

Assessing Perspectives, Attitudes, and Awareness toward Sex Education Among High School Students in the Volta Region of Ghana-Implications for Social Work

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Abstract

Comprehensive sexuality education is a critical reproductive health tool in helping adolescents take control of their bodies to overcome unwanted pregnancies and sexually transmitted infections. However, Ghanaian culture, taboos, and myths continue to undermine its successful implementation, creating a knowledge gap in sexuality and reproductive health matters. The study examined the perspectives, attitudes, and knowledge of in-school adolescents about sex education and sexuality matters to enhance the importance of sex education in reducing adolescent pregnancy and improving reproductive health issues. A quantitative approach and descriptive research design were employed for the study. The study involved 144 adolescents aged 15 to 18 years from the Adaklu district of the Volta region in Ghana. A structured questionnaire was used for data collection, and the data were analyzed. The study's findings revealed that 86% of the students support sex education; 56% argue that it should start in secondary school, while 52% agree that it should begin at home. However, 48% were against sex education commencing in primary school. Moreover, 53% believe sex education prevents unwanted pregnancies, and 44% who had ever had sexual encounters feared pregnancy. The students lacked knowledge of sexuality and reproductive health issues and were negatively affected by the culture and taboos in their communities. Comprehensive sex education should begin from the upper primary, and parents should be trained to help educate their children at home.

Keywords: adolescent, attitude, awareness, children, Ghana, high school, religion, reproductive, sex education, sexuality, Volta Region

1. Introduction

Improving adolescents' sexual and reproductive lives necessitates a multifaceted approach, including sexual education. Sexuality education is an organized means for adolescents to acquire knowledge and skills to discover their attitudes, values, and other life skills necessary

to enable them to make informed decisions and choices about their sexual and reproductive lives. It concerns teaching and learning about sex and sexuality-related issues to acquire knowledge and skills, including the use of contraceptive methods (condoms, drugs, or surgery), how to prevent STIs, manage relationships, and overcome reproductive health challenges. However, comprehensive sex education is not practiced in other parts of the world, especially in the continent of Africa, specifically Ghana. Ghanaian customs and socio-cultural dynamics between adults and young people do not permit open discussion about sex. Moreover, the Ghanaian school curriculum lacks subject areas such as reproductive anatomy and physiology, contraception and family planning, safe sex practice, and guidance and counseling; therefore, the tendency is to put adolescents at higher risk for unintended pregnancy and Sexually Transmitted Infections (STIs). The study highlights the need to address knowledge gaps, promote culturally sensitive and Comprehensive Sexuality Education, and improve sexual reproductive health outcomes among Ghanaian adolescents. The study aims to assess the perspectives, attitudes, and knowledge about sex education among students in one Senior High School in the Adaklu District of the Volta Region, Ghana.

1.1 Background

Before colonization, sex education in Ghana was rooted in cultural and social practices rather than as a structured, standalone topic. Families and communities passed on knowledge about sexuality, reproduction, and family life informally through traditional systems. Elders, parents, and specific groups, such as traditional healers, religious leaders, and grandmothers, were responsible for educating young people. Rites of passage, like the '*dipo*' among the Krobo and '*bragoro*' among the Ashanti, were essential in teaching young people about moral values, sexual behavior, and reproduction in a community setting (Ammah, 2015). Additionally, elders taught important lessons on sexual morality and the implications of sexual activity through storytelling, songs, and proverbs, a form of indirect instruction aimed at preserving societal values and the information itself (Dzobo, 2009). Moreover, Abotchie (2012) explained that some community members, in most cases, elders, were assigned to mentor young people, giving them individualized guidance on sex-related issues.

In these modern days, sex education in Ghana has changed significantly, shaped by Western education models, health policy, the effect of STIs, and HIV/AIDS awareness campaigns. Present-day sex education in Ghana is delivered through various formal and informal means, such as through schools, community-based programs, and digital and media platforms. Despite cultural and religious sensitivities limiting sex education and causing variations in coverage across schools, Ghana's formal education system includes it within Life Skills, Social Studies, and Science curricula to provide young people with accurate, structured information (Ghana Ministry of Education, 2020). Also, NGOs, religious groups, and health organizations offer community-based sex education programs. NGOs in partnership with Ghana Health Services and Ghana Education Service (GES) organize training workshops, outreach programs, and youth-friendly clinics to complement in-school education, with a focus on equipping young people with knowledge about sexual health and consent (Boateng, 2019). According to UNFPA (2021), the increase in internet access has improved the delivery of sex education through digital platforms, social media, and mobile health apps.

