I also double as a counsellor. Because am the type when I see red, I call it red, when I see blue, I say its blue, I say it as it is) eeh! So, to be honest, they have the confidence to come to me to access counselling, advice and what have you …" (Fele, F, 84-90)

Despite the intentions and benefits of building and sustaining good relationships with trainees, some participants noted that these relations always needed to be managed well to safeguard the tutors and the trainees as well. Many cited misconceptions of trainees and other colleagues who were suspicious of the nature of relationships they had with trainees:

> "… and that has given some misconception to other colleagues who think otherwise and conclude I use the trainees here and there" (Kweku, M, 38-40)

The term "I use the trainees here and there" is explained in the extract below to mean taking advantage of trainees and having sexual intercourse with them. Kweku also explained that contrary to colleagues' misconceptions, teaching sex education had made him

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responsible:

> "But you see the course I teach I can confidently say makes me even more responsible. You see when you take advantage of the privilege of trainees coming to you and you start having sexual intercourse with them you will collapse that bridge and they won't come to you again. The good picture or what you want to pass to them will not work." (Kweku, M, 40-43).

The metaphor "collapse that bridge" is referring to the relationship of trust he has cultivated with trainees. And this concern was not limited to colleagues. College authorities were also cited as misconceiving the roles of tutors by accusing them of engaging in unapproved or unethical practices. In two separate incidents involving Justy and Ibra, a college principal made a comment in passing that implied that Justy was teaching pornography in her lessons and this was made in the presence of other tutors. In the second incident, Ibra was accused of encouraging sexual promiscuity among trainees on campus because he allegedly distributed condoms to trainees:

> "I use my words raw so even my principal has been teasing me that as for Justy she teaches pornography in her class." (Justy, F, 87-89)

> "I just want to keep my own head above waters because some years back, an NGO supplied condoms and I kept them in my room. Then we were doing a general clean up to welcome the Vice President and saw some used condoms and the Snr House master just said, after all, Ibra is sharing condoms to the trainees so why won't they use them on campus? And I said what do you mean by that? He didn't let it rest there. He raised it again at the staff meeting and accused me of encouraging sexual acts on campus." (Ibra, M, 161-166)

Regarding creating the supportive environment in and outside the classroom for sex education to thrive, participants first identified factors that necessitated the need to create a different classroom environment than that required for other subjects and discussed how they went about creating a sex education supportive environment. These included traditional and religious antecedents that encouraged young people not to talk about sex:

> "There are two connotations, traditional and religious. When it comes to religion people find it very difficult to talk about sex. Our cultural background we are not encouraged as children to talk about sex, so they carry these things to the classroom." (Ibra, M, 76-78)

Participants stressed the need to create an environment that removed the formality usually found in a classroom. They referred to the desired environment as an informal environment and the benefits of such an environment included encouraging the participation of trainees in classroom activities and encouraging trainees to as well take advantage of that environment to seek individual support when needed. The informal environment also encouraged open discussions, sometimes on issues that were deemed as sensitive:

> "What happens is that we have a very relaxed atmosphere. There is equal footing so trainees themselves bring out the issues. For instance, trainees will talk about the fact that Islam permits multiple marriages and then we discuss the merits and demerits of it." (Ama, F, 47-49)

> "Yes, you know our cultural setup doesn't allow people to discuss personal issues openly especially issues of sexuality so sometimes you get both males and females approach me with issues such as STIs. One guy, it was not gonorrhoea, I think Chlamydia, so I referred him to the clinic, and he got help. One time too a female came, and I think it was candidiasis which was disturbing her to the extent she was using a sponge to scratch it vigorously to get relief, so I also referred her to the clinic and now she reports things are improving with her and other related issues." (Kojo, M, 35-43)

In the extract above, Ama used the term "relaxed atmosphere" to mean the rigidity and structured nature of a formal classroom are relaxed and this enabled everyone to freely participate without fear of intimidation or being reproached by the teacher or other classmates; thus, the use of the phrase "equal footing". Personal qualities discussed earlier in this section also played a role in creating the appropriate environment. For instance, trainees will approach a tutor out of classroom hours to discuss personal issues only because they can trust the tutor to protect their identities and can trust the tutor to help find appropriate help and support for their challenges.

These findings highlight tutors' professionalism including their personal qualities, how they build and maintain professional relationships with trainees and colleagues and how they create and sustain conducive teaching and learning environments for their trainees. It has also illustrated the power structure in the classroom and the benefits of changing the power dynamics to ensure the objectives of teaching sexuality education are met both within and

outside the classroom. Participants in this study also offered a secure, trustworthy and confidential environment to encourage the participation of their trainees in their lessons as they cultivated relationships based on mutual trust.

6:1:4:4 Recognising and Dealing with Diversity and Power play in the WoH Class

Participants were asked about the diversities they encounter in their classes and how they dealt with them to ensure equal opportunities and participation in their lessons. Participants identified diversities in relation to gender, religion, culture and academic abilities. Only one participant mentioned sexual diversity and had the unique experience of interacting with trainees who identified as homosexuals. This participant believed homosexuality was a socially deviant behaviour that could be corrected through counselling:

> **Ayaapa:** Yes, yes, because there was this girl who came to tell me that she enjoys anal sex more than vaginal sex. So, I am always conscious of these differences. Homosexuality happens in our schools, it happens. I have had conversations with trainees who report such relationships. And so, we talk about them and I tell trainees that they can seek help from the counselling officer." (Ayaapa, M, 47-51)

> **Researcher: You think it is a counselling issue?**

> **Ayaapa:** Yes, you see when you develop a habit it's difficult to do away with. So, it is about time we refer them to counselling services so that they can get help to get out of it. Yes, counselling can get them out of the habit. (Ayaapa, M, 53-57)

For the rest of the participants, sexual diversity was only discussed when I specifically asked about it (See Section 6:1:1:1).

The leading diversity challenge identified by participants included gender and religion. As with sexual diversity, all participants discussed gender as a dual concept – male-female. Participants reported male dominance in classroom discussions citing a thriving culture that discouraged females from speaking publicly especially about sex and sexuality issues and subjecting them to ridicule if they defied the culture:

> "Yes, gender is an issue. The girls some won't talk but some do and are very bold and sometimes the guys try to discourage them by making fun of them, but I always ensure equal opportunities. Example one time we were talking about a story on social attitudes

where a certain girl, Ama was being persuaded by Kojo for sex and there are questions to answer in the form of a case study and one question like 'Is Ama thinking of having sex with Kojo'? Clearly, the answer is no but the boys will all shout yes! Claiming the girls when they say no it means yes. So, I say you can't do that. A no means no just like a yes means yes." (Kojo, M, 71-77)

"You see when you are teaching sex education and have mixed gender in your class you must be very careful in selecting your words especially when they are matured. Some words /issues incur the displeasure of either males or females so one needs to be cautious and mostly you must psych them before bringing up the issues. I have observed the females usually are reluctant to contribute in class discussions. Those who do are sometimes openly ridiculed by the males and I don't take kindly to that attitude. To encourage the females to talk and contribute to the discussions I go the extra mile of motivating them and applauding their efforts with a lot of adjectives. Unfortunately, most female trainees rather feel comfortable talking to me privately. I wish we could encourage the concept of peer educators so they can have their peers to go to for some education who will then report to us so we can teach the grey areas." (Kweku, M, 179-188)

All participants made efforts to mediate this male dominance and to encourage equal participation by the females in their class by motivating females to contribute to discussions through applauding female contributions or even offering incentives such as marks for continuous assessment, competitions between the two groups (Male-Female):

"hmmm, those are some of the professional things you do. So, e.g. I tell my trainees, if you ask an intelligent question or answer a question, I give you a mark, say 1, 2 or 3 marks. At times too, I pitch the male's vs females in terms of asking and answering questions and at the end of the day I sum up the scores for each group and then the females actively take part because they don't want to lose. I always psyche them up to recognise that we are all learning, so no one is spoilt." (Ibra, M, 144-149).

The female participants in this study always used themselves as examples or role models for female trainees to encourage participation and speaking up when sex and sexuality issues were being discussed.

"Well not much but the females are always a little bit shy, but I try to get them involved so everybody feels free to participate and I will cite myself as an example for them. They have seen me move from one church to another discussing these things, so I am a good example for them." (Justy, F, 56-59)

Other methods that were used to address the male gender domination included formulating different case studies for males and females. Although this action may have encouraged participation, it fed into the gender dualism norm that has been alluded to earlier in this

section as participants created case studies for males and females only:

> "In crafting my case studies, I always consider gender interest and issues. So, I may create different cases for both genders to solicit their views. This helps to get all involved in the discussion." (Kweku, M, 101-102)

Religious diversity was another challenge that participants identified, and many had found ways of dealing with it in class to accommodate all faiths and ensure open discussion of issues without offending the sensitivities of other members in the class. Religious tolerance in Ghana is noted as one major strength of Ghana's thriving democracy. In a recent visit to Ghana, Lord Ahmad, the United Kingdom Minister of Commonwealth wrote:

> "The high level of tolerance – including between Muslims and Christians, as well as intra-faith relations – was striking. This starts at school, where children learn about each other's faiths and different interpretation of faiths. Respect for diversity is threaded through the fabric of Ghanaian society – be it through national recognition of both Christian and Muslim festivals, interfaith prayers at all national and local events, or through interfaith marriages." (Lord Ahmad, December 29, 2019)

Within the public education system, Religious and Moral Education which incorporates perspectives from all recognisable religions is a compulsory subject and there is no provision to opt out (United States Department of State, 2018). Subsequently, teachers are enjoined to encourage open discussions and religious tolerance in their dealings with pupils and students. Teachers are therefore posted and assigned subjects to teach without any consideration for their religion.

The religious diversities commonly identified included Christians, Muslims, and Traditionalists (African Traditional Religion), (see Section 6:1:1:1). The commonest challenge regarding religion included trainees walking out because their faith prohibited them from taking part in certain discussions about sex and sexuality. These incidents were reported to be in decline because participants had learnt to speak with trainees about the difference between their faith and what they were required to learn both for academic purposes and for their personal and professional development:

> "One serious diversity is the religious diversity. You know there are some who are

fanatics and issues of HIV, sometimes you have to use some vulgar language, mention the body parts the way they are and discuss the issues the way they ought to be. You won't believe that sometimes when you are teaching, a student can get up and walk out of the classroom, yes, and you have your right to walk out, yes. So that is the diversity that sometimes we see." (Fele, F, 118-123)

"I remember when we had the UTDBE (Untrained Teachers Diploma in Basic Education) trainees who were elderly people and when you start some just leave the class saying they can't be part of such discussions." (Ibra, M, 139-140)

"And there are some of them will not participate, those who think they are closer to God and they think we are spoiling them, or we are erheee!" (Justy, F, 123-124)

"Aside the early incident where trainees used to walk out based on their religious belief, I don't have such issues anymore, because I had to take the opportunity to educate them on the need for them to have such education to know about themselves and what is happening on the outside. So, each time I sensitise them to know that they are coming to learn, and they are coming to learn of things they probably have never heard and so it sets their mind to stay in the classroom." (Hajia, F, 84-89)

The other challenges included trainees protesting the discussion of certain topics either because the said topics contravened their religious beliefs, or they were being taught at a time that coincided with a spiritual exercise (Ramadan) that required purity and therefore they could not be tempted by discussing issues of sexual nature. At least, in one instance, a participant (Hajia) admitted she personally could not also teach some topics during Ramadan because they contravened the requirements of Ramadan. The former is evidenced by the first extract and the latter by the next two extracts:

"In some cases, I have some challenges, for instance when it came to the use of condoms which I told you I don't stress because I told you is not necessary for them and that theirs is to abstain, there are some Catholics in the class who said no! is a sin to use condom, yes. So I asked why it is a sin to use condom and they said it is a sin because it prevents someone from living, then I said good, if it is a sin to use a condom, then the best thing is to abstain and shouldn't try it at all, so you see some people believe that it is a sin, so religiously these are some of the challenges I encounter." (Moco, M, 259-266)

"There was a situation I was to teach about condom use, both male and female and the Muslim trainees protested because it was Ramadan and the Principal even had to come in. He said I should go on and teach it, but you see the way the trainees were behaving I had to be careful, so I postponed it till after Ramadan." (Ayaapa, M, 20-23)

"Personally, apart from fasting time, there is nothing I can't talk about in the classroom, but during fasting time, there are certain videos I cannot show. I remember about five

years ago in this college something happened, and I vowed it will never happen again. It was during fasting time, and there were these videos I had to show while teaching a topic on STIs and you know those videos talk about sexual activity and before the video rolls, there is this scene of different sexes dancing and kissing and making other sexual gestures, that alone, if the trainees are not careful, it can even spoil their fasting because they are matured men you are dealing with, you understand? And even looking at the video, somebody's nakedness and other things in Islam is not accepted to talk of doing it during fasting season. So, I make sure that, I teach those topics before it gets to the fasting season, … I think service to mankind is service to God." (Hajia, F, 89-99)

In the last two extracts above, Ayaapa and Hajia, both Muslims, exhibited contrasting attitudes. Ayaapa did not feel restricted by his faith and Ramadan and was ready to teach the said topic despite the protest of his students. In contrast Hajia felt restricted by Ramadan at a personal level. Worth noting is that Ayaapa received support from his principal, a practising Muslim. The case of Muslim trainees protesting were all reported from the regions collectively known as the Northern Regions including Upper West, Upper East and Northern. These regions have the highest populations of Muslims in Ghana with Muslims accounting for 40.1%, 45.1% and 80% respectively in the three regions (GSS, 2012). Therefore, trainees in these regions may have felt emboldened to protest because of their large numbers. In each case of the 'Ramadan protest', participants reported readjusting their teaching schedules to teach the topics of concern or to use those media resources either before or after Ramadan. Remarkably, one of the participants (Prof) who took this action to ensure that Muslim students did not miss out because of the Ramadan exercise is a Christian:

> "During Ramadan, the Muslims don't like to come to class because they can be affected by what we discuss. So, we try not to teach certain topics that involve discussing sex and others until the fasting is over or it is taught before the Ramadan starts." (Prof, M, 51-54)

Others have dealt with religious diversity by speaking first about their personal religious beliefs with respect to sex and sexuality and emphasising to trainees that they can hold their personal beliefs but still be tolerant to the views expressed in the WoH course:

> "You know personally I am a Muslim, so I tell them this is my religious background, this is my belief and so if you are a student and I am teaching you … you let them understand you are teaching them but not trying to influence or condemn their religious

or cultural beliefs. So, you prepare them psychological to understand that you recognise the diversity but what has to be taught must be taught." (Ibra, M, 135-139)

Despite the efforts by some participants to address the challenges posed by these diversities, the actions of some at best cannot be described as consideration of diversity in the decisions they made with respect to teaching and learning. These actions included forcing trainees who were described as being on the 'extreme' ends of the group to participate in lessons against their wish and in the words of Justy, 'giving it to' those who declined condom offers because of their faith. The latter also demonstrated a disregard or an intolerance towards the denomination (Catholics) whose faith did not promote condom use:

"So, I try to identify trainees who I think are at the extreme ends of the groups and I bring them on board. For example, during HIV lesson when you begin to talk about the use of the condom, you look at their faces and you realise that some are shocked at hearing the word condom some are not perturbed because is not new to them. So instead of just looking down at those who are shocked, I would rather invite them, put more questions to them and force them to answer. Sometimes to certain religions, certain Churches would not want their members to talk about some of these things and those are some of the people I put these questions to, to force them to come out of their shells and contribute to the lesson because I realised if you don't do that, the person would just go out as she came in." (Kofi, M, 99-107)

"I remember one day when I was sharing condoms, … this girl refused to take it from me and when I asked why she said her church doesn't allow that. You know me, I gave it to her well. Not just her but the church. I said these are some of the setbacks of religion and I cited the incident where a church in Ghana resisted vaccinations for polio some decades ago and the outcomes. Then, I also gave it to the Catholics, I don't know if you are one. They don't also want to use contraceptives You want to have 9, 10 children and put pressure on government and social amenities." (Justy, F, 64-71)

Other issues that came up among participants was that sometimes it was impossible to respect the views or sensitivities of all the diverse groups in the class and one just needed to teach what needed to be taught:

"There was a time I raised an issue in class, in fact, they didn't come to me but later I realised I had touched on some serious nerves. It was about male circumcision. You know there are some churches in Ghana that do not allow their males to be circumcised and uncircumcised penis is one of the easiest ways of getting infected with the virus, so I just told them putting religion aside it makes health sense to circumcise males. Then I saw some faces and I realised I had gone too far, but that is the thing, I had to teach it" (Kofi, M, 120-125)

6:1:4:5 Teacher Efficacy

Despite the challenges noted with Pre- and In-service training of participants (See Section 6:1:1:2) and the fact that most participants did not consider WoH as their main teaching subject, all participants expressed a strong passion for teaching sex and sexuality. They also believed in their capacity to competently teach it and their capacity to offer both in and out of classroom services such as listening to and offering support to trainees who approached them for assistance. Participants talked about their competence in teaching which in some instances had earned them best teacher awards and recognition by trainees:

"… and the trainees loved it. They were happier with me than with my colleague." (Justy, F, 10-11)

"I think it's my passion about my work. I believe teaching is my God-given talent and all my trainees will testify to that." (Prof, M, 60-61)

"when T-TEL (Transforming Teacher Education and Learning- A program targeted at improving teaching and learning in CoE) came to our school, I was adjudged the best teacher because of the techniques I used" (Ayaapa, M, 62-63)

There was a general expression of comfort in their capacity to listen to and to help trainees who had challenges with sex and sexuality issues both in and outside the classroom:

"I have told you that I have been involved in this thing for many years, so I have no problem at all about talking with them and discussing these issues. Counselling is part of our job. … You know the trainees themselves won't come to you for counselling if they can't trust you." (Ibra, M, 254-258)

"Very comfortable, very comfortable, because, I am a mother, a teacher and a counsellor. So, sometimes when they come, they are initially not comfortable but once you assure them of confidentiality and begin to listen them, they become comfortable. When they realise you can be trusted, the next time they tell you things they would never have mentioned to anyone." (Hajia, F, 177-181)

Sometimes, participants expressed their competence in terms of their impact on trainees which was demonstrated by trainees' passing the examination and their output in peer teaching competitions as well as during teaching practice in community schools:

"I have impacted them in diverse ways, academically, the records are here, and I wouldn't like to talk about that one. But as far as WoH is concerned, I have realised that even in peer teaching, in peer teaching the way my trainees present and feel bold to mention errrrrrrrrrr! delicate words, let me borrow that word delicate words without fear and with the mentality that after all, we are just learning, I realise my teaching has

made a lot of impact on my trainees and I can assure you that wherever they go, they deliver. We had a workshop organised by T-TEL (Transforming Teacher Education and Learning) recently, so we asked some of them to come and teach, we even asked them to role play how you would disclose to your partner that you are HIV positive, my brother, you would just love the trainees, the way they went about it, I sat down very quietly and I felt very proud, I was very proud of them, yes, yes, yes." (Moco, M, 79-89)

"I have even observed a student teaching about HIV/AIDS prevention in a science in a year five class and she did well and advised them about abstinence and all the ABC method. So, every time I cite that as an example. They are able to do it." (Kojo, M, 54-56)

Teacher efficacy was also expressed in the passion to go beyond tutor's current assignment in the college to render sex education to pupils in surrounding communities:

"At times, I wish I will be given the responsibility to hop from school to school to teach sex education. There was a time my mentees on teaching practice organised a program in their school and invited me to speak on sex and reproductive health and at the end of the talk when they were given the chance to ask questions the Junior High School children asked so many sensible questions, I was very happy I had made such an impact in just one talk. I was so happy. But it must be regular else the kids go back to the mud. I really think there must be a system that allows us to go around regularly to teach sex education in our basic schools." (Kweku, M, 153-159)

6:2 Interpersonal Level Influences

Main Theme 2: Interpersonal Level Influences	
Themes	**Sub-themes**
2:1 Sex Education with Parents	2:1:1 A Taboo Subject 2:1:2 Cautions and Threats
2:2 Sex Education within the Wider Society	2:2:1 Peer Discussions: Opportunity to Learn but can be Misleading 2:2:2 Religious Institutions: Strong on Abstinence but Powerless 2:2:3 School: No Sex Education.

Table 6.2 Interpersonal Level Influences

This theme captured participants' sex and sexuality socialisation and education with others, notably, parents, peers and the wider society such as religious organisations and the school.

Participants generally described who was involved, what was discussed and how helpful or not helpful such discussions or information was to their socialisation especially in relation to sex and sexuality.

6:2:1 Sex Education with Parents

Participants generally reported that their experiences with parents did not constitute any planned sex and sexuality socialisation and that at best, parents only stifled the discussion of such issues. Participants described the subject as a taboo subject because their parents avoided it and only broached it by throwing cautions and threats when opportunities arose for such. These opportunities included when a young person had gotten into challenges such as teen pregnancy when they were unmarried. Parents then used such opportunities to caution and threaten their wards about the consequences of indulging in similar behaviour.

6:2:1:1 A Taboo Subject

This sub-theme reflects participants' descriptions of how their parents broached the subject of sex education with them and younger people in the family. All participants said their parents treated the subject of sex education as a taboo and this was illustrated by parents not engaging them in any discussions.

"It was forbidden for parents to engage you in such discussions." (Prof, M, 94-95)

"No, no, those are forbidden issues, they are taboos. You don't talk about sex and sexuality; no. I remember my first menses I was at the village. That day we were fetching water to brew pito and then I think my mother spotted blood on my dress, it may have happened in the night, I think so because I woke up at dawn and went to the well to draw water into the pots while the others carried the water back home. But when my mum came, she asked me to stop and carry the water home. She followed and when we got home, she told me to go and change my dress because it was stained with blood. I didn't understand where it came from. So, I went and washed myself and changed only to realise the second dress also got stained. I didn't even know how to package myself. So, I struggled a lot until I got to secondary school and saw how other girls packaged themselves. I didn't even have the appropriate sanitary things, so I used old clothes to package myself." (Darling, F, 170-180)

"Hmmm, so the circumstances will dictate when because formerly it was a taboo to mention sex in the presence of children." (Ama, F, 121-122)

"Nothing was ever discussed by my parents. Even my siblings never discussed anything sex or sexuality. The way we were brought up? Nothing. It was a taboo." (Kweku, M, 145-147)

Kweku also noted that his siblings also respected the taboo and "nothing was ever discussed". In addition, his use of the rhetorical question "The way we were brought up?" suggests some stringency at home and ensured that all the children complied with their parents' wishes. The effect of this stringency is manifest in the following extract in which Kweku recounts times when he has openly talked about sex and sexuality in the presence of his, now adult, siblings:

"Now that we are grown and because of my disposition when we meet, I can talk about issues of sex without hesitation and I still see the shock in the eyes of my siblings." (Kweku, M, 147-149)

Kweku's siblings are still shocked to hear him openly speak about issues of sex and sexuality. This taboo must have been ingrained in them to the extent that even as grown-up, no more under the control of their parents, they still held to the taboo. Also notable is Kweku's change of disposition. Earlier, as a child, he respected the taboo. However, his disposition has changed. This change in disposition in relation to his siblings is not related to age. Rather, he was referring to his academic and professional training.

