

UNIVERSITY OF CAPE COAST

SEXUAL BEHAVIOUR OF IN-SCHOOL EARLY ADOLESCENTS: A CASE
STUDY IN NEW JUABEN MUNICIPALITY

ELIZABETH ADOBOAH

2012

UNIVERSITY OF CAPE COAST

SEXUAL BEHAVIOUR OF IN-SCHOOL EARLY ADOLESCENT IN
GHANA: A CASE STUDY OF NEW JUABEN MUNICIPALITY

BY

ELIZABETH ADOBOAH

Dissertation submitted to the Department of Educational Foundations of the Faculty of Education, University of Cape Coast, in partial fulfilment of the requirements of award of Master of Education Degree in Guidance and Counselling

APRIL 2012

DECLARATION

Candidate's Declaration

I hereby declare that this dissertation is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere

Candidate's Signature..... Date.....

Name: Elizabeth Adoboah

Supervisor's Declaration

I hereby declare that the preparation and presentation of this dissertation were supervised in accordance with the guidelines on supervision of dissertation laid down by the University of Cape Coast

Supervisor's Signature..... Date

Name: Mr. Kwaku Kissah-Korsah

ABSTRACT

The study aimed at exploring in-school early adolescents' awareness, knowledge and opinion on various sexual issues that account for their sexual development and behaviour which may result in contracting sexually transmitted infections, unintended pregnancies and very early childbearing. Adopting the descriptive research design, the researcher selected 400 students and 35 teachers as respondents from four basic schools in the New Juaben Municipality of the Eastern Region of Ghana using the stratified sampling technique. Data was collected using questionnaire and was analysed using percentages. The main findings were that in-school early adolescents really involve themselves in sexual matters and various factors account for this but the most prominent one is lack of parental care. Again, most of them prefer to discuss their sexual issues with their parents. It was also noted that sex education is not included in most subjects and majority of the teachers' respondents suggested that it should be included in all subjects and begin between the ages of 10 and 14.

Finally, both teachers and students confirmed to the fact that sexual activities really affect the behaviour of in-school early adolescents. The study therefore recommends that all stakeholders should confront the issue of sexuality openly at home and at school early enough in order to give at first hand information. Guidance and Counselling Coordinators are also encouraged to organize seminars to prepare the children while still in the year of innocence. Curriculum planners should introduce sex education as part of syllabus for the various subjects being taught in the basic schools.

ACKNOWLEDGEMENTS

I express my sincere gratitude to my supervisor Mr. Kwaku Kisah-Korsah, Cape Coast University for his enthusiasm, keen supervision, constructive criticisms and encouragement that brought this dissertation to completion.

My special gratitude goes to Prof. Frederick Ocansey, the Director of Counselling Centre, University of Cape Coast for his moral support to make this work a success.

I also owe much gratitude to my co-workers Mr. Frank Boakye and Mr. Emmanuel Apaw who supported me in the writing of this dissertation.

In addition, I would like to thank all respondents and those who contributed to the successful completion of the writing of this dissertation.

DEDICATION

To my husband Emmanuel Kofi Adoboah, and my children Edward

Otchere Adoboah and Esther Boadiwa Adoboah

TABLE OF CONTENTS

	Page	
DECLARATION	ii	
ABSTRACT	iii	
ACKNOWLEDGEMENTS	iv	
DEDICATION	v	
LIST OF TABLES	ix	
CHAPTER		
ONE	INTRODUCTION	1
	Background to the Study	1
	Statement of the Problem	6
	Objectives of the Study	7
	Research Questions	7
	Significance of the Study	8
	Delimitation of the Study	8
	Limitations of the Study	9
	Organisation of the Rest of the Study	9
TWO	REVIEW OF RELATED LITERATURE	10
	Definition of Adolescence	10
	Changes in Adolescents	12
	Sexual Behaviour	21
	Puberty	23
	Sources of Information	23

	Sex Education	26
	Effects of Sexual Activities of Adolescent	32
	Empirical Review	33
	Role of Parents in Sexuality Education	34
	Role of the Media	35
	Role of Governments and NGOs	36
	Reasons for Early Adolescent Involvement in Sexual Matters	37
	Summary of Literature Review	37
THREE	METHODOLOGY	38
	Research Design	38
	Population	39
	Sample and Sampling Procedure	40
	Research Instrument	41
	Data Collection Procedure	42
	Pre-Testing	42
	Data Analysis	43
	Study Area	43
FOUR	RESULTS AND DISCUSSION	45
	Socio-Demographic Issues	45
	Research Question 1	46
	Research Question 2	50
	Research Question 3	52
	Research Question 4	54

	Responses from Teachers	58
FIVE	SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	64
	Summary	64
	Major Findings	64
	Conclusions	66
	Recommendations	66
	Area for Further Study	67
	REFERENCE	68
	APPENDICES	73
	A Letter of Content	73
	B Questionnaire for Students/Pupils	74
	C Questionnaire for Teachers	77
	D Map of Schools in New Juaben	80

LIST OF TABLES

Table		Page
1	Teachers in Public and Private First Cycle Schools in the New Juaben Municipality	39
2	Students in Public and Private Cycle Schools in the New Juaben Municipality for 2009/2010 Academic Year	40
3	Age of Respondents	45
4	Sex	46
5	Do You Have Boy or Girl Friend	47
6	Have You Ever Had Sex Before	47
7	Do You Have a Regular Sexual Partner	48
8	Did Your First Sexual Partner Force You into it or You Agreed to to Do	49
9	Has Someone Ever Told You Something About Sex	50
10	If Yes, Which of These was the First to Tell You	50
11	Who Would You Like to Discuss Your Sexual Issues With	51
12	Have You Ever Involved Yourself in Any Sexual Case	52
13	If Yes, How Did Your Teacher Handle It	52
14	How Do You See The Way The Issues Were Handled?	53
15	Can Sexual Activities Affect the Behaviour of In-School Early Adolescent	54
16	Age of Respondents	55
17	Do In-School Adolescents Involve Themselves in Sexual Matters	56

18	In your Opinion, at What Age Do Early Adolescent Involve Themselves in Sexual Matters	56
19	What Do You Think are Some of the Reasons for Early Adolescents Involvement in Sexual Matters	57
20	Have you passed on Sexual Information to Students Before	58
21	If No, Should Sex Education be Included in all Subjects?	59
22	At What Standard Age Should Sex Education Begin?	60
23	What Did You Do Afterwards	61
24	Can Sexual Activities Affect the Behaviour of In-School Early Adolescents	61

CHAPTER ONE

INTRODUCTION

Background to the Study

Capacity development of the youth is crucial to the progress of every nation. Majority of the youth in developing nations are in their teens. This indicates that much investment is to be made to see them in the lime light. Unfortunately most teens are faced with challenges of sexual abuse, defilement and unplanned pregnancy. Problems with the sexual lifestyles are aggravated as they are at the mercies of pornography, obscene scene in films, indecent dressing, vulgar languages etc. all as a result of proliferation of foreign culture into our societies (Twum, 2003). The development of every nation depends on its ability to overcome prevailing social, political and economic challenges and improve upon the standard of life of her people. This could be done through effective education (Mintah-Afari, 2008). According to Mintah-Afari (2008) to overcome these challenges, adolescents need much education on all aspect of life.

Education is important to life and it gives one a better understanding of life. It has the potential to create wealth and increase the quality of life (Ayertey, 2002). Education is seen as the total process of human learning by which knowledge is imparted, faculties trained, skills developed and the young prepared for adult life (Awuni, 2006). Before one can attain higher academic levels, one

has to stay in school for a long period of time. This means that part of the individual's reproductive life, which hitherto, was spent in marriage is now spent at school. The extension of the educational period has therefore contributed to the postponement of marriage from the teens to late twenties. Many people spend their adolescence period in school lasting till the mid-to-late twenties. This leaves many young people with a big gap between biological maturity and the actual time one can marry (Leman, 2002).

Early adolescent corresponds to ages 10 to 15 years when most adolescents are in the basic school or the Junior High School. They progress through puberty, intensely aware of physical change and concerned about any changes which they perceive as "abnormal". They tend to exaggerate and worry about physical symptoms, although they may have difficulty in verbalizing to their parents they tend to vacillate between adult-like and child-like behaviour. This therefore makes it imperative for early and proper sex education to be tailored to meet the various physical and psychological needs of the adolescents (Rand Health, 2002).

The adolescence period is characterized by rapid wide mood swings, easily upset, emotional instability and alternate between extreme co-operation and extreme resistance to adult guidance (Berger, 1986). Sexually, as pubertal events occur, early adolescents may discover masturbation and other pleasurable self-stimulation. They form close friendship with same-sex peers and may experiment sexually with them usually to satisfy curiosity (Meek & Heit, 2008). Adolescence is a period of psychological development beginning from the pre-teen years

usually in conjunction with pubertal onset and extending until the individual assumes an adult role in society (Harvey & Spigner, 1995). The stage of psychosocial development and the level of cognitive maturation strongly influence each adolescent's response to any health concerns, including those related to sexuality. Sexual thoughts, feeling and behaviours present throughout life are often accentuated during adolescence (Harvey & Spigner, 1995). Puberty provides visible, undeniable evidence of physical maturity, obvious maleness or femaleness and the ability to produce. The normal development task of establishing an adult sexual identity and the capacity for intimacy may be frustrated by prolonged interval between attainment of reproductive maturity and social permission to express one's sexuality as an adult.

According to Adams, Gullottra and Montemayor (1992) adolescents become sexually mature three years after adolescence begins, that is precisely between ages 14 and 16. The period is therefore critical for the adolescents and the parents. It is a period of questioning and therefore they want to examine views and prefer the company of friends to their family. The behaviour that expresses sex drive is biologically based, but is heavily shaped by social forces and vary tremendously from group to group and from society to the next (Hyde & DeLamater, 1997).