Unfortunately, for a long time now, the Ghanaian culture has considered sexuality education and communication as sacred and a private topic, only discussed among married couples and adults. Young people heard discussing this and mentioning names of sex organs labeled ‘spoilt’ or ‘bad’ persons. As a result of this, most young people might be misinformed as they rely on untrusted sources such as their peers or the internet for information on sexual and reproductive health (Mcharo et al., 2021). However, adolescents’ decisions and choices on sexual and reproductive health depend on their technical knowledge and the availability of such choices; and these may adversely or positively influence their lives (Kyilleh et al., 2018).

Additionally, a lack of education on sexual and reproductive health for adolescents may lead to an increased risk of STIs, unplanned pregnancy, and other health problems. This can be prevented, but due to ignorance, young people become vulnerable and are left at the mercy of the latter. According to the Ghana AIDS Commission (GAC, 2022), 18,928 new HIV infections were recorded in Ghana in 2021. These infections included 5,211 young people (15-24 years), indicating 28%. Besides, the World Health Organization [WHO] (n.d.) estimates that one in every 20 adolescents tests positive for Sexually Transmitted Infections globally. Furthermore, adolescent pregnancies are high in Ghana; Citi Newsroom (June 2021) reported 555,575 teenage pregnancies in five years (2016 to 2020). Oke (2010) stipulates that adolescent pregnancy is strongly related to poverty. Moreover, teenage pregnancy can cause intergenerational repeated poverty (Sama et al., 2017). This means that adolescent pregnancy may cause poverty and vice around. However, being knowledgeable about sexuality and reproductive health has a high tendency to disconnect this relationship between teenage pregnancy and poverty.

Teenage pregnancy has been a public health issue in the world, especially Sub-Saharan Africa, which reports the highest number of teen pregnancies in the world. In Ghana, teenage pregnancy has become a huge problem, especially in the Ho, Volta region of Ghana. According to the Ghana Health Service, reported by Ghana News Agency in October 2021, 13 teenage pregnancies were recorded daily in 2020. In the Volta Region, from March to September 2020, 676 adolescents/teenagers became pregnant – 176 in the primary schools, 325 in Junior High School, and 175 in the Senior High School (Ghana Education Service, Quoted in GNA, 2020) – and the adolescents with the least age to become pregnant was 10 years old (GNA, 2021). Over a decade now, the Volta Region has always been among the top-rated regions with teenage pregnancy cases in Ghana (Ghana Health Service, 2021; National Population Council, 2018; and Maternal Health Surveys, 2017 and 2014). The risks and realities connected to teenage pregnancy and motherhood are enormous, with consequences commencing at childbirth – these may include dropping out of school, higher risks of eclampsia, giving birth to pre-term babies, and other health complications. Consequences in the long term may have to do with medical problems, minimal earnings, fewer employment opportunities, and economic stress among the rest (Pecoraro et al., 2021).

Sex education has become a critical issue to be discussed not only in homes but also in schools. Therefore, teenagers need comprehensive sexual information from the right sources to help protect themselves from the consequences of sexual and reproductive health challenges.

1.2 Literature Review

Adolescent Sexual and Reproductive Health (ASRH) continues to be a significant public health concern in Sub-Saharan Africa. To address this concern, Comprehensive Sexuality Education (CSE) is considered an essential approach to educating young people about sexual health and well-being, as well as preventing adverse health outcomes (Achen et al., 2023). CSE is a structured teaching approach that provides scientifically accurate, culturally relevant, and age-appropriate information on various aspects of human sexuality. CSE equips young people with the requisite knowledge, skills, attitudes, and values they need to make informed decisions about their sexual and reproductive health. It extends beyond biological considerations and sexual behavior to resolve the emotional, social, and ethical aspects of sexuality (UNFPA, 2019).

According to Wangamati (2020), CSE is a broad curriculum comprising social, emotional, cognitive, and physical developmental aspects. Nevertheless, numerous subjects within the CSE curriculum have sparked intense debate in the Sub-Saharan Africa region, and this continues to generate substantial controversy among local stakeholders. Especially subjects like abortion, same-gender attraction, and sexual pleasure are controversial, leading to policymakers being afraid that sharing information on the latter could undermine social norms and values, as well as expose children to sex. This poses challenges to the implementation of CSE, as many Sub-Saharan African countries have placed limitations on the content of CSE programs in schools. In some instances, when policymakers take a more progressive stance, CSE educators frequently restrict the curriculum's breadth by avoiding sensitive subjects or incorporating moral judgments into their teachings (Ramalepa et al., 2022).