Kofi also discussed a similar experience, regarding his parents' stringency that discouraged the discussion of sex and sexuality issues:

"In the house, it was restricted, you don't even mention those things, not intentionally but no one even brings those issues out". (Kofi, M, 202-203)

Kofi's use of the term "you don't even mention those things" was a way of saying that if one dared discuss it there would be repercussions, which is immediately reiterated by highlighting "no one even brings those issues out". And the stringency was not limited to Christian homes. Ayaapa and Hajia, both Muslims reported similar experiences:

"That one, in the house, you dare not mention anything like that. You can't because it was against our tradition, yes. Even let me tell you, now, even now, it is very hard to mention issues of sex in our homes, the Muslim homes? You can't. It is because of the

lack of it that our people are always affected." (Ayaapa, M, 165-168)

"It was a complete taboo at home. You dare not raise it." (Hajia, F, 146-147)

In addition, participants thought their parents did not engage them in discussions about sex and sexuality because these were against their religion. In the abstracts above, Ayaapa mentioned that discussing sex was against their traditions and follows that with a rhetorical question, … the Muslim homes? Ayaapa thus referred to the Muslim traditions (religion) rather than the ethnic traditions. This attribution to religion was equally expressed by some Christian participants who said their parents did not engage them in discussions about sex and sexuality due to the sacred nature of it. There was a belief that young people will learn about sex and sexuality as they grew just like they learnt about God without being taught:

> "Hmmm, you see issues with sex, that one hmmm! We have an adage that no one teaches the child about God." (Kojo, M, 104-105)

> "I mean people grow to think that sex is sinful, sex is bad so even the mere mention of it." (Kofi, M, 225-226)

To grow up thinking sex was sinful, to the extent that even to talk about it amounts to committing a sin highlights the limited role of the participants' parents in their sex education: For Kojo, and the other participants, learning about sex and sexuality were not the responsibility of their parents but God's and, being a spiritual matter, should be respected by not being discussed at home.

6:2:1:2 Cautions and Threats

This sub-theme reflects participants' views of what was discussed with their parents at home in terms of sex education when, in the words of Ama, "the circumstance dictated a discussion." All participants were unanimous in dismissing those interactions as sex education. Participants described the content of what their parents shared with them as information, often couched as threats, to protect them from the 'harm' of sex and make them fearful. Ama provided insights into the circumstances that dictated a discussion:

"We have information from parents which basically don't do this! If you do it this is what will happen to you... blaa blaa blaa. … "I remember we lived in a compound house where there were more children from other families in the compound and we all played together. I remember my mother calling me one day and told me to be very careful with the young boys because they could have sex with me and give me either a disease or I could get pregnant" (Ama, F, 91-109)

From the above quote by Ama, it is important to note that her mother issued a caution and went ahead to enumerate the consequences of the boys having sex with her and thereby passing the message that sex ends in consequences. Ama described these experiences as information giving. Linguistically, "blaa blaa blaa" was used to mean either more threats were issued, or such interactions were frequent and repetitive. The latter may be the case considering Ama's use of the word "situations" in the following extract:

"… but parents never really sat with you to discuss such issues. However, they took advantage of situations to chip in one or two things they felt you must know or must stay away from." (Ama, F, 125-128)

When this cautions and threats were issued parents determined what was to be said; no opportunities were given for participants to express their own views. It was a one-way talk in which parents advised their children of the dangers that might present themselves and to be cautious in their actions. They were expected to take such cautions seriously:

"… but my Dad was kind of if he tells you don't do this, he just wants you to take it … my dad, he won't beat you, but he won't be happy with you." (Kojo, M, 123-124)

Participants were conscious of the fact that they could not challenge or disobey parental warnings without consequences. Their parents determined what they discussed with them and what they could or could not do.

Researcher: What kind of home did you grow up in?

Kojo: I will say authoritative, not authoritarian I will say democratic authoritarian. (Kojo, M, 119)

To protect their wards, parents sent away girls they thought were in danger of pre-marital sex to 'safe' places:

"I remember some neighbours sent away their daughter who was a little older than me

to go and live with some other relatives because they felt she was not safe in our compound due to the presence of the boys." (Ama, F, 108-110)

In spite of the reported stringency of parents, some male participants reported that their mothers offered some form of sex education to them although most of it was also couched as cautions and threats:

"Hmmm! My mummy told me a lot, but my father is an introvert, there are so many things he didn't want to talk about. My mother told me a lot. For instance when we were kids, we were calling the penis 'kakai' (monster) and all that, but I remember very well my mum told me it was not kakai but that it was something very special and that's why I always wear a pant on it and so anytime I go out and someone touches it, I should tell her when I come home. She said kakai is something that will catch somebody, but that thing doesn't catch (laughs) so the very moment I got to know that it was something very special that is why I wear something to cover it, I became very, very, attentive about it and it kept me going till date. My mother was quite open about my sex life being a teacher herself and so she talked to me about my relationship with girls also and all those things. I remember once I went swimming with some girls and when I came home, my mother told me no. she asked if we were naked while we were swimming and I answered yes, and she asked if I saw the difference between what was between my thighs and theirs and I said yes. She then told me I should be careful and that it was not good to go out alone swimming with girls and those kinds of things. So, she drew my attention to these things, and I got to know that wow! There is a difference between these things and these things, and these things are very, very, important (laughs) yah! Yah! My mother really opened my eyes to these types of things yah! She really did and that how I go to learn about sexuality." (Moco, M, 145-163)

"My mum will tell me to be careful with women, so I don't impregnate them as my father may stop taking care of me." (KD, M, 129-130)

"But my mum is like where you have gotten to your friends will come and let's go out and do this do that etc so just be careful." (Kojo, M, 124-125)

However, many of the female participants contrary to the convention of a gender-based socialisation reported their mothers never offered any sex education even when circumstances such as first menses and girls not knowing what to do in terms of menstrual hygiene were presented as discussed by Darling and cited as the first extract in this section. Some female participants attributed their mothers conduct to a lack of formal education:

"You know in the family your mother will not even want you to know anything about this. Even my mensural period, it started when I was very young at the age of 12, I was in basic class six when it happened, and I had to come back home with a mess. I wept all the way home and it was my senior sister who taught me how to clean up and pack myself." (Fele, F, 236-240)

"My parents were not educated but even educated parents won't do it. People think that when you speak about those issues with children then they would experiment but it's not like that." (Esi, F, 195-197)

6:2:2 Sex Education within the Wider Society

This theme reflects participants' experiences with other agents of socialisation outside of the family, the opportunities that were available within the wider society in terms of sex education, how those opportunities were or were not utilised and the implications of those interactions. Although the family is generally recognised as a primary socialising agent, individuals are invariably socialised by other agents. This theme had three sub-themes as shown in Table 6.2. Generally, participants recounted their sex education experiences with peers, religious organisations and the School.

6:2:2:1 Peer Discussions: Opportunity to Learn but can be Misleading

This sub-theme discusses how participants viewed their experiences with their peers (in the extracts they use friends, classmates, peers and siblings). Generally, participants described the content of peer discussions to cover risky behaviours, whatever they thought was right, sex and girlfriends and boyfriends.

Peer discussions filled up the void created by parents not engaging their wards in discussing sex and sexuality issues:

"Among friends, boys -boys we talk and share a lot and most of it was what we thought was right and appropriate even though looking back now it was silly. Once we were not getting it from our parents, we took the responsibility ourselves and shared whatever we stumbled on." (Kweku, M, 149-152)

In the extract above a few notable statements can be observed. First, he specified the gender of his friends – "boys-boys" to suggest his friends he engaged in these discussions in were all boys. Second, Kweku makes the point that these discussions were unrestricted ("we talk and share a lot"). In 6:2:1:1, it was noted that the stringent conditions created by parents discouraged the discussion of sex and sexuality. Thus, once parents were out of the scene, the

'boys-boys' could talk unrestricted. However, these discussions consisted of what they thought was "right and appropriate", meaning that if they had been taught what was "right and appropriate" by their parents these discussions would very much have revolved around what their parents taught them. Kweku also referred to him and his friends taking the responsibility to educate themselves, because they were not getting the necessary advice they needed from their parents. However, the content of the discussions was what they stumbled on reiterating the fact that there was no prior deliberate or planned learning about the subject. Finally, Kweku characterised these discussions as silly. Taking the meaning of silly literally means it was senseless and thus did not benefit them. If their discussions were senseless it means whatever they 'stumbled on' as Kweku described the content of the discussion was also silly. The following extracts from Kojo highlights the point made by Kweku that peer discussions filled the void created by a lack of parental sex and sexuality education. However, what was discussed was not necessarily enough to stop them getting into undesirable situations.

> "So that one as you are growing you tend to know certain things about sex and again the environment, the peers you play with hmmm, so I think in secondary school hmmm, I don't know, I can't really remember how it happened. But you see we learn it from friends, and we started going out. Hmm so from friends because at home parents don't talk about sex ." (Kojo, M, 105-110).

> "Some of them were not bad information but some too you can't just follow like that. Some landed themselves into a lot of trouble at that level because they were not able to take control of themselves." (Kojo,44, 146-148).

In the first extract Kojo attributes "going out", a term commonly used to describe dating, to the influence of friends. The confirmation that some peers did get into trouble meant that there was inaccurate information passed around that may have misled some of Kojo's peers. But Kojo also speaks about those persons who got into trouble not exercising self-control, indicating that it was not just about sharing the accurate or inaccurate information. After all, even if the accurate information was shared and persons still did not exercise self-control they

could still get into trouble. He highlights the potential to be influenced by friends using the phrase "you will follow the crowd" in the following extract from our dialogue:

Researcher: Looking back now did learning from friends help your development?

Kojo: Well hmm, you have to be self-confident enough. At that level, if care is not taken you will follow the crowd, what everybody is doing so you do it without thinking about the consequences, risky behaviour and all that but now we have the information we know what is good and what is bad. (Kojo, M, 142-147)

Many of the experiences recounted in relation to peers revealed the unreliable nature of the content of these peer discussions. Although in one instance, an older sibling provided relevant literature on sexual maturity to a younger sibling to read and followed up with one on one discussion. The former is supported by the first two extracts and the latter the third extract:

"Mostly I would say if I had heeded to those things, they might have led me somewhere because here was the seminary, I was there from the age of 16 to the age of 29. At the age of 16 knowing nothing about sex, your friend tells you oh! My girlfriend had to sleep in the house with me, we do this, we do this, we do this, and for me, I had never had that experience. So, if I had given my whatever to them, I would have gone astray." (Kofi, M, 207-210)

"Not helpful at all. At all, at all but the fear of God saved some of us. I remember they used to say if you don't have sex early you can't give birth when you grow. I also remember my friend telling me that if I don't have sex for a very long time when I grow, I will be walking 'zuu zuu' like that [a local term used to describe disorganised walking usually associated with mentally retarded persons]. You see, that's why we have to start with the children from a very young age so that they don't get carried away." (Hajia, F, 151-156)

"I remember when I went to secondary school, somewhere in the Upper East Region, I already had elder brothers in upper school. My elder brother, I have no idea if he had observed that I had started menstruating, but he called me and gave me a book, I think the title was sexuality or mensuration. So, I started reading it but didn't understand most of the technical terms like menstruation and others. They were too big for village girl like me to understand. After a few days, he asked me if I had finished reading the book and I said yes but I don't understand it and he sat me down and explained things to me. I understood then that as I had already started my menses If I had sex, I would become pregnant and drop out of school and all that. So, that was my luck. Before secondary school there was nothing." (Darling, F, 160-168)

Peer influence had consequences that one had to consider especially if the influence involved engaging in risky behaviours such as pre-marital sex. The immediate effect of

listening to peers and acting accordingly was relayed by Fele:

> "So, in the sexuality too it was friends, oh everybody is doing it so also do, that was how it happened, and when I tried, I got pregnant at age 17 but fortunately I gave birth to the child, so after JHS I didn't go anywhere I gave birth to that child before I went and did the then modular course and enrolled into the training college (college of education) and became a teacher, eheee! So those are the things." (Fele, F, 240-244).

Indeed, almost every participant reported peer influence in their sexual debut, with male participants indicating they were taken advantage of by more experienced females in their sexual initiation:

> "My first sexual experience was with a friend of my sis who was a little older than me. She visited us and gave me more attention. I felt guilty afterwards." (KD, M, 138-139)

> "I was very naïve; I did not know anything." (Ayaapa, M, 155)

Peer interactions are inevitable. However, as these findings have highlighted, participants' interactions with peers made up for the lack of opportunities to discuss the same with parents. With no plan to provide them with sex and sexuality education and an environment that stifled discussions with parents, the content of these peer interactions as described by the participants consisted of what they stumbled on, was silly and inaccurate and had the potential to have misled them.

6:2:2:2 Religious Institutions: Abstinence-only Sex education but Powerless

This sub-theme covered participants' sex education experiences from religious institutions including the Church and the Mosque. Sexual socialisation generally consisted of what participants termed prohibitions. The sample for this study included Christians (83%) and Muslims (17%). Regardless of participants' religious background, abstinence was reported as the main sex and sexuality socialisation offered by the religious bodies and each time, the message was delivered to young people in the form of prohibitions:

> "Yes, in the Church in general terms, yes occasionally they will tell you don't engage in sexual life because you are not married. It is sinful to engage in pre-marital sex. That is all" (Kojo, M, 130-131)

> "Not that much. It's like you will be taught signs of puberty and about wet dreams and

how to do ritual baths to clean yourself and become pure. But nothing in detail about real sexuality issues. No, nothing all in the mosque." (Ibra, M, 213-215)

"I learnt a little from Scripture Union (SU) where they will tell you don't do this, don't do that in relation to sex, otherwise it will spoil your education and so on. At Sunday school, they will teach you that if you do this you won't go to heaven," (Justy, F, 148-151)

Notable in the extracts above is the occasional nature of issuing these prohibitions which were aimed at keeping participants away from pre-marital sex and the portrayal of sex as being sinful. In the case of Islam, they were actually taught how to purify themselves even when they had wet dreams. Similar to the "Not that much" education offered in the mosque; the church was also said to offer little or nothing at all:

"In Church, you get to hear bits and pieces but usually it is the prohibitive message." (Ama, F, 93-94)

"Highly forbidden and abominable" (Prof, M, 103)

At least in one instance, young people were silenced and discouraged from any further discussion of sex and sexuality when they expressed their views about it during a discussion in Church:

"As a child honestly, no one took time to teach on sex and sexuality in church, you know we were very curious and then one time we were discussing about the pregnancy of the Virgin Mary. And one of the children used the local language to say that meaning someone had sex with her and the Sunday school teacher was surprised and said ei! Where did you hear that from? And she silenced the guy, I think I was in basic class two or three by then." (Moco, M, 164-168)

Despite the focus of religious bodies on teaching abstinence and actively portraying sex as sinful and therefore must be avoided, all participants had pre-marital sex and the demands of their religious faith was powerless in stopping them from further engaging in pre-marital sex:

"Not immediately following the act but of course later I realised I had broken a religious rule so I felt guilty but that didn't stop me from going back [laughs]." (Prof, M, 121-122)

Participants' fears were more about pregnancies rather than STIs or religious infractions:

"… and the fears followed because you were afraid if your period didn't come and you were pregnant how you will manage. The fear factor was big more in terms of

pregnancy rather than STIs." (Darling, F, 207-209)

"The immediate fear was what if my menses don't come? What will I do if I get pregnant" (Ann, F, 186-187)

Participants, both Christians and Muslims observed the opportunities available to the religious institutions to offer reliable sex and sexuality socialisation to young people:

"In the Church, they have youth clubs and societies and they should be talking about issues like that. I don't know if they do now because am no longer a member of the youth association, but they should be addressing those issues." (Kojo, M, 136-139)

6:2:2:3 School: No Sex Education

Whilst some participants experienced sex education in school others could not recount any sex education while they were in school. The categorisation of participants into those who benefited and those who did not benefit from sex education in school reflect the sex education policies of the Ghanaian school system at the times that these participants were in school. Those who had some form of sex education in school referred to Life Skills Education which was offered in Junior High Schools after the Educational Reforms of 1987 (See Section 2:3:4) and then in Biology:

"I was a student who went through the educational reforms of 1987 to 1990 (first batch of JHS) and so I benefited from some sex and sexuality lessons in life skills which talked about changes in adolescence including growing of pubic hair, menstruation and all that. And so, for the first time, I got to hear of menstruation, and I said wow! So, in school, I would say yes, some lessons on sex and sexuality was learnt far, far, better than in the church where they were hiding it from us." (Moco, M, 179-184)

"In secondary school, yes, some biology topics like reproduction in Humans." (Hajia, F, 147-148)

In Hajia's case, these topics were taught to Biology trainees, therefore, if one did not study Biology, one did not benefit from this education.

There were also instances where people from outside the school system visited schools to offer lessons on some aspects of sex education. Ama recounted one such occasion and the kind of excitement it generated:

"I remember in the sixth form we had an HIV patient visit our school and many trainees

were running away in the fear of getting infected. When the teachers finally got us settled, he gave us a talk loaded with a lot of sex education." (Ama, F, 98-100)

Ama's experience with the HIV patient is revealing of the extent of their ignorance of HIV and the effect of the school not engaging them in sex education lessons as well as not preparing them for the visit of the HIV patient.

Participants who did not benefit from school-delivered sex education could be put in two categories using the age demographics. The older participants including Kweku, Fele, Ayaapa, Ibra, Prof, Justy, Esi and Darling who went through Junior High School before the 1987 reforms which introduced Life Skills Education and the younger generation of the sample including Kofi, Nick and Ann who went through Junior High School after the removal of Life Skills education from the curriculum in 1998. These two groups of participants reported not experiencing any sex education:

"In school, too we never learnt anything, never." (Kweku, M, 152)

"So, the normal school we heard nothing about sex, occasionally someone will say something in class we all laugh. Then right after JHS, I decided to go to the seminary and that place there is nothing mentioned about it if anything was ever mentioned on it, it was. Avoid it! You are not even supposed to do it, avoid it! avoid it! so frankly I never had any serious sex education at all." (Kofi, M, 198-199).

In some instances, transcending the two categories of participants, reference was made to learning from books and this was not instigated by the school or the curriculum. However, this did not resonate so much with the sample:

"Later, you come across something in books." (Hajia, F, 147)

CHAPTER SEVEN

RESULTS III

ORGANISATIONAL AND POLICY LEVEL INFLUENCES

This chapter covers the organisational and national policy structure and arrangements within which participants worked and how these structures and processes have shaped the experiences of participants.

7:1 Organisational Level Influences

This theme presents findings that relate to participants' experiences with the organisational (CoE) structure and processes within which they operate and how these influences their actions and practices as WoH tutors. This main theme consisted of two themes and six sub-themes.

Main Theme: Organisational Level Influences	
Themes	Sub-themes
1:1 The Nature of WoH	1:1:1 Relevance of Window of Hope Content
	1:1:2 Unmet Needs of Trainees
1:2 Challenges of Window of Hope	1:2:1 Inadequate Teacher-Learner Resources
	1:2:2 Lack of Continuous Professional Development
	1:2:3 Teacher Recruitment
	1:2:4 Limited Time

Table 7.1: Organisational Level Influences

7:1:1 The Nature of WoH

This theme had two sub-themes and discusses participants' views about the relevance of the WoH module including its impact on the sexual knowledge, attitude and behaviour of trainees. It also discusses participants' views of what constituted the unmet needs of trainees.

7:1:1:1 Relevance of Window of Hope Content

All participants felt the WoH content was relevant, suitable and educative.

"In general, I think it is very educative because when the trainees come in there are a

lot of things, they are not aware of but by the time they finish with the course, they learn a lot, especially negotiation skills. They learn that they can be assertive and that is very important. Usually, most of them do not know how to politely say no to a request so they learn assertive skills and it is very useful. So, the course is very good." (Ama, F, 6-10)

"Hmm yes, I think it covers wide range topics suitable for whatever knowledge they require in other to teach sex education in basic schools. Yes, I think about 80% ok." (Kojo, M, 4-5)

"Urrh! Uhhm! It is a good attempt at helping to educate our trainees, one to help them understand issues concerning HIV and AIDS and lives that will erhm! live lives that will prevent them from getting infected. And two to equip them with skills to go and teach their clients who are the children in the basic schools for them to also do likewise." (Kofi, M, 3-6)

Participants also identified parts of the module content that needed updating because those aspects no longer reflected current trends of the HIV/AIDS epidemic. The said aspects included statistics that were provided in the module handbook written at the inception of the program. This suggested that the revisions that have taken place over the years did not include revision of the module handbook which is the main reference resource for tutors and trainees. The rigidity of the assessment structure meant that even though tutors knew content like the statistical figures no longer reflected the reality, they still could not afford to provide the right statistical figures because examinations will demand what is in the module handbook:

"I think some aspects are good, but some aspects need to be reviewed especially those aspects on statistics are no longer relevant. The trends have changed, and we are not given the opportunity to offer new statistics because the exam is based on the content as it is." (Darling, F, 114-116)

"You know the content needs to be updated because there are certain issues that are not so much a bother again, so we can update the content. For instance, there are statistics that hasn't been updated for so many years and so it's not worth talking about them." (Ibra, M 102-104)

"My views on the content is that some of the things and the dates are outdated. There is the need to review the book. Updates on new drugs that are efficacious. On the methodology, the lesson notes preparation part should be standardized." (KD, M, 84-86)

Some of the participants also identified inconsistencies in the module handbook such as

the duplication of content, repetition of topics and a lack of clarity in the content structure; all of which needed to be revised:

> "… so, the methodology component is too bloated and is a duplication of everything we are doing here already." (Fele, F, 174-176)

> "I think it has a lot of repetitions. Some of the topics are repeated. Let me give you an example, factors of female vulnerability, as a social scientist, when you say social factors, economics is part and so is culture, but the module separates economic factors, cultural factors from social. So, it leaves us confused." (Prof, M, 66-69)

In addition to noting inaccuracies and inconsistencies and asking for those corrections to be made, participants suggested additional topics that will make the module comprehensive. Some of the suggested topics included adolescent sexual and reproductive health, teen pregnancies and attendant problems, marriage and divorce, female genital mutilation, and communication and relationship skills:

> "I think if it will pass as sex education then certain items need to be added to it. For instance, reproductive systems in humans, teen pregnancy and attendant problems could be added to it." (Ama, F, 15-16)

> **Researcher**: 80% ok so the other 20% should be made up of topics such as?