Attitudes towards sexuality have swung back and forth from highly tolerant to repressive at many points in different society. Whereas a kiss is seen as a form of greetings in one society, it is seen as a form of sexual expression in another. The sexual behaviour of adolescents is in most cases, influenced by their

cultural norms, their sexual orientation and the issues of social control such as age of consents laws (Oslon & Defrain, 2000). Around the world, the average age for consent is 16, but this varies from being 13 in Spain, 16 across Canada and 18 in U.S. The age at which one can legally marry is also sometimes different from the legal age of consent. Sexual relations with a person under the age of consent are generally a criminal offence in the jurisdiction in which the crime was committed, with punishments ranging from token fines to life imprisonment (Rand Health, 2002).

Adolescent sexual and Reproductive health is a critically important policy and programmatic issues in Sub-Saharan Africa, given the generalized HIV and AIDs epidemic that has taken hold in many countries as well as a persistently high level of adolescent child bearing (UNAIDS, 2006). Many concerned parties, including policy makers, tax payers, parents, schools as well as programme providers want to identify programmes that could bring about larger reductions in unintended adolescent pregnancy and parenthood. Family life or sex education in schools which traditionally has consisted largely of providing factual information at the school level is the most general or pervasive approach to preventing pregnancy among adolescents. In Ghana, out of school programmes such as “Young and wise” and “The Virgin” are all programmes or approaches to encourage adolescents to delay intercourse.

According to Awortwi and Awortwi (2004) in Ghana sexual relation outside marriage and with or between adolescents is prohibited. In the past, people had various beliefs about sex so sexuality was not mentioned or

discussed in the open. In recent decades, our society has undergone a sexual revolution-a radical change both in attitudes and in sexual behaviour. Sex is discussed more openly now than in the past. Movies and books have become sexuality explicit and couples of all ages now live together openly without marrying. There has been a relaxation both in attitude towards sex and in sexual behaviour, though it is doubtful that these changes could be called a sexual revolution (Awortwi & Awortwi, 2004).

At the Eastern Regional Office of Domestic Violence and Victim Support Unit, (DOVVSU) the annual report of cases on rape and defilements keep increasing every year. In the year 2006, cases on defilement were 105 and 35 for rape cases for the region. Out of this, 29 defilement cases, 9 rape cases came from the New Juaben Municipality. In 2007, defilement cases increased to 131 and to 151 in 2008. From January to October 2009 when the report was taken, defilement cases for the region numbered 162 out of which 37 came from the New Juaben Municipality (DOVVSU, 2009). It was noted that most of these girls who were subjected to the crime of defilement were school-age girls. Parents do warn their girl child to be careful with strangers, but the statistics show that more often than not, the perpetrators of defilement are individuals who are familiar to the victims. Mensch, Bruce and Greene (1998) report that non-relatives living in close proximity, landlords, friends of the family, casual acquaintances, and priests were the main sexual abusers of young girls.

At the last Basic Education Certificate Examination it was noticed that at every centre in the New Juaben Municipality, at least 3 of the girls were pregnant.

Also girls who were absent for the examination outnumber the boys (New Juaben Municipal Education Office, 2009). Pregnancy among adolescents in the New Juaben Municipality is on the increase. Furthermore, records from the Regional Hospital, Koforidua (2009) shows that about 33% of pregnant mothers for the year under review were adolescents. More adolescents do get pregnant each year and this ought to be a concern, the earlier solutions are found the better.

Statement of the Problem

Sexual activities and behaviour among early adolescents still remain a problem which needs much attention. In Sub-Saharan Africa, the reproductive health needs of adolescents have been largely ignored. This is because Reproductive Health is still relatively new in the Sub-Region (UNICEF, 1998).

This problem may be attributed partly to government policies which do not place adolescents' reproductive health as a priority. It became clear that, even though several programmes are designed specifically for adolescents, a number of unplanned pregnancies, HIV and Sexually Transmitted Infections (STIs) are still prevalent, a situation which has sent a lot of adolescent girls outside the classroom (UNICEF, 1998).

A number of studies have been conducted on adolescents' sexual behaviour in Ghana (Ampah, 1991; Otoo, 2001) but none of these covered in-school early adolescents. It is against this background that the researcher wants to research into early adolescents' sexual lives, which will help make informed and responsible decision to safe-guard their sexual behaviour.

Objectives of the Study

The general objective of the study is to explore the adolescents' awareness, knowledge and opinion on various sexual issues that account for their sexual development and the need for early sex education before they become sexually active especially in the New Juaben Municipality (NJM). The study again looks at pupils or adolescents' knowledge about sexuality, sources of sexual information and sexual characteristics.

The specific objectives for the study are to:

- i. find out the knowledge of early adolescents with regard to sexual issues in the New Juaben Municipality
- ii. identify the extent to which early adolescents have access to sexual information
- iii. examine how teachers and parents handle the sexual issues of their early adolescents
- iv. analyse the effect of sexual activities on the behaviour of in-school early adolescent in New Juaben Municipality.

Research Questions

To help achieve the set objectives, a number of research questions have been posed. Answer to these questions will meet the set objectives.

- i. What knowledge do in-school early adolescents have with regard to teaching and learning of sex education in school?
- ii. What are the sources of sexual information to in-school early adolescents?

- iii. How do teachers and parents handle sexual issues of their early adolescents?
- iv. What are the effects of sexual activities on the behaviour of in-school early adolescents?

Significance of the Study

The study is significant in a number of ways. It is hoped that:

1. The research will serve as a source of reference for future researchers who would carry out studies on adolescent and sex education in other areas.
2. It would provide an understanding to be sure of the issues that relate to adolescent sexuality.
3. The findings of the study will serve as basis for similar studies that may be conducted elsewhere.
4. Finally, the study will add to existing knowledge on adolescent attitudes towards sex and reproductive health.

Delimitation of the Study

The overall scope of the study is to examine the sexual behaviour of in-school early adolescents in the N.J.M.in the Eastern Region. The researcher was aware that by limiting herself to four schools in New Juaben the findings might have to be generalized with caution. The study area was selected because of proximity to the researcher and the ease of getting the necessary information. Again, the population in New Juaben Municipal is heterogeneous and hence the findings could be used to generalize other parts of the country.

Limitations of the Study

It is normal expectation of researcher of this nature to cover categories of adolescents in the country to collect data with instrument designed for the study. If all basic schools had been visited to capture all in –school early adolescents, the study would have covered a wider scope and the finding would have been more valid and reliable with no shadow of doubt about them. However, this could not be done as a result of lack of time and other resources. Even with the four basic schools selected in the New Juaben Municipality, a convenient sample size of 400 students and 35 teachers were drawn out of the total number of 34,570 and 1128 respectively in the municipality.

Organisation of the Rest of the Study

Chapter two is on the review of literature of the related issues of the study which include topics such as Introduction, definition and characteristic of adolescent, adolescent sexuality, adolescent perception about sex and adulthood, effective sex education in the school and at home.

The third chapter deals with the introduction, study design, research instrument, sampling frame, sample size, sampling procedure, data collection method, and study area. Chapter four involves the presentation and analysis of data. Chapter five consists of summary, conclusion and recommendation of study as well as areas for further research.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

Early adolescence is an important stage in life which needs intervention for several reasons. It is a stage where sexual curiosity and intimate relationships have likely begun. This chapter examines the views of authors on issues on sexual behaviour among in-school early adolescent. This review of literature which gives support to the study focuses on the following sub-heading: definition and characteristics of adolescent, adolescent period, changes that take place during adolescence, Adolescent sexuality, sex education, puberty, psychological bases of human sexuality, sexual behaviour, sources of sexual information, why adolescents involve themselves in sexual activities, effects of sexual activities, role of parents in sexuality education, role of the media and the role of the government.

Definition of Adolescence

The word adolescence comes from the Latin term “adolescents” which means growing up or growing towards. This therefore, refers to a period of life between childhood and adulthood. It is the process through which an individual makes a gradual transition from childhood to adulthood (Leffert & Petersen, 1995). An adolescent is a person who is no longer a child, but at the same time he or she is not yet an adult. The age limit set forth for an adolescent differs from one

society to another. Some societies regard the ages between eleven and nineteen years as the period for adolescence. Others societies or countries, however, use the ages of thirteen to eighteen years. A World Health Organization (WHO) Committee of Medical Experts pegged the adolescent ages between 10 and 19 years (Mintah-Afari, 2008).

In the opinion of (Ayertey, 2002), it will not be wrong to set the ages of ten (10) to nineteen (19) years for an adolescent. It should be mentioned, however, that adolescence is a long period from a minimum to a maximum age. This long period can be divided into two that is, early (young) adolescence and late or latter adolescence. Early adolescence is also called pre-teenage or pre-adolescence. This period stretches between the period of 10 and 14 years. The second adolescent period called the latter or late adolescent is between the ages of 15 and 19 year.

In his definition of adolescence, Twum (2003) states that, it is a period of life between childhood and adulthood. This growth period is between the ages of 11 and 19years. It is a period when rapid growth resumes and is of crucial importance in human life. It is a point of departure or a period of transition from childhood. The process which the individual undergoes is very gradual. According to Awortwi and Awortwi (2004) adolescence is a transitional developmental period between childhood and adulthood. It is characterized by a lot of hormonal, physiological, psychological, emotional, developmental and social changes in the individual. This transition from childhood to adulthood is the period between 13 and 19 years of age. It is also a period of social and

personal development when the individual become conscious of himself or herself. Taking into consideration the views of Ayerterey (2002) and Twum (2003) it can be said that adolescence takes place in the ‘teens’.

Changes in Adolescents

Ayerterey (2002) and Twum, (2003) noted that changes that take place during adolescence can be grouped into two types. These are the physical changes that can be noticed in both boys and girls when they reach the adolescence period, and the social and emotional changes that they experience in their transition from childhood to adulthood.

Physical changes in boys

The first secondary sexual characteristic is growth of pubic hair around the genitals. There is also growth of facial hair such as the chin (beard), upper lip (moustache), and the sides of the face (side burns) and hair on other parts of the body like the armpit, chest, and thighs. Adolescent boys are usually happy to see hair on the face and chest. The voice of the males normally deepens. This deepening of voices, known as breaking of voice is caused by enlargement of the larynx, commonly known as voice box, partly in response to the production of male hormones. The skin becomes coarser and oilier. Increased activity of the sebaceous glands (which secrete a fatty substance) may give rise to pimples and blackheads. Acne is more common in boys and seems related to increased amounts of testosterone (Papulia, Olds &Feldman, 2002).