A global review on comprehensive sexuality education showed that much attention is on abstinence and theoretical knowledge – ideas and imagination, and less focus on contraceptive methods and practical skills – real situations and actions (UNESCO, 2018). Moreover, abstinence-only programs have exhibited little evidence of improvement in sexual reproductive health outcomes (Santelli et al., 2017). To overcome this, effective sex education should be comprehensive and comprise a wide range of subject areas such as human growth and development, sexual and reproductive health, gender and gender roles, sexual rights and consent, relationships and communication, values, attitudes, and beliefs, emotional and mental health, and decision making, sexual pleasure and responsibility, HIV/AIDS and STI prevention.

In 2019, Ghana attempted to introduce Comprehensive Sexuality Education (CSE) as a broader framework to promote sex education in schools; however, this initiative faced challenges, particularly regarding societal acceptance and its implementation. As a result of the public outcry, the Government of Ghana suspended its rollout to re-examine the content and ensure it conforms to cultural values. The fact that the rollout of CSE has been delayed because of opposition, aspects of sex education have already been part of the curriculum in some schools, often in the subject areas of science or social studies, thereby making sexuality education fragmented in the schools. Though some progress has been made in the promotion of sex education through policy and its integration into some subject areas, research however, shows that these efforts are not complied with, often due to cultural resistance, insufficient teacher

training, and varying levels of implementation across the country, hampering the full realization of the CSE intended goals (Afenyo, 2021; Gyan, 2019; UNESCO, 2020). This difference between policy and practice explains the need for a coordinated effort to ensure that sex education is comprehensive and culturally sensitive, enabling young people to make informed decisions about their sexual and reproductive health.

Just 37% of young people in sub-Saharan Africa possess a thorough understanding of HIV prevention and transmission, and in numerous countries, two-thirds of girls lack essential knowledge as they approach puberty and start menstruating. Early marriage, along with early and unplanned pregnancies, poses significant challenges to the health and education of girls worldwide. In Ghana, adolescents face a significant gap in access to sexual and reproductive health information and services, with 82% of adolescent girls and 75% of adolescent boys lacking a full understanding of HIV; only 27% of sexually active adolescent girls are using modern contraceptives (Okyere et al., 2024). Due to this lack of knowledge, adolescents continue to engage in risky sexual behaviors (Yeboah et al., 2014), with 64.4% reported to have engaged in early sexual initiation (Akumiah, 2020). Furthermore, Adama (2021) found that 21.4% of adolescents had engaged in sexual intercourse, and 60.7% admitted to having sex without using a condom when drunk. This increases their risk of contracting sexually transmitted infections and experiencing unplanned pregnancies. These factors underscore the critical importance of high-quality Comprehensive Sexuality Education (CSE) for promoting adolescents' health, knowledge, and empowerment (UNESCO, 2023).

CSE enhances young people's understanding and fosters more positive attitudes toward sexual and reproductive health and behaviors. It helps adolescents postpone the age at which they initiate sexual activity, encourages the use of contraceptives during their sexual encounters, enhances the understanding of their bodies and relationships, reduces their propensity for risky behavior, and lowers the incidence of unprotected sex (UNESCO, 2023). Having participated in a 12-month in-depth sexual reproductive health training, a 16-year-old girl made a testimony of knowing her body very well and that nothing was going to distract her from schooling (Ene Empower, 2023). This indicates that she knows more about sexuality and reproductive health, and that unintended pregnancy would not stop her from completing her education for a bright future.

2. Research Approach and Design

As a quantitative approach, the study employed a descriptive research method. This design was relevant because a descriptive method of research is a fact-finding study with adequate and accurate conditions, practices, situations, or any phenomena (Yin, 2002). It provides a systematic description and can “answer *what*, *where*, *when*, and *how* questions, but not *why* questions” (McCombes, 2019). It enabled the researcher to capture and describe students' perspectives, attitudes, and knowledge about sex education. Using stratified random sampling, Slovin's formula was used to determine the number of respondents used with a 95% confidence level in that the sample results accurately reflect the true population value.

