

# A frown on sex education empowers teenage pregnancy in Ghana

Anthony Kudjo Donkor

Faculty of Education, University for Development Studies, P. O. Box TL 1350, Tamale, Ghana.

E-mail: akudjod@yahoo.com. Tel: (233) (0) 20-086 1506.

Accepted 10<sup>th</sup> November, 2017

**Abstract.** The author reviewed literature base on sex education and teenage pregnancy. The objectives of the study were to assess perceptions on sex education; identify the stakeholders of sex education; evaluate the scope of sex education curriculum and; to provide recommendations for sex education. It was discovered that there were some opposing views from parents and religious groups on the relevance of sex education in shaping the lives of the youth. However, this paper posits that increased understanding of the relevance of sex education by parents, religious groups and teachers will empower the youth against teenage pregnancy and its consequences, and will also improve upon human capital development. The study revealed that concealing sex education and sex-knowledge from the youth makes them more curious and vulnerable. Parents, religious leaders and schools should therefore get involved in the crusade against teenage pregnancy through sex education to equip the youth with knowledge in order to overcome the potentially corrupt information that is out there especially through the social media and friends. The methodology helped glean lessons on how to build relationships with adolescent children in order to curb the incidence of teenage pregnancy in the society. For instance the culture of silence which created a communication gap between children and their parents in the family at the period the children needed to be engaged in conversations has been addressed. The study will be useful to students, parents, teachers and advocates of vulnerable groups such as the girl-child.

**Keywords:** Girls, knowledge, parents, schools, sexuality, youth.

## INTRODUCTION

Sex education is based on the instruction on issues relating to human sexuality such as human sexual anatomy, sexual reproduction system, sexual intercourse, reproductive health, emotional relations, reproductive rights and responsibilities. In addition, it includes abstinence, birth control, contraception, sexually transmitted diseases, and other aspects of human sexual behaviour. Common avenues for sex education are parents or caregivers, formal school programmes, and public health campaigns. For any sex education to be successful especially in Africa, the culture of the immediate recipients must be put into consideration when selecting content and methodology. Human sexuality has biological, physical, emotional and spiritual aspects. The biological aspect of sexuality refers to the reproductive

mechanism as well as the basic biological drive, libido that exist in all species, which is strongly influenced by hormonal levels. The emotional or physical aspect of sexuality refers to the bond that arises between individuals, and it is manifested physically or emotionally through love, trust and care. There is also a spiritual aspect of sexuality of an individual or a connection with others. Experience has shown that adolescents are curious about aspects of their sexuality as well as the nature of sexuality in general, and that many will seek to experience their sexuality in some way.

Traditionally, adolescents in many cultures were not given any information on sexual matters, because any discussion of these issues was considered a taboo. Such instructions were left to a child's parents, and often this

was put off until just before marriage (Osei, 2009). Sex education in schools began in the 70s in most European countries, and also in U.S.A and Canada. In Finland, sex education was incorporated into various obligatory courses mainly as part of Biology lessons in lower grades and, later, in courses related to general health issues. In some cases the Population and Family Welfare Federation (PFWF) provided all 15 year olds with an introductory sexual package that include information brochures, condoms and cartoons of love stories (Owusu, 2012). As part of the effort to reduce teenage pregnancies, programmes of sex education were instituted by some countries initially over strong opposition from parents and religious groups. Moreover, the outbreak of AIDS has given a new sense of urgency to sex education as a strategy for risk control.

### Research questions

The paper was guided by the following research questions:

1. What is the perception toward sex education?
2. Who should be involved in sex education?
3. What is the scope of sex education curriculum?
4. How could sex education be enhanced?

### Objectives

Objectives of the study include:

1. To assess perceptions on sex education.
2. To identify the stakeholders of sex education.
3. To evaluate the scope of sex education curriculum.
4. To provide recommendations for sex education.

### Problem statement

Globally, 16 million girls at aged 15 to 19 years and 12 million girls under the age of 15 give birth every year, and one (1) in five (5) girls give birth by the age of 18 (WHO, 2014). Pregnancy among teenagers in a country such as Ghana is a significant problem. An estimated number of 750,000 teenagers between ages of 15 to 19 years become pregnant each year in Ghana (GNA, 2013).