Adolescent boy between the ages of twelve and fourteen years experiences a sudden and rapid bodily growth called adolescent spurt in both height and

weight. The boy at this stage becomes muscular, tall and heavy as a result of the influence of growth hormones of which the testosterone is notable.

Some adolescent boys, much to their distress, experience temporary breast enlargement; this is normal and may be up to 18 months.(Papulia, et al, 2002).The male experiences both internal and external changes of the organs such as enlargement of the penis, the testes (or testicles), scrotum, etc. The testis at this age becomes capable of producing sperms. The adolescent boy at this stage has the potential to impregnate an adolescent girl. The final characteristic involves the adolescent boy having occasional 'wet dreams'. The adolescent may have romantic dreams and in the process ejaculate or release semen. The first ejaculation in the adolescent boy is known as spermarche.

Physical changes in girls

The first reliable sign of puberty in girls is the growth of the breasts. There is the development of the breast bud, which starts showing signs of enlargement. The nipples enlarge and protrude, the areolas (the pigmented areas surrounding the nipples) enlarge, and the breasts assume first a conical and then a rounded shaped (Papulia, et al, 2002).

Also there is the growth of pubic hair below the abdomen, including the areas around the vulva. She, in addition, experiences the growth of auxiliary hair, that is., hair in the armpits.The pubic hairswhich at first are straight and silky eventually become coarse, dark, and curly. Girls are usually dismayed at the appearance of even a slight amount of hair on the face or around the nipples, though this is normal.

Another sexual characteristic that an adolescent girl undergoes is rapid increase in height and weight. More fat accumulates at the buttocks thereby enlarging them. The hips also become wider in size. She becomes taller and heavier all of a sudden. The girl becomes extra conscious of herself and so spends time making herself appear attractive (Meeks & Heit, 2008).

The adolescent girl also begins to menstruate. This is the periodic shedding of the uterine walls or membranes which results in the release of blood from the vagina which starts to show and comes every month at a point in time until menopause. The first time of menstruation is known as Menarche (Papulia, et al, 2002).The secondary sexual characteristic in the adolescent girl is influenced by the hormone estrogen and in the adolescent boy by the hormone testosterone (Meeks &Heit, 2008).

Social andemotional changes

Ayertey (2002) again states that adolescent do not only undergo physical changes, they also experience social and emotional changes in their transition from childhood to adulthood. He states that, one of the social developments, which all adolescents go through, is the desire to be independent. Most adolescent would like to distance themselves from their parents. They want to take decision on their own without much interference.

They become more attached to their peers and like to conform to the standards of their friends in order not to be branded with derogatory terms. The adolescent is characterized by a strong desire to be with the opposite sex. They try to please each other. The adolescent development is also associated with a strong

desire to gain popularity, especially in the style of dressing, assumption of leadership qualities and other forms of personal popularity. Adolescents always attempt to become members of prestigious groups. They tend to get together in group activities, such as clubs, parties and other social activities (Ayertey, 2002).

Awortwi and Awortwi (2004) also indicated that during this period, adolescents desire love and concern as well as security from the home. They prefer freedom, independence and liberty and would not want to be considered as children but grown-ups. They want their opinions respected, need understanding and appreciation. They need security, an important ingredient for good mental health. They desire leisure time and enjoyment, and they need some freedom to pursue these. They become too conscious of themselves. Their social status improves and they desire to be sociable especially with the opposite sex. It is a period of questioning and therefore wishes to examine views, teachings and beliefs. They prefer the company of friends to that of the family.

Theory of sexuality

Sexuality has two dimensions – the affective and the genital. Theory of Sexuality was championed by Sigmund Freud. His theory was based on genital especially at the infant stages (Freud, 1963). He propounded from man ideas in his three essays on Theory of Sexuality. These are

- i. The Sexual Aberration
- ii. Infantile Sexuality
- iii. The transformation of puberty

The first essay concerns "The Sexual Aberrations." In his treatment of homosexuality (for which he used the term *inversion*), Freud disputed and refuted common wisdom that invoked theories of degeneracy or offered innate or "constitutional" factors as explanatory. He acknowledged that such factors may be at the root of the perversions in some cases, but to those must be added the decisive participation of accidental causes that is, childhood events that affected sexuality. Such events comprise the only available material for psychoanalytic work.

Starting from two basic concepts, instinct and object, Freud stated that "it seems probable that the sexual instinct is in the first instance independent of its object". He stressed that one must distinguish between types of perversion, according to whether the sexual anomaly is related to the object (as with homosexuality) or to the aim, that is, to the activities that lead to sexual gratification. Freud sustained his argument with the concept of componentinstinctseveral independent impulses, each related to an erogenous zone or somatic source without being integrated with each other. One can thus better understand why numerous perversions are characterized by sexual behaviour that preferentially involves the oral and especially the anal, erogenous zones they are, that is to say, theresult of psychic functions controlled by component instincts. Whereas neurotics repress the desire for instinctual gratification, the anomaly of perversion in adults resides in the fact that their sexual practices are permanently and predominantly based on satisfying component instincts.

Ideas developed in the first essay led logically to the second, which focused on sexuality in infancy and childhood. Freud pointed to the lack of knowledge on this subject while noting, at the same time, that it would be sufficient to carefully observe young children without hastening to declare sexual manifestations as abnormal. Every adult was once a child and should in principle be able to recall childhood in more than a fragmentary way, but most do not. Freud added two important observations. First, infantile amnesia affects everything concerning sexuality in childhood. Second, the strong moral condemnation that impacts all manifestations of sexuality leads to repression or gratification through sublimation.

He stated, in effect, that sucking activity observed in the infant should be considered as the prototype for all future sexual gratification. Thumb-sucking (or "sensual sucking") "consists in the rhythmic repetition of a sucking contact by the mouth (or lips). Thumb-sucking has no other aim but pleasure and is separate from, but attached to or initially dependent upon, the need for nourishment. Freud explicitly states that oral gratification is a prototype for every sexual gratification, is pleasurable in itself, and is autoerotic inasmuch as it does not require any other object than the infant itself.

Freud, like most psychoanalysts after him, would view any controversy that emerged around the notion of infantile sexuality to be the result of a misunderstanding. If sucking is to be considered sexual and to lie at the root of all later sexuality, this should be understood in the context of an extended definition

of the concept of sexuality itself, not confounded with, or reduced to, genital sexuality.

In the last of the three essays, Freud described the "The Transformations of Puberty." He examined three central themes in psychoanalysis the libidinal economy of the onset of puberty, female and male sexuality, and object relations. Again, Freud raised the notion of the integration, "under the primacy of the genital zones, of component instincts and erogenous zones which serve as gateways to preliminary gratification preceding complete sexual intercourse through coitus and orgasm. The clitoris, which Freud viewed as the distaff equivalent of the penis, is the site of masturbatory pleasure for little girls. In the woman, the clitoris may be viewed as the organ of fore pleasure that transmits excitement to the "adjacent female parts.

According to Goerger (1979) sexuality has to do with the sexes, with our attractions for other people, with our relational footedness. In this complexity of sexual realities lies the genital dimension, which is primarily biological or physiological. Sexuality has social dimensions as well. Yet genitality often emerges as the core of what we think when we think of sexuality. We usually think of sexual intercourse as genital activity and the term has come to mean that in our own culture (Goerger, 1979).

Freud (1963) distinguished between affectionate current of our sexual lives and the sensual current. The affectionate current begins to be operative during the period of latency, the period when genital development remains more or less hidden. The sexual current emerges again at the time of puberty when

sexual aim becomes genital. The affectionate current, the non-genital aspect of sexuality, consist in by-passing the biological (genital) aim and in assuming a social one. Freud uses the word “social” to describe the non-genital current in one’s sexual life. He speaks of sublimation as the process through which the social is brought forth.

Biological bases of human sexuality

Within a few seconds after the birth of a baby, someone- a doctor, nurse, or parent emphatically labels the child: “it’s a boy,” or “it’s a girl”. For the parents and society as a whole, the child’s biological sexuality is being displayed and identified. Another female or male enters the world (Hahn, Payne &Mauer, 2005).

Genetic basis

At the moment of conception, a Y-bearing or an X-bearing sperm cell joins with the X-bearing ovum to establish the true basis of biological sexuality. A fertilized ovum with sex chromosomes XX is biological female, and a fertilized ovum bearing the XY chromosomes in biologically male. Genetics forms the most basic level of an individual’s biological sexuality. (Hahn, Payne & Mauer, 2005).

Gonadal basis

The gonadal basis for biological sexuality refers to the growing embryo’s development of gonads (Hahn, et al, 2005). In girls, the gonads are called ovaries, while they are referred to as testes or testicles in boys (Berger, 2001). Male embryos develop testes about the seventh week after conception, and female

embryos develop ovaries about the twelfth week after conception (Hahn, et al, 2005).

Structural development

The development of male or female reproductive structures is initially determined by the presence or absence of hormones produced by the developing testes androgens and the Mullerian Inhibiting Substance (MIS). With these hormones present, the male embryo starts to develop male reproductive structures (penis, scrotum, vas deferens, seminal vesicles, prostate gland, and Cowper's glands). Because the female embryo is not exposed to these male hormones, it develops the characteristic female reproductive structures; the uterus, fallopian tubes, vagina, labia, and clitoris (Hahn, et al, 2005).

Biological sexuality and the childhood years

The growth and development of the child in terms of reproductive organs and physiological processes have traditionally been thought to be "latent" during the childhood years. However, a gradual degree of growth occurs in both girls and boys. The reproductive organs, however, will undergo more greatly accelerated growth at the onset of puberty and will achieve their adult size and capabilities shortly (Hahn, et al, 2005).

Psychosocial bases of human sexuality

If growth and development of our sexuality were to be visualized as a stepladder, one vertical rail of the ladder would represent our biological sexuality. The rungs would represent the sequential unfolding of the genetics, gonadal and structural components. Because humans, more than any other life form, can rise

above a life centered on reproduction, a second dimension (or rail) to our sexuality exists- our psychosocial sexuality. The reason we possess the ability to be more than reproductive beings is a question for the theologian or philosopher. We are considerably more complex than the functions determined by biology. The process that transforms a male into a man and a female into a woman begins at birth and continues to influence us through the course of our lives (Hahn, et al, 2005).