2.1 Study Area

The study was undertaken in the Adaklu District within the Volta Region of Ghana. The region lies on the eastern side of Ghana, with Ho as its capital. It has a total population of 1,659,040 individuals, of which 53.4% are females and 47.7% are males. The region is rural - 57.9% of the population resides in rural areas and 42.1% in urban areas (Ghana Statistical Service [GSS], 2021). Besides, Adaklu district has a population of 38,649 people, representing 2.3% of the region's population; 50.9% are females, 49.1% are males, and the entire district is 100% rural. The most essential economic activity in the district is agriculture, employing 78% of the population (GSS, 2021).

2.2 Sampling Procedure

The sources of the data were students at a senior high school in the Volta Region of Ghana. This was chosen because it is the only secondary school within the district serving a diverse group of students from different socioeconomic and cultural backgrounds. This diversity offers an opportunity to gather a broad range of data, including different experiences, perspectives, and attitudes toward sexual education.

Considering a population of 229 students, and using stratified simple random sampling, Slovin's formula was used to determine a representative sample size of 144 students, with a confidence level of 95 percent. Stratification means that the students' population was sampled in their various classes during class hours - forms one, two, and three to get a total sample size of 144 students. 51 students were selected from the Form One class, 50 from the Form Two class, and 43 students from the Form Three class. The inclusion criteria were based on the age range of 15 -18 years and the willingness of any student in the school to participate in the study. This age range was considered because most students at this stage are in adolescence and are beginning to experience changes related to puberty, sexuality, and reproductive health. Adolescents at this age are particularly vulnerable to misconceptions about sexual and reproductive health, risky behaviors, and peer pressure (UNFPA, 2019), making them ideal participants for the study.

Slovin's Formula:

$$n = N / (1 + Ne^2)$$

where:

n= sample size

N= population

E margin of error (5%)

2.3 Research Instruments

The study employed quantitative research design, and the data for the study were gathered using structured questionnaires. The questionnaires were composed of two parts, namely: Part I, which contained the respondents' demographic data such as age, gender, religion, and parents' educational attainments. Part II consisted of the questions relating to the objectives of the study. This covered areas such as students' sexual encounters, their views about whether sex education

should be introduced in Ghanaian Schools, whether sex education should be mandatory in the classroom or not, where to start sex education, and whether sex education encourages students' engagement in sexual activity or not. Other areas captured in the research instrument sought to assess students' thoughts about sex education information being made available on the internet, sex education reducing teenage pregnancy, and whether sex education classes should include family planning. Various structured and specific questions were formulated under each section to address the research questions.

2.4 Data Collection Procedure

A research assistant with a BSc in Social Work was recruited and trained in the purpose and ethics of the study and his role in the study. Also, the research assistant was taken through the various questions on the questionnaire to enable him to understand each question and to be on the same level as the researcher.

The researcher sought permission from the Volta Regional Education Directorate for the data collection in the school. The letter granting the researcher permission was sent to the specific school where the study took place, and the whole school was informed about the study. To prevent the students from reading or having prior knowledge of the study area, details of the study were not made known to the students. A consent letter for students below 18 years old was written to their parents through the Parents-Teachers Association (PTA) of the school, after which the student respondents completed an informed consent before taking part in the study.

After designing the questionnaire, it was piloted with five High school students not from the study school to ensure the questions were properly framed and not ambiguous, and to enable quality data collection. After sampling each class, the questionnaires were given out to the sampled students in the class to complete under the supervision of the researcher and the research assistant. Students who needed further clarification on certain questions were addressed. To keep students' responses anonymous, they were asked not to sign their names on the questionnaires. This approach was aimed at instilling confidence in the student respondents and helping them respond to the questions as privately as possible. It took the students 15-25 minutes to complete each set of questionnaires. Both sampling and data collection were conducted in the morning during class hours while all students were seated in the classroom, but both activities were not done on the same day.

2.5 Ethical Considerations

Ethical procedures were thoroughly observed in this study. Approval was obtained from the Volta Regional Ghana Education Directorate, granting the researcher permission to collect data within the school. Additionally, key community stakeholders, including the Parent Teacher Association (PTA) executive members, were engaged and informed about the study, and they unanimously endorsed it. Ethical principles such as confidentiality, informed consent, and voluntary participation were strictly adhered to. All student participants signed consent forms before their involvement in the study, and in addition, for participants under the age of 18, consent forms were signed by their parents. An IRB approval was obtained from Lamar University as part of this process.