> **Kojo:** well adolescent reproductive health is not part of what they are doing. So, I think it can be added. Teenage pregnancy is not part, it can be added to it. It all just about HIV, VCT, signs and symptoms etc so these things can be added. (Kojo, M, 7-9)

The relevance of WoH was also discussed in terms of its impact on trainees. Three schools of thought emerged from the analysis. While one school of thought was that some positive gains had been made in relation to trainees' sexual attitudes and behaviour, a second school of thought was that the incidence of trainees getting pregnant and contracting STIs while still in college was an indication of the module not being effective. The third school of thought was that the module is not designed to evaluate its impact on trainees as there is no follow up from the classroom to see if trainees are applying the classroom knowledge acquired to their real life. Subsequently, participants who held the third school of thought were ambivalent in expressing their views about the impact of the module.

Participants who belonged to the first school of thought reached this conclusion based purely on their observations, conversations and interactions with trainees:

"Yes, partially, because, when I came to the college, the trainees who used to get pregnant during training, the number has reduced. Initially, we used to get about nine or more a year but this time we are down to one or two. So, I believe it is due to WoH." (Ayaapa, M, 134-136)

"At least when they finish with the first part of the course, their comments about condom use are very positive and some confess about learning to use condoms correctly. For females, close to 90% of them are seeing condoms for the first-time during demonstrations in the class. So, yes, my expectations are being met. A few also have overcome their shyness and come to me to share their intimate issues even though we have a college counsellor, they come to me and I am very proud of that." (Justy, F, 27-32)

"Yeah aah, I think the course is really making an impact on aah should I say sexual behaviour or sexual lifestyle of trainees in the sense that at a point in time when you are trying to find out their level of understanding of what they have learnt so far especially when they get to second year you get to know so many people telling you so many stories which tells me that there has been a change in their sexual behaviour or attitude." (Kweku, M, 5-9)

A participant cited how he has been personally impacted by the module to change his attitude towards condom use:

"I personally didn't like condoms but when I started teaching sex education, I took an interest in using condoms and I don't see the difference. It is a psychological issue" (Kweku, M, 120-122)

Contrary to the observations above, participants belonging to the second school of thought cited the fact that trainees are still getting pregnant, suffering abusive relationships, and reporting STIs while still in college as reasons why they believe the program objectives are not being achieved:

"…, we continue to see trainees getting into relationships and sometimes getting pregnant on campus clearly without getting married first, so is possible they did not go to the hospital to check if they are infected or not and sometimes some of us may be privy to trainees own relationship issues knowing well who is dating who and all that and sometimes what they tell you…this one has done this to me, this one has done this to me.it clearly shows that the programme has not been that effective because the very things we tell them not to do to avoid getting infected are the same things they come to report to us or the same things they do to get pregnant and all that on campus. So, for me, I think that the general aim of reducing infection and all that is not very successful. Maybe the only area we can chalk some success is the area of stigmatization so that by

the time trainees leave campus, they have a different way of looking at those who are living with the virus, that is much better than what they came in with." (Kofi, M, 53-65)

"I am sceptical about making such a bold statement. It's a behavioural issue and we still have unplanned births by unmarried trainees which means they are engaging in unprotected sex and also means the infections are still possible." (Prof, M, 74-76)

Participants who held the third school of thought did so because according to them the program did not have an impact assessment inbuilt in its design and thus there was no follow up to establish behaviour modification. However, their observations and interactions with trainees also made them observe certain attitudes and behaviours which led them to conclude that the program was achieving some objectives but not others:

"Not really, even though, I will say what we do here is about 40-50%, because all we do is to get them to pass the course but what they do after we don't follow up. If there was follow up to see how they are applying it then we can properly assess it." (Hajia, F, 123-125)

"We talk about it [safe sex] and they realise they need to observe it but as to if they observe it in practice I don't know." (Ama, F, 34-35)

"Well hmmm yes but the way [pause] the course is structured and all that, the focus is study and pass your exam. It really addresses that but not fully. But we a have a club, HIV club where we meet over the weekend and discuss issues and that one before they go home some of them request for condoms and we distribute it to them. But sometimes when you are teaching you hear comments like 'Safer sex is not good because how can you eat a toffee wrapped in its wrapper?' so some of them it's like they just acquire the knowledge, but they don't use it. … they like the subject but as to behaviour change it addresses a little bit but not all." (Kojo, M, 12-17)

Kojo concluded that the program was, in part, addressing sexual behaviour modification because some trainees requested condoms. On the other hand, comments made by trainees in his class ("how can you eat a toffee wrapped in its wrapper?") made him feel the knowledge being acquired was not being transformed into desirable attitude and behaviour outcomes by trainees. He also noted the role played by the HIV club as the vehicle for discussing trainees' needs and interests, as well as the opportunity for the trainees to request contraceptives and sexual health information.

7:1:1:2 Unmet Needs of Trainees

Participants discussed the sex education requests of trainees, who approached them in and outside of the classroom, for information and advice not contained in the Window of Hope module. Some participants recounted how trainees approached them to inquire about the availability of another sex education course for the second semester because the trainees had gained interest in learning about sex and sexuality and had needs that had not been catered to in the WoH:

> "You see when they come here some of them don't know a lot of things and when we do it in the first semester some of them come asking if we are going to do it again because they are interested. They got to know things they didn't know but they also realised that there is a lot more to learn about their sexuality." (Kojo, M, 19-22)

> "The trainees really love the lessons and express their interest in having the course spread throughout their training rather than just one-semester content and one-semester methodology. They really want to learn especially about real-life experiences." (Gilbert, M, 56-5)

Participants identified issues that trainees frequently approached them to discuss, including family planning and the natural rhythm as a contraceptive method, relationship challenges, communication difficulties, menstrual cycles, STI symptoms and where to get sexual and reproductive health services and how to deal with harassment and abuse:

> "So, family planning methods could also be added. I try sometimes to talk about them when they ask but, in the end, one has to focus on the required content." (Ama, F, 15-19)

> "Hmm, I am trying to say the course must have everything bordering on sexuality, for instance; communication in relationships, the legal issues involved in sexuality, sexual pleasure, contraception etc. My trainees, both male and female for example do not know anything about the safe period and non-safe period." (Kweku, M, 24-27)

> "The trainees come with issues on natural contraception, signs and symptoms they notice about themselves they think it is a sexuality-related illness. Some talk about their sexual problems with their partners such as inorgasmia and others." (Al, M, 69-71)

Some of the issues identified included trainees approaching tutors to seek help for STI symptoms. This highlighted the lack of access to or lack of information as to where to access sexual health services. STIs and the signs and symptoms are covered in the WoH module (see

Appendix D: Content of Part 1 of WoH), thus trainees were showing the desired behaviour by recognising they had sexual health problems that required attention. However, trainees were approaching tutors and not the sexual health service providers:

> "So sometimes you get both males and females approach me with issues such as STIs. One guy, it was not gonorrhoea, I think Chlamydia, so I referred him to the clinic, and he got help. One time too a female came, and I think it was candidiasis which was disturbing her to the extent she was using a sponge to scratch it vigorously to get relief." (Kojo, M, 36-39)

> "Apart from that they also approach me about the most common problem on campus, candidiasis." (Ama, F, 61-62)

Participants also noted that counselling services trainees demanded for included dealing with break-ups of relationships, unplanned pregnancies, trainees regretting losing their virginity and concerns about their sexual and reproductive health:

> "Sometimes is am pregnant, what do I do with the pregnancy? Then I will say keep it, deliver and have the child. Am in love with someone and these things are happening, and I advise on that. Most of them are on relationships and matters of relationship. There are few of them who will break their virginity and come to me to support them to live with it, but they are few, there are few who will do it and come and tell me, so those are also there. When they come, I don't condemn them, they have already made the mistake, if they are not happy about it, then try to do one, two, three so you don't repeat it and these cases are few, it is mostly the relationship matters that they bring." (Fele, F, 295-302)

> "It's always about relationships. You know because we are a mixed school, when the first years come, we have something we call October rush, the guys usually grab the fresh ladies and dump their old girlfriends and we see all these broken heart issues to the extent some even want to leave school. They are usually referred to me by the vice principal." (Justy, F, 240-243)

Although all participants indicated offering counselling services to trainees, only three (Hajia, Esi and Gilbert,) had gone ahead to get professional training in Guidance and Counselling. The rest of the participants highlighted the fact that they were not professionally trained to offer these services and called for the provision of qualified counsellors to help deal with trainees counselling needs:

> "You know our trainees don't have people they can speak to so most of them suffer silently. A lady recently came to me to talk about a problem, but it took a lot of encouragement and several meetings before she finally opened up and spoke with me. I

helped her and also referred her to the college nurse for further assistance and she became very happy. So, the counselling aspect is also very important. We need good and well-trained counsellors. It is important." (KD, M, 97-102)

"WoH tutors must never pretend to be counsellors. We are not so we should always refer complex matters to the professionals. They always tell us during training to refer issues to counsellors. So, I am very cautious of it." (Ayaapa, M, 55-57)

These issues highlighted by participants as the unmet needs of trainees can be grouped under the domain of content knowledge in the NTPSF discussed in Section 5.1 and Table 5.1. In Section 5.1, these issues were also noted as absent in the WoH module.

7:1:2 Challenges of Window of Hope

This theme consists of four sub-themes including inadequate Teacher-Learner Resources, Lack of Continuous Professional Development (CPD), Recruitment of Teachers, and Limited Time. These sub-themes were categorised to reflect the challenges participants faced in the delivery of the WoH module in terms of their professional needs; material support for delivery of the module and the module requirements that militated against effective module delivery in the colleges.

7:1:2:1 Teacher-Learner Resources

All the participants discussed teacher-learner resources (TLRs) in terms of its absence, the obsolete nature of some available TLRs, damaged or missing TLRs, and the non-availability of some TLRs tutors expected to use. Participants categorised TLRs in terms of material resources, human resources and funding. An additional concern for participants regarded the issue of funds for bringing in resource persons to facilitate the effective delivery of the module.

Participants acknowledged the supply of some TLRs at the inception of the module. However, they also indicated how these was not sustained and how some of these TLRs have either become obsolete, damaged or gone missing:

"aaahaaa the TLMs they brought some when the program started but it's been some time now and some are no longer in shape. Some are also lost because you know some

teachers have left and when you are looking for some of them you can't find them. So sometimes you can't get the right materials to support your teaching and that makes it a little difficult. But we try as much as possible to provide the things that support them to get the best training." (Kojo, M, 91-95)

"Hmm, we have not been supplied with the module handbook for many years now. And we have not had any TLMs for several years now." (Prof, M, 81-82)

"WE gave us a lot of TLMs at the inception of the program and a lot are still useful though we have lost some." (Ama, F, 165-166)

Some of the concerns about TLRs getting missing highlight a poor culture of TLR management among college leadership and the lack of a material retention and retrieval system (inventory system) to manage the resources available in a sustainable manner. Therefore, in the first and third extracts above, Kojo and Ama's inability to locate some TLRs because teachers who previously used them are no longer at post buttress the point about the absence of a sustainable TLR management systems.

Regarding materials that could support teaching and learning but were not provided at the beginning and has since not been provided, the female condom and a model of the female genitalia were highlighted by many participants. There are at least seven female-only CoE in Ghana and the rest are either mixed colleges or male-only. However, in supplying the TLRs at the inception of the WoH module, provision was not made for these colleges and the females in the mixed colleges. Actions such as this feed into a gender inequality normative, already discussed in Section 6:1:1:2:

"We have never had female condoms and female genitalia models for demonstration." (Ama, F, 166-167)

"Would you believe that in a college of almost 400, only two trainees told me they had ever seen a female condom? [laugh]. So, I had to buy many to show to them and demonstrate its use and this generated a lot of interest. Imagine they are supposed to go and teach our pupils and they themselves they haven't seen it before, how they can teach about it?" (Ayaapa, M, 92-96)

Other participants discussed the obsolete nature of some TLRs, non-supply of module handbooks and lack of funds to buy up-to-date resources, as well as invite resource persons to

come and help with special aspects of the module:

"but some of the media materials are no longer useful and authorities are not interested in replacing them. Bringing in resource persons also is difficult because we can't cater for the financial aspect." (Kweku, M, 195-196)

"… the challenge is getting materials for trainees to use in preparation for examination, I mean handouts. So, we prepare handouts but the trainees, some won't buy. They used to supply us with module handouts, but they have stopped so it's down to what we prepare and the trainees buying it. The other challenge is with the cassettes they supplied us initially, they are now outmoded. So, if we could get projectors and CDs or DVDs. Sometimes I use my laptop, but the class sizes are too large for laptop screens." (Hajia, F, 135-140)

"Logistics, we use to have some videos that accompanied some of the topics, but they were produced on cassettes and we don't have the cassette players, so we just read about these things like the story of Kofi and Ama, the story of Musa, The Risk Game, all these they just read about them in the book but in reality, they have never experienced it and so these are some of the challenges we have." (Moco, M, 134-138)

In all instances, participants reported the effects of not having the appropriate TLRs on

their teaching:

"You know some of these diseases like chancroid and the rest when you describe the symptoms without visuals like videos or slides it is impossible for them to understand you, but I can't get these videos or slides because the facilities are not there and when you request you don't get any response. And I hate teaching in a vacuum. The trainees may be able to rattle symptoms but in reality, they can't spot them because they have not seen it. So, my challenge is how to get these media materials." (Ayaapa, M, 98-103)

Although participants generally made the case for inadequate or not sustained supply of

TLRs and by extension the lack of support from college authorities in acquiring them, there

were exceptions in at least two situations, where participants indicated they had the absolute

support of college authorities to source TLRs or such TLRs had already been made available.

The two, Darling and Justy were satisfied with the support from the college except that Justy

said she could not operate or utilise the modern equipment (Computers and Projectors),

suggesting a lack of training:

"I have never asked for any resources that I don't get. The college provides every request I make. I even have a whole box of condoms lying in my office." (Darling, F, 153-154)

"In all the classrooms, there's something hanging there, I think it is a projector but am

technology free, am not good at those things." (Justy, F, 127-129)

Perhaps, Ann captured the general view of the situation of the availability of TLRs in CoE when she made the statement below:

> "No! but I don't see that so much as a problem because it's not only in WoH education. The CoE, in general, do not have TLMs with which to teach trainees." (Ann, F, 123-125)

7:1:2:2 Lack of Continuous Professional Development (CPD)

Participants generally acknowledged the importance of CPD to discharging their responsibilities as WoH tutors and reported a lack of CPD over the last few years. Some participants reported not having any CPD activity for over five years. The impression was also created that the provision of CPD was the responsibility of authorities and so there was a frequent reference to 'they have not given us any CPD', 'they said they will do it but …':

> "There is no in-service training, after this WE whatever, for more than, how many years now, we haven't had any in-service training. … but when I suggested it, they said it was in the pipeline and to date we still haven't had any CPD." (Justy, F, 133-146)

> "Another challenge is with our professional development, the last workshop we had was in 2011 as far as the WoH is concerned and since then, we just keep teaching what we learnt and there has not been any refreshment or a way of building ourselves professionally as far as teaching the course is concerned. So, I think is high time something is done about it, yah!" (Moco, M, 139-143)

> "We don't also get training these days. So, yes that's a challenge" (Hajia, F, 143)

It was also reported that despite the changes to the WoH module by the Institute of Education, University of Cape Coast (IoE, UCC) some years ago, no steps have been taken to offer training with respect to the changes. This lack of training was said to affect the acquisition of the appropriate knowledge to keep up with the changes and the challenges presented by trainees:

> "Yes, there were some changes in the content some time ago and we were thinking there will be a training workshop, so we can talk about a lot of things as well as develop our professional skills. They used to organise it and give certificates and all that but for over 5 years now we have not had any training." (Kojo, M, 83-86)

> "Refresher courses are also not happening, so I cannot be up to date with the

happenings in the course area. We could do with training in, for example, counselling because the trainees require that a lot." (Ama, F, 163-165)

Participants also raised concerns about the sustenance of the module if the current tutors either left for other appointments elsewhere or retired; as there were no opportunities for new tutors to undertake training prior to taking up that duty. This had implications for quality of the module delivery:

> "We have not had any in-service training for the last four or five years and so we depend on whatever we can lay our hands on to improve our delivery. I wonder how our replacements will function should any of us leave." (Kweku, M, 198-200)

Some participants felt that the lack of CPD meant that trainees sometimes had more information than they did and that, apart from the lack of CPD, the module itself was not responding to rapid changes of sex and sexuality issues:

> "Another challenge is that there are no workshops for continual development and so sometimes the trainees have more information than you do. There are so many developments that have gone on with the disease and targets and new targets that have been set for the control of the disease such that the course content itself needs to be updated to reflect the status of the disease. Example HIV/AIDS may have no cure but now it can be treated and so we need to refresh our knowledge with all these current developments." (Kofi, M, 139-144)

In the absence of organised CPD opportunities, some participants have taken some initiatives to update their knowledge around the subject matter by accessing literature from academic journals, magazines, and online resources. However, these actions were not considered as CPD by the participants. In addition, a few participants have actually taken formal courses in Guidance and Counselling that have relations to or some components of sex education:

> "For me sometimes when I see materials like journals and magazines on sex education I buy and read." (Kojo, M, 176-177)

> "So, we depend on whatever we can lay our hands on to improve our delivery." (Kweku, M, 198-199)

7:1:2:3 Teacher Recruitment

The data for this sub-theme was taken from the biodata collected from participants and

from the interview data. I considered what participants said about their training discussed in Section 6:1:2 and the situation of CPD discussed in Section 7:1:2:2 above against the biodata to arrive at the analysis reported in this section.

The average age of the tutors was calculated to be 45 years. The retirement age in Ghana stands at ages 55-60 years. Therefore, assuming current tutors do not leave to other jobs, a little over a third will be retiring within the next decade. The recruitment to replace these retiring tutors will pose a challenge for colleges as there is currently a dearth of training in relation to sex education within the teacher training sector. Some participants noted this when we discussed CPD opportunities as reported in Section 7:1:2:2.

> "But another problem is that when it comes to HIV/AIDS none of the teachers teaching it has actually studied it as a primary subject or full course. It is a few of them who read a course in population and Family Life which was a one-semester course." (Justy, F, 139-142)

> "In addition, you see the whole system is such that because we don't have any system of training teachers for the subject, you know we all learnt it informally, so getting replacement is going to be a challenge." (Ibra, M 182-184)

As many as 16 participants out of the 18 reported WoH as their second teaching subject with only two reporting it as their main teaching subject. This has implications to the effective delivery of the model. Some participants have reported when they are confronted with a choice, they often focus on their main teaching subject and this was not limited to availability to teach. Participants who considered WoH as a second teaching subject reported that they will prioritise their main teaching subject in the event that they have to make decisions about accessing CPD when available and also in the event that there is a clash of activities involving their main subjects and WoH.

> "I said I will rather spend my resources developing myself in my main area of Agriculture rather than WoH as that won't add anything to me in terms of my professional development." (Ibra, M 189-191)

> "The subject is more like part-time course for us because all the substantive teachers have a main course, they teach … so, when it clashes with time we need to make for our main area, it becomes very difficult to ignore our main area and go teach

HIV/AIDS." (Kofi, M, 134-138)

Some participants recruited some years after the initial training for tutors prior to initiating WoH reported not getting any or very little training before assuming the teaching of the module. This has implications for the sustenance of the module and the quality of delivery. Unless there is a change, potential recruits are unlikely to receive any training before and during the period that they are tasked with teaching the module.

7:1:2:4 Limited Time

Participants' had concerns about the time allotted to WoH and the effects this had on the teaching of the module. Time was cited as a reason for some of the instructional techniques they opted for, the kind of activities they chose to engage trainees in and their ability to respond to concerns or needs of trainees if these were not captured in the course content. The following extracts illustrate the challenges that were associated with the limited time allotted to WoH:

> "The timetable is tight so there is something I would have loved to do with the trainees but haven't been able to. I would have loved to take them to HIV clinics to interact with patients, but the time simply isn't available. The topics are too many if one doesn't work extra you can't finish the content." (Darling, F, 154-158)

> "... but honestly speaking after it was made an examinable course, for the first three years we still tried to use films etc and am telling you that didn't help us at all because there was no way I could finish my course outline so after some time these videos like, Excerpts from Sahel, Born in Africa, blah blah (etc), am telling you that I have never shown those films again." (Fele, F, 58-62)

> "The time allocated to allow me use activities to accompany my teaching is small, so I am forced to use lecture sometimes to be able to finish my syllabus." (KD, M, 114-115)

The limited time allotted to WoH was also cited as a reason why resource persons could not be brought into colleges to assist with technical areas of the course and the reason why some trainees' needs could not be addressed by participants:

> "Trainees are always asking more questions during lessons than they do in other subjects like in my main subject of RME, their contributions are limited. I think the only problem is the time. I think we need more time, so we can be more practical and

be able to invite resource persons for the technical parts. That's my only problem with the course." (Justy, F, 98-102)

7:2 Policy Level Influences

This main theme discusses the policy or community level structures and practices that influenced participants' practice as WoH tutors. These included factors that participants considered to be influenced by national practices or policies that were beyond their remit, but which forced them to conform and did not give them the free hand to conduct lessons in ways they would have loved to. This theme also discusses the actions that participants thought could improve the WoH module and the general practice of sex education in teacher training institutions, schools and communities. Five sub-themes generated two themes (See Table 7.2) which are discussed in this section.

Main Theme: Policy Level Influences	
Themes	**Sub-themes**
2:1 Limited by Examination	2:1:1 Teaching to the Test 2:1:2 Learning to Pass or Learning for Life?
2:2 Improving WoH and Sex Education in Ghana	2:2:1 Revise and Improve Content of who 2:2:2 Synchronise WoH and Basic Schools Sex Education Content and Structure 2:2:3 Involve Parents, Wider Society and Other Stakeholders

Table 7.2: Policy Level Influences

7:2:1 Limited by Examination

In Ghana, the assessment profile for pre-service teacher education programs is one in which assessment practices and judgements in the classroom contribute a percentage towards the final score/grade. The internal component is a continuous assessment (CA) scheme; one assignment and one quiz each scored out of 20 marks. The internal CA tasks are constructed, administered and scored by the course tutor and accounts for 40% of the overall assessment. The remaining marks are awarded through external examination; usually, two-hours in

duration, sat at the end of the semester and conducted by the IoE, UCC. Since the WoH is a national program, there is no room for a tutor to adapt the content in response to formative assessment although the techniques and approaches of teaching can be adjusted to respond to the needs of trainees. All participants discussed how the need to prepare trainees for the end of semester WoH examination influenced what they could and could not teach, their teaching practices, class management and trainees' attitudes towards what was taught in class.