Currently, we have reached an understanding of both the biological and psychosocial factors that contribute to the complex expression of our sexuality. As a society, we are now inclined to view human behaviour in terms of a complex script written on the basis of both biology and conditioning. Reflecting this understanding is how we use the words “male” or “female” to refer to the biological roots of our sexuality and the words “man” or “woman” to refer to the psychosocial roots of our sexuality. These actually form the bases of masculinity and femininity (Hahn, et al, 2005).

Sexual Behaviour

During adolescence it is important that the individual forms a sexual identity and the sense of sexual well-being. This is a way of determining adolescent comfort with their own emerging sexuality as well as those of others. It is essential for them to be comfortable with their own changing bodies to learn to make good decisions with the sexual activities they wish to engage in and how safe it will be. This is a period they become involved in intimate relationship, which is the contest where sexual activity often occurs (Hoff, 1997). The adolescent come to

understand that their own sexual values and interest are distinct from those of the others and that, they can assume responsibility for their own sexual self and realize that at the same time their peers are achieving the same understanding in similar ways. They also gradually become aware that their sexual feelings are distinct and separate from the feelings of others, and that others are not all preoccupied with their personal sexual maturation (Breese, 1978).

Although external cues play an important role in the motivation to eat, they are even more important in sexual motivation. Sexual stimuli of some kind (real and imagined) are essential for the process of sexual arousal to begin. (Raymond, Gerald & Thomas, 1988). Although the male's actions are strongly influenced by hormone changes within his body, those changes in turn, are triggered by the sight and smell of the receptive female. In short sexual behaviour is under the influence of two interacting factors: the presence of sexual stimuli, which tend to elicit certain physiological changes; and the physiological changes, which help to heighten and sustain sexual activities (Coleman & Hendry, 1990).

In a similar view Collins (1990) state that sexual stimuli are also needed for full- fledged sexual arousal. In humans a wide variety of visual and tactile sensations are known to serve a purpose, from the sight of nude body to the touch of someone's lip. Young people are confronted daily with advertising, television, websites and other media that communicate conflicting and often confusing sexual messages. According to Feldman and Ellioult (1988) sex hormones have two effects: they direct the development of male and female sex characteristics, and they activate sexual behaviour. In human, sex hormones may help promote

sexual activity but they certainly do not control it. The availability of high-quality sexuality education in schools is vital for giving adolescents the skills they need to decode these messages, challenge harmful assumptions and ideologies, make healthy choices, and have pleasurable and fulfilling relationship.(Collins,1990).

Puberty

The biology of puberty begins with a hormonal signal from an area at the base of the brain called the hypothalamus. This signal stimulates the pituitary gland (located next to the hypothalamus) to produce hormones that then stimulates the adrenal glands (two more glands near the kidneys at both sides of the torso) and the gonads or sex glands (Berger, 2001).

The entry into puberty is a gradual maturing process for young girls and boys. For young girls, the onset of menstruation, called menarche, usually occur at about age 12 or 13 but may come somewhat earlier or later. Menarche is usually preceded by a growth of pubic and underarm hair (Meek & Heit, 2008). However in young males, this process of sexual maturity takes place about 2years later than in young females. Genital enlargement, underarm and pubic hair growth, and a lowering of the voice commonly occur. The story of sexual maturation and reproductive maturity cannot, however, be solely focused on the changes that take place in the body. The psychosocial processes that accompany the biological changes are also important (Hahn, et al, 2005).

Sources of Information

A survey conducted on sources of information on sexual or Reproductive Health (R.H) issues indicate that young adolescence get information from a wide

range of sources and that they often do so from more than one source. Mass media is the most commonly used sources of information for these three topics combined for young male adolescence in all four countries and for female as well in Burkina Faso, Ghana, Uganda and Malawi (Youth in Sub-Saharan African, 2001). Many types of media influence sexuality, including television, movies, newspapers/magazines, popular music and most recently the internet. It is estimated that children and adolescents watch an average of three hours of television each day and that the degree to which sex is displayed on television and other forms of media has increased over time. In one recent study, teens ranked media as the source of sex information (Youth in Sub-Saharan African, 2001).

Among Malawian or Ugandan young adolescent female, however, school or teachers were slightly more common source of information than the mass media. In all four countries, young male adolescents are more likely to report having received information from mass media than young females. While close to six in ten young adolescents accessed information on sexuality from schools in Ghana, Malawi and Uganda (Youth in Sub-Saharan African, 2001).

Peers are another important socialization agent for teenagers. As children and adolescents try to make sense of the meaning of sexuality, they often turn to their friends, who generally represent their primary reference group during this stage of life course. In studies in which adolescents are asked to indicate from whom they receive most of their sex information or education, peers are most frequently mentioned (Gililigan & Murphy, 1979). Friends are the key source of sexual or reproductive health (R.H) information for young adolescents especially

in Malawi or Uganda, where at least half of both male and female young adolescents mentioned this source (Youth in Sub-Saharan African, 2001).

One of the major socialization agents for sexuality is parents who represent the institution of the family. Although a majority of parents state that they want to be a primary source of sex education for their children research indicates that it is common for parents to avoid communicating about sex with their teens as reported by both parents and youth (Gililigan & Murphy, 1979). Parents are a significant source of information among young Ugandan girls (51%) as well as boys (27%) and much less so in the other three countries (Youth in Sub-Saharan African, 2001). According to Miller and Morore (1991), only few children receive direct instruction from their parents in the areas of sexuality, sexual intercourse or birth control.

Other relatives play a bigger role than parents in all the three countries (not Ghana) though not near the level of the mass media in all four countries or in Ghana, Malawi and Uganda, teachers and schools (Youth in Sub-Saharan African, 2001).

Basic institutions in society, such as, clubs religion and family influence its member's sexual lifestyles, including the ease with which sex information is transmitted (du Bois-Reymond, 1995). Sexual information is abundant, but most of them are misinformation. In some cases even education teachers display sexual ignorance. SanTrock (1998) surveys indicate that about 17 percent of adolescents' sex information comes from mothers and only 2 percent from fathers (Thornbury, 1981 as cited in SanTrock, 1998).

Sex Education

According to Awortwi and Awortwi (2004) sex education which is sometimes called sexuality education or sex and relationships education is the process of acquiring information concerning attitudes and beliefs about sex, sexual identity, relationships and intimacy. Sex education is also about delivery of young people's skills so that they make informed choices about their behaviour and feel confident and competent about acting on these choices. It is widely accepted that young people have right to sex education. This is because it is a means by which they are helped to protect themselves against abuse, exploitation, unintended pregnancy, sexually transmitted diseases and HIV AIDS. It is also argued that providing sex education helps to meet young people's right to information about matters that affect them, their right to have their needs met and to help them enjoy their sexuality and the relationship that they form (Youth in Sub-Saharan African, 2001).

Sex education aims to reduce the risk of potentially negative outcomes from sexual behaviour such as unwanted or unplanned pregnancies and infection with sexuality transmitted diseases including HIV (Youth in Sub-Saharan African, 2001).

The results for the level of exposure to sex education in school show that the majority of 12-14 year old did not receive family life or sex education. Less than 20% of all young adolescent in Burkina Faso and Malawi received sex education in schools while a large proportion did so in Ghana (41% of girls and 28% of boys) and Uganda (34% of girls and 22% of boys). There is no consistent

pattern in gender differences across the four countries, more girls than boys reported that they were exposed to sex education in schools in Ghana and Uganda, while the opposite pattern (though not significant) prevailed in Burkina Faso and Malawi (Youth in Sub-Saharan African, 2001).

For family life and sex education programmes to be effective, it is important that information is conveyed to young people before they become sexually active and begin to be exposed to sexual and reproductive health risks. In order to assess the extent to which school-based sex education programmes are reaching adolescents before they start having sex, data about the age when sexually experienced adolescents said they first received sex education in school and the age they were when they first had sex was examined (Youth in Sub-Saharan African, 2001). The results show that in all four countries, among young people who receive sex education, almost all did so before first sex. For instance, among the few adolescents who have received family life or sex education in school in Burkina Faso (14% of males and 10% of female) almost all received it before first sex. In Malawi, he observed gender difference in the proportion that received sex education in school disappears when it comes to whether sex education was received before first sex.

Young adolescents who received sex education in schools were also asked whether they had received information on each of four specific topics (how pregnancy happens; contraception/how to prevent pregnancy: abstinence/say “no” to sex; and sexually transmitted infections or diseases). These results show that there is a good balance in coverage of issues relating to pregnancy and sexually

transmitted infections, and that most adolescents who received sex education did so for all four topics. Although the absolute differences are not large, more boys than girls report having received sex education on all topics in Malawi and on one topic (sexually transmitted infections or diseases) in Burkina Faso. In contrast, in Ghana and Uganda, more girls than boys reported receiving information on all topics.

Sex education remains swirled in controversy. On the one side are groups like Planned Parenthood who argue that sex education should be more open and birth control more available, as it is in European countries. On the other side are individuals who believe that sex education should be provided by parents and that teaching adolescents about birth control is simply giving them a green light to have sex and be promiscuous (SanTrock, 1998). Sex education should be made an integral part of the total process of development of the children and must not be neglected by parents. Parents are the first teachers of the child and must impart to the child the ability to understand and manage sexual life.

Children need to understand what it is to be a female or male, and what is to be a husband or a wife, from the behaviour of the parents. The mother informally teaches the daughter to value herself as a girl, and the father, the boy. The role of parents in sex education is therefore very important in this regard and they must not fail their children this special duty. Effective sex education contributes significantly to make the well-being of the child. At every stage in the life of the child, he or she must be taught to understand the characteristics of the body and how it functions. Many social and sexual vice abound but the child who

receives good counsel from teachers and parents would avoid these vice and grow into a disciplined adult, and become an asset to the family and the nation.