2.6 Data Analysis

The descriptive data was analyzed. Considering a confidence level of 95 percent, the responses were generated into percentages, and descriptive analyses were used to determine the perspective, attitude, and knowledge about sex education among students. In some instances, percentages were added to quantify students' responses to a particular issue/question. Besides, tables and charts were employed to present the findings/results of the study.

3. Results

3.1 Respondents' Background Information

Table 1 below shows students' participants' sex, age, and religion.

Table 1. Background information about the Participants

Sex		Age				Religion	
Female	Male	15yrs	16yrs	17yrs	18yrs	Christian	Others
61%	39%	1%	13%	57%	29%	73%	7%

In Table 1 above, of the 144 students engaged in the study, 61% were females and 39% were males. The average age of the students was 17 years, with the minimum and maximum ages of 15 and 18 years, respectively. Most of the students interviewed were Christian, 93% and 7% belonged to other religions.

3.2 Parents' Educational Attainment

Table 2. Parents' Educational Attainment

	Non-Elementary Graduate	Elementary Graduate	High School Undergraduate	College Undergraduate	High School Graduate	College Graduate
Fathers	1%	12%	6%	46%	13%	22%
Mothers	1%	7%	11%	40%	23%	18%

Regarding the educational attainment of the students' parents, as shown in Table 2 above, 22% of the fathers were college graduates compared to 18% of the mothers. Respectively, 23% and 13% of their mothers and fathers attained a High School education. 46% of the students' fathers

received a college undergraduate education, while 40% of their mothers did. 11% of their mothers were High school undergraduates as compared to 6% of their fathers. 12% and 7% of the fathers and mothers attained elementary school education, respectively. Moreover, 1% of both parents had no education.

3.3 Students' Sexual Encounters

The study showed that the majority (84%) of the students have had sexual encounters; however, 16% have not had any sexual encounters. Moreover, 56% of them feared misfortune from sexual encounters, while 44% of them did not. (Please refer to figures 1 and 2 below for details.)

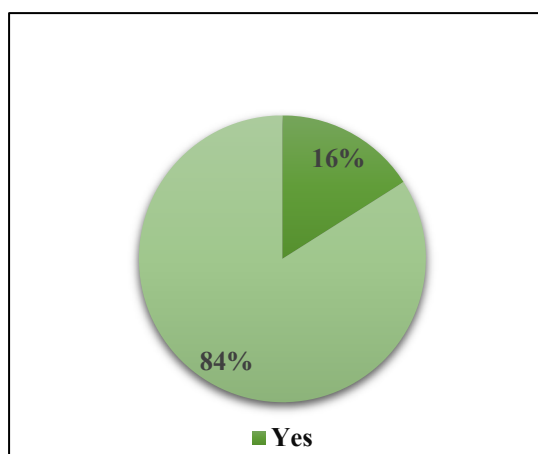


Figure 1. Students' Sexual Encounters

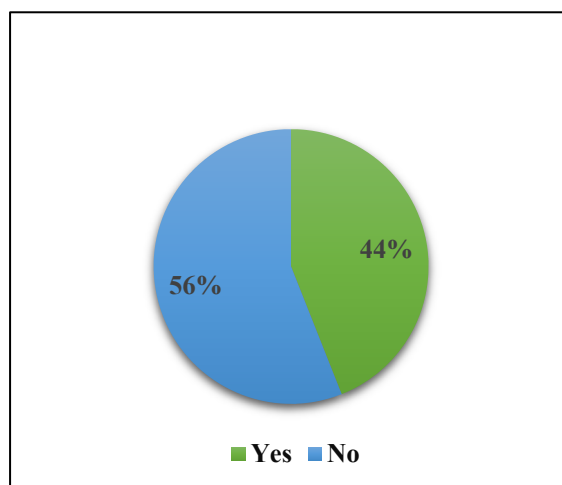


Figure 2. Fear of Misfortune from Sexual Encounter

Respondents' perspectives about sex education being a subject in Ghanaian Schools