7:2:1:1 Teaching to the Test

This sub-theme discusses participants' views about how the nationally conducted end of semester examination influenced what they could or could not teach, the techniques they chose to use due to the need to prepare trainees for examination and how they were sometimes frustrated by the mismatch between what they taught and the content of the examination questions. Participants discussed how they were restricted to the course content because the end of semester examination was based on the defined content:

> "Not really because our system is such that you teach what is examined, is somehow very hard to go beyond the syllabus, so if a student raises an issue that has nothing to do with the syllabus it doesn't affect how I prepare for the lesson." (Kofi, M, 128-130)

> "Well, I am being directed by a course outline and the course is an examinable course, so you cannot teach them something contrary to what the course outline directs you to do." (Nick, M, 206-208)

The demands of the end of semester examination influenced teacher practices by discouraging teachers from attending to trainee needs not captured by the module content. The need to prepare trainees for the end of semester examination also influenced the teaching techniques and approaches participants used in their lessons. Techniques that required more time were ignored in favour of those that enabled them to cover more content within the limited time (See Section 6:1:4:1)

Regardless of the rigid nature of what tutors had to teach to trainees, miscommunication or administrative errors between the Chief Examiner and the IoE, UCC sometimes resulted in

external examination questions not matching what had been prescribed by the IoE and taught

to trainees and this was a source of frustration for participants:

> "Sometimes the chief examiners set questions that do not match what we teach so that's challenging." (Kojo, M, 87-88)

> "… about two years ago there was mass failure of about 70-77% of the trainees across the country because the exam questions didn't match the prescribed course outline and so they had to reset the examination for the trainees to re-sit the paper." (Justy, F, 137-139)

Concerns were also raised about the nature of examination questions which were said be

largely based on recall of facts and assessed only the knowledge component of the module to

the neglect of the other objectives:

> "Questions asked should be based on activities to reduce 'chew and pour'." (KD, M, 118-119)

The term 'chew and pour' is commonly used within the Ghanaian education system to refer to

the reproduction of content material result from rote learning or reproducing content that one

doesn't understand.

7:2:1:2 Learning to Pass or Learning for Life?

This theme discussed what participants reported as trainees' attitudes towards the WoH

module. Some participants were of the view that the need to write examination at the end of

the semester influenced trainees to focus on the knowledge aspects of the module to the

detriment of the attitudes and behaviours component. Therefore, these participants reported

that the external examination was a disincentive to achieving the objectives of the module as

trainees only focused on what they needed to pass the examination at the end of the semester,

without personalising the knowledge and applying what was taught to their real-life

experiences. Participants arrived at this conclusion through their informal and formal

interactions with trainees (See Section 7:1:1:2):

> "It is a hindrance, left to me, there shouldn't be any examination of HIV or sex education, because once examination comes in, is like study, pass, make your grade, and then go away. You don't personalise it, right? But, if it is a liberal course, we are

not going to examine you on it, even though you are going to attend lectures, knowing very well that it is not going to be examined, the trainees will open up and learn because they are learning for life and not just learning for exams." (Kofi, M, 285-290)

According to some participants, trainees were no longer interested in club activities which was an integral part of WoH when it was not an examinable subject and that trainees now focused on learning to pass their examination:

"At the beginning, we had a lot of positive response from the trainees in terms of their attitude. So, they took club activities seriously and some even went out and formed their own clubs which were very active but these days the mentality is chew and pass, so they don't care about club activities and all that. So, it has been a challenge because these things contribute to what we want them to learn. So, their attitude is not so good." (Ibra, M, 174-179)

"The only problem is usually they are not too relaxed because of the examination. ... they would be a lot more relaxed if it were not examinable. So, the focus on passing exams is taking away the beauty of the whole course." (Ama, F, 83-86)

Although some participants were concerned about the influence of the examination on trainees' attitudes to the module, they were also worried that the cancellation of the end of term examination will affect the seriousness trainees attached to the module:

"Trainees are overly focused on passing the exam and the blame is squarely on the UCC which is bent on assessing the knowledge. However, the other thing is if the subject is not examinable the trainees won't take it seriously, they won't come for the lectures." (Prof, M, 82-85)

7:2:2 Improving Window of Hope and Sex Education in Ghana

This theme captured participants' views of what needs to be done to improve the WoH module so that it responds to the sex and sexuality needs of trainees. The theme also covers participants' perceptions of how to improve the general practice of sex education in schools and the wider society. Participants spoke about the need to: expand the content of WoH for trainees to cover the needs of the pupils they will be teaching on completion, so they can support them; ensure that all who are involved in its delivery are trained; ensure there is an effective collaboration of all stakeholders, and changing the mode of teaching sex education in schools to ensure that it is delivered effectively in schools. This theme consisted of three

sub-themes (See Table 7.2).

7:2:2:1 Revise and Improve the Content of WoH

   Participants expressed the views that WoH needed to prepare trainees to support the young people they will be teaching upon completing their training. Thus, the suggestions for improvements to the current content of WoH and sex education for basic schools were based on the unmet needs of trainees which participants observed from their interactions with trainees within and outside the classroom and their perceived sex and sexuality needs of young people (See Section 7:1:1:2).

> "Yes, that is why I am saying it must be improved by adding stuff of that sort, I mean Adolescent sexual and Reproductive Health (ASRH) information because out there the issues are not just HIV, STIs, teen and unwanted pregnancies are the issues out there, so they need information and knowledge on all these issues. All other sicknesses are equally important because if HIV/AIDs do not kill you and you get pregnant and choose to terminate it at the wrong place you may die faster than HIV would have killed you. So, there is the need to expand the content. hmmm, I am trying to say the course must have everything bordering on sexuality, for instance; communication in relationships, the legal issues involved in sexuality, sexual pleasure, contraception." (Kweku, M, 17-26)

Other participants recounted stories of sexual abuse, drug abuse, casual sex and unintended pregnancies experienced by young persons within their communities, and felt that by including those issues in WoH trainees would be better prepared to support their pupils when they completed and assumed their teaching responsibilities:

> "Well hmmm, it should touch on adolescent growth and development so trainees on completion can support these young people some of whom don't even know how to take care of themselves when they menstruate. They should understand themselves and the changes that go on in them as they grow. Negotiation skills because you know most of the girls are mostly abused by their parents and relatives and friends. So, they must learn to be assertive rather than passive. I think we should teach trainees sexual reproduction, teenage pregnancy and drug abuse. There are stories of BECE graduates abuse alcohol and drugs at graduation parties and having casual sex indiscriminately. Girls get pregnant as a result and don't even know who made them pregnant. We could also teach about managing relationships from childhood, especially relationship with close family and extended family." (Kojo, M, 201-211)

In suggesting what sex education should teach, some participants talked about the challenges of young persons and societal norms that contributed to those challenges. Citing

rape, sodomy and defilement as common occurrences, they attributed these to a societal norm that made young persons submissive and thus subject to abuse by grown-ups. Participants reported that this societal norm did not support the Ghanaian legal system which is meant to keep checks on these abuses and therefore suggested those issues be addressed by WoH so that trainees can be the agents of change for young people and the larger society:

> "The legal aspects of sexuality are currently not in our books, but we need to, given that rape, sodomy, defilement and others are very common now. The society is not helping with rights and the legal aspect because often rape cases are either not reported or are withdrawn for out of court settlement. Minors are trained to obey instructions from elderly people without question and that is often used to take advantage of young people. Therefore, we should add all these issues to the course so that the trainees will be prepared to deal with them when they start teaching." (Ama, F, 179-184)

Whilst suggesting topics comparable to those reported above, other participants pointed to the general tendency to always talk about sex and sexuality in negative terms and suggested that sex education programs should also teach the positives:

> "In Ghana, our idea about sex is that it is filthy. So, we don't even want to mention it in the first place. Sex education should be demystified, that is the first thing. Again, a few attempts made by groups, individuals to teach sex education in Ghana are only two things, we are only interested in, avoid pregnancy, avoid HIV, these are the only things we talk about when it comes to sex education in Ghana but there should be more." (Kofi, M, 245-250)

> "We should also teach both the positives and negatives of sexuality, so trainees can make intelligent choices and support their pupils to also make intelligent choices." (Kweku, M, 226-227)

The topics suggested by participants to augment the current content of WoH belie the differences between the WoH module and the composition of CSE as defined by ITGSE, UNESCO (2009) (See Table 5.1).

7:2:2:2 Synchronise WoH with Basic Schools Sex Education Content and Structure

Participants raised concerns about the disconnection between the WoH program and sex education programs in Basic schools. These concerns included the mode of delivery of both programs and the asynchronized content of college delivered WoH and the sex education program in Basic schools.

Regarding the mode of delivery, WoH is a standalone sex education program in CoE and therefore trainees learn it as an independent subject and as such learn to prepare lesson plans based on the content of WoH. Participants expressed concerns that by learning WoH as a standalone and learning to prepare standalone lesson plans, trainees' risk being unable to teach sex education in Basic schools where they are required to infuse or integrate sex education into other subjects such as English, Science, Mathematics and other curriculum subjects. Participants, therefore, argued that either trainees be trained using the integration and infusion approach or sex education be made a standalone subject in basic schools:

> "Seriously! I learnt they just want it to be infused not integrated. In the infused system teachers are encouraged to talk about it when it arises in other subjects that they teach. If it doesn't arise or it does but the teacher doesn't feel like teaching, then that's it. So even if we can't make it a standalone, we can integrate the topics into other subjects and ensure that they are taught. My position is that we should make it a stand-alone subject and train people to take up the responsibility to teach it." (Kweku, M,161-166)

> "At the basic school, they don't have a subject called WoH, it is integration and infusion isn't it? So why do we have to sit down and design our own lesson format? It doesn't make any sense because they won't be preparing any such lessons, you see that, we should rather teach them integration and infusion, how to integrate and infuse because they learn the lesson format from all the other subjects, so it is not necessarily teaching them all that, of course, you can talk of objectives and all the other ingredients that go into the lesson plan so that when they are selecting their lessons they should look at it." (Hajia, F, 113-117)

> "… but the problem is that teaching WoH, not as a subject in the basic school is a problem." (KD, M, 88-89)

Apart from being concerned about the discordant modes of delivery, they also discussed the disadvantages of the infusion and integration approach used in basic schools including the fact that these two approaches left the teaching of sex education to the discretion of teachers who could decide not to teach it or may even not be trained to teach it appropriately even if they chose to:

> "They won't teach it, they won't, I know, for religious reasons, some churches will not even want to mention it, personal reasons, am shy, I am whatever, we teach for examination so if I think that in this area questions won't be asked on it oh! then why teach it? I will drop it off somewhere, right? And with the obvious issues with sex education, TLM and whatever, no teacher would want to bother themselves. Because at

the end of the day, if it is integrated, how many examination questions will be asked? If is integrated in a subject like social studies, how many questions will be asked on HIV or sex education? So, you would rather just push it aside." (Kofi, M, 277-283)

Participants also raised concerns about the content of WoH not matching the content of basic school sex education and therefore were concerned about the ability of trainees to deliver quality sex education lessons on issues they have not studied themselves:

"You see, what we do here should tally with what is done in basic schools so that the trainees can function well but is that the situation? WoH is different from the Alert model which they use in basic schools and then SHEP is also different. There is no uniformity." (Al, M, 260-263)

Participants, therefore, advocated for synchronizing the whole sex education delivery so that trainees can function effectively when they complete their training and assume post in schools.

7:2:2:3 Involve Parents, the Wider Society and other Stakeholders

Participants were of the view that collaboration between the school, parents and other persons, formal and informal institutions were key to teaching sex education and ensuring its effectiveness. Parents, the media and religious organisations were frequently mentioned as significant partners in teaching sex education. Parents were expected to complement the work of the school by offering some form of sex education to their wards at home and then reinforce what the school taught.

Some participants advocated using Parent-Staff Association (PSA) meetings, School Management Committee (SMC) meetings and school durbars (School celebrations that bring together members of the community including chiefs and political leaders) to provide sex and sexuality education to parents for parents own benefits and also for parents to complement the sex education efforts of the school:

"We should try to tell parents during PSA meetings and SMCs to try and be there and educate their children otherwise they learn it from outside and that's not good because you can't be sure of the accuracy of the information they get from outside." (Kojo, M, 112-115)

"Ooh I think all stakeholders must be brought on board, the teacher, parents should also play a big part because the children spend several hours at home. So, parents must continue with sex education at home, so they help for instance regulating TV programs and the internet. School management committees, Parent-Teacher Associations should make a conscious effort to educate parents so that they can play their part." (Ama, F, 192-196)

Participants also advocated the involvement of other stakeholders including religious leaders with one participant (Ayaapa) indicating that missionaries at his place of worship had already assumed that role and were offering some form of sex education to their members although this was based on their religious beliefs and practices. Participants called for leaders of religious organisations to be offered training and encouraged to use their influence to offer similar training to their members:

"Involve other stakeholders like parents, religious leaders etc so that everyone will be on the same page." (Kweku, M, 204-205)

"Religious bodies such as churches must play their part but especially go beyond the religious aspects and address it as a social problem." (Ama, F, 196-197)

"It is now that the current missionaries who have gone to learn are trying to introduce some form of education in the mosque. Trying to encourage them to accept polygamy because they believe females outnumber men so men who are capable should be allowed to marry more so the females don't become prostitutes. They also bring in their colleagues who are females to educate the women about womanhood, menstrual issues and contraception. They have only just started but it's long overdue." (Ayaapa, M, 170-175)

Participants also spoke about the role of the media in sex education and sexual socialisation. The media were expressed both as an agent that could support the teaching of sex education and as an agent that could expose young persons to inaccurate information and compromising materials. Some participants suggested the engagement of the media in teaching sex education to the wider society and in supporting the school by reinforcing what the school taught young people:

"The media must continue with education through the various outlets available to them. For example, panel discussions, expert discussions." (Kweku, M, 206-207)

"I was just discussing with someone, if it is possible during prime time when everybody's attention is on the television and radio sets, just for five minutes education

on sex will do. At least everybody's attention will be on it. Parents would not be embarrassed because everybody is watching, it is not mama saying it or daddy saying it. It is coming from the television so the parents would have their share of the information and the children will have their share of the information." (Kofi, M, 228-233)

Other participants also advocated for the involvement of other state (Ministry of Health, Ghana Health Services) and non-state organisations (NGOs) to render sex and reproductive health services and education as a component of school delivered sex education. These participants thought that such organisations could focus on the attitude and behaviour components of sex education and offering of specialised services such as sex and reproductive health services whilst the school focused on delivering the knowledge aspects of sex education:

"Broader involvement by external bodies such as the MoH, GHS, NGOs coming into the college to reinforce what we teach through symposia, talks and others … In my view, we could focus on the knowledge aspect and then the external partners I spoke of earlier can focus on the behavioural aspect which will not be subject to examination. That should balance it and improve the situation." (Prof, M, 78-88)

CHAPTER EIGHT

DISCUSSION OF FINDINGS

Overview

This study was guided by three research questions and this chapter organises the findings in a way that provide answers to these questions, relate the findings to existing literature and discusses how the findings relate to the SEM model and the implications. This chapter will also highlight the inter-relationships between the four levels of influences of SEM and how they affect the experiences of WoH tutors.

8:1 What are the Window of Hope (WoH) tutors' experiences of delivering this programme?

The findings reported in this study indicated that tutors' experiences of delivering WoH could be categorised into three levels; intrapersonal, organisational and policy levels of the SEM.

8:1:1 Intra-personal Level Experiences

The findings explored teachers experiences of delivering the WoH module by looking at their attitudes towards key sexuality issues and how these influenced their presentation of these issues in their delivery. The findings in relation to this level showed enduring norms in terms of tutor's attitudes to pre-marital sex, sexual orientation and safe sex practices. It also covered tutors preferred pedagogies, professionalism and ability to create and sustain conducive environments. These are discussed in the sections following.

8:1:1:1 Enduring Norms

The results revealed a culture of heteronormativity, gendered norms, support for abstinence before marriage and homophobia among participants and these characterised their teaching of the WoH module. Sex was often spoken of in terms of heteronormativity with participants expressing surprise at being asked about their sexual orientation. Similar findings

have been reported by Browes (2015) in a study conducted in a secondary school in Ethiopia. It was not surprising that participants expressed a dislike for homosexuality, given that Pew Research Centre (2014) reported that almost 98% of Ghanaians rated homosexuality as unacceptable behaviour. Some participants almost expressed homophobic attitudes towards it by using words such as 'hate'. Of concern, however, was that some tutors recognised that their trainees could be sexually diverse, yet, these participants did not make room to cater to the needs of any such trainees. In the circumstance, trainees who did not conform to the conventional sexuality (heterosexuality) were likely to hide their identity and not receive any protection or support as the tutors did not stimulate any meaningful discussions of homosexuality. Religion and societal abhorrence were often cited as the reasons why homosexuality was not acceptable conduct. By refusing to discuss or encourage the discussion of homosexuality in WoH lessons, these participants were reinforcing the morality of Ghanaian society against the content of WoH that seeks to provide knowledge for beneficiaries to make intelligent choices.

Participants held divergent views regarding abstinence before marriage. Although the majority supported abstinence before marriage, a few advocated for pre-marital sex. However, unlike other studies (Anarfi and Owusu, 2010; Awusabo-Asare *et al.*, 2004; 2017; DePalma and Francis, 2014; Helleve *et al.*, 2009; Van der Geest 2001) conducted in Ghana and South Africa that have attributed the insistence on abstinence before marriage by teachers to religious, cultural and social demands, these participants, in addition to these factors, emphasised abstinence because they thought trainees were not in a position to handle the potential repercussions of pre-marital sex; citing reasons such as distraction from studies, inability to handle the psychological and financial needs of themselves, their partners and the potential babies from such relationships. Providing and encouraging contraceptive use was also contested by some participants who thought that such actions provided young people

with a license to be promiscuous. Similar findings have been reported by Sidze *et al.* (2017) in a study of Kenyan teachers and from the Pacific and Asian regions (UNESCO 2012). Darroch *et al.*, (2000) reported contrary views in their study involving American teachers. This, and the divergent views and approaches to pre-marital sex, also highlight the findings of de Haas and Inge (2019) who reported a conflicting schema of traditional and 'present-day' Uganda among sex education teachers. Like these participants, de Haas and Inge reported that Ugandan teachers often had conflicting views of young people's sexual citizenship, the potential for sex education to prevent or encourage sex among young people and the appropriateness of teaching and providing contraception and contraception services.

The results also show that there was a perpetuation of a gendered norm that portrayed gender as a dualism. Participants frequently referred to 'male-female' and planned separate case-studies for males and females or pitched males versus females in classroom competitions aimed at encouraging culturally 'suppressed' females to participate in lessons. Surprisingly, female participants who frequently claimed to use themselves as role models to their female trainees appeared to fall back on traditional norms that often portrayed the female as vulnerable and or victims in sexual relationships that do not end in marriage (See Section 6:1:1:2). Although teachers perpetuating socio-cultural norms such as discussed above have been reported in previous studies conducted in Ghana (Awusabo-Asare *et al.*, 2017) and in Southern and Eastern Africa (de Haas and Inge, 2019; DePalma and Francis, 2014; Helleve *et al.*, 2009), these studies have frequently attributed such tendencies to teachers being worried about parents or societies confronting them for discussing such issues with young persons. However, participants of this study teach pre-service teachers who are over 18 years old and by Ghanaian law are considered adults. As such, the tutors are immune from parental and community disapproval of any such discussions in their lessons. Participants failed to divorce their personal values and beliefs about such norms from their

teaching roles where they are expected to present a neutral view aimed at supporting trainees to make intelligent, independent choices about their own sex and sexuality. Tutors' attitudes and subsequent practices in relation to these norms (heterosexuality, homophobia, gender-dualism) are likely to influence the attitudes, perceptions and behaviours of trainees who are among other things learn from their tutors for their own practice.

8:1:1:2 Pedagogies, Professionalism and Conducive Environments

The participants in this study generally claimed that they used interactive pedagogies. This is contrary to the findings of many researchers (Adu-Yeboah *et al.*, 2014; Akyeampong, 2003; Akyeampong and Lewin, 2002; Lewin and Stuart, 2003) who have studied the teaching practices of Ghanaian teacher educators. Lewin and Stuart (2003), found that the "dominant pedagogical stance remains one where trainees are largely regarded as 'empty vessels,' with little knowledge or experience of teaching" (p. 171). A review of teacher education in Ghana, by Asare and Nti (2014) did not find that anything had changed since Lewin and Stuart's earlier study. This study's finding is also contrary to that of earlier researchers (Allen, 2005; Awusabo-Asare *et al.,* 2017; Che, 2005; Rasmussen, 2004; Tiendrebeogo *et al.,* 2003; Timmerman, 2009) who have reported that sex education teachers, including Ghanaian sex education teachers, prefer and utilize didactic pedagogies. The difference might be explained by the fact that these are teacher educators who are required to teach using best practices including learner-centred techniques and the in-service training given to tutors prior to the inception of WoH, which focused on interactive methods. Although this study did not explore the benefits of using interactive pedagogies, studies have shown that trainees benefit from training programs that include interactive pedagogical approaches, because they gain both positive and challenging experiences (Harrison and Ollis, 2011; Ollis and Harrison, 2010) which, together with the knowledge, skills and confidence, are needed to practice effectively (Flood *et al.*, 2009; Ollis, 2009). It is commendable that these participants said that they

employ interactive pedagogies in teaching sex education lessons, however, this finding must be interpreted with caution as the classroom practices of these participants were not observed. Sanjakder *et al.* (2015), for instance, interviewed and observed sex education teachers in Australia and New Zealand and noted that gaps existed between the pedagogies the teachers claimed to use and the real pedagogies observed in their classrooms.

Tutors were found to have limited concepts of diversity and sexual diversity was not a consideration in preparing and delivering lessons. Tutors' views of homosexuality discussed in Section 8.1:1:1 epitomizes their limited conceptions of sexual diversity. Tutors also had limited definitions of the diversities they recognised. For instance, although participants recognised gender diversity, it was discussed as a binary of male-female (See Section 8.1:1:1) and in many instances, discussions about religious differences often focused on Christianity and Islam. Although the two are the major religions in Ghana, minority religions exist and ought to be considered in the context of diversity. Studies (Mcquarrie 1998; Tatar *et al.*, 1994; Taylor and Sobel, 2001; Woods, 1993), including some conducted in Sub-Saharan Africa (Wedekind, 2001) but not Ghana, have similarly reported teachers and pre-service teachers limited knowledge, experience of, or in some cases dispositions to, addressing diversities in the classroom. Although this finding is consistent with the heteronormative culture of Ghana, college sex educators' non-recognition of sexual diversity highlight the inadequacies of their training (sexual diversity is a key issue in sex education) and the influence of social norms on tutors' attitudes and approach to discussing such issues. In the analysis of WoH documents (See Section 5:1), it was discovered that sexual diversity was not a consideration in the program development process and is not part of the content as well. Subsequently, this was not a part of the training offered to tutors prior to and during the implementation stage.