Comprehensive sexuality education (sex education) is not only crucial, it is a young person's right, which is embodied in international treaties and conventions, including the Convention on the Eliminating of all forms of Violence Against Women (CEDAW), the Convention on the Rights of the Child (CRC), the Covenant on Economic, Social and Cultural Rights (CESCR) and the ICPD programme of action. Policymakers have an obligation to ensure that young people have access to high-quality sexuality education, which should not be seen in isolation but as an important component in broader initiatives to improve their health and wellbeing (WHO, 2007). Comprehensive, rights-based sexuality information equips young people with the essential knowledge and skills they need to determine and enjoy their sexuality- both physically and emotionally, individually as well as in relationships. It should be adapted to the age and stage of development of the target group and should enable young people to:

1. Develop life skills, such as critical thinking and communication, negotiation, self-development and decision-making skills;
2. Nurture positive attitudes and values, such as open-mindedness, respect for oneself and others, positive self-esteem, and a non-judgmental attitude;
and
3. Acquire accurate sexual and reproductive health and rights (SRHR) information.

Sexuality education is nationally mandated in France, and in 2003 Ministry for Public Education regulation stated that it must integrate biological knowledge and psychological, emotional, social, cultural and ethical dimensions of sexuality (UK youth Parliament, 2007). Parents cannot withdraw their children from lessons, which are provided in both primary and secondary schools beginning around the age of six, and parents are sometimes involved by teachers, other educational staff, school doctors, nurses and other health staff, social workers and external consultants, including religious organizations, HIV and AIDS agencies and the Movement Francais pour le Planning Familial (MFPF), the IPPF Member Association in France. Teaching methods include formal classroom teaching, videos, medical illustrations, interactive methods and debates. Sexuality education is mainly incorporated within health education but occasionally in citizenship (IPPF EN, 2006).

Sexuality education in Portugal is implemented across the whole school curriculum, and there is no standard age at which it begins. There is no official sexuality education curriculum but these are guidelines that propose a holistic approach. Parents are not allowed to withdraw their children from lessons, which are provided mainly by school teachers, health professional and some non-governmental organizations (NGOs), including AssociacaoparaoPlaneamento da Familia (APF), the IPPF member Association in Portugal. While sexuality education can be taught by any teacher, it is usually taught by Biology, Religious Education, Geography, and Philosophy teachers. Many schools also invite health

professional to give talks on the prevention of STIs and pregnancy (IPPF EN, 2006).

A review of sexuality education in European countries showed that there is now strong international evidence that school-based sexuality education can be effective in reducing sexual risk behaviour and is not associated with increased sexual activity or an increase in unsafe sexual behaviour, as some have feared. On the contrary, the majority of sexuality education programmes reviewed either delayed sexual debut or reduced the numbers of sexual partners among young people. This review also found that sexuality education has a positive effect on knowledge and awareness of risk, values and attitudes, efficacy to negotiate sex and to use condoms, and communication with partners and parents – all of which have shown to lead to healthy behaviour. No evidence was found of a link between the provision of sexuality education and premature sexual behaviour.

Teaching methods for sexuality education vary from traditional, formal classroom teaching to peer education, and from conventional visual and mass media to games, videos, CD-ROMs and theatre. Increasingly, the internet is being used for educational purposes in some countries. While a didactic approach prevails, evidence shows that pupils prefer interactive methods (Kirby, Laris, & Rollert, 2005).

Due to lack of sex education adolescent boys and girls become sexually active at tender ages. For instance, according to YRBS Report (1997) 7.2% of students in Uganda had initiate sexual intercourse before age 12. Likewise 74% of boys in Kenya initiate sex before 14 years. Among them, majority maintain

multiple sexual partners. For 57% of girls who initiate sex before age 14 had six or more life partners compared to 10% who initiated sex at 17 years older.

Effects of Sexual Activities of Adolescent

Adolescents who initiate health-risk behaviours such as sexual intercourse and substance abuse at an early age frequently have poorer health later in life, lower educational attainment and less economic productivity than their peers. Early initiation of these behaviours is associated with longer periods of risk taking in later adolescence and early adulthood, and also may be a marker or risk taking in adulthood. Teenage sexual activity brings with it serious consequences, including unintended pregnancy, sexually transmitted diseases, and emotional stress (Youth Risk Behaviour Surveillance, 1997).

Adolescents are at a higher risk for acquiring STDs for several reasons: they are more likely to have multiple partners, to engage in intercourse without contraception, and to select partners at higher risk. Also, younger women are biologically more susceptible to infections than older women. While the physical consequences of early sexual involvement can pose serious risk, the emotional toll of sexual involvement cannot be overlooked (Miller and Moore, 1991). The Allan Guttmacher institute writes, “having sex can engender a sense of shame or guilt; push a couple apart; raise unrealistic expectations of further commitment and marriage; or be a form of abuse”.

Sexual activity has been found to be an indicator or a larger lifestyle pattern of unhealthy risk behaviours, including using tobacco, alcohol, and illicit drugs and being involved in violence. According to the 1997 YRBS report, 7.2%

of students nationwide had initiated sexual intercourse before age 13. The studies show that a number of lifetime sexual partners for both males and females is directly related to the age of first intercourse. Young people who participate in first intercourse before age 14 are significantly more likely to have sexual partners. Fifty-seven percent of girls who initiate sex before age 14 report six or more lifetime partners compared to 10 percent of girls who initiate sex at age 17 or older. Likewise, 74 percent of boys who initiate sex before age 14 report six or more lifetime partners compared to 10 percent of boys who initiate sex at age 17 or older. These statistics are especially troubling given data that shows those who had a greater number of sexual partners are at greater risk of acquiring a sexually transmitted disease (STIs or HIV).

Many research studies have revealed that adolescent girls generally lack adequate knowledge about sexual matters or contraception which results in early pregnancy, increased pre-marital sexual activity, increased risk of STI, maternal morbidity and mortality, HIV/AIDS and unsafe abortions (www.ippfen.org/en/Resources/Our+Publicatios/sexuality+educatio+romania.htm).

Empirical Review

According to Population Reference Bureau (2001) adolescents who receive sex education is very minimal in children between 12-14 years old. Less than 20% of young adolescents in Burkina Faso received sex education in schools. In Ghana 41% of girls and 28% of boys receive sex education. The low percentage of adolescents who received sex education runs through other African Countries; For instance in Uganda 34% of girls and 22% of boys also received sex

education. From the above it is seen that girls receive sex education more than boys.

On issues concerning effect of sexual activity on adolescents, it was reported by Youth Risk Behaviour Surveillance (1997) that the major sexual effect on adolescents were unintended pregnancy, HIV/AIDS and other transmitted diseases such as Syphilis and Gonorrhoea; emotional stress and health risk behaviours. 7.2% of students nationwide are involved in drinking alcohol, Tobacco and other hard drugs.

Role of Parents in Sexuality Education

A positive family relationship cannot be underestimated as a primary factor that protects adolescents from engaging in sexual behaviour. To add, health study found that, the more connected teens felt for their parents or family, the less likely they were to participate in early sexual activity. Youth who perceived that their parents disapproved of adolescent sex and adolescent contraceptive use, were more likely to delay sexual debut. Parents and parent figures – adults whom adolescents describe as being like a mother or father to them – play important roles in the lives of adolescents. Various studies have examined the influence that types of parenting have on the behaviours of young people, including risk-taking behaviour (UNICEF, 1998).

Parents are expected to monitor their children's activities, as well as identify, sift and package information and services for their children. Because parents are in regular contact with children, they help to shape both their behaviour and the social context in which they grow up. There is growing

literature on the role of parents regarding adolescent sexual and reproductive health worldwide, including sub-Saharan Africa. Moreover, international and non-governmental organizations have begun to implement activities that explicitly address the role of parents in improving adolescent's sexual and reproductive health: more than 30 such programmes were recently described in a review by the World Health Organization (WHO, 2007).

Parents should abreast themselves with modern trends in the adolescent world and encouraged them to pursue their studies to higher levels so that they can get good jobs and function responsibly for adult life(Awortwi, 2004) suggested that parents should offer acceptable suggestions and always let them know the rationale behind the suggestion so that the suggestions do not appear autocratic. Parents should have time for their adolescents by organizing occasional get-together to help strengthen the bond of family friendship. Parents must ensure that their adolescent children have access to recreational activities and belong to some beneficial clubs. Parents need to appreciate the fact that the temptation of sexual promiscuity, drug abuse, smoking, alcoholism and other anti-social behaviours threaten the youth during this period. Parents must be role models to their children.

Role of the Media

The role of the media has been very instrumental in focusing public awareness on adolescent sexual behaviours. At present, there are about a hundred and twenty (120) FM Stations nationwide, and these stations have specific programmes on sexual issues such as, pornography, paedophilia, and abusive

traditional practices. Many of them carry out advocacy programmes which have been held at the national, regional and district levels to disseminate information on sex education and sexual exploitation through a cross-section of stakeholders and civil society groups.

The television media has also contributed immensely through the broadcast of news items, announcements, movies and other entertainment and educational messages that sexual issues such as pornography, trafficking and sexual exploitation are some of the factors that affect the sexual activities of early adolescent. These programmes have increased public awareness and also helped shape many adolescents.

The print media also publishes newspaper items on sex education and commercial sex exploitation. Other publications such as newsletters, magazines, and books carry stories with specific focus on children and minors as victims of commercial sexual exploitation and trafficking. Newspapers solely devoted to sexual issues are gradually emerging on the newsstands.

Role of Governments and NGOs

Recreational facilities and equipment's should be provided in schools and communities to engage children in healthy activities and to reduce idleness which was identified as a factor that influences sexual behaviour and child sexual abuse in schools. Government should make policies to incorporate extensive sex education in our schools (UK youth Parliament, 2007). Non-Governmental organizations such as PPAG and others should continue to give sound sex

education to the adolescents. Adolescents who have dropped out of schools can be given training in any suitable vocation to make them occupied.

Reasons for Early Adolescent Involvement in Sexual Matters

According to Freud's theory, (as cited in Berger, 2001) development in the first six years occurs in three stages, each characterized by sexual interest and pleasure centred on a particular part of the body. In infancy, that body part is the mouth (the oral stage), in early childhood, it is the anus (the anal stage), in the pre-school years, it is the penis (the phallic stage). These first three of Freud's stages are followed by a 5- or 6-year period of sexual latency, during which sexual forces are dormant. Then, at about age 12, the individual enters a final stage, the genital stage, characterized by mature sexual interests lasting throughout adulthood (Berger, 2001).