Table 3. Respondents' Perspective on Sex Education

	Agree/Yes	Strongly Agree	Disagree/No	Strongly Disagree	Neutral
Sex education should be taught in school	86%	-	14%	-	-
Begin Sex Education in Secondary School?	33%	23%	12%	4%	28%
Sex education should start from primary school	14%	-	30%	18%	26%
Sex education should start at home	31%	21%	8%	-	40%
Sex education should be mandatory in the classroom	29%	12%	22%	7%	30%

Referring to Table 3 above, 86% of the respondents supported the idea that sex education should be taught in Ghanaian schools, but 14% thought otherwise. Moreover, most of the respondents are now more positive about sex education, while 33% of them agreed, and 23% strongly agreed that sex education should be taught in Secondary Schools. This means that 56% of the students are in support of sex education in the secondary schools. However, 16% of them were not in support - 12% disagreed and 4% strongly disagreed that sex education should be taught in secondary school. Besides, 28% were neutral – they neither agreed nor disagreed.

3.4 Where to Start Sex Education

In Table 3 above, more students, 48% of them, disagreed that sex education should start in Primary School (30% disagreed and 18% strongly disagreed). On the other hand, 32% of the students supported the idea (18% strongly agreed and 14% agreed) that sex education should start in Primary School; meanwhile, 26% of them were neutral.

Furthermore, 52% of the students supported sex education at home; 31% were of the view that sex education should start at home, and 21% strongly supported the idea. However, 8% of them were not in favor of the idea, and 40% of them were neither against the idea nor were in favor of it – they were neutral.

Regarding sex education being mandatory in the classroom, 30% of the respondents were neutral; they could not decide whether sex education should be mandatory in the classroom. 41% of the students thought that sex education should be mandatory in the classroom (29% agreed and 12% strongly agreed); however, 29% of them disagreed (22% and 7% strongly disagreed) (Please refer to Table 3 above for details)

3.5 Students' Perspectives on the Impact of Sex Education in the School Program

Table 4. Students' perspectives on the impact of sex education in the school program

	Agree/Yes	Strongly Agree	Disagree/No	Strongly Disagree	Neutral
Sex Education Encourages Sex	21%	7%	23%	10%	39%
Availability of Sex Education information on the Internet	30%	15%	12%	15%	36%
Sex Education Limiting Teenage Pregnancy	35%	18%	9%	2%	36%
Inclusion of Family Planning in Sex Education Classes	13%	17%	49%	1%	20%

3.6 Sex Education Encourages Students to Engage in Sexual Activity

According to Table 4 above, 28% of the students believed that sex education would encourage students to engage in sexual activities (21% agreed and 7% strongly agreed); however, 33% of the students disagreed with the latter (23% disagreed and 10% strongly disagreed). Moreover, the majority – 39% of the students- were undecided or neutral as to whether sex education would encourage students to engage in sexual activities.

3.7 Availability of Sex Education Information on the Internet

45% representing most of the students agreed (30% agreed, and 15% strongly agreed) that information about sex education should be made available on the internet; however, 27% of them disagreed (12% disagreed and 15% strongly disagreed). Moreover, 36% of the students remained neutral as to whether Information about sex education should be made available on the Internet or not (Please refer to Table 4 above for details)

3.8 Sex Education Limiting Teenage Pregnancy

Slightly more than half of the students (53%) were of the view that sex education would help lower teenage pregnancy. (35% agreed and 18% strongly agreed.). On the other hand, 11% of them disagreed (9% disagreed and 2% strongly disagreed) that sex education would contribute to the reduction of teenage pregnancy. Moreover, 36% of them remained neutral (Please refer to Table 4 above for details).

3.9 Inclusion of Family Planning in Sex Education Classes

Table 4 above shows that half of the respondents 50% disagreed that family planning should be included in sex education classes (49% disagreed and 1% strongly disagreed), however, 30% supported the idea that family planning should be included in the sex education classes (17% strongly agreed and 13% agreed), meanwhile 20% of them were neutral.

4. Discussion

The study examined students' perspectives, attitudes, and awareness toward sex education in the High School of Adaklu District within the Volta Region of Ghana. 61% and 39% of the students were females and males, respectively, and most of the students, 84% had not had sexual encounters, while the remaining 16% did have some sexual encounters. Most of the students were neutral to most of the questions/issues raised in the study, suggesting that they might not have received enough training on 'sex education and therefore did not have adequate knowledge of sexual and reproductive health issues. These include, for instance, 'whether sex education should start from Senior High (28% neutral), from the primary (26% neutral), and at home (40% neutral). Besides, about mandatory sex education in class (30% neutral); sex education limiting teenage pregnancy (36% neutral); sex education encouraging sex among students (39% neutral); whether information on sex should be made available on the internet for young people (36% neutral) and about sex education to include family planning (20% neutral).