In an attempt to address this issue, it may be helpful to look at examples of other countries that have successfully minimized this problem. At 2.9 births per 1000 teenaged women, South Korea has the lowest teen pregnancy rate in the world. Also in the top 5 is the Netherlands, with 6.2 births per 1000 (UNICEF, 2001). Because of vastly different cultural and economic contexts, it is not possible to find one set of policy that works in every country. South Korea's low teen

pregnancy rates apparently are mostly due to a set of traditional values about sexuality that has not yet been eroded by modern life (UNICEF, 2001). Young people are always kept busy, closely supervised and controlled by their parents and other authority figures. In Ghana, a discussion on sex continues to be regarded as a taboo and sex education in schools is very limited. Nonetheless, in the Netherlands, attitudes towards sexuality are very liberal and open, and sex education is well-established in the school curriculum. Sex education starts before children are old enough to be embarrassed by the subject. There is adequate information on effective birth control as well (UNICEF, 2001).

### Significance of the study

The intolerance for sex education and sexual encounters among the youth of Ghana are becoming increasingly alarming. These lead to unwanted pregnancies, prolific infections and massive drop-out rates from schools. The risk of attracting HIV virus is very high among the youth. Girls are worst affected with early pregnancies cutting short their dreams to continue their education. In the absence of a cure or vaccine for teenage pregnancy or HIV/AIDS, educating children about safe sex is regarded by many as the primary means for prevention. The United Nations and others have described it as "the social vaccine" but the question of how best to do this has long been debated. The need for such efforts remain acute but is fraught with difficulty as deep-rooted socio-cultural, religious and moral constraints remain barriers to effective sex education across Africa (Colleen, 2014). It is anticipated that this study will be useful to students, parents, educationists and health authorities in their effort to fight this social menace of teenage pregnancy in Ghana and beyond.

## LITERATURE REVIEW

### Theoretical framework

#### *Social control theory and social bond theory*

Social control theory refers to a perspective which predicts that when social constraints on anti-social behaviour are weakened or absent, delinquent behavior emerges. However, social bond theory postulates that people engage in criminal activities when their bond to society has weakened. These theories suggest that deviant behaviours increase because of weaken or broken social ties in the family and school (Alexander and Lloyd, 2003). According to Herrenkohl *et al.* (2000) and Kendall (2009), they refer to issues such as, attachment to another, commitment to conformity, involvement in customary activities, beliefs in legitimate values and

norms, lack of emotional closeness, support, discipline and supervision in family environment and lack of educational commitment.

Amanuel (2009) stated that children come into the world helpless and unable to fully develop without adults. That it is the responsibility of parents and teachers to nurture them and teach them how to live decent lives. In addition, Kwarko (2017) reiterated that young girls need mentoring to prepare them properly into adulthood. Adolescents are believed to manifest reasoning power by asking questions and challenging adults' authority at home, in the school and the society. There is therefore the need to provide proper guidance in order to mitigate the adverse effects emanating from misinformation from incredible sources. Actions embarked upon by adults should be explained to adolescents in order to carry them along (Adamson, 2000). Krohn *et al.* (1995) indicated that there is a relationship between deviant behaviour and school dropout rates. For instance, teen births significantly reduced the likelihood of the mother completing high school. In addition, early sexual activity has been shown to effect academic failure (National Research Council, 2001) and is related to low academic achievement (McGee and Newcomb, 1992).

### **Sex education in Ghana**

It is a natural phenomenon to engage in sexual practices at a given time in one's lifetime, however with the contemporary socio-economic, cultural, religious and to certain extent even political expectations and issues, it is necessary to initiate a discussion on the timing of the resumption of such sexual practices. Teenage sexual behaviour has the potential to substantially have an adverse effect on the academic progress of an individual and generally affect the country as a whole. There is the argument that indirectly the prevalence of teenage pregnancy is partially nature's way of ensuring the survival of the human species. On the other hand others argued that the famous baby boom period left the legacy of overcrowding or overpopulation which is the reason why development in some countries cannot be a realistic objective. Therefore the objective of the study was to critically look at some of these findings in order to establish a firm point of departure from which the overall foundation in general was based.