Although participants made remarkable efforts to mediate the power dynamics associated

with the recognised diversities in their classes (gender and religion), some of the mediating actions only perpetrated the norms that conventional sex education seeks to dispel. For instance, actions such as pitching males versus females or designing separate case studies for males and females may contribute to participation in classroom activities but reinforce gender binary norms. This finding supports Le Mat (2017) and Shefer *et al.* (2015) who have reported that Ethiopian and South African teachers' language and other actions encouraged the gender binary concept. Conducting some sessions of sex education in single-sex groups (Boys-only, and Girls-only) to encourage participation is practised in some jurisdictions. Wight and Abraham (2000) in their review of a theoretical-based sex education program piloted in four schools in Scotland found that although single-sex group discussions were lively, the norms necessitating this segregation were still very present and boys were especially more likely to feel insecure in expressing their views among their peers. Wight and Abraham reported that mixed small group discussions were more productive and was preferred by three-quarters of both boys and girls. In reality, discussions about sex, contraception, STI risk and others will very often occur among partners, especially in a heterosexually dominant culture such as Ghana and so holding mixed group discussions will likely improve the capacity to confidently make such decisions.

In a break from cultural norms, participants indicated a willingness to use appropriate and explicit language to communicate sex and sexuality issues to eliminate ambiguities associated with traditional Ghanaian sex and sexuality vocabularies (see Section 6:1:4:3). This is contrary to the findings of Helleve *et al.* (2009) and Sarma *et al.* (2013) who both found that South African and Bangladeshi teachers respectively were hugely challenged in communicating about sex and sexuality using appropriate and unambiguous language.

Some tutors (Ayaapa, M, Hajia, 44 and Prof, M,), in the 'Northern regions' reported students and at least in one instance, a tutor's (Hajia) discomfort with certain topics being

taught during Ramadan, a period of spiritual exercise for Muslims. These tutors, including a Catholic (Prof), rescheduled or taught these topics before or after Ramadan to ensure Muslim trainees did not lose out. Participants in the other seven regions may have overlooked the absence of Muslim trainees during Ramadan because these trainees are in the minority and may not have garnered the courage to indicate their discomfort with such lessons.

The results from this study revealed that a majority of the tutors frequently used their subjective experiences with sex and sexuality issues to highlight the reality of some of the issues discussed in WoH. The reasons assigned for such actions included helping trainees to understand their lessons and to alert trainees to the realities of those experiences, as well as prepare them to avoid or deal with similar situations. The few participants who declined to share their subjective experiences thought it was inappropriate especially if the said experience was not 'ideal'. However, the actions of the majority are at odds with the dominant literature (Western) with regards to the sharing of subjective experiences in the sex education classroom, which aims to depersonalise its teaching to encourage open and objective discussions; for example, the Sex Education Forum (2005) advocate that practitioners should desist from sharing their subjective experiences. Similarly, Mason and Woolley (2012) explained that the sharing of personal information in a sex education classroom "should not be required or expected" (p.103).

The professionalism of participants was detailed by their ability to build and sustain interpersonal relationships with their trainees, to facilitate their teaching of sex education. Participants stated that this required them to be tolerant and not be shy when communicating sex and sexuality issues to their trainees and using appropriate and explicit language. These findings are similar to those reported in other studies (Johnson and Belzar, 1973; Kirby and Alter, 1980; Nazar, 1974; Timmerman, 2009; Yarbar and McCabe, 1984) who also highlighted the importance of these qualities to sex educators. These personal qualities are

important for sex educators because, as Harrison *et al.* (1996, p.69) argued, "teacher values and attitudes are invariably imparted to trainees through spoken languages as well as through silences, body language, and role modelling." This is even more important for participants of this study who are preparing teacher trainees to teach much younger pupils who will benefit from having role models. It should be noted, however, that the value of personal qualities is not limited to sex educators; they are valuable to all teachers (Timmerman, 2009).

The personal qualities discussed above reflected in participants' constructions of interpersonal relationships and transcended the classroom to other social structures within and outside the college. Tutors demonstrated an understanding of the cultural norms that prevented young people from discussing sex and sexuality issues with teachers, and adults in general (See Buchow, 2012; Kumi-Kyereme et al., 2007; Manu et al., 2015) and found ways, such as changing the nature of their formal relationship with trainees to ones of 'friends, elder siblings and equals' to facilitate relationships that enabled trainees to open up to them both within and outside the classroom despite notable challenges such as other colleagues being suspicious of their motives. It is important to highlight here the cultural norms that militate against the construction of interpersonal relationships and communication between teachers and trainees and to note the remarkable efforts of participants in developing such relationships. In Ghana, two reasons can be advanced for the need for sex educators to make a deliberate attempt to build interpersonal relationships. Firstly, Ghanaian culture has a reverence for age which is also associated with growing wise. This is evidenced by a local proverb translated into English as: wisdom comes with the years. Thus, when an older person talks, the younger one is not expected to make a comment. The Akans of Southern Ghana have a proverb that translates as: "when the elder bathes, the water in the house is finished". Thus, young persons are not supposed to have close, friendly bonds with older persons as they can have with their age mates. Secondly, there is a natural aversion to discussing issues

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of sex and sexuality in Ghana as highlighted by Mack (2011) and Van der Geest (2001) and from the participants in this study (see Section 6:2:1:1). Therefore trainees, already socialised in such an environment, will need persuasion to speak about sex and sexuality in and outside the class. Consequently, older teachers need to make an extra effort to establish the desirable interpersonal relationships as has been defined from the onset. In such a context, participants' efforts to build and sustain these relationships are commendable.

Tutors reported that they created secure environments - described as environments devoid of the regiments of a classroom where the power dynamics were in favour of the teacher - minimised the potential for some trainees to dominate others and moderated power dynamics that inhibited participation of some groups of trainees in their lessons in WoH. This is contrary to a recent study by Awusabo-Asare *et al.* (2017) which reported that Ghanaian secondary school students felt their sex education class environment did not encourage them to ask questions; citing reasons such as embarrassment, fear of being shouted at by mates and the teacher, fear of reprimand from teacher and the fear of offending other people in the class. By context, these participants are teacher educators who by their training, experience and objective of preparing trainees to teach may be more conscious of classroom management practices and the role it plays in facilitating teaching and learning. Wight and Abraham (2000) described the classroom as "a highly salient social context for students and their relationships with classmates and teachers regulate their participation in any educational programme" (p.31).

All participants expressed a remarkably strong passion and efficacy for teaching WoH and the opportunity to support young people with the knowledge and wisdom to deal with their sex and sexuality challenges. This finding is also in contrast with a study by Awusabo-Asare *et al.,* 2017 conducted in Ghana which reported that Senior High School teachers expressed discomfort with teaching sex and sexuality education due to their personal, religious and

community values. This difference could be due to the differences in age of the beneficiaries (Trainees are considered adults) and amount of training offered to tutors prior to and during the program. It is also in contrast with many studies emanating other parts of Sub-Sahara Africa (See Aggleton and Campbell, 2000; Francis, 2010; Helleve *et al.*, 2009; Mkumbo, 2012; Oshi and Nakalema, 2005) and from Asia (See Thiangtham et al., 2005; Thammaraksa et al., 2014).

8:1:2 Organisational Level Experiences

Participants' organisational level experiences with the delivery of WoH were detailed by how factors within their colleges either supported their delivery of the module or challenged their work.

8:1:2:1 Support from College Authorities

Participants noted the kind of support they received from college authorities. Support was discussed in terms of material and moral support. The general view of participants in relation to support was that college authorities were supportive. Many felt they had the full backing of college principals anytime they needed it. Some tutors (Justy, Ayaapa, Darling) reported they received support from college authorities especially principals, who promptly provided whatever they requested to facilitate their teaching of WoH. For instance, Ayaapa reported how his principal intervened and supported him in his decision to teach a topic the students felt was inappropriate at the time. This is in contrast with the findings of William *et al.,* (2007) who evaluated the initial program. This change could be due to the implementation of the recommendations of William et al., (2007) which made WoH examinable and thus, principals now recognised it as an academic subject which trainees need to be supported to pass for their own benefit and for the image of the college. However, there were few concerns about some college authorities holding tutors responsible for some immoral infractions by trainees on college premises. For example, Ibra recalled an incident where the vice principal

held him responsible for used condoms that had been found within the college premises for the reason that he had distributed condoms to trainees. Some tutors (Kweku and Ibra) felt demoralised about such conduct and in the case of Ibra, he took the decision not to distribute condoms anymore. Such conduct is likely to affect the confidence and effectiveness of tutors and the impact of the module.

8:1:2:2 Challenges of WoH

The challenges noted by participants included TLRs, lack of CPD opportunities, limited time schedules on the timetable and a problematic mode of teacher recruitment at the organisational level.

Regarding TLRs, this study found that they were either in inadequate supply, obsolete, damaged or missing or not available at all. Darvas and Balwanz (2014) and Femsa (n.d) have reported the limited availability of TLRs in Ghanaian schools and have concluded that donor support is largely responsible for the few available TLRs in Ghanaian schools. In a recent systematic review of the challenges of CSE in low- and middle-income countries including Ghana, Kenya, Peru and Guatemala, Keogh *et al.* (2018) found that central government was not funding reproductive health programmes. Instead, such programmes were sustained by donor funding which unfortunately was focused on donor-selected targets; leaving local officials limited in redirecting funding to local priorities. For instance, the Guatemalan government prioritized a conservative sex education programme that provided basic information about concepts such as menstruation, pregnancy and STIs whilst UNFPA, the main funder for reproductive health prioritised the rights-based approach to CSE. Similarly, Sidze *et al.* (2017) and Alldred *et al.* (2003) reported limited funding for TLRs in Kenya and England respectively with regard to sex education. The availability and appropriate use of TLRs have been noted to improve the effectiveness of the teaching and learning process, provide opportunities for students to interact with the resources which concretise abstract

ideas, manipulate materials to sustain interest and develop skills and bringing experts into the classroom to share their experiences (Czerniewicz *et al.*, 2000; Grossman and Thompson, 2008; Loewenberg-Ball and Cohen, 1996). Therefore, the inadequate supply of TLRs poses a challenge to the effective implementation of WoH, more so with teacher trainees who need to develop effective teaching practices from their tutors (participants). In CoE, resources are provided by Government, donors, parents and fundraising by stakeholders (DFID, n.d.). In the case of WoH, the first kit was provided by USAID, a donor (William *et al.*, 2007). DFID (n.d.), notes that resource acquisition is affected by insufficient funding, poor material selection and poor school leadership in relation to material retention and retrieval. The latter may have accounted for the missing TLRs reported by tutors who, among other things, attributed the missing TLRs to colleagues who previously used them. Although a general concern was expressed about the absence of modern video equipment such as projectors and computers, in one instance when these were available, the participant, Justy, reported her inability to use them. This will suggest a lack of training in the effective use of modern Information and Communication Technology devices that facilitate teaching and learning.

Participants highlighted a lack of CPD opportunities over the last four to five years. The literature available from Ghana suggests CPD is generally lacking across the teaching profession (Awusabo-Asare *et al.*, 2017; Essel *et al.*, 2009). Awusabo-Asare *et al.* (2017) cited a national level policymaker to illustrate official acknowledgement of non-sustainable funding for CPD for sex educators: "We do in-service training for those who are teaching. But this [occurs] in bits and pieces. It is done when funds are available..." (p.34). Although CPD is acknowledged as important in ensuring the sustained quality teaching of WoH (William *et al.,* 2007), no sustainable plan was put in place to guarantee CPD for WoH participants. In addition, the absence of a mandatory requirement for CPD (as practised in many jurisdictions such as Singapore; Sweden; and China; see Kempton, 2013) within the

Ghanaian education sector has contributed to participants viewing CPD as the responsibility of the employer and their partners.

Participants reported that the time allocated to the teaching of WoH was inadequate to cover the content as well as attend to the needs of trainees. The original version of WoH was designed to cover 65- hour-long sessions though the colleges allocated only 30 hours for it on their timetables (See Section 5:1:3 Duration/Time). Although subsequent revisions have reduced the content, recommended activities such as Video shows, Roleplays, Games etc remain a part of the module and these can hardly be covered within the current one hour a week schedule for a 16-week semester as practised in CoE. In addition, the revision of the content came with the requirement to prepare trainees for a nationally organised end of semester examination. Consequently, this had an influence on the teaching methods adopted, as participants opted for interactive approaches such as jigsaw, that enabled the coverage of more content within a short time to the neglect of activities that encouraged the learning and practice of skills, attitudes and values such as; video shows, role-plays and games because these require more planning and implementation time (See Section 6:1:4:1 Interactive Pedagogies and Section 8:1:1:3 Pedagogies, Professionalism and Conducive Environments). Awusabo-Asare *et al.*, (2017) similarly noted a typical lesson for any of the subjects in which sex education was integrated into Ghanaian secondary schools lasted for an average of 30-35 minutes and this limited the amount of sex education that could be taught within the three-year Senior High School programme. In contrast, WoH is standalone and has a credit weighting of one hour a week. Although there is no fixed duration for effective sex education programs, it is generally reported that programs that last just a few hours are unlikely to cover much-needed content in a comprehensive way, appeal to young people or increase the likelihood of beneficiaries learning and practising the skills and attitudes the programs intend changing (Pound *et al.,* 2017; Kirby *et al.,* 2007b). Others (Fisher and Fisher, 1998; McKay

and Bissell, 2010; Jewkes, *et al.,* 2010) in both high- and low-income countries have reported that effective programmes provide sufficient time in the classroom to achieve program objectives. A 16-hour duration, part of which is used for preparation towards examination in the form of quizzes and revision tutorials, is unlikely to provide sufficient time for activities that can enhance or support behaviour modification which requires repeated activities, skill practice and opportunities to engage in discussions about the challenges of beneficiaries.

The mode of teacher recruitment with respect to WoH within the CoE was identified by participants as a potential challenge. Many tutors were recruited to teach subjects other than WoH and were then assigned WoH as a second subject. The data from this study identified varied backgrounds of unrelated professional training for all tutors. In addition, WoH was regarded as an additional teaching responsibility by 16 out of the 18 participants. Therefore, participants prioritised their primary teaching subjects over WoH. Scott and Thomson (1992) and Kiragu (2007) have reported teachers and school authorities prioritizing other 'academic' subjects such as mathematics and science over sex education in England and Kenya respectively.

8:1:3 Policy Level Experiences

Tutors recounted the effect of a change in the module assessment on teaching and learning. From the analysis of WoH documents, the module development process showed a lack of broad consultations and no clear behaviour modification theory.

8:1:3:1 Change in Module Assessment

Participants reported that the mode of assessment for WoH (external examination at the end of the course) encouraged both they and the trainees to focus on preparing trainees to pass the examination. Similarly, many studies have reported the influence of examination on the attitudes, conduct and behaviour of both teachers and students towards a subject or course (Alderson and Wall, 1993; Biggs, 1998; Crooks, 1998; Elton and Laurillard, 1979; Havnes

2004; Posner, 2004; Shepard, 2000; Yaratan and Firat, 2013). These studies found that teachers and students often focus on areas most likely to be examined to the neglect of other areas of the subject. It should be noted that examinations were introduced after a review of the first three years of WoH, which found that although teaching was going on in most colleges, the programme lacked support from college managers as it was not considered an academic requirement for trainees (see Section 1:2). Teaching to enable students to pass an examination and to also modify behaviour are not necessarily antithetical (see section 2:6). Nonetheless, tutors expressed their concern about the influence of examination with respect to behaviour modification, which is the objective of the module, although a few participants (Prof, Kweku, Esi) recognised that without examination, trainees and even tutors were not likely to attach any seriousness to the module. There is an increasing concern across low – middle - and high-income countries about the capacity of examinations to assess values and skills which is the main objective of sex education programs (see Cheetham, 2015; Keogh *et al.*, 2018; Meier, 2012; UNESCO, 2010; UNICEF, 2012). Practitioners are therefore beginning to explore assessment methods that place emphasis on students' views, beliefs, attitudes and values towards sexuality topics (see Section 2:6).

8:1:3:2 Broad Consultations?

Although many stakeholders were involved in the module development, some very significant groups were not involved. These included religious leaders, traditional leaders (Chiefs and Queen mothers), LGBT groups and the media. These constituents are important social units and make significant contributions to the socialisation of their members. Christianity, Islam and African Traditional Religion are rooted in every aspect of the Ghanaian's life and culture (White, 2015), therefore, the absence of these socially influential groups that have well-defined positions on sex and sexuality raises concerns about broad consensus especially as sex education has a reputation for raising tensions in many

communities. Recently, members of the media, religious groups, civil society organizations, traditional leaders, politicians, influential individuals, as well as the public in Ghana overwhelmingly disapproved the attempts by UNFPA and Ghana Education Service to introduce CSE in Ghanaian schools (See Ngula, 2019). This subsequently led to the intervention of government to shelve those plans until broad consultations are done. Apart from broad consultations, the need to provide content materials that cater to the positions of these diverse groups cannot be overemphasised. For example, if the LGBT group had been involved in the development process of WoH, concerns about homophobia and how to handle sexual diversity by tutors would have been addressed. The absence of LGBT representatives from the development process stems from the non-recognition of such groups in Ghana. The Pew Research Centre (2014), in their Global View of Morality research, which gives participants the opportunity to rate if an issue is morally acceptable, unacceptable or not a moral issue, noted that 98% of Ghanaian respondents rated homosexuality as unacceptable. In a study that sampled radio, news agency, and print news reports and editorials, Tettey (2016) reported that homosexuality is "amplified largely by media reports that paint a picture of moral turpitude and a creeping menace that is corrupting the youth and undermining the heteronormative foundations of society" (p. 91). The 3rd Cycle Universal Periodic Review, Ghana [UPR, Ghana] (2017) reported abuse and violence against people caught engaging in homosexual acts or even suspected of being homosexuals as well as increased dismissals of students on suspicion that they are homosexuals.

The non-involvement of the media is also of concern as it is influential in the delivery of sex education (Bola *et al.,* 2017; Oosterhoff *et al.*, 2017) as well as its potential to expose young persons to digitally mediated sexual and gender violence, sexually inappropriate materials and pornography. The absence of the media was a missed opportunity to engage with them as partners who could complement the classroom activities with the content they

publish and broadcast. In the most recent attempts by UNFPA and GES to introduce CSE, there were reports of the media being engaged to provide informed education for young people and the general public (UNFPA, Ghana, 2018) although the media largely led or provided platforms for the disapproval of the CSE program.

Whilst broad consultations may get all stakeholders committed to the process, there is the need to strive for broad consensus. Therefore, the extent and nature of consultation are important. For instance, teacher trainees were represented in the development process; however, the extent and nature of their involvement cannot be said to be comprehensive as their representatives were handpicked and did not have any consultations with their peers (William *et al.,* 2007). As noted by Kirby (2009; cited in UNESCO, 2009, p.9), "young persons can identify some of their concerns and commonly held beliefs about sexuality and suggest activities that address such concerns, help make role-play scenarios more realistic, and suggest refinements in all activities during pilot-testing." The handpicked trainees did not have the opportunity to consult their colleagues and therefore were unlikely to have presented views that were representative. The same can be said about the extent of involvement of the other groups such as GES and GHS as tensions have been reported between Ghana Education Service (GES) and Ghana Health Service (GHS) with the former expecting the latter to provide only counselling services and the latter insisting on providing direct services such as supply of condoms to Senior High School students (Awusabo-Asare *et al.*, 2017). That the Ghanaian media led the recent disapproval of the CSE program (See Ngula, 2019) after they had been involved in training offered by UNFPA during the program development phase amplifies the difference between broad consultations and reaching broad consensus.

8:1:3:3 No Clear Behaviour Modification Theory Guiding WoH

From the analysis of WoH documents, I concluded that the WoH was not guided by a clear theory of behaviour modification. Instead, many activities in the module handbook were

aimed at highlighting the effects of pre-marital or multiple sexual relations and HIV/ AIDS as a way of putting fear into trainees. As such, statistics from countries that had high prevalence rates of STIs, HIV/AIDS were heavily relied on to the neglect of reporting the situation in Ghana which has relatively low prevalence rates. This was collaborated by one tutor who recounted experiences where a student got so scared about sex after watching some of the recommended videos in the WoH module. Not surprisingly, some tutors (Kweku, Kofi, Darling) noted that the content of WoH focused too much on the negatives of sex and sexuality and neglected the positives. The promotion of fear is common to many sex and sexuality education programs, especially in Sub-Saharan Africa. A recent review of sex education curriculums in 10 countries (Botswana, Lesotho, Kenya, Malawi, Namibia, South Africa, Swaziland, Uganda, Zambia, and Zimbabwe) by UNESCO/UNFPA (2012) supports this conclusion. The fear approach has proven not to support young people to understand risks associated with pre- and multiple or intergenerational sex and similarly does not help in developing young people's sexual decision-making skills (Kirby *et al.,* 2007a; Sani *et al.,* 2016; UNESCO, 2009; UNESCO/UNFPA, 2012). If trainees are trained with this approach, they are likely to implement the same in basic schools when they begin their practice. This approach is therefore inimical to the success of not just WoH but sex and sexuality education in Ghana. Yet, the module has activities such as negotiation skills, role play, condom use skills, games and video media linked to the social cognitive theory that could support behaviour change. Although interventions based on social cognitive theory have been reported to be effective (Kirby *et al*, 1994; Kalichman *et al.,* 1996), the fidelity of implementation of these activities is uncertain as tutors could very well choose the fear-driven activities given that their training did not include behaviour modification theories and the appropriate activities that could lead to the attainment of the desirable change. All participants lamented the module's lack of focus on changing behaviour. This conclusion

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revealed two things about WoH. First a lack of clarity in terms of focus. The objectives set out are aimed towards behaviour change and indeed there are suggested activities and content that should realise these objectives if implemented faithfully, but they are mixed with activities that promote fear and are easier to implement in the classroom or are consistent with the sexual socialisation norms in Ghana and are therefore easily relied on by tutors. Second, it revealed tutors lack of knowledge of behaviour change models and the activities that can lead to realising those changes promoted by the model.

Many reviews of sex and sexuality education programs from across the globe have identified that clearly defined theory-based sex education programs are effective in comparison to those that do not identify specific theories as to their guiding principles (Kirby *et al.,* 2007a; Sani *et al.,* 2016; UNESCO, 2009). Being a teacher training model, the content should not only have been hinged on a defined theory, but address behaviour modification theories as a topic to prepare trainees to be able to identify and choose appropriate activities in relation to the modification they want their sex education lessons to address.