Summary of Related Literature

The reviewed literature above reveals that early adolescence is a phase marked by physical, social, emotional and psychological changes. It is a stage where sexual curiosity has likely began and therefore gives the adolescent more drive for sources of more information. However, the researcher does not know when and how sexual information should get to adolescent. With regards to the statement of the problem, the researcher will find out from teachers and students how and when to give sexual information and who they will prefer to give the information. The ideas in the content of the literature review will also help to put the right strategies in place in the course of giving sexual information.

CHAPTER THREE

METHODOLOGY

This chapter describes detailed method and procedures the researcher used in conducting the study. It constitutes research design, population of the study, sample and sampling technique, instrument, data collection method, data analysis, and study area.

Research Design

For the purpose of this study, a descriptive and cross sectional research design is used to find out sexual behaviour of in-school early adolescent in the New Juaben Municipality. Descriptive research is a research which specifies the nature of a given phenomena. It determines and reports the way things are. It involves collecting data in order to test hypothesis or answer research questions concerning the current status of the subject of the study (Gay, 1992). It is basically concerned with the present although it often considers past events and influences as it relates to current conditions. Cross sectional research attempts to draw conclusion from findings to cover target population and explaining what happens at a particular point in time. The researcher adopted the descriptive design because it is one of the most convenient and reliable research designs for the study. Questionnaires are used to collect data from students and teachers. This is analysed using frequency and percentages.

Population

The New Juaben Municipality has a total of 250 basic schools which consists of 160 public and 90 private basic schools. Records obtained from the Municipal Directorate of Education show that there are 1,924 teachers and 34,570 students in both Public and Private first cycle schools in the New Juaben Municipality. Table 1 gives a breakdown of the number of teachers in the various schools.

Table 1: Teachers in Public and Private First Cycle Schools in the New Juaben Municipality

School	Male	Female
Public	338	790
Private	347	449
Total	685	1239

Source: Field Data, 2010

From Table 1, it could be noted that the female teachers in Public and Private first cycle schools are more than their male counterparts.

Table 2 gives a breakdown number of students in public and private first cycle schools in the New JuabenMunicipality for 2009/2010 academic year.

Table 2: Students in Public and Private Cycle Schools in the New Juaben Municipality for 2009/2010 Academic Year

School	Male	Female	Total
Public			
Primary	8226	8658	16884
JHS	4216	4108	8324
Private			
Primary	3565	3439	7004
JHS	1110	1248	2358

Source: Field Data, 2010

The target population is all pupils, student, and teachers in the basic schools in the New Juaben Municipality. However the accessible population is made up of 4 basic schools comprising of pupils and students from basic school 5 to basic school 9 (that is from primary 5 to JHS 3) who are above 10 years in both public and private schools and teachers.

Sample and Sampling Procedure

As stated above, the total population was 34,570 students for the 250 Basic schools in the municipality. However, since the researcher did not have the expertise to handle this size of the sample, two public and two private schools were selected for the sample size and deliberately chose 400 students and 35 teachers out of the total number of 34,570 and 1128 respectively.

The selection of respondents is very important for the success of any project work. The research may turn to be invalid or insignificant if the selection process is wrong. A stratified sampling procedure was used to group the basic

schools in the municipality into private and public, simple random sample was then used to select two schools from each of the categories. After the schools were sampled, the classes for the study were selected by purposive. Basic five to nine (B.S.5-B.S.9) was selected because they fall within the ages of early adolescents.

A simple random sampling method was again used to select 20 students each from the selected classes. This simple random number were done using the computer generated random numbers from excel programme. The students in each class were coded into the computer of which 20 were selected randomly. Simple random sampling was done to prevent any biasness in sampling. Accidental sampling method was used to select 35 teachers from the selected schools. In all, a sample size of 400 students and 35 teachers were selected out of the total number of 34,570 and 1,924 respectively.

Research Instrument

The research instrument used was a questionnaire to illicit the information needed. The questionnaire consisted of 18 items for both the students and the teachers. Fifteen (15) of the questions were closed-ended while three (3) were open-ended (see Appendix A). The reason for resorting to questionnaire was that it is a quick way of collecting data. It is also known to be quite valid and reliable if well-constructed. It is also economical in terms of money and time. Robson, (2002) indicates that the use of the questionnaire has the advantage of helping the researcher to within the shortest possible time reach out to many respondents

especially where the geographical area is wide. It is also generally considered cost effective. Standard questionnaires were used to collect both data.

Data Collection Procedure

Permission letters were sent to all heads of selected schools where the study was conducted. The researcher also familiarized with the schools for about a week before giving out the questionnaires to them. The familiarization helped to reduce tension which might have occurred during the data collection.

The questionnaires were administered to respondents by the researcher from class to class. Using the simple random sampling, twenty students were selected from each class. Teachers who were present at the time of the visit were given the questionnaire. The purposes of the research were clearly explained to the selected respondents and were assured of their confidentiality in the quest to respond to the questionnaires. The researcher ensured that respondents answered the questionnaires independently. The researcher made personal contacts in the collection of the data. This helped to keep the response rate high. The return rate was 100% for the students as well as the teachers. The whole procedure was carried out during break time and therefore did not disrupt the instructional hours in the school.

Pre-Testing

A pretesting of the instruments of data collection was carried out on a small sample of respondents in the study area. This was to find out how reliable the questionnaire would be. Where the issues on the instruments were found to be

ambiguous, attention was drawn to effect the necessary corrections before the final instrument were administered.

Data Analysis

To effectively complete the analysis of the data, descriptive method of analysis were used. The statistical software, Statistical Package for Social Scientists(SPSS) were used for the data input and display. The statistical method which were used for the analysis of the data included frequencies and percentages. Content and text analysis were also done on responses received from open-ended questions.

Study Area

The study was conducted in the New Juaben Municipality in the Eastern Region, whose capital is Koforidua. The municipality shares boundaries with East Akim on the North, Akuapem North on the South, Yilo Krobo on the East and Suhum Kraboa Coastal on the West.

The total land area is about 110 square kilometres. It has a heterogeneous population made up of Akans, Ewes, Krobos, Guans, Gas and people of the northern extraction all totalling about 136798 (New Juaben Municipal Office, 2009). The large figure is due to the municipality serving as the regional capital. The principal occupation of the population is farming, even though a good number of the people are involved in teaching, commerce and apprenticeship.

New Juaben Municipality (NJM) can boast of a number of private schools due to the fact that Koforidua being the regional capital has relatively well paid inhabitants who are capable of paying for tuition in the private schools. On the

whole, there are three hundred and eight (376) public and private schools with the following breakdown: Pre-School (106); Primary Schools (158); Junior High School (92); Senior High School (16); Polytechnic (1); University (1); Teacher Training College (1) and one (1) Nursing Training School. Concomitant to the higher number of schools is a huge number of teachers in the Municipality. See Appendix D for schools in New Juaben Municipality.

The management of education in the municipality comes under the care of the Municipal Director of Education. Currently, the municipality is receiving assistance from NGO's such as DANIDA in connection with school Health Education, DFID helping in building schools and providing furniture and lastly EU, helps in putting up libraries, clinics, places of convenience and school buildings (New JuabenMunicipal Education office, 2009).

Enrolment in many schools is high with few schools recording low enrolment. Enrolment, especially, in public schools has received a boost from the Capitation grant introduced by the government. The schools with low enrolment were normally found in communities scattered a little far away from the centre of the municipality. Thus with the enormous presence of teachers coupled with the high number of schools in the Municipality, Koforidua provides the required indicators for studying the attitude of teachers against motivation and performance given the fact that Junior High School and Senior High School results have been fluctuating. Although the results are not very poor, that they sometimes get poorer than previous years raises lots of questions.Hence the choice of the New Juaben Municipality to research sexual behaviour of in-school early adolescents.

CHAPTER FOUR
RESULTS AND DISCUSSION

The chapter presents the analysis of data gathered from respondents. The chapter has five sections: the first section presents the demographic characteristics of the respondents; the second deals with the knowledge of early adolescent regarding sexual matters; the third section deals with issues of access to sexual information; the fourth presents handling of how teachers handle sexual issues of early adolescents and the fifth section considers sexual activity and pupils' behaviour in the New Juaben Municipality.

Socio-Demographic Issues

Age of Respondents

Respondents were of varied age. Results of analysis of respondents are presented in Table 3.

Table 3: Age of Respondents

Age Range	Frequency	Percent
10 – 12	200	50.0
13 – 14	152	38.0
15 and above	48	12.0
Total	400	100.0

Source: Field Data, (2010)

From Table 3, it emerged that out of the 400 students who participated in the study, a greater percentage of the respondents were between the ages of 10-14. According to (Ayertey, 2002), early adolescence is also called pre-teenage or pre-adolescence. This period stretches between the period of 10 and 14 years. The second adolescent period called the latter or late adolescent is between the ages of 15 and 19 years

Table 4: Sex

Gender	Frequency	Percent
Female	211	52.8
Male	189	47.2
Total	400	100.0

Source: Field Data, (2010)

Sex is a basic demographic characteristic that differentiates individuals into male and female (Berger, 2001).The study involves both male and female respondents. Out of the total participants about 53% were females. This is an indication that at the basic school levels there are almost equal number of males and females.

Research Question 1

What knowledge do in-school early adolescents have with regards to teaching and learning of sex education?

Table 5: Do you have Boy or Girl Friend

Response	Frequency	Percent
Yes	147	36.8
No	253	63.2
Total	400	100.0

Source: Field Data, 2010

The study was interested in finding out the level of involvement of basic school children in intimate relationship with the opposite sex. The result indicates that out of the total number of students involved in the study about 37% said they were currently involved in intimate male-female relationship. Out of this percentage 10.3 % of them fall between the ages 10-12. This implies some teens become sexually active at very early stages of adolescence. It can therefore be pointed out that people initiate sexual activities at early stages. Hence parents and teachers who sometimes think such early adolescents are ignorant on sex should be circumspect and give guidance or sex education to them as such.