It is imperative to look at some practices that gave impetus to the problem of teenage pregnancy in countries of the sub-Saharan African continent. For example, in Ghana, adults rarely discussed sexual matters with the youth. During their transition from youth to adulthood, the youth received no explanation as to the biological changes taking place in their bodies (Brocato and Dwamena-Aboagye, 2007). Kwarko (2017) stated that young girls must be made to understand that part of their normal physiology is to crave for sex; nonetheless, if care

is not taken there can be an accidental pregnancy. The introduction of new technology however has made this practice of concealing sex-knowledge from the youth impossible to sustain because the values of society have evolved. Children are currently much more well-informed than their parents because of the information technology age. Thus, Ghanaian Society can no longer afford to shy away from the necessity to empower its youth with sex education because of the potentially corrupt information that is out there. Ghanaian parents need to intervene to ensure that their children are not corrupted by what they see and learn from the media and friends. Now more than ever, the Ghanaian traditional culture of silence must be broken. Sex education should no longer be a typical taboo subject in Ghana because concealing sex education and sex-knowledge from the youth makes them curious and vulnerable (Oppong *et al.*, 2006; Osei, 2009).

The culture of silence created a communication gap between children and their parents in the family and it accounted for the reason why children were punished for misbehaviours and could not question their parents, especially the girls (Brocato and Dwamena-Aboagye, 2007). Young people were naturally afraid to ask questions relating to sexual issues as they would be seen as "disrespectful" and "disobedient". Sexual issues were topics for adult discussions only. If a curious youth dared to ask a question about his or her sexuality, he or she would either be ignored or reprimanded. There was the misconception that children should not be educated on their sexuality.

Osei (2009) stated that religion also contributed to the culture of silence by keeping the youth "in the dark". The church often gave "moral education" instead of sex education. The issue of morality was closely tied to the practice of sex. However, sex education for children was associated with encouraging immorality. The religious view point was that sex education could make "sexually quiescent adolescents" more likely to indulge in "sexual experimentation" (Ankomah, 2001). So, sex education was not given in the strict sense of the word to the youth either in the home or at church.

In the absence of any formal sex education, certain entrenched norms and values had powerful influence on the youth's sexual behaviour (Oppong *et al.*, 2006). Initiation or puberty rites such as *bragoro* for Ashanti girls, *dipo* for Krobo girls and others, in some Ghanaian communities, were the traditional approach to sex education. During these rites, the initiates would be equipped with some useful advice on sex. The purpose of these rites was to prevent promiscuity and pre-marital sex among the adolescents. Young people who went through the rites successfully were described as decent and received the praise of their parents and elders. Alternatively a girl who got pregnant before her ceremony brought shame onto her family and would be described as impure. While this traditional approach to sex

education helped to enlighten the youth, it meant that children had to remain sex-ignorant until they attained the puberty age.

According to Osei (2009) to some extent, the Ghanaian Society today still observes a culture of silence and insists on the youth leading morally upright lives. The emphasis on the youth to uphold moral behaviour has been placed on abstaining from sexual relations altogether. Nonetheless, sexual images assault the youth every day. These days it is easy to identify sexual images everywhere from advertising billboards to popular tunes heard on air. Most adverts target the youth in society when promoting products such as jeans, T-shirts, seductive clothing, fragrance, and even condoms. Sexuality, rather than morality, has become the norm and the youth are not exempted from this exposure (Klemp and Moore, 2003).

The blame for being immoral should not be put on the youth because the sexual images on the media are generated by adults (Schwartz and Rutter, 1998). Some youth enter into sexual relationships early; some even start having sexual intercourse at much younger ages that is between 9 and 18 years (Ansah-Addo, 2005). The emerging trend of increased sexuality among youth and their vulnerabilities, child sexual abuse, teenage pregnancy, STDs, as well as the other complications that come with promiscuity and pre-marital sex has made it imperative for Ghanaian society to shed the taboo and to embrace the idea of early sex education, as is done in societies like Sweden (Schwartz and Rutter, 1998). The misconception that sex education to children makes them immoral should change. Studies indicate that giving sex education to children at a tender age helps to delay their desire to engage in sexual activities (GNA, 2008) and has a positive effect on teenage pregnancy issues. The parent-child communication restriction on sexual issues as instituted by traditional norms should be amended so that sex-related matters can be discussed at will.