8:2 How were these Experiences Shaped by their own Sexual Socialization and Teacher Training?

Tutors sexual socialisation and their training were explored at the Interpersonal and Organisational levels. This was done to explore how tutors' socialisation in these environments and their teacher training influenced their practice as WoH tutors. This section presents the view that the norms that characterised tutors socialisation and training influenced some of their experiences of teaching WoH**.**

8:2:1 Interpersonal Level Influences

The findings related to tutors socialisation experiences with their parents and peers are presented first and related to literature. I then draw the link between these experiences and tutors current conceptions and practices in the WoH classrooms.

8:2:1:1 Socialization by Parents

In relation to parents, participants, irrespective of their ethnic origins, gender or religion, described sex and sexuality as a taboo subject between them and their parents who created stringent conditions that stifled discussion about sex and sexuality. Many participants also attributed parents not discussing sex and sexuality issues with them to the fact that these were considered 'Godly issues' which were therefore not open to discussion with young people. These findings both support and expand on others conducted in Ghana (Asampong *et al.*, 2013; Nyarko *et al.*, 2014), which also reported that Ghanaian youth cannot freely discuss issues of sexuality with their parents for fear of being labelled as disrespectful and disobedient, to also include fears of a spiritual nature. Participants also recognized that there were repercussions, both of a physical and a spiritual nature if the taboo was disregarded. Therefore, it was only in rare circumstances that discussions took place between participants and their parents. These rare interactions, occurring at the instance of parents, were threats and cautions meant to instil fear and portray sex as a harmful activity to participants. These findings support those of Manu *et al.* (2015) conducted in the Brong Ahafo region of Ghana, which concluded that parents only engaged their wards in sex and sexuality topics to communicate prevention messages such as abstinence and highlight the consequences of premarital sex and substance use.

In rare occasions where participants had interactions related to sex and sexuality, the parent involved was the mother. Van der Geugten *et al.* (2017) found that among the Frafras of Bolgatanga in the Upper East region of Ghana, mothers offered sexual socialisation to female children while fathers did same for male children, males in this current study had interactions with their mothers and not fathers. Fathers were reported to be strict and this acted as a deterrent to any discussions, especially the subject of sex and sexuality. Awusabo-Asare *et al.* (2004) have previously reported that sexual socialisation in Ghana has been

gender influenced, because they share separate spaces, even within the same compound. The current findings, although limited, challenges the notion of separate spaces and a gendered socialisation but contributes to the literature that is reporting changes in the traditional arrangements of socialisation due to modernization, urbanization, migration and formal education in Ghana (Awusabo-Asare et al., 2004; Mensch et al., 1999).

8:2:1:2 Peer Socialization

In the absence of familial sex education, participants reported that peers made up for the void. However, peer-based educational experiences are not necessarily adequate substitutes, as participants also described the content of their peer interactions as 'silly', 'misleading' and in 'bits and pieces' and many initiated sex in response to peer pressure or influence. Peer groups have been noted as a major socialisation agent for young people; especially on issues of sex and sexuality (De Guzman, 2007; Kaiser Family Foundation, 2000; National Association of Social Workers, 2001). Participants' characterisations of the content of their peer interactions as 'silly' and 'misleading' supports the findings of Asampong *et al.* (2013), who studied adolescents' and parents' perceptions of the best time for sex and sexual communication, in two communities located in the Eastern and Volta regions of Ghana and found that respondents who reported getting sexuality information from their peers were often misinformed. Similarly, a study in Cape Town, South Africa by Selikow *et al.* (2009) exploring peer pressure and sexual risk behaviour among adolescents found that adolescents reported being misled by their peers not to use condoms and providing them with the information they could not trust. Another study by Miller *et al.* (1997) found that young people in the United States who relied on getting sexual information from their peers were more likely to engage in early dating and early sexual activity. Although there is the possibility for peers to influence each other positively, these interactions further emphasise the importance of familial primary socialisation. Connolly *et al.* (2000) reported that

adolescents who expressed satisfaction with the relationship between them and their parents were 2.7 times less likely to engage in sex than teens who were less satisfied with their relationship with their parents.

8:2:1:3 The Influence of Parent and Peer Socialisation of Tutors on their Current Practice

From the above discussions about tutors familial and peer socialisation, and their conceptions of key sexuality concepts, a few inferences can be made. First, sex and sexuality socialisation within the family was characterised by norms of heteronormativity, abstinence before marriage, gender dualism and a lack of opportunities to learn about sex and sexuality. Second, participants conceptions sometimes exposed a conflict between their identities as sex educators and their personal identities. Parents were reported to rely on threats and cautions, especially if unpleasant events such as teen pregnancies occurred to reiterate their positions on abstinence before marriage. This approach appears to influence the practice of many participants who equally used the fear approach, supported and actively encouraged abstinence before marriage in their teaching. This was illustrated by tutors sharing negative experiences about sex and sexuality to discourage trainees from engaging in it just like their parents used such incidents to discourage them. To illustrate the conflict in identities, a few tutors who reported not emphasising on abstinence still recognised it as ideal behaviour. Although their familial socialisation approach was not deterrent enough, as all of them had pre-marital sex, they persisted with the same approach. Beyers (2013) reported similar linkages when she explored the socialisation experiences of 125 Life Orientation teachers in South Africa using a participatory research approach. Other researchers in Sothern Africa (Francis, 2010; Motalingoane-Khau, 2010) and Allen (2005) in New Zealand have reported similar findings.

In terms of gender, participants were reported to hold the conception that gender is a

dualism. These were illustrated by the ways in which tutors dealt with gender in their classrooms (see Section 8:1:1:2). As with the fear and abstinence before marriage approach, this conception could also be linked to tutors socialisation where parents made distinctions between boys and girls and where parents were more protective of their daughters. To illustrate this, Ama recounted an experience where parents sent their adolescent daughter away because they lived in a shared house with other families that had boys and these parents were concerned that the boys will have sex with their daughter. Female participants reiterated this by emphasising to female trainees that it was alright for boys to have as many sex partners as possible but not girls as that constituted sullying their womanhood. So, one sees here a conflict between their new identity as sex educators and their socialisation which recognises the female as vulnerable and ones who has to see pre-marital sex as a defilement of their womanhood. These participants are thus, found in the conflict between what they should teach and what they believe in. Such conflicts have been reported by other studies (Alldred *et al.*, 2003; Milton, 2003; Motalingoane-Khau, 2010) especially in Sub-Saharan Africa

Participants did not make any reference to discussions about sexual orientation as part of their socialisation. However, their reactions towards the question about their sexual orientation exposed their attitude towards it and subsequently how they addressed it in the classroom. They made many references to the Ghanaian society and their religious abhorrence it. Consequently, they did not consider sexual diversity in the planning and teaching of WoH. Teachers have been noted to perpetuate societal norms in their teaching of sexuality education (Bhana *et al*., 2008; 2010; Ngabaza, 2011; Nkani and Bhana, 2010; Shefer *et al*., 2013).

Whilst parental socialisation experiences have largely endured and tutors have emphasised similar conduct that was required of them, their peer socialisation experiences have served

more as lessons learnt. Almost all participants described their peer socialisation as negative and tended to use these negative experiences to discourage trainees from yielding to their peers who often only provided information that was inaccurate and could lead to many problems.   Tutors recognised the influence of peers and some (Kweku, Kofi and KD) advocated for some involvement of trained peer educators in the delivery of WoH lessons. The influence of peers have been harnessed and utilized to effect by many sex education programmes in high- (Kelly *et al.*, 1991; O'Hara *et al.*, 1996; Stephenson et al., 2004; Slap *et al.*, 1991) low and middle-income countries including Ghana (Brieger *et al.* 2001; James-Troare *et al.* 2002; Plummer *et al.,* 2007)

8:2:2 Community/Institutional and Policy Level Influences

This section discusses the influence of participants School-based sex education and teacher training experiences, and the influence of religious institutions. For each of these community/institutional level organisations, the kind of policy-level decisions and their influence are discussed together because Ghana has a highly centralised system and very often institutional level governance is dictated by national policies.

8:2:2:1 Influence of School-based Sex Education and Teacher Training

In spite of sex education frequently featuring in key educational policies in Ghana, the mixed reports of participants either experiencing or not experiencing sex education during their schooling reflects clearly the frequent policy changes, as well as gaps in the monitoring of the implementation of national policies, at the school level in Ghana. Participants who experienced school-based sex education did so because their Junior High school education was at a time Life Skills was a core and examinable subject or they studied Biology; which was also examinable. Contrary to the finding that those who went through the Junior High School system after the 1987 education reform experienced school-based sex education, earlier studies (Abakah, 2015; Awusabo-Asare *et al.*, 2017; Krugu *et al*., 2016; Reality Check

Approach, 2015) conducted in Ghana have reported that sex education tutors did not receive school-based sex education. Perhaps this difference can be accounted for by differences in demographics or the sampling criteria, which may have eliminated beneficiaries of the 1987 reforms. It must be noted, however, that these studies and the current study all asked about participants' retrospective experiences, and so recall bias coupled with participants' current views of sex education will have contributed to these responses. Nonetheless, findings from this study's participants raise questions about the approach to policy formulation, implementation and review relative to sex education. They also raise questions about supervision by national agencies such as GES and school headteachers in relation to sex and sexuality education. Consequently, many of the participants reported not having any school-based sex education.

The findings highlighted the absence of pre-service teacher training for current WoH tutors. All tutors were trained to teach subjects such as Chemistry, Agronomy, Horticulture, Religion, Political Science and Physical Education but not Sex Education. Although a couple of teachers specialising in Religious Studies and Physical Education reported they had some form of sexuality education during their training, they emphasised the limitations of this training which formed just a minimal part of their course work. Similar findings have been reported by Awusabo-Asare *et al.* (2017) in their study involving secondary school teachers. These findings are also similar to reports from studies conducted in high-income countries such as Canada, United States, Australia, Europe, Asia and from developing countries (Cohen *et al.*, 2004; Rasberry *et al.*, 2007; Eisenberg *et al.*, 2010; Duffy *et al.*, 2013; Goldman, 2010; BZgA and IPPF EN, 2018 and Boonstra, 2011 respectively) where teachers have typically lamented the absence or inadequate nature of teacher training for sex education. In the absence of or inadequate pre-service teacher training, the tutors engaged in teaching WoH were given a series of in-service training at the inception of the programme which they

described as comprehensive and helpful. The description of the in-service training as comprehensive and helpful is contrary to findings reported by UNESCO (2015) that cast doubt about the potential of short-term training activities to positively influence teacher competence and confidence. Perhaps the fact that participants reported that this prior in-service training was organised in series with clearly defined goals to equip them with both content and teaching skills could have accounted for the attributions they made to it. The content of the in-service training included the content of WoH and participatory methods of teaching. The influence of this training is illustrated by tutors choice of pedagogies. The findings show a preference for participatory methods with the jigsaw Puzzle emerging as a favourite. This finding is contrary to studies (Adu-Yeboah *et al.*, 2014; Akyeampong, 2003; Akyeampong and Lewin, 2002; Lewin and Stuart, 2003) that have reported that Ghanaian college tutors resort to didactic methods of teaching. The targeted training in participatory methods and its reinforcement in subsequent CPD training over the immediate years following the initiation of WoH could have accounted for this difference. The influence of this in-service training is also illustrated by tutors choice of participatory techniques in the face of a lack of time created by the revision of the module content, its assessment model, and the reduced time allotted to it on the college timetable. Such a situation would make didactic options an easy choice in the quest to cover more content material in the classroom. It was also found that the comprehensive training was not sustained over the years and participants who joined the programme years after its inception complained about the inadequate nature or lack of in-service training prior to assuming the role. The lack of continuation of the rigorous initial in-service training is exacerbated by participants' reports of the absence of CPD over the last five-plus years. Although some tutors have taken the initiative to upgrade their knowledge and practice by acquiring further education in Guidance and Counselling and reading from journals, magazines and online resources, the latter was

hardly considered as CPD by the participants, despite Day (1999) identifying such actions as part of CPD as they contribute to the knowledge and skills of the teacher and by extension quality delivery in the classroom. The non-recognition of those actions as CPD underscores the belief of participants that CPD is only provided by the employer or partners of the employer. In all the responses offered by the participants, they kept referring to a third party as the one responsible for offering them the opportunities for CPD. Available literature from Ghana suggests CPD is generally lacking across the teaching profession (Awusabo-Asare *et al.*, 2017; Essel *et al.*, 2009) and this was noted by the participants in this study. The absence of CPD for such prolonged periods has the potential to affect the sustenance of quality teaching of sex education lessons; especially as sexuality is a rather dynamic concept.

Despite many participants professing that their initial in-service training was comprehensive, they reported personal anxieties about having to discuss sex and sexuality issues openly with trainees. This exposed the deficiencies of the content of their initial in-service training. Teachers' personal anxieties towards discussing sex and sexuality issues in the classroom has been reported by many studies (Aggleton and Campbell, 2000; Awusabo-Asare *et al.*, 2017; Francis, 2010; Helleve *et al.*, 2009; Mkumbo, 2012; Oshi and Nakalema, 2005; Pokharel *et al.*, 2006; Smith and Harrison, 2013) conducted in both high- middle- and low-income countries. Although participants claimed to have had comprehensive training, this training consisted of the content and teaching skills required to teach WoH, which was not enough to offset the personal anxieties towards discussing sex and sexuality openly. Although previous studies (Herbert *et al.*, 2014; Herr, *et al.*, 2012) in the United States have linked these personal anxieties to a lack of competence and confidence in teachers' capacity to deliver sex and sexuality lessons, this study proves that teachers may have the content and pedagogical training but still have anxieties that relate to their personal values and attitudes.

With the exception of two participants who were appointed to teach WoH, all other

participants were selected by college principals. In almost all instances these participants saw the WoH as extra teaching commitment which was subordinate to their main teaching subjects when making decisions about accessing CPD or devoting time to activities. A situational analysis of CSE in Eastern and Southern African countries by UNESCO (2015) similarly reported teachers not prioritising CSE. Similar findings have been noted by Maticka-Tyndale *et al. (*2010) and World Bank (2003) in Kenya and Tanzania respectively. The mode of tutor recruitment adopted by college principals and the notions of some participants concerning training and development created the impression that no specialised training was required to be able to teach sex education. Thus, the results showed teachers from all possible academic backgrounds imaginable, including agronomy and chemistry being engaged to teach WoH. Ghana's education system needs to make conscious attempts to create and prioritize the training of specialised sex education teachers and recruitment will have to deliberately target such trained individuals; especially in CoE.

8:2:2:2 Influence of Religion

Within religious organisations (Islam and Christian), participants claimed to have experienced an abstinence-only sex education delivered in the form of issuing prohibitions; despite the opportunities for delivering constructive sex education messages. Nevertheless, all participants had engaged in pre-marital sex against the teachings of their religion. The participants in this study also identified avenues that the influential leadership in religious organisations could utilise, such as youth groups. The influence of religion and religious leadership in the sexual socialisation of Ghanaians has been reported in several studies (Anarfi and Owusu 2010; Osafo *et al.*, 2013; White, 2015). For example, Anarfi and Owusu (2010) engaged participants from all three ecological zones and all three main religions in Ghana and reported that all professed that to engage in sex outside marriage was prohibitive and sinful regardless of their religious beliefs. One participant, Ayaapa, reported the initiation

of sex education by Ahmadi missionaries in his local mosque although their teachings were based on Islamic beliefs rather than conventional sex education.

Religious beliefs about sexuality have been shown to influence the delivery of WoH. Some tutors (Ama, Fele, Justy, Ayaapa, Kofi, Moko) referred to their religious beliefs as guiding principles in their discussions about concepts such as pre-marital sex, homosexuality and others. For example, Ama noted how 'they' (She and the class) referred to the 'good old book' (Bible) in their discussions. Tutors also narrated experiences where students either stormed out of class or protested about the inappropriateness of the content being taught due to their religious beliefs.

Whilst some showed a tolerance for other religious beliefs, others openly condemned the beliefs of other religious denominations. For instance, Prof, catholic, re-scheduled lessons that were deemed inappropriate by Islamic trainees during Ramadan and Kofi was conscious about religious differences in his planning although there were times, he could not help it. On the other hand, Justy confessed to condemning catholic students who had refused to take condoms from her during a condom distribution session. Incidents like the latter are likely to negatively impact the conduct of trainees in sex education lessons and do not set good examples of how to deal with religious beliefs and diversity in their future practice. However, it illustrates the influence of religion on the practice of some WoH tutors and calls for remedial interventions.

8:3 How Should Teacher Training for Sex Education be Revised in the Light of these Findings?

This section proposes interventions to improve teacher training for sex education in Ghana based on the findings of this study. Some of the proposed interventions are suggested by participants whilst others are based on the analysed data including the analysis of WoH

documents. The proposed intervention s are discussed under intra- and inter-personal, institutional and policy level interventions.

8:3:1 Intervention to address Intra-personal level Experiences

Although this section discusses interventions to address the intra-personal level experiences of participants, it should be noted that most of these interventions are subject to policy changes and determination. This is in part due to the centralised nature of Ghana's education system and the fact that the education system should be responsible for ensuring that teachers come to the classroom with the appropriate attitudes, beliefs and behaviours that enhance their work and contribute to the achievement of curriculum goals.

The findings of this study revealed the influence of the participants' socialisation experiences, religious beliefs and attitudes towards sexuality concepts such as pre-marital sex, sexual diversity and safe sex practices and towards young peoples sexuality. The findings have also highlighted how these attitudes and beliefs have influenced participants' practices as WoH tutors.

From the analysis of WoH documents, it was found that the training given to participants was composed of the content of WoH and interactive/participatory techniques of teaching (see Section 5:1:4). Participants' reports of their training and preparation towards the teaching of WoH corroborate the content of training that was received (see Section 6:1:2:2). The WoH module also addresses only the content and participatory teaching techniques which is taught to trainees (See Figure 8.1). No training was provided on personal sex and sexuality experiences, beliefs and attitudes which some participants actually shared in the classroom in the process of their teaching. Similarly, training did not explore classroom management and experiences. Some of the actions of participants, such as, how they addressed concepts such as homosexuality or pre-marital sex and moderated the power dynamics in the classroom (see Section 6:1:4:4), highlight the need for focused training on

personal attitudes and beliefs, professionalism, diversities and how to moderate power dynamics in the classroom to ensure a safe and secure environment for teaching sex and sexuality education.
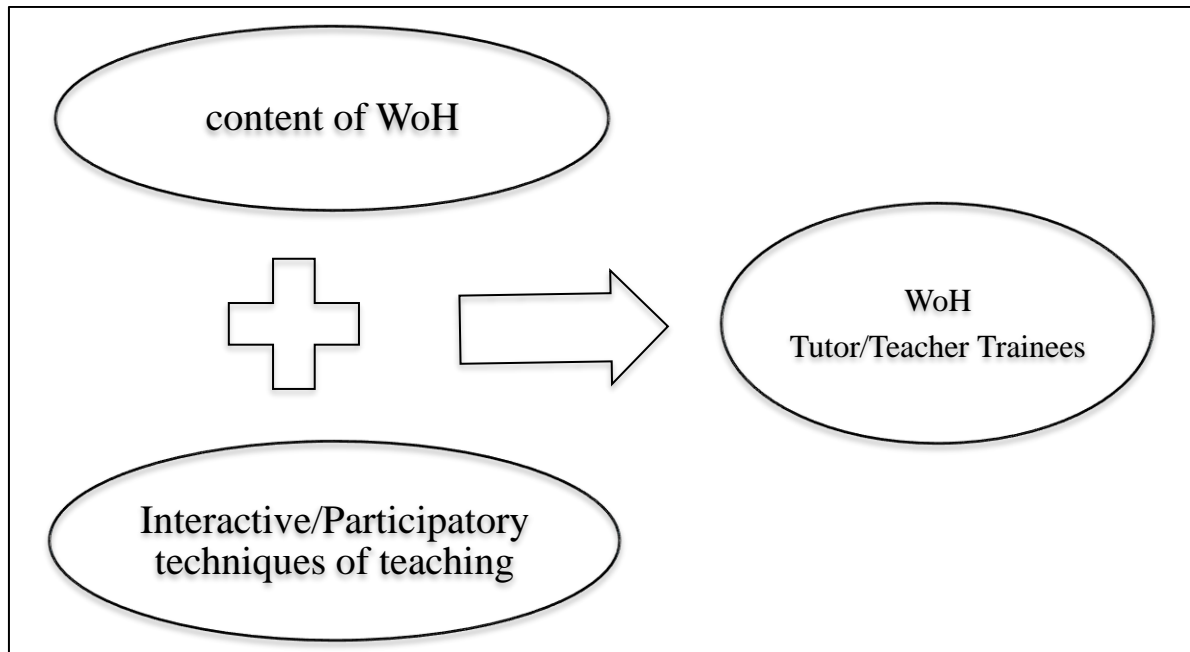
Figure 8.1 Current Model of Teacher Training for Sex Education

Birch *et al.* (2001) in a study about the content of training for professional Health Educators (who mainly teach sex education) in the United States found that teachers viewed skills for maintaining a positive classroom atmosphere and garnering support from community, administrators and parents as important as knowledge about content and instructional techniques. Training needs to be offered in regard to attitudes and beliefs, professionalism and creating a safe and secure environment, to ensure that high-quality teaching is sustained and to offer new entrants the opportunity to learn. Therefore, I propose the CPD framework shown in Figure 8.2 below for adaption by MoE, TED, GES, NCTE and IoE, UCC, to act as a model for the development of the content of CPD for college sex educators and a new model for ITT (see Figure 8.3) which incorporates the current influences of WoH tutors.

The Personal Attitudes and Beliefs (PAB), Tutor's Classroom Experiences and Pedagogies

Figure 8:2 Proposed CPD Framework for Training WoH Tutors and ITT

WoH

Incorporate into ITT

PAB
- No pre-marital sex
- Sex is harmful to young people
- Gender dualism
- Sex is heterosexual
- Homophobia

CPD
- Explore personal sexualities
- Prevalent sexual norms
- Conventional sexual norms
- Concepts of gender and sexuality
- Sex education pedagogies
- Teacher professionalism
- Creating conducive environments and managing power relationships
- Model objectives and content
- Assessment practices that emphasize behaviour modification

TCEP
- Pedagogies
- Teacher professionalism (personal qualities and interpersonal relations)
- Creating a conducive environment
- Managing power relationships

MOCA
- module objectives
- expected outcomes
- module content
- appropriate pedagogies
- assessment practices

LEGEND
PAB - Personal Attitudes and Beliefs
TCEP-Tutor's Classrom Experiences and Pedagogies
CPD - Continuous Professional Development
MOCA- Module Objectives, Content and Assessment practices

(TCEP) and Module Objectives, Content and Assessment practices (MOCA) in Figure 8.2 are based on findings specific to this study. However, it is envisaged that the content under each the category might well vary to ensure that CPD programs are not arbitrarily constituted. This proposed model is focused on the influences of the sex educator's personal and classroom experiences, their attitudes and beliefs towards the content of WoH and how they deliver it. It widens the scope of the current WoH CPD model and creates opportunities for incorporating the real issues and challenges confronting WoH into the training of tutors and trainees by identifying real classroom experiences, reinforcing healthy practices and finding alternatives to the unhealthy ones. The model also encourages developers of CPD programs to go beyond theory to research-based program development to identify the components of the outlined categories. I envisage that this proposed model can be used for the development of the content of modules targeting behaviour modification and CPD training content for educators delivering such programs.