Table 6: Have You Ever Had Sex Before

Response	Frequency	Percent
Yes	29	7.2
No	369	92.2
No response	2	5.0
Total	400	100.0

Source: Field Data, (2010)

The researcher was interested in finding out if in-school early adolescents have ever had sex. The notion was that the early teens are perceived to be ignorant on sex and therefore too young to be given sex education. Hence the question ‘Have you ever had sex’. The results indicated that 7.2% had had sex before. The results further revealed that out of the early teens who had had sex before 86.2% of them were females and 13.8% males. This shows that majority of early teen females are sexually active than their male counterpart. Out of the number of teens that had had sex before 3.4% were in basic six, 6.9% in basic seven, 13.8% in basic eight and 75.9% in basic nine. This means that as early as basic six some become sexually active. The concern is where and when should sex education start in our schools. According to Time Magazine (2004), for family life and sex education programmes to be effective, it is important that information is conveyed to young people before they become sexually active and begins to be exposed to sexual and reproductive health risks.

Table 7: Do You Have a Regular Sexual Partner

Response	Frequency	Percent
Yes	32	8.0
No	368	92.2
Total	400	100.0

Source: Field Data, 2010

The responses obtained with respect to whether the respondents had a regular sexual partner indicated that those who had regular sex partners were few compared to the number of respondents who said they did not have regular

sex partners. This shows that greater majority of the students have sex but do not have regular sexual partner. This may be dangerous at this time of numerous Sexually Transmitted Infections. It seems that the students do not have information on the dangers of casual sex and they ought to be educated.

Table 8: Did Your First Sexual Partner Force You into it or You Agreed to Do

Response	Frequency	Percent
Agreed	32	8.0
Forced	18	4.5
No response	350	87.5
Total	400	100.0

Source: Field data, (2010)

With respect to whether respondents' first sexual partner forced them or they agreed to do revealed that some of the students who had had sex before were forced by their first sexual partners and might have not had sex again. As to whether they were forced to bed by adults or their peers is not indicated. This confirms the fact that some in-school early adolescents do suffer sexual abuses. Eight percent said they actually agreed. However, majority of the respondents did not respond to the question. Flowing from the above question, which 92 percent of the respondents said they have no regular sexual partners, it is clearly indicated that almost 90% of the respondents did not respond to the question as to whether they were forced by their first sexual partners.

Research Question 2

What are the sources of sexual information to in- school early adolescents?

Table 9: Has Someone Ever Told You Something About Sex

Response	Frequency	Percent
Yes	280	70.0
No	120	30.0
Total	400	100.0

Source: Field Data, (2010)

In response to the above question, it was realized that a greater percentage of the respondents had heard something about sex before. However, there were a good number of students who indicated that they have heard nothing. As a result, sex education should be intensified by both teachers and parents. A survey conducted on sources of information on sexual or reproductive health (R.H) issues indicate that young adolescents get information from a wide range of sources and that they often do so from more than one source (Youth in Sub-Saharan African, 2001).

Table 10: If Yes, Which of These was the First to Tell You

Sex Educators	Frequency	Percent
Parent	195	48.8
Teacher	160	40.0
Friend	45	11.2
Total	400	100.0

Source: Field Data, (2010)

Parents, teachers, as well as friends do educate the adolescents on sexual issues. Table 10 indicates that parents were the first to educate them. This is closely followed by teachers and friends respectively. This implies that the adolescent obtain information about sex from a variety of sources. Though close to 90% of the students were learning from parents and teachers, they must do well to intensify their education on sex since the students are always with them. This will help to reduce the rate at which the students rely on their peers for information on sex.

One of the major socialization agents for sexuality is parents who represent the institution of the family (Gililigan & Murphy, 1979). Sex education should be made an integral part of the total process of development of the children and must not be neglected by parents. Parents are the first teachers of the child and must impart to the child the ability to understand and manage sexual life (WHO, 2007).

Table 11: Who Would You Like to Discuss Your Sexual Issues With

Respondents choice of educators	Frequency	Percent
Friend	71	17.8
Teacher	84	21.0
Parent	245	61.2
Total	400	100.0

Source: Field Data, (2010)

Judging from the results obtained from respondents about who they would like to discuss their sexual issues with, the results indicate that in-school early adolescents have confidence in their parents and their teachers so as to share their sexual problems. However comparing the percentage between teachers and peers, the difference is very small. Teachers have authentic information and genuine advice for students, hence shunning them off may make them result to their peers who may advise them wrongly.

Awortwi and Awortwi (2004) suggested that parents should offer acceptable suggestions to their children and always let them know the rationale behind the suggestions made so that they do not appear autocratic.

Research Question 3

Do teachers and parents handle sexual issues of their early adolescents?

Table 12: Have You Ever Involved Yourself in Any Sexual Case?

Responses	Frequency	Percent
Yes	169	42.2
No	230	57.5
No Response	1	0.2
Total	400	100.0

Source: Field Data, (2010)

A question was posed to find out whether respondents had ever involved themselves in sexual issues. From Table 12 the researcher found that 42.2 percent of the respondents who said they have involved themselves in sexual issues before

are on a higher side, hence teachers and parents should intensify education on sex for their children.

Table 13: If yes, how did your Teacher handle it

Response	Frequency	Percent
Advised me	250	62.5
Referred me to another Person	64	16.0
Punished me	86	21.5
Total	400	100.0

Source: Field Data, (2010)

In Table 13, many respondents said their teachers handled their sexual issues by advising them compared to those who said their teachers handled their sexual issues by referring them to another person. This indicates that not all sexual issues could be handled by all teachers.

Table 14: How Do You See The Way The Issues Were Handled

Response	Frequency	Percent
Very good	295	73.8
Good	36	9.0
Bad	69	17.2
Total	400	100.0

Source: Field Data, (2010)

Judging from the way the respondents' sexual issues were handled, it is clearly shown that more than 80 percent of the respondents did appreciate the

approach used by their teachers to handle their sexual issues. Thus, the ‘advice’ approach.

Research Question 4

What are the effects of sexual activities on the behaviour of in-school early adolescents?

Table 15: Can Sexual Activities Affect the Behaviour of In-School Early Adolescent

	Frequency	Percent
Yes	376	94.0
No	24	6.0
Total	400	100.0

Source: Field Data, (2010)

When the question “Can sexual activities affect the behaviour of in-school early adolescent?” was posed, a greater number of the respondents said sexual activities could really affect the behaviour of in-school early adolescents. However, few were of the view that there was no direct effect between sexual activities and the behaviour of in-school early adolescent. This implies that sexual activities have a direct impact on the behaviour of in-school early adolescent.

Adolescents are at a higher risk for acquiring STIs for several reasons: they are more likely to have multiple partners, to engage in intercourse without contraception, and to select partners at higher risk. Also, younger women are biologically more susceptible to infections than older women. While the physical consequences of early sexual involvement can pose serious risk, the emotional tool of sexual involvement cannot be overlooked (Miller & Moore, 1991). The

Alan Guttmacher institute writes, “having sex can engender a sense of shame or guilt; push a couple apart; raise unrealistic expectations of further commitment and marriage; or be a form of abuse”.

Responses from Teachers

A different questionnaire was given to teachers to seek information on sexual behaviour of in-school early adolescents.

Table 16: Age of Respondents

Age range	Frequency	Percent
20-30	21	60.0
31-40	6	17.1
41-50	5	14.3
51-60	3	8.6
Total	35	100.0

Source: Field Data, (2010)

Knowing the age of respondents gives an idea of how long respondents have been teaching and therefore the experience they have gathered on the job. Teaching used to be a profession of the old, however many young people are getting into it. According to the results in Table 16, this is due to the fact that the age group between 20 years and 30 years attracts 60 percents of the entire respondents. Teaching is neither a solely masculine nor feminine profession, both sex enter into the teaching profession. Thus, it is important to find out the gender ratio of respondents, 45.7 percent were females while 54.3% were males.

Do in-school adolescents involve themselves in sexual matters?

The table below sort to find out whether in school adolescents involve themselves in sexual matters.

Table 17: Do In-School Adolescents Involve Themselves in Sexual Matter

Response	Frequency	Percent
Yes	22	62.9
No	13	37.1
Total	35	100.0

Source: Field Data, (2010)

In an attempt to find out whether in-school early adolescents involved themselves in sexual matters, a high percentage of the respondents said they involved themselves in sexual matters while few of them said ‘no’ to the question.

Table 18: In Your Opinion, at What Age Do Early Adolescent Involve Themselves in Sexual Matters

Age	Frequency	Percent
10 – 12	10	28.6
13 – 14	22	62.9
15 and above	3	8.6
Total	35	100.0

Result from the study shows that majority of the respondents indicated that adolescents between the ages of 12 and 14 did involve themselves in sexual matters. This was followed by those who were of the opinion that the adolescents between the ages of 10 to 12 rather get involved in sexual matters. Those who

were of the view that it was rather those adolescents who were 15 years and above involved themselves in sexual issues represented the lowest percentage. This analysis implies that more than 90% of the respondents were of the opinion that early adolescents between the ages of 10 to 14 get involved in sexual matters.

According to Rand Health (2002), early adolescent corresponds to ages 10 to 15 years when most adolescents are in the basic school or the Junior High School. They progress through puberty, intensely aware of physical change and concerned about any changes which they perceive as “abnormal”. They tend to exaggerate and worry about physical symptoms, although they may have difficulty in verbalizing to their parents but tend to vacillate between adult-like and child-like behaviour. This therefore makes it imperative for early and proper sex education to be tailored to meet the various physical and psychological needs of the adolescents.

Table 19: What Do You Think are Some of the Reasons for Early Adolescents Involvement in Sexual Matters?

Reasons	Frequency	Percent
Lack of parental care	15	42.9
Financial Difficulties	9	25.7
Peer Pressure	11	31.4
Total	35	100.0

Source: Field Data, (2010)

Table 19 tries to find out some of the reasons for early adolescents involvement in sexual matters. Lack of parental care was followed by Peer

Pressure and Financial Difficulties in a descending order. This clearly shows that a lot of factors cause the early adolescents involvement in sexual matters of which proper attention needs to be given to eradicate or minimize the situation.