The Ghanaian government's attitude toward sex education is best described as ambivalent because though the subject is officially part of the school curricula, it is not effectively taught in practice. According to Ankomah (2001) the reason for this is that the government wants to satisfy the religious critics in the society. However, to deny children knowledge about sex and their sexuality would rather impede efforts to make them abstain from it (GNA, 2004). Formal sex education or any other type should only compliment that of the home because parents are the first point of contact for children.

In a recent news publication, the Uganda government was set to introduce sex education to children as young as three years (Nganga, 2017). It was stated that children in pre-school will be taught about body parts, private parts and unacceptable forms of touching the body. The content has been grouped into five categories to suit the age differences in the proposed subject.

It is believed that the messages have been developed to promote various skills and values, for the benefit of a child during and after school. It is also believed that a child at this stage will develop awareness, refusal and communicative skills to be responsible citizens.

Pupils in Primary One to Four will be taught why some body parts are considered private, puberty, pregnancy, inappropriate touch and when to report it. The students, between the ages of six and nine, will also learn about HIV/Aids and sexually transmitted diseases. The other groups are upper primary (10 to 12 years old) who will be taught personal hygiene during puberty, virginity and abstinence; secondary school students (13 to 16 years) and tertiary institution students (17 years and above) (Nganga, 2017).

## METHODOLOGY

Literature was reviewed in journals, books and other databases on sex education and teenage pregnancy, with a focus on Ghana to help glean lessons on how to build relationships with adolescent children in order to curb the incidence of teenage pregnancy in the society. A comparative study on sex education was also employed in order to adopt best practices from other places to curb the incidence of teenage pregnancy.

## RESULTS AND DISCUSSION

The study was on sex education as a means to curb teenage pregnancies, especially in developing countries.

The youth in Ghana today are entering into sexual relationships early; because at the teen age they are sexually active (GNA, 2008). Some even start having sexual intercourse at much younger ages that is between 9 and 18 years (Ansah-Addo, 2005). There is the emerging trend of increased sexuality among the youth and their vulnerabilities (child sexual abuse, teenage pregnancy, STDs) as well as the other complications that come with promiscuity and pre-marital sex (Schwartz and Rutter, 1998). It was noted that the level at which a pupil became pregnant at school was not an independent factor; rather, it was dependent on factors such as weak family support, poor academic performance, poor school and low value of education (Scottie and Awasu, 2011). It has been observed that early sexual activity leads to academic failure. Teenagers who were not doing well in school and had lower educational aspirations, were more likely to have sex during adolescence than those faring better in school (National Research Council, 2001).

There was a misconception that sex education to children makes them immoral. However, studies indicate that giving sex education to children at a tender age helps to delay their desire to engage in sexual activities (GNA, 2008) and has a positive effect on teenage

pregnancy issues. The parent-child communication restriction on sexual issues as instituted by traditional norms should be amended so that sex-related matters can be discussed at will.

There is a belief that the culture of silence which creates a communication gap between children and their parents in the family persists. Young people are naturally afraid to ask questions relating to sexual issues as they would be seen as "disrespectful" and "disobedient". Sexual issues were topics for adult discussions only. If a curious youth dared to ask a question about his or her sexuality, he or she would either be ignored or reprimanded (Brocato and Dwamena-Aboagye, 2007). The misconception that children should not be educated on their sexuality should be changed.

Some factors have been found as the main causes of teenage pregnancy. They include poor parenting, parent-teenage relationship, peer pressure influence, uncontrolled sex feelings, sexual abuse, socio-economic factors and childhood environment. Parenting skills and parental attitudes have great implications on the lives and attitudes of children. It is often argued that domestic violence and lack of love from parents for their wards most often forced teenage girls to seek for that love from their colleague males, which may result in early sex and the associated vice such as teenage pregnancy. Parents' inability to make time to discuss serious life issues with their children paved way for teenage pregnancy.

It is naïve for a parent to withhold information about sex and sexuality from their children while such information can easily be obtained from the media and friends. It is often unknown to some parents that the teen years are the years of great adjustment and they are when communication is mostly needed, but instead this is the time when communication is at its lowest level between parents and their children. This is because parents think that children know nothing about sex whereas they know everything except its dangers, such as contraction of STI's and pregnancy and the results of such confusing situations (Mathews, 2005).

Teenagers rely on their friends for information as they want to be accepted within a particular social group. This information is often misleading and uninformed. They often get pregnant not to please themselves, but only to be accepted within a group of pregnant or parenting friends. Sometimes they advise each other that in order to keep a loved boyfriend the solution is to have sex with him and bear a child for him. That is often misguided and completely inaccurate (Halinan and Williams, 1990).

Many teachers are uninformed when it comes to the handling of problems that are related to sex and sexuality. There is a serious need to train teachers on this issue as it appears most of them still hold conservative attitude towards sex. In schools pupils only learn about their body organs and their physiological functions such as the reproductive system.

It is believed that health institutions such as clinics and

hospitals sometimes indirectly compound problems of teenage pregnancy by providing preventive measures such as pills or condoms to young girls between the ages of twelve and sixteen dubbed "family planning". The young girls leave the clinics and hospitals with wrong perceptions of having the potential of planning their families and they eventually get trapped in the web of teenage pregnancy (Boult and Cunningham, 1996).

The religious view point was that sex education could make "sexually quiescent adolescents" more likely to indulge in "sexual experimentation" (Ankomah, 2001). So, sex education was not given in the strict sense of the word to the youth either in the home or at church. The perception of religious groups that sex education for children was associated with encouraging immorality should be abolished. They should rather encourage the social control aspect as well as social bond between the youth and their families in matters related to sexual education to inhibit teenage pregnancy.

A factor worth exploring is the socio-economic status of parents or guardians. The financial position of the family may also influence the behaviour of an individual. The socio-economic background of the family would either enhance or destroy the self-esteem of its members, particularly the teenagers. Poverty pushes teenage girls to lead certain lives which could endanger their lives in so many ways. The absence of basic needs for children may cause children to lose interest in school as well. UNFPA (2003) has emphasized that economically poor countries such as Niger and Bangladesh have far more teenage mothers compared with economically rich countries such as Switzerland and Japan.

Most adverts target the youth in society when promoting products such as jeans, T-shirts, seductive clothing, fragrance, and even condoms. Sexuality, rather than morality, has become the norm and the youth are not exempted from this exposure (Klemp and Moore, 2003). Sex on television and movies involved people who do not display marital ties or good personal conduct. The actual consequences of sex such as unwanted pregnancies are not shown. Instead sex looks easy, funny and glamorous. It often appears as if everyone is doing it. Mass media production does not view morality as a priority instead immorality is used as a marketing strategy in advertisements, films, literature, music etc. Watching of pornographic and engaging in early sexual activity lead to teenage pregnancy and school dropout among girls. Parents, community leaders and religious groups should see to the enforcement of social control on activities of the media.

Formal sex education curriculum for basic schools was absent in most sub-Saharan African countries including Ghana. It was obvious that teachers did not have teaching resources to effectively teach sex education because it did not exist as a subject with its own curriculum but rather as an aspect of a course in some selected subjects such as integrated science or biology.

Ghana Education Service, as the professional body of education managing basic schools in the country does not have any accredited course known as sex education that is taught in the training colleges where training of basic school teachers take place.

The recent news publication that the Uganda government was set to introduce sex education to children as young as three years (Nganga, 2017) depict the level of worry of the social menace in that country. It was stated that children in pre-school will be taught about body parts, private parts and unacceptable forms of touching the body. That the content has been grouped into five categories to suit the age differences in the proposed subject. It is believed that the messages have been developed to promote various skills and values, for the benefit of children during and after school since it is also believed that children at those stages develop awareness, refusal and communicative skills to be responsible citizens. The categorization of the contents to suit the age differences is a move in the right direction with a laudable idea, because it will help to ease the problem of the long time debate over the appropriate time to start sex education for children.

## CONCLUSION

The study sought to investigate the impact of sex education on teenage pregnancy in the Sub-Saharan Africa, specifically Ghana. The study was guided by four research questions, focused on the perception toward sex education; those involved in sex education; the scope of sex education curriculum and; how sex education could be enhanced.

The methodology was to review literature on sex education and teenage pregnancy to help glean lessons on how to build relationships with adolescent children in order to curb the incidence of teenage pregnancy in the society. It was discovered that adolescents in many cultures were not given any information on sexual matters, because any discussion of these issues was considered a taboo. Such instructions were left to a child's parents, and often this was put off until just before marriage (Osei, 2009). The culture of silence created a communication gap between children and their parents in the family. Osei (2009) stated that religion also contributed to the culture of silence by keeping the youth "in the dark". The church often gave "moral education" instead of sex education. The issue of morality was closely tied to the practice of sex. Sex education for children was associated with encouraging immorality.

Basic schools in most Sub-Saharan Africa countries like Ghana did not have sex education syllabus to teach the subject, but rather selected topics in integrated science, social studies, HIV/AIDs syllabus and occasional health talks created the awareness and provided knowledge for pupils in the basic schools in sex

education. Teenage pregnancy in basic schools led to school drop-out, unemployment, and single parenting. Teenage pregnancy was affirmed high in the literature reviewed and some of the causes mentioned include, peer pressure influence, low level of education, media influence, lack of parental support and poverty.

## RECOMMENDATIONS

The recommendations stated below are not in any particular order, priority or preference. They are of equal importance to the author of the paper.

Sex education should not be just a concept but should be developed further as a complete discipline for basic schools. It should not be treated as part of other learning areas but should rather enjoy autonomy with its own learning curriculum. That will expose learners to detailed firsthand information on sex related issues. It will enable learners to receive information in full and not in pieces in order to dissipate ill-informed advice through the media and peers or friends.

Parents should talk openly and freely with their children about sex. If children get proper information and guidance from their parents at home they would disregard whatever misinformation they come across outside the boundaries of their homes. Parents should teach their young ones about their own sexuality, possible changes, implications and prevention or protection practices.

Each community should endeavour to put in place recreational facilities with extensive programmes for teenagers. Teenagers in some cases engage in sex due to the fact that they have nothing to do, so, if learners within the communities have sporting and cultural activities to keep them busy there would not be enough time to think about or engage in sex.

The creation of central venues such as clinics for the youth could help in the campaign for sex education awareness and that would minimize the influence from peer pressure. In such centres the awareness campaign on the effects of early sex, unsafe and unprotected sexual conduct could be discussed with teenagers.

The parent-teacher-associations in the country should be encouraged to ensure a constant interaction between parents and teachers in various schools and communities. This will enable teachers to discuss issues affecting children with their parents or guardians.

The District Assembly and the District Education Directorate in collaboration with NGOs should endeavour to identify and support needy girls. Educational Endowment Funds should be established in order to raise funds to support needy girls. Such efforts may save the girls from the effect of poverty, which is one of the major causes of teenage pregnancies.

The Ministry of Education and Ghana Education Service should establish counseling units in all basic

schools. Members of the counseling units should include teachers, parents, students, religious groups and opinion leaders in the communities. This team should interact regularly with pupils to discuss issues related to peer pressure, truancy, sexuality and others.

## REFERENCES

- Adamson C (2000).** Defensive localism in white and black: A comparative history of European-American and African-American youth gangs. *Ethnic Racial Stud.* 23:272-298.
- Alexander TV, Lloyd EP (2003).** The importance of family and school domains in adolescent deviance: African American and Caucasian Youth. *J. Youth Adolesc.* 32:115-128.
- Amanuel AT (2009).** Human resource management for education practitioners in Africa. *Teach. Teacher Educ.* 15:849-859.
- Ankomah A (2001).** The International Encyclopaedia of Sexuality: Ghana. (Ed.). R. T. Francoeur, New York, NY: Continuum.
- Ansah-Addo H (2005).** Adolescent sex on the increase in Ghana: Behind the mask. Accra, Ghana. Retrieved from Ashesi.edu.gh.
- Boult BE, Cunningham PW (1996).** Black teenage pregnancy: An African perspective. *Int. J. Adolesc. Youth.* 3:303-309.
- Brocato V, Dwamena-Aboagye A (2007).** Violence against women & HIV/AIDS. Eds. Y. Amisah, *et al.*, Achimota: The Ark Foundation Ghana.
- Colleen M (2014).** Provision of no-cost Long-acting contraception and teenage pregnancy. *New England J. Med.* 371(14):1316-1323.
- Ghana News Agency, GNA (2008).** NGO protect children from effects of HIV/AIDS. Accra, Ghana: Health News.
- Ghana News Agency, GNA (2004).** Sex education to children does not make them promiscuous. Accra, Ghana: Modern Ghana News.
- Ghana News Agency, GNA (2013).** Ghana: 750,000 teenage pregnancies recorded annually. Health News, Accra, Ghana: Health News.
- Ghana News Agency, GNA (2013).** Adolescent pregnancy in ascendancy in Upper East Region. Accra, Ghana. Health News.
- Halinan MT, Williams RA (1990).** Students' characteristics and the peer influence process. *Sociology of Education.* 63:122-132.
- Herrenkohl TL, Maguin E, Hill KG, Hawkins JD, Abbott RD, Catalano RF (2000).** Developmental risk factors for youth violence. *J. Adolesc. Health.* 26(7):176-186.
- Kendal D (2009).** Social problems in diverse society. Boston: Allyn and Bacon.
- Klemp JA, Moore MC (2003).** The ECK HI 2 Discourses. Minneapolis: ECKANKAR.
- Krohn MD, Thornberry TP, Collins-Hall L, Lizotte AJ (1995).** School dropout, delinquent behavior, and drug use: An examination of the causes and consequences of dropping out of school. In H. B. Kaplan (Ed.), *Drugs, crime, and other deviant adaptations: Longitudinal studies* New York: Plenum Press. pp. 163-183.
- Kwarko PE (2017).** Girls must delay first sexual experience. Mentoring and coaching seminar for girls in Senior High Schools. Kumasi, Ghana: Health News.
- Mathews C (2005).** Reducing sexual risk behaviours: Theory research, successes and challenges. In S. S. Abdool-Karim and Q. Abdool-Karim (Eds.), *HIV/AIDS in South Africa*. Cambridge University Press.
- McGee L, Newcomb MD (1992).** General deviance syndrome: Expanded hierarchical evaluations at four ages from early adolescence to adulthood. *J. Consult. Clin. Psychol.* 60:766-776.
- National Research Council (2001).** Understanding dropouts: Statistics, strategies, and high-stakes testing. Washington, DC: National Academy Press.
- Nganga D (2017).** Sex education: Uganda will now teach sex education to 3-year-olds. Available at pulse.com.gh.logo.
- Osei A (2009).** Sex education in Ghanaian society: The skeleton in the cupboard. Retrieved from Ashesi.edu.gh/images/academics/writing/center/09\_osei\_essay.pdf.
- Owusu SA (2012).** Cultural and religious impediments against sex education. Accra, Ghana: GNA.
- Oppong C, Oppong PA, Odotei IK (2006).** Sex and gender in an era of AIDS: Ghana at the turn of the millennium. Accra: Sub-Saharan Publishers.
- Schwartz P, Rutter V (1998).** The gender of sexuality. London: Pine Forge Publishers.
- Scottie CA, Awasu C (2011).** Prevailing against the odds of dropping out of schools in Ghana. *Afr. J. Educ. Technol.* 1(2):125-142.
- United Nations Population Fund, UNFPA (2014).** Operational guidance for comprehensive sexuality education: A focus on human rights and gender. New York, NY.
- United Nations Children's Fund, UNICEF (2001).** A league table of teenage births in rich nations. Innocenti Report Card No. 3.
- World Health Organisation, WHO (2014).** Adolescent pregnancy. Available at [www.who.int/reproductivehealth](http://www.who.int/reproductivehealth).