Overall, I propose that the current influences be used to revise the existing sex education teacher training model (8.1) by incorporating PAB, TCEP and revising the content to reflect the components of MOCA. In respect of MOCA, I have proposed the revision of the current content to reflect CSE guidelines proposed by ITGSE.
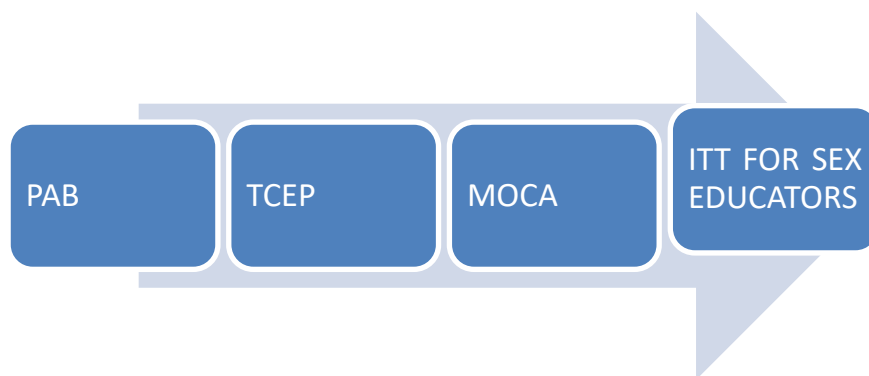

FIGURE 8.3 Proposed Initial Teacher Training Model

To address PAB, training opportunities that address tutors personal attitudes towards key concepts such as sexual orientation, pre-marital sex, safe sex practices and Ghanaian norms

about sex and sexuality are necessary to ensure that tutors enter the classroom with the appropriate attitudes and importantly the appropriate skills. This proposed intervention can be achieved by providing opportunities to discuss these concepts and how they affect tutors teaching and to collectively craft interventions that can be used in the classroom. Using a similar approach, Thammaraksa et al., (2014) in a quasi-experimental study in Thailand involving secondary school teachers in Bangkok provided intervention training which addressed tutors attitudes towards sex education lasting six (6) weeks. Participants in the intervention group were put into small groups (7-8) and provided with case studies about students sexual behaviours to read and discuss and to propose ways of addressing such cases in the classroom. Findings from each group were then discussed in a plenary session and subjected to scrutiny by all. With no significant difference at baseline, a comparison of the post-test scores of both the intervention and comparison groups (t=14.9 and 13.6 at p<.001 respectively) showed that the attitudes of the intervention group towards sex education and their self-efficacy were significantly higher.

Although this study has reported tutors' use of interactive pedagogies, their ability to create safe environments, build and maintain good interpersonal relationships with trainees, it is proposed that to address TCEP, further training covering these areas be provided to sustain these good practices and ensure that tutors who are subsequently appointed to teach WoH are also adequately equipped with these skills.

8:3:2 Interventions to address Inter-personal and Organisational Level Experiences

The discussions in Section 8:2 illustrated the influence of tutors socialisation experiences on their personal attitudes towards sex and sexuality and consequently its influence on their teaching. Participants reported parents only broaching sex and sexuality issues with them using threats and cautions and peers being their main but unreliable source of sex and sexuality education. Participants also reported that their religions used similar approaches to

that of their parents. Although school-based sex education was discussed as part of inter-personal level influences, the interventions in relation to it are discussed under policy level interventions due to the centralized nature of Ghanaian education. In view of these findings, I propose the following:

8:3:2:1 Target Parents

Participants suggested targeting parents with tailored programs for their own benefits and to prepare them to support the school in providing sex education to young people and or complementing and reinforcing what the school teaches. Kumi-Kyereme *et al.* (2007) made similar suggestions to improve sex and sexuality communication between parents and young people in the family and Baku *et al.* (2017) demonstrated the potential benefits of such actions in their study conducted in the Accra municipality of Ghana (see Section 8:3). Schools can take the lead in this intervention using PSA, SMC and School durbars to provide sex and sexuality education and how parents can initiate and sustain such discussions with their wards. Current trainees are taught about how to engage the Community in such discussions.

8:3:2:2 Involve Peers

The key role peers can play in sex and sexuality socialisation has been utilised in planned and regulated peer-led sex education in many jurisdictions, including Ghana (CSO, CBO engaged in sex education often use peer educators) (Brieger *et al.*, 2001; Forest *et al.*, 2002; James-Troare *et al.*, 2002; Stephenson *et al.*, 2004; 2008), and has been discussed in Section 2:3:2. It was also recommended by one participant as a way of encouraging trainees, especially females, to discuss their sex and sexuality challenges because of cultural norms that prevented them from comfortably participating in classroom discussions or talking with people older than them.

> "I wish we could encourage the concept of peer- educators so they can have their peers to go to for some education who will then report to us, so we can teach the grey areas."

(Kweku, 187-188)

The MEMA Kwa Vijana programme conducted in Tanzania innovatively coupled peer and teacher-led programs to maximize the benefits of both approaches. This model (see Section 2:3:2) could be used to harness the benefits of both approaches, therefore ensuring that trainees get accurate sexuality information from tutors while also benefitting from the freedom to learn from their peers.

8:3:2:3 Involve Religious Organisations

This study has highlighted the influence of religion on the sex and sexuality socialisation of the participants and its influence on their practice. The participants in this study also identified avenues such as youth groups that the influential leadership in religious organisations could utilise to teach sex and sexuality education. This influence of religion and religious leadership in the sexual socialisation of Ghanaians has been reported in some studies (Anarfi and Owusu 2010; Osafo *et al.*, 2013; White, 2015). Using this influence, the MoE should collaborate with the GHS, CBOs and CSOs and engage religious leaders about the content and methods of delivering messages about sex and sexuality to their members. Approaches described by Boonstra (2008) where many faith-based organisations in the United States of America have been supported by organisations such as Advocate for Youth and local Planned Parenthood Associations to develop and provide CSE programs to their members can be adopted. This approach offers the opportunity to tailor the content within the context of the religious beliefs and therefore reduce the possibility of conflict and this benefits not just young people but also parents.

8:3:2:4 College Level Interventions

Participants reported that they enjoyed the support of college Principals and other college authorities, although a few reported having some challenges with some authorities blaming them for some moral infractions committed by trainees. I propose that college sex educators

organise whole staff training sessions to spell out the nature of their work, the kind of services they render and the kind of support they require from college authorities and other members of staff.

Participants reported the obsolete nature of and inadequate TLRs and attributed the loss of some TLRs to other tutors who previously used them. College budgets are drawn and disbursed by only school heads and their management members who are also the spending officers. Involving subject leads in the budgeting process and allocating resources for every subject could contribute to subject leads procuring the resources required for teaching. To augment the resources provided by colleges, WoH tutors could appeal to agencies such as UNFPA, UNICEF, PPAG and other interest groups who work in the youth reproductive health sector for support. The lost TLRs highlight the lack of a robust inventory system that indicates when and who used a TLR and if they were returned or not. An inventory system places liability and for that matter a responsibility to take care of the resource and return it in good condition.

In relation to CPD, participants reported that they have not had any over the last four to five years and held the view that and the provision of CPD was the responsibility of the employer and its partners. It is proposed that the MoE, GES, TED and, at the local level, Colleges, develop clear policy guidelines that spell out the role of teachers in CPD acquisition. Local Colleges especially should develop policy guidelines that place an emphasis on tutors accessing and delivering CPD; either within the College or inter-Collegiately. This proposal is consistent with the coaching/mentoring model and the community of practice models of CPD where teachers support each other on the principle that professional learning can take place within the school context and learning can be enhanced by sharing in a dialogue with colleagues within a community of practice (Kennedy, 2005; Smyth, 1991; Wenger, 1998).

Participants reported the time allotted to WoH on the college timetable was limited and enumerated how that has affected their delivery of the module. I propose three solutions. First, although WoH is identified as a one-credit hour course, there is no requirement that the college should assign strictly one hour to it. College authorities can assign more than the one hour they currently do. Second, WoH is currently studied for two semesters out of the four semesters. The module can be spread over the four semesters. This will automatically guarantee more than 60 hours of teaching, close to the original plan of WoH. Third, HIV/AIDS clubs were part of the original implementation plan of WoH in colleges. Tutors, with the support of colleges, could re-organise these clubs and use the meetings to address sex and sexuality issues not addressed in the main curriculum.

Tutors' views on the impact of WoH revealed lapses in the design and implementation of the program. Three views emerged: that WoH was positively influencing trainees sexual attitudes and behaviour evidenced by trainees requesting condoms and a decrease in the number of trainees getting pregnant during their training; that WoH was not affecting trainees' sexual attitudes and behaviour as some trainees were getting pregnant, reporting sexually transmitted diseases and abusive relationships and that the design and implementation of WoH does not make for impact assessment. The third view however held that it was possible to point to some benefits such as trainees demanding condoms just as one could also point to trainees reporting unplanned pregnancies and conclude the desired effect of WoH is not being achieved. To put this finding in context, other studies (Kirby, 2011; Underhill *et al.*, 2007) have noted that school-based sex education programs only delivered modest gains in terms of safe sex practices; reduction in STI and unwanted pregnancies. Tutors' concerns about the lack of any follow-up to formally assess the impact of the module on the sexual attitudes and behaviour of their trainees, also betray a lack of confidence in their effectiveness as sex educators. It should be possible to do such assessments at the

college level using, for instance, the Pre- and Post-test model without waiting for a national level assessment.

8:3:3 Interventions to Address Policy Level Influences

This section discusses the need to revise the content of WoH, train and recruit specially trained teachers for sex education and the need to review the assessment model for WoH.

8:3:3:1 Revise the Content of WoH

As a sex education program designed to train pre-service teachers to assume the responsibility for teaching sex education in Basic Schools, the analysis of the content revealed that it is not comprehensive and does not meet the standards for sex education teacher preparation programs as outlined by the ITGSE.

Participants identified some deficiencies of the module and the need to revise it to cater to the needs of trainees and adequately prepare trainees to support themselves and the sex education of their pupils. The deficiencies identified and the topics suggested reflected the absences identified in the analysis (see Section 5:1). These notable absences included standards for professional disposition, diversity and equity, and legal and professional ethics. In the course of this project, there were ongoing efforts by the Ghanaian government through the National Population Council (NPC), GHS, GES and Development Partners led by UNFPA to develop a national guideline for CSE in Ghana to address the shortcomings of the current sex education modules taught in schools (UNFPA, 2017). Unfortunately, the unveiling of these guidelines in 2019 was met with public disapproval (See 8:1:3:2 Broad Consultations?). In view of this, any meaningful revision of WoH should involve trainees, tutors and the wider society; including religious organisations, the media, CBOs, CSOs, identifiable groups such as LGTBs and other state agencies such as GHS and Ministry of Health. Involvement of a wide group of stakeholders in the development and implementation of sex education has been noted in studies (DfEE, 2000; Kirby *et al.*, 2007a; Pound *et al.*,

2017). Whilst, Ghana has largely been immune to the acrimonious public and governance discourse about the appropriateness of providing sex education to young persons (See Keogh *et al.*, 2018), the outcry that greeted the proposed guidelines for CSE in 2019 accentuate the need to involve the wider society and specialised agencies to ensure not just a wider appeal and support but also harness the expertise of these groups as a way to maximise the effective delivery of sex education. Although Keogh *et al.* (2018) have reported the involvement of CBOs, CSOs, and Non-governmental Organisations in the SHEP-led school-based sex education programs, they identified the poor coordination of the activities of these stakeholders as a challenge. In such uncoordinated environments, conflict and incoherent efforts have reigned. For instance, Keogh *et al.* (2018) reported that whilst Parent-Teacher Associations (PTA) in Ghana were prepared to make funds available to schools for CSE activities, central government policies bar school authorities from taking money from PTAs. Similarly, Awusabo-Asare *et al.* (2017) reported conflict between GHS, which favours the provision of services such as condom distribution, and school heads who disapprove of such services. Therefore, though this recommendation is valuable, the roles of each stakeholder must be intelligently defined and coordinated to maximise the effect of their involvement. For instance, a participant (Prof, M,) suggested that WoH tutors focus on the knowledge objective of sex education and external partners, such as GHS, focus on the behaviour and attitude objectives. In addition, training has to be provided to these stakeholders to ensure that they conform to the defined guidelines while contributing their part in the delivery of sex education.

It was found that the current module is not guided by any clearly defined theory. Studies from high-income countries (Kirby *et al.,* 2007a; Sani *et al.,* 2016; UNESCO, 2009; Wight and Abraham, 2000) shows that programs clearly defined by a theory are more likely to succeed in comparison to those that do not identify with a specific theory. Therefore, any

revision should clearly identify theory and use that theory to identify the appropriate activities to achieve the objectives of the module. As well, trainees need to have a good understanding of behaviour modification theories and how they are applied in the selection of activities for teaching and learning. This is currently missing in the content of WoH.

Tied to the theory, is the approach. The analysis of the current module highlighted the fear arousal approach demonstrated in the module manual dwelling on statistics and the dangers of pre-marital sex (see Sections 5:1:4 and 6:1:1:2). Future revisions of the module needs to focus raising the knowledge of the beneficiaries and their capacity to make intelligent choices.

The efforts of the government to develop a framework for CSE will be well served if CoE are involved early enough and encouraged to initiate the training of teachers using a CSE module. These newly qualified trainees will then form the critical mass of teachers needed to implement a CSE program in basic schools. This recommendation should be easy to implement because a sex education module already exists with space on college timetables and there is a reasonably trained and passionate core group of tutors to teach it.

Some of the topics identified by tutors as trainees unmet needs are integrated into other courses studied by some trainees. For instance, the reproductive system of humans is part of FDC124, an integrated science module taken by some trainees (see IoE, UCC 2014). Therefore, participants' identification of these topics as trainees unmet needs, highlight the problem of integrating sex education topics into other curriculum subjects, especially if those subjects are not compulsory for all students. The relocation of the topics integrated into other subjects will ensure that all trainees benefit as WoH is compulsory for all and has a dedicated place on the college timetable and teachers who have received training to teach it.

Participants also suggested the synchronisation of WoH and the sex education modules in basic schools. Whilst WoH is a stand-alone module in CoE, sex education is integrated,

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infused and sometimes taught as a co-curricular subject in basic schools. Participants' concerns were that trainees are not being prepared to teach using the integrated or infusion approach. The stand-alone, integrated and co-curricular approaches have been discussed in Section 2:3:4 and will not be belaboured here except to highlight that the participants who benefitted from school-based sex education only did so because they went to JHS at a time that Life Skills was a stand-alone and compulsory subject. Participants favoured the stand-alone approach being implemented in basic schools as it has been effective in ensuring that sex education is taught in CoE.

8:3:3:2 Train and Recruit Specialist Sex Education Tutors

The study found that WoH tutors did not have pre-service training in sex education and came from varied backgrounds with respect to areas of specialisation. Tutors also offered counselling services although only two had formal training in counselling. This service was a source of stress for tutors as their colleagues labelled them as 'taking advantage of trainees' due to the close bonds they developed because of rendering this service.

The MoE, TED and NCTE should consider mounting specialised sex education programs (CSE) including guidance and counselling especially in sex and sexuality in the Universities that offer teacher training and encourage CoE and Schools to recruit the graduates of such programs to teach WoH. These tutors should be assigned to teach WoH and provided with the resources as well as the official capacity to deliver guidance and counselling services. Guidance and counselling training should also be added to the WoH module to prepare trainees to render these services on completion of their training.

8:3:3:3 Review the Assessment of WoH

The current assessment practice for the WoH module has been highlighted as one that skews the focus of both tutors and trainees to the passing of the module's examination at the expense of behaviour modification. Although it has achieved the original aim of ensuring that

WoH is taught sustainably in CoE, it has not been successful at assessing the ultimate objective of behaviour, attitudes and values modification. In practice, few frameworks capable of measuring these complex concepts exist (UNICEF, 2012). Although the few existing frameworks such as the UNICEF (2010) guidelines for monitoring and evaluation of life skills spell out certain benchmarks and indicators to measure the success of these concepts, there is no guidance as to how to incorporate these into national and school-based assessment models. It is thus proposed that the IoE, UCC, which has supervisory responsibility for ITT and therefore the examination and certification of trainees, should engage with tutors and other stakeholders to explore assessment practices appropriate for assessing trainees' beliefs, attitudes, behaviour and values. This can be an additional assessment of the existing one. The model developed by Oerton and Bowen (2014) (See Section 2:6) could be used as a guide in this process.

8:3:3:4 Involve the Media

Tutors recommended the involvement of the media in offering sex education to young people. Given the influence of the media in sex education (Bola *et al.*, 2017; Brown and Keller, 2000; Oosterhoff *et al.*, 2017) it is commendable that participants are making such a recommendation. In more recent times, UNFPA, Ghana has made similar calls and has begun to engage Ghanaian media on how best it can support CSE (UNFPA, Ghana, 2018). In the recount of their sexual socialisation, tutors did not mention the media as having an influence on their socialisation. In Ghana, the media has been state-regulated for very long periods in the nation's history starting from the 1960s when the military largely ruled, such that this period has been referred to as the period of the 'culture of silence' (Ankomah, 1987). Coupled with state control was the issue of access to media sources for most Ghanaian families. However, in the mid-1990s, the media landscape was liberalised, and private media organisations began to provide alternatives to state-run media outlets. Since this

liberalisation, Ghana has seen a proliferation in the use of information and communication technology in the last decade which is reflected in mobile phone usage as well as mobile data subscription being almost universal (Laary, 2016). Using their smartphones, young Ghanaians have been noted to spend significant times browsing internet sites accessing all manner of unrestricted materials including pornography (Frimpong and Vaccari, 2015). Therefore, unlike these participants, Zimmerman (2015) writes that today's young people get much more sex education information from the media compared to schools or other sources. Concerns have been raised about the content of the media in relation to the objectives of sex education. As noted by Brown and Keller (2000), media owners are driven by what attracts an audience to maximise profit and not social responsibility or promoting healthy sexuality. In Ghana, attempts to regulate media content has remained a contentious issue with the government wanting to exercise control over the content and civil society and media houses holding for independent regulation (Nyarko *et al.*, 2018). Therefore, the call to involve the media must be done with caution and tact, and the approach of UNFPA in Ghana since 2018 which involves media encounters aimed at building capacity and focusing on healthy content is commendable and needs to be sustained.

8:4 Understanding Tutors Experiences Using the SEM

The SEM was used to analyse the data for this study. Not only did it facilitate the delineation of the experiences of WoH tutors at the intrapersonal, interpersonal, organisational and policy levels, but it also brought to the fore the relationship between these levels of influence. Coupled with SEM was Belsky's framework which allowed me to focus on the development of participants from their familial and wider societal socialisation, through to their training and practice and the identification of the antecedents of their experiences. In the following descriptions of the PPCT (Process, Person, Context and Time model), the development of tutors is highlighted by attitudes towards sexuality concepts, their

socialisation and training and the antecedents of their experiences in relation to WoH. The coupling of the two models was important because it allowed me to outline the tutors' development and identify the deficiencies and ultimately suggest ways of bringing about development that enables the college sex educator to successfully deliver the WoH module and contribute to effective ITT in Ghana.

8:4:1 Proximal Processes

The proximal processes that guided the sexual socialisation of participants within the familial and wider society were similar in the sense they all emphasised abstinence, heterosexuality and gendered sexual roles and used similar approaches, either avoidance or threats and cautions (fear) as a way of ensuring that young people did not engage in premarital sex. Religious influence was noted in familial interactions about sex and sexuality. Coming from different ethnic and religious backgrounds, no differences were notable in terms of sexual socialisation among the participants. Participants attitudes towards sexuality concepts were found to be directly related to the influence of these proximal processes. For instance, at the intrapersonal level, where participants were unapproving of pre-marital sex and homosexuality, it was found that these attitudes and beliefs stemmed from their socialisation at the interpersonal level; involving their parents and the wider society. The influence of these proximal processes was also highlighted by the fact that, though it failed to stop participants from engaging in pre-marital sex, exactly what the processes were designed to stop them from doing, participants are using similar processes in their practice. The result is that to address participants' attitudes and beliefs, changes need to consider addressing the proximal processes. That is the sexual socialisation messages and the approaches utilized in delivering these messages at familial and wider society levels. As well, the proximal processes had an influence on the institutional and policy level events as the WoH content was found to highlight the negatives of sex and sexuality using the 'fear' approach.

8:4:2 Person

The findings show that sexual socialisation was the same for all the participants at familial and wider society levels irrespective of their religion, gender and ethnicity although female participants viewed pre-marital sex as immorality for females rather than males.

Although gendered socialisation has been noted in the literature (Awusabo-Asare et al., 2004), mothers were cited as the parent to provide some sex and sexuality information to male participants rather than fathers.

The experience of school-based sex education was patterned along the age demographic, with older and younger participants not experiencing any school-based sex education. These periods were identified as periods within the education system where sex education although part of the curriculum was not compulsory and was not recognised by school heads as an academic subject. Participants who experienced school-based sex education went to school at the time the 1987 reforms had made Life Skills education a compulsory and examinable subject.

In terms of skills acquired, the study revealed that majority of the participants did not have any pre-service teacher training in sex education. Although many had the benefit of the in-service training offered prior to the inception of WoH and described this training as comprehensive, the findings show that this training did not address the proximal processes that characterised participants socialisation and prior professional training, thus, these influenced their practice as WoH tutors. For instance, tutors referred to their religious beliefs in relation to sex and sexuality as ideal and some openly condemned the religious beliefs of trainees who disagreed with certain aspects of lessons (See Section 6:1:4:4 Recognising and Dealing with Diversity and Power play in the WoH Class).

Professionally, force/disposition concepts were demonstrated by participants positive attitudes towards offering sex and sexuality education and their willingness to offer out of

classroom services such as counselling, even though the majority did not have the training for rendering these services. All participants thought they were very effective as teachers and many reported receiving recognition for their excellence in teaching.