Moreover, the fact that some (44%) of the students who have had sexual encounters were scared they would become pregnant or impregnate someone means they might have had unprotected sexual encounters with their partners and did not know when pregnancy is likely to occur in women. This relates to the point that the students were ignorant about sexuality issues. A study by Kyilleh et al. (2018), in the northern part of Ghana, showed that knowledge of sexuality and reproductive health choices was exceptionally low among adolescents. It is therefore not surprising that some of the students (21%) thought that sex education would encourage sexual activities among students, to the extent that 14% of the students disagreed with the teaching of sex education in Ghana, and 30% did not agree with sex education in the primary schools. Moreover, almost half of them (49%) were not in support of including family planning in sex education classes, for the same reason that it would promote sexual acts among students. Similarly, other studies in Ghana revealed that parents failed to discuss sexuality issues with their wards because they fear that they might promote sexual promiscuity among them (Awusabo-Asare et al., 2017; Baku et al., 2018). On the contrary, Reis *et al.* (2011) stipulated a positive relationship between sex education and safer sex and protective sexual behaviors, knowledge, motivation, and skills. Furthermore, a total of 53% of the students (35% agree and 18% strongly agree) were of the view that sex education in the school curriculum would help reduce teenage pregnancy; however, few of them (9%) thought otherwise. The students supported sex education in Ghana and showed positive thoughts and feelings about commencing it in secondary schools and at home. However, 48 % of most of students did not agree with starting sex education in elementary schools. Looking at the results, we can also identify numerous neutral responses which could be attributed to lack of knowledge, social, cultural, educational variables, including taboos as indicated by some of the respondents.

5. The Conclusions Reached from This Study Are:

- The study provides insights into the perspectives, attitudes, and awareness of high school students within the Adaklu District in the Volta Region of Ghana towards sex education. The findings from the study revealed that students support the inclusion of sex education in Ghanaian schools. They believed that teaching sex education would not promote sexual activity among students, but rather, would help reduce the incidence of teenage pregnancy, reinforcing the positive relationship between sex education and improved sexual health outcomes. In addition, the study showed a significant lack of knowledge and understanding of sexual reproductive health issues, as seen in the high responses of neutrality on key questions surrounding sex education.
- Most of the students expressed uncertainty about whether sex education should begin at home, primary, or secondary school, and their mixed feelings towards the inclusion of family planning in the curriculum further highlight the importance of more structured and comprehensive sex education interventions. The fact that most students with sexual experience feared pregnancy explains a gap in knowledge and understanding of contraception and reproductive health, reaffirming previous studies in Ghana that showed similar challenges among adolescents.
- However, the opposing views of students about introducing sex education in primary schools and the inclusion of family planning in the curriculum suggest that cultural attitudes and misconceptions around sexual and reproductive health remain a barrier to effective sex education. Addressing these barriers calls for holistic efforts from NGOs, educators, policymakers, traditional authorities, and parents to demystify sex education and create an environment that supports open, informed discussions about sexual health from an early age. Consequently, the results of this study cannot be generalized to the entire nation, as it reflects the perspectives of students from a school in the Volta region with distinct cultural attitudes towards sex education.

6. Recommendations

Based on the findings of this study, Comprehensive Sexuality Education should be implemented in Ghanaian Junior and Senior High Schools, with qualified sex education teachers employed to deliver this curriculum. Social workers play a major role in our society, addressing issues related to teenage pregnancy, health-related issues such as STIs, abortion, and health complications. Social workers in Ghana should focus on improving sex education programs, advocating for such programs to be included in the school curriculum. In addition, social work students, especially those at the university level, should be encouraged to have seminars in the basic schools to educate students on sex education. Furthermore, future research should extend beyond a single high school to encompass diverse districts and various high schools across Ghana. It is also recommended that subsequent studies should employ qualitative research methodologies to gain deeper insights into adolescents' perspectives and perceptions regarding sex education in the Volta Region of Ghana.

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Informed Consent

Obtained.

Provenance and Peer Review

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Data Availability Statement

The data that support the findings of this study are available on request.

Competing Interests Statement

The authors declare that there are no competing or potential conflicts of interest.

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