Table 20: Have you passed on Sexual Information to Students Before

Response	Frequency	Percent
Yes	23	65.7
No	12	34.3
Total	35	100.0

Source: Field Data, (2010)

The response obtained with respect to whether the respondents have passed on sexual information to students before indicated that majority of the respondents said they have passed on sexual information to students before, while minority said they have never passed on sexual information to students. This clearly shows that even though some teachers help to educate students on sexual matters, the percentage of those who do not involve themselves is large. Therefore teachers should be encouraged to participate in the education on sexual matters of students.

Teachers were also asked to indicate the reactions of students whenever they pass on sexual information to them. This revealed that, 91.4 percent said the students were happy whenever their teachers passed on sexual information to them. However 8.6% said students were not happy to hear information concerning sexual matters.

Teachers were also asked whether sex education is included in their subjects. Response indicates that 40 percent of the respondents responded yes. However, 60 percent said sex education is not included in their subjects.

When students were asked to indicate who first told them something about sex as shown in Table 4, shows that parents, friends as well as teachers were the people who normally discussed sexual issues with the adolescents.

Table 21: If No, Should Sex Education be Included in all Subjects?

Response	Frequency	Percent
Yes	28	80.0
No	7	20.0
Total	35	100.0

Source: Field Data, (2010)

With respect to whether sex education be included in all subjects revealed that a greater percentage (80%) of the respondents are of the view that sex education should be included in all subjects, curriculum planners should go ahead to introduce sex education in all subjects. As indicated by Youth in Sub-Saharan African (2001) sex education aims to reduce the risk of potentially negative outcomes from sexual behaviour such as unwanted or unplanned pregnancies and infection with sexually transmitted diseases including HIV. However 20% were of the view that sex education should not be included in the entire subjects. With reference to the results in Table 13 on the question “How did your teacher handle it”, 16 percent of the students were referred to other persons. This confirms the fact that not all teachers can handle sexual issues of adolescents.

Table 22: At What Standard Age Should Sex Education Begin

Age Range	Frequency	Percent
6 – 9	13	37.1
10 – 14	18	51.4
15 and above	4	11.4
Total	35	100.0

Source: Field Data, (2010)

To find out the standard age at which sex education should begin, results obtained in Table 22 implies that sex education should begin as soon as the child enters basic school one. The results indicated that majority of the teachers are aware of the sexual activities of their students hence opt for sex education to begin with early teens. 37.1 of the teachers agreed that sex education should begin as early as Basic 1.

Have any of your students/pupils been involved in sexual activity before?

When teachers were asked whether any of their students had been involved in sexual activities before, it was found out that 16 of the respondents representing 45.7 percent said yes and 54.3% said none of their pupils have been involved in sexual activities before. This result implies that probably some of the teachers have not been involving themselves in sex education or have not been actually observing the students on sexual matters.

Table 23: What Did You Do Afterwards

Response	Frequency	Percent
Nothing	17	48.6
Punished	8	22.9
Advised	10	28.6
Total	35	100.0

Source: Field Data, (2010)

Table 23 seeks to find out what the respondents did when their students involved themselves in sexual activities. There is the need for teachers to be educated on how to deal with sexual issues concerning their students and this will help to reduce the 48.6 percent of the respondents who did nothing concerning their students who involved themselves in sexual activities.

Table 24: Can Sexual Activities Affect the Behaviour of In-School Early Adolescents

Response	Frequency	Percent
Yes	34	97.1
No	1	2.9
Total	35	100.0

To find out whether sexual activities affect the behaviour of in-school early adolescents, a higher percentage said sexual activities really affect the behaviour of in-school early adolescents as against 2.9 those who said it does not affect them. This is a clear indication that sexual activities have tremendous effects on the behaviours of in-school early adolescents.

According to Youth Risk Behaviour Surveillance (1997) adolescents who initiate health-risk behaviours such as sexual intercourse and substance abuse at an early age frequently have poorer health later in life, lower educational attainment and less economic productivity than their peers. Early initiation of these behaviours is associated with longer periods of risk taking in later adolescence and early adulthood, and also may be a marker or risk taking in adulthood. Teenage sexual activity brings with it serious consequences, including unintended pregnancy, sexually transmitted diseases, and emotional stress.

The researcher was interested in having information about how sexual activities affect the behaviour of in-school early adolescents, various issues were raised such as the adolescents in question become arrogant, rude and disrespectful which therefore affect the students not being able to concentrate on his/her academic work since discipline is a key role to academic excellence. Truancy, teenage pregnancy and consequently school dropout become the key features of adolescents who involve themselves in sexual activities.

The adolescent should be advised on the problems involving early sexual activities and should abstain themselves from it until they are ready physiologically, psychologically and emotionally. The adolescent should also be advised on the importance of formal education in order to encourage them to concentrate on their academic work.

The researcher suggests that parents, teachers, guardians and all other stakeholders have a role to play. They should all put their hands together to

educate the children about the dangers they are putting themselves in when engaging in pre-marital sex.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

The study aimed at finding out sexual behaviour of in-school early adolescents and its effects on the students. Adopting the descriptive research design and mainly questionnaire, the researcher selected 435 respondents using the stratified and the simple random technique, respondents provided answers to the following research questions.

What knowledge do in-school early adolescents have with regards to teaching and learning of sex education in schools?

What are the sources of sexual information to in-school early adolescents?

How do teachers handle sexual issues of their early adolescents?

What are the effects of sexual activities on the behaviour of in-school early adolescents?

Major Findings

The responses revealed that 36.8 percent of the total student respondents had boy or girl friend which is relatively high looking at their ages. This is confirmed by the responses given by teachers that, in-school early adolescents really involve themselves in sexual matters. This is mostly with students between

the ages of 13 – 14. It is also revealed that various factors account for this but the most prominent one is lack of parental care.

Few early teens are sexually active, and out of this more of the females are sexually active than their male counterparts. Some of the teens become sexually active between the ages of 10-12. Few students indicated that they were forced for the first time of their sexual encounter.

On the second research question, the respondents responded on the source of sexual information to the in-school early adolescents. The main findings were that the majority of the respondents confirmed that someone had ever told them something about sex. Also the sources of the respondent's information are from their friends, teachers and parents. However, most of them prefer to discuss their sexual issues with their parents.

Notwithstanding, most teachers have been passing on sexual information to their students and majority of the students are also happy to hear such information from them. However, it was noted that sex education is not included in most subjects and majority of the teacher respondents suggested that it should be included in all subjects.

Findings on the third research question from the students also revealed that teachers mostly advice students who involve themselves in sexual issues rather than referring them to other people. However, some teachers are not much concerned about this behaviour of the students. Hence, they do nothing whiles their colleagues are either punishing or advising the students concerned. But it is clearly shown that more than 80 percent of the respondents did appreciate the

approach through which their teachers used to handle their sexual issues. In view of this, most teachers suggested that sex education should begin at the ages of 10 and 14. As about 46 per cent of the teachers confirmed this by saying that some of their students have ever involved themselves in sexual activities.

In research question four the results indicate that both teachers and students agree to the fact that sexual activities really affect the behaviour of in-school early adolescents as 94 percent of the students and 97.1 percent of the teachers responses confirmed.

Conclusions

Students become sexually active as early as 10years or Basic 6. More girls are sexually active than boys. The reason is that most girls are abused at this stage.

From Basic 1 parents take leading role in sex education followed by teachers.

Finally sexual activities affect the studies of in-school adolescents. Female adolescents who engage in sexual activities become pregnant and drop out of school. Sexual activities in female in-school adolescent may make them truants.

Recommendations

It is high time all stakeholders, (parents, teachers and educators) came together to confront the issue of sexuality; to discuss this openly in the home and the classroom in order to give first hand information to the young ones who often find themselves in a quandary. They have questions regarding sexuality and cannot find a means of getting answers. They have feeling and do not know what to do about it. Hence there should be sex education. Teachers must also create

congenial atmosphere for their students to freely interact with them on sexual issues. Parents should update themselves with modern trends in the adolescent world and encouraged them to pursue their studies to higher levels so that they can get good jobs and function responsibly for adult life.

Curriculum planners should do well to introduce sex education as part of syllabus for the various subjects being taught in the basic schools. Teachers should be trained on how to handle students' sexual cases. Parents should be more vigilant and take good care of their children, give them more sex education to avoid them being sexually exploited by adults or their peers.

In school early adolescent should concentrate on their studies and avoid sexual activity that will lead to pregnancy and school dropout.

Area for Further Study

It must be admitted that the present study is limited in scope because of the constraints of time and finance. It is only a first step in examining sexual behaviour of in-school early adolescents in the New Juaben municipality. In view of this it is suggested that this study be replicated in other regions and districts in the country. Also parents can be involved in subsequent researches on this topic.

REFERENCES

- Adams, G. R., Gullottra, T. P., & Montemayor, R. (1992). *Advances in adolescent development: Adolescent identity formation*. New York: Russel Sage
- Allan Guttmacher Institute (2001). *Can more progress be made? Teenage sexual and reproductive behaviour in developed countries*. Washington DC: Allan Guttmacher Institute
- Ampah, J. F. (1991). *The adolescent and sex education*. Unpublished dissertation University of Cape Coast.
- Awortwi, H., & Awortwi, S. (2004). *The youth and sex*. Accra: Asempa Publishers
- Awuni, T. (2006). *Concise and facilitated social studies*. Darkuman-Accra: REDITHOMS Graphics.
- Ayertey, I. (2002). *Mastering social studies*. Accra: Willieky Publications Ghana Limited
- Breese, R.W. (1978). *The application of piagetian theory of sexuality*. Cambridge, MA: Harvard University Press
- Berger, S. K. (2001). *The developing person through life span*. (5th ed.). New York: Worth Publishers.
- Berger, S. K. (1986). *The developing person through childhood and adolescence*. New York: Worth Publishers Inc.
- Coleman, J. C., & Hendry, L. (1990). *The nature of adolescence* (2nd ed.). London: Routledge.

- Collins, W. A. (1990). *Parent-child relationships in the transition to adolescence: Continuity and change