8:4:3 Context

In terms of context, the findings have not only demonstrated the agents and the kind of sex and sexuality socialisation offered to participants at each level, it has demonstrated the way proximal processes have an overarching influence at each level and importantly, the interaction of the various levels in terms of the processes and the approaches used in the socialisation process as well as how events and practices at one level can influence events and practises at another level. For instance, policy-level factors such as a mandatory nationally organised end of semester examination (see Section 7:2:1), influenced participants' choice of teaching techniques (intrapersonal level) (see Section 6:1:4:1) and the ability of tutors to address the needs of trainees (organisational level) (see Section 7:1:1:2). Therefore, participants adopted teaching techniques that enabled them to cover a lot of content within a short time and declined to address trainees concerns if these could make them digress from the defined course content which was subject to the examination. Consequently, I can conclude that a multi-level approach is required not just to establish the factors that influence the practice of WoH tutors but to address these factors to ensure an enabling environment that improves the effective delivery of the WoH module.

Also highlighted in this study is the consequence of not involving all stakeholders in decisions that have ripple effects at the various levels of SEM. For instance, although participants identified the use of examination as a factor that influenced their choice of teaching techniques which did not always benefit the behaviour and attitude change objectives of WoH, the decision to introduce examination was aimed at ensuring that both tutors and trainees attached more seriousness to the module. Perhaps, if tutors and trainees

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were consulted this disconnect may not exist. Therefore, policy-level changes need to consider the concerns of the direct beneficiaries or implementors (tutors) of the policies and needs to be flexible so as not to deny tutors the opportunity to use their own initiatives in addressing challenges that arise in their classrooms.

8:4:4 Time

Previous literature from Ghana (Adomako-Ampofo, 2001; Awusabo-Asare *et al.,* 2004; Nukunya, 2003; Sarpong, 1977) show a gendered socialisation and the influence of puberty rites on the upbringing of young people, the findings of this study show that these two are no longer influential. Not even one participant reported puberty rites as a factor in their socialisation. Instead, religion was noted as a huge influence. This backs studies that have reported the waning influence of puberty rites in the sexual socialisation of young Ghanaians and the influence of the new religions and western education (Addai, 2000; Awusabo-Asare *et al*., 2004; Biddlecom *et al.,* 2008; Glover *et al.,* 2003). The fear of banishment that was associated with pre-marital sex prior to going through puberty rites did not exist for these participants and do not exists for the current generation. Although the new religions equally do not approve of pre-marital sex, the consequences are not physically deterrent enough.

Also notable was that the media as a socialisation agent for young people was not influential for these participants who grew up during the period of the 'Culture of Silence' (See Section 8:4:5). A liberalised media exists today, and participants recognised its influence on the socialisation of young people. So, while parents in the past could avoid sex and sexuality communication with young people and hope that they remain sexually oblivious, a vibrant, liberal and largely uncensored media means that such measures leave young people not only vulnerable but completely exposed to irrelevant but influential sexual content such as pornography.

Time has also been demonstrated by the policy changes that have characterised school-

based sex education in Ghana. Participants who went to the school when sex education was not compulsory reported they did not experience any sex education in the school. Those whose education coincided with policy changes that had sex education compulsory and examinable benefitted from school-based sex education. WoH has been taught in CoE for almost two decades now because it is compulsory and is examinable. Participants, therefore, recommended that the same approach be applied in schools in Ghana to ensure all children benefit from school-based sex education.

Among others, this theory has been useful in identifying the multi-levels of influence and context of the sexual socialisation, training and practice of WoH tutors in Ghanaian CoE. It has helped in identifying the context within which participants were socialised and trained, how these informed their development as sex educators as well as their practice. The model has been useful in identifying the deficiencies at each level in relation to sex and sexuality education. For instance, it has highlighted the ineffectiveness of the fear, threats and caution approaches used by parents and participants as their approach to offering sex and sexuality education to young people.

In the context of school-based sex education, it is the first time the experiences of college sex educators have been explored and so identifying the multi-level influences was important. The results show that the events and practices at a given level are influenced by other levels and so a multi-level approach is required in finding solutions to the challenges facing college sex educators and school-based sex and sexuality education in Ghana. For example, tutors adapted techniques that ensured that they were able to cover more content in response to a change in policy that made WoH examinable. This was to the detriment of proven participatory approaches (Such as simulations, video shows, drama etc) that could contribute to behaviour change. Offering training to tutors on participatory approaches is unlikely to bring about the desirable change if the national policy does not change.

SEM has been applied to studies that explore personal health behaviours (McLeroy *et al.*, 1988; Stokols 1992; Sallis and Owen 2002; Aral *et al.*, 2005; Salazar *et al.*, 2010) and other broad areas such as Health Education (Vamos and Zhou, 2009) and specifically sex education by Eisenberg *et al.* (2012). All these studies were conducted in high-income countries; therefore, the current study contributes to the application of this theory in conceptualising the factors that influence Ghanaian (middle-income) college sex educators across all four levels of influences defined by the SEM.

CHAPTER NINE

CONCLUSION

Overview

The purpose of this thesis was to explore the experiences of tutors with respect to their delivery of the WoH, their sexual socialisation, teacher training and how these influenced their development and teaching of WoH and based on these findings explore how the delivery of WoH can be improved. This purpose has been achieved through the analysis of the experiences of WoH tutors and the analysis of WoH documents. This chapter presents a summary of the study's contributions to literature and knowledge, strengths and limitations of this study and recommendations for further research.

9:1 Contributions to Knowledge

This study has made some contributions to the body of knowledge of sex and sexuality and the practice of sex and sexuality education.

Despite several studies (see Abakah, 2015; Asampong *et al.*, 2013; Awusabo-Asare *et al.*, 2017; Nyarko *et al.*, 2014; Krugu *et al*., 2016; Reality Check Approach, 2015) conducted in Ghana involving parents, teachers and students about sex and sexuality education, none have explored the experiences of college sex educators, and none of these studies employed phenomenology. Therefore, this Thesis pioneered the exploration of the sex and sexuality education experiences of Ghanaian College sex educators and provided insights into the lived experiences of tutors as well as their classroom (practice) experiences and how their socialisation experiences affected their practice as WoH tutors.

Findings of this study revealed that there is a culture of heteronormativity, gendered norms, support for abstinence before marriage and homophobia among college sex educators and these influenced their practice as WoH tutors. The attitudes, beliefs and behaviours of tutors were related to their socialisation and the in-service training offered to tutors did not

address these personal attributes. The study found that tutors were influenced by these norms either consciously or unconsciously in and out of their classroom interactions with trainees.

This study also found that Ghanaian College sex educators were passionate about teaching sex and sexuality education and contrary to reports from other studies (Awusabo-Asare et al., 2017; de Haas and Inge, 2019; DePalma and Francis, 2014; Helleve *et al.*, 2009) conducted in Ghana and other Sub-Saharan African countries were comfortable in using the appropriate language (explicit rather than implicit language) in discussing sex and sexuality.

Findings also showed that tutors had personal anxieties about discussing sex and sexuality issues with trainees despite reporting that they felt competent and confident about teaching WoH due to the comprehensive in-service training they received. This contradicts the findings of Herr, *et al.*, (2012) and Herbert *et al.*, (2014) conducted in the United States of America who attributed sex education teachers anxieties to lack of competence and confidence to deliver sex education. This study found out that tutors may have the content and pedagogical training to boost their competence and confidence but still have anxieties due to their personal values and attitudes.

Tutors in this study were positive about the quality of the series of short-term in-service training provided for them at the inception of WoH and how these contributed to their competence and confidence. This was in contrast to findings of a study by UNESCO (2015) which raised concerns about the effectiveness of short-term training to build the capacity of sex educators. Therefore, if short-term training sessions are well designed and structured to take place over several sessions as reported by these tutors rather than just one or few sessions, educators are more likely to benefit from it. This contributes to literature emerging from both Sub-Saharan Africa and Asia (See Cheetham, 2015 and Thammaraksa et al., 2014 respectively) about the impact of structuring short-term training programmes over several sessions rather than just a single session.

Contrary to conventional norms from other parts of the world, this study found that Ghanaian college sex educators share their subjective experiences of sex and sexuality as a way of reinforcing the concepts they teach.

This study has provided insights into the content of WoH by comparing it to ITGSE ITT standards. The analysis suggests that WoH is not comprehensive and is lacking in key sex and sexuality content such as professional disposition, diversity and equity, legal and professional ethics, and concepts such as relationships, values, attitudes and skills, Culture, Society and Human Rights, Human Development and Sexual Behaviour.

This study revealed that the WoH was not guided by a clear behaviour modification theory and thus had activities and content that reflected many theories. The lack of a clear theory reflected tutors uncertainty about the potential of WoH to bring about the desired change in behaviour.

Tutors' views of the relevance of the WoH module to trainees and the limited chances of achieving the expected outcomes were highlighted by the findings of this study. The study identified factors mitigating the teaching of WoH including, the nature of assessment and its impact on the focus of tutors and trainees, the lack of CPD opportunities and an inadequate supply of TLRs. It also highlighted the unmet needs of trainees, the deficiencies of WoH as a teacher training program and suggested how the module content can be improved to meet the needs of trainees and to meet the international standards for sex education teacher preparation programs.

This study found that tutors broke the cultural barriers of avoidance communication between adults and young people through actions such as appealing to trainees as friends, elder siblings and colleagues leading to the creation of an enabling environment where trainees could open-up and discuss personal challenges with tutors both within and out of college settings. This highlights college sex educator's tolerance and ability to build and

maintain relationships with their trainees despite the cultural barriers.

Whilst this study found a lack of CPD for WoH tutors in the last four to five years, it has also highlighted how earlier CPD opportunities were focused on the content of the module and recommended pedagogical techniques. These limited opportunities did not address the conservative norms that have characterised the sex and sexuality socialisation/education and teaching practices of tutors. Therefore, this Thesis proposed a CPD model for training tutors based on the personal and teaching experiences of tutors and the patterned relationships between the intrapersonal, interpersonal, organisational and policy level influences highlighted in the Thesis. This model can guide the review of the content of WoH for the benefit of trainees. Although this model is based on the context of sex and sexuality socialisation and education in Ghana, it can be applied in other behaviour modification programs as it identifies the general context of the phenomenon, the dominant norms and how these influences the practice (the module aimed at behaviour modification). Countries with similar context to Ghana, in terms of sex and sexuality norms, can use the content in the various components of the proposed model (see Figure 8.2) to design both ITT and CPD programs that address sex and sexuality education

This study has highlighted how Ghanaian parents do not engage young people in the discussion of sex and sexuality issues and expands on other studies conducted in Ghana (Asampong *et al.*, 2013; Nyarko *et al.*, 2014), which found that Ghanaian youth cannot freely discuss issues of sexuality with their parents for fear of being labelled as disrespectful and disobedient, to include fears of a spiritual nature.

Whilst previous studies conducted in Ghana (Krugu *et al.*, 2016; Van der Geugten *et al.,* 2017) have highlighted a gendered sexual socialisation in Ghana, with mothers responsible for socialising their daughters and fathers their sons, this study challenges the notion of separate spaces and a gendered socialisation as it found that mothers provided sex and

sexuality socialisation experiences for both male and female participants. This contributes to the literature that is reporting changes in the traditional arrangements of socialisation due to modernization, urbanization, migration and formal education in Ghana (Awusabo-Asare *et al.*, 2004; Mensch *et al.*, 1999).

Whilst studies (Awusabo-Asa re *et al.*, 2017; de Haas and Inge, 2019; DePalma and Francis, 2014; Helleve *et al.*, 2009) have reported that teachers perpetuate societal norms because parents and the society will not approve contrary sexuality norms, this study found tutors although were not subject to the scrutiny of parents and or the society due to fact that their trainees were considered adults, still perpetuated societal norms about sex and sexuality.

The theoretical framework used for this study, SEM, has not only been useful in highlighting the intrapersonal, interpersonal, organisational and policy level influences that characterised tutors and their experiences with WoH, but has also highlighted the way experiences at one level influenced experiences at another level and vice versa. In addition, it has highlighted the need to always explore multiple levels of researching causal factors and exploring multiple approaches to seeking solutions to practice challenges.

The methodology, methods and philosophical underpinnings that guided this study will be useful for subsequent studies engaged in exploring the experiences of other professionals delivering behaviour modification programs as well as those exploring the experiences of sex and sexuality educators of other populations. In addition, the sampling technique used in this study ensured a representative sample and the ability to generalise the findings. Sample representativeness and ability to generalise findings are usually not concerns for phenomenological studies. Therefore, these may be useful to researchers using the phenomenological approach with interest in generalising their findings.

9:2 Strengths and Limitations of the study

The sampling technique which ensured sample representativeness and a diverse group of

participants in terms of gender, religion and ethnicity is a strength of this study and allows for the generalisation of the findings. The detailed biodata collected allowed for the exploration of patterns and relations in the data based on these demographics and contributes to the ability to generalise the findings. The skype, telephone and face-face interviews provided the opportunity to compare and contrast the usefulness of these approaches for subsequent studies. The reproducibility of the analysis using two colleagues in addition to my supervisors contributed to strengthing the confidence in the data analysis procedure and the accuracy of the interpretations.

Whilst issues of familiarity with some participants and the fact that we are likely to meet in the future could have influenced what was shared, assurances of confidentiality, anonymity and University of Birmingham data protection regime before consent was sought would have gone a long way in assuaging such concerns by participants.

The study could have benefitted from a few classroom observations as a way of independently verifying some of the classroom experiences relayed by tutors. Nonetheless, the objective was to explore tutors' experiences and the interpretations they attached to these experiences. Individuals' interpretations of events cannot be observed, they can only be relayed by the one who experienced the event(s).

9:3 Recommendations for Further Study

This study is only a part of the full evaluation of the WoH module. Further systematic approaches will be needed to collect data on the quality of implementation across colleges. There is also the need to assess the impact of the WoH module on trainees' sexual knowledge, attitudes, behaviour and their readiness to teach sex education on completion of their training. The findings from such a study would help to determine, in a comprehensive manner, the relevance of the module and its responsiveness to the needs of trainees.

As this study did not observe the delivery of WoH lessons, it is recommended that further

studies exploring the experiences of sex educators incorporate classroom observations of teachers' pedagogies and practices to establish if any differences exist between what teachers profess and what they practice. This could then contribute to augmenting the reported classroom experiences of participants in the CPD model proposed by this study.

Finally, studies exploring the experiences of parents, religious leaders, traditional leaders and other notable agents of the wider Ghanaian society would provide further insights into the norms that drive decisions about sex, sexuality socialisation and education of young people and other populations within the Ghanaian society. The findings from such studies will guide curriculum developers to determine acceptable content that reflects the needs, norms and preferences of the Ghanaian society in relation to sex and sexuality education.

9:4 Plan for Dissemination of Findings

The findings from this study will be disseminated mainly through peer-reviewed journals and other mediums such as academic conferences. Over the years, parts have been presented at academic conferences and at the first National Youth Reproductive Health and Rights Conference in Ghana in 2016. Avenues such as conference marking sessions organised by the IoE, UCC where WoH teachers are present will be explored to share the findings with WoH teachers and agents of the IoE, UCC.

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Sex Education: Perceptions and Experiences of Window of Hope Tutors in Ghanaian

Colleges of Education

Consent Form

If you agree to participate in the study, please indicate that you are informed about the study

and understand its intention by giving your consent in the form of a signature below. A copy

of the signed information and consent form will be given to you to keep.

I, ... understand the purpose of the study and hereby give my

consent to participate.

    Signed_____   Date_____

    Yours sincerely,

    Gordon M. Yakpir   Dr. Tonie Stolberg

    School of Education   School of Education

    University of Birmingham   University of Birmingham

Sex Education: Perceptions and Experiences of Window of Hope Tutors in Ghanaian

Colleges of Education

INFORMATION FOR PARTICIPANTS

Dear Participant,

I am a Doctoral student at the University of Birmingham. My research topic is Sex Education: Perceptions and Experiences of Window of Hope Tutors in Ghanaian colleges of Education. The purpose of the study is to explore the understandings and perceptions held by sex education tutors of colleges of education in Ghana regarding the subject, their lived as well as teaching experience and how it informs their pedagogies, their challenges and what they deem must be done to maximise the benefits of sex education to their students and by extension the general society. I request your participation in this study with the following assurances;

Confidentiality and Anonymity

Confidentiality will be highly guarded and depending on the choice of each participant, pseudonyms will be used to ensure anonymity. The participants' permission to audiotape all conversations and group discussions will be requested and I will personally transcribe each session and give you a copy of the transcript. I may need follow-up interviews with you so that we could discuss further about the topic and issues arising from your responses. All materials that have been part of the study will be kept securely under the University of Birmingham data protection and management policies for a period of up to ten (10) years and will be available to only authorised researchers with your prior consent. If at any time you feel that you wish to withdraw from the study, you are free to do so without any form of disadvantage for you.

You are not obliged to answer any questions that you feel uncomfortable with. Transcripts

of the interview sessions will be given to you for verification. If you feel uncomfortable with any part of it that part will be esponged.

Safety

There are no known risks and or discomforts associated with this study.

Refreshment

I will provide refreshment each time we meet.

I am hoping that your participation in this study will help you reflect on your experiences regarding sexuality and the teaching of Window of Hope program.

Please feel free to inquire at any moment should you require further information. My contact details, as well as those of my supervisor on this project, are provided.

APPENDIX C

INTERVIEW GUIDE

1. How will you describe your training prior to teaching WoH?

   Did it prepare you to teach WoH?

2. At the time did you think you needed additional support. What kind of support if any?

3. How did you feel about accepting the responsibility to teach WoH?

4. What were your expectations?

5. What has been your experience compared to what you expected?

6. What teaching techniques do you use in teaching? Why these techniques?

   Are there other techniques you could use? Why are you not using them?

7. How will you describe your relationship with trainees during and out of class contact?

8. How diverse are your classes? Sex, gender, religion, culture etc

   How do you accommodate the diversity if any?

9. What personal qualities have helped you in the teaching of WoH?

10. What will you say has been your impact on the trainees?

    Any regrets?

11. What are your views about the content of WoH?

12. Will you say WoH is achieving its objectives? Why?

13. What do you emphasise on in your lessons? Abstinence? safe sex? Why?

14. If it were totally up to you, what will you teach your trainees?

15. What prevents you from teaching the way you would love to?

16 What can be done to support you in the teaching of WoH?

17. What are your hopes for the future of WoH?

18. How did you learn about sex and sexuality?

    Who were involved?

What was the content?

How was it delivered to you?

19. How do you feel about your sexual socialisation?

Did it contribute to your sexual development? How?

20. Does your own sexual socialisation affect how you deal with WoH topics? Or your interactions with trainees? How?

21. How will you describe your sexual experiences?

First sexual experience?

Was this in a marriage relationship?

how did it happen?

how did you feel about it?

How have you developed from the very first experience?

How have these experiences influenced your teaching of WoH and your interactions with trainees?

22. What are your views of the ff?

Sex before marriage

Unprotected sex

Same sex relationships

Do these views influence how you teach WoH?

23. What kind of sexuality issues come up in your interactions with trainees?

-How comfortable are you in discussing these issues?

24. Is there something else you want us to discuss? Or any questions you want to ask?

WoH SYLLABUS (PART ONE)

Topic
The meaning and Modes of Transmission of HIV/AIDS
Origin and Theories of HIV and AIDS
Stages of infection
Sexually Transmitted Infections (STIs)
Sexually Transmitted Infection (STIs) and HIV and AIDS prevention strategies
HIV and AIDS Counselling and care given
Gender and HIV
HIV and AIDS: Impact on individual, family community and nation
Impact of HIV and AIDS on education
Stigma and discrimination
Negotiation Skills
Sexual Harassment and abuse
Alcohol /Drug Abuse and HIV

TOPICS
Approaches to HIV and AIDS education
The Experiential Learning cycle and steps
The Experiential learning techniques
Learning objectives in HIV and AIDS lessons
Evaluating learning in HIV and AIDS education
Teaching and Learning materials in HIV and AIDS education
Motivation in HIV and AIDS education
Lesson plan in HIV and AIDS education
The HIV Alert School Model Concept and the Teacher's responsibility
Peer education techniques
Motivating and sustaining interest in the HIV Alert School Model

APPENDIX F

Consolidated criteria for reporting qualitative studies (COREQ)

checklist

No. Item	Guide questions/description	Reported on Page #
Domain 1: Research team and reflexivity		
Personal Characteristics		
1. Interviewer/facilitator	Which author/s conducted the interview or focus group?	98
2. Credentials	What were the researcher's credentials? M. Phil, PhD Candidate	10
3. Occupation	What was their occupation at the time of the study? Tutor and PhD Candidate	10
4. Gender	Was the researcher male or female?	10
5. Experience and training	What experience or training did the researcher have?	109
Relationship with participants		
6. Relationship established	Was a relationship established prior to study commencement? Yes	101-102 .
7. Participant knowledge of the interviewer	What did the participants know about the researcher? Information Sheet	101-102
8. Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	10

Domain 2: study design		
Theoretical framework		
1. Methodological orientation and Theory	What methodological orientation was stated to underpin the study? phenomenology	85
Participant selection		
10. Sampling	How were participants selected? purposive,	93
11. Method of approach	How were participants approached? e.g. face-to-face, telephone, email	98
12. Sample size	How many participants were in the study? 18	93
13. Non-participation	How many people refused to participate or dropped out? 2 Reasons? No time	95
Setting		
14. Setting of data collection	Where was the data collected? home, workplace, Telephone chats	93-97.
15. Presence of non-participants	Was anyone else present besides the participants and researchers? No	93
16. Description of sample	What are the important characteristics of the sample? demographic data,	96
Data collection		
17. Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested? Yes	99
18. Repeat interviews	Were repeat interviews carried out? If yes, how many? Yes, Once	101-108
19. Audio/visual recording	Did the research use audio or visual recording to collect the data? Audio Recordings	101-108
20. Field notes	Were field notes made during and/or after the interview or focus group? Yes	99
21. Duration	What was the duration of the interviews or focus group? 45-70 Mins	104-105
22. Data saturation	Was data saturation discussed?	N/A
23. Transcripts returned	Were transcripts returned to participants for comment and/or correction? Yes	106
Domain 3: analysis and		

findings		
Data analysis		
24. Number of data coders	How many data coders coded the data? 5	107-108
25. Description of the coding tree	Did authors provide a description of the coding tree?	108-120
26. Derivation of themes	Were themes identified in advance or derived from the data? Derived from data	108-120
27. Software	What software, if applicable, was used to manage the data?	Microsoft Word
28. Participant checking	Did participants provide feedback on the findings? No	
Reporting		
29. Quotations presented	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? Yes	121-207
30. Data and findings consistent	Was there consistency between the data presented and the findings? Yes	Yes, 121-207
31. Clarity of major themes	Were major themes clearly presented in the findings? Yes	Yes. 121-207
32. Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes? Yes	Yes, 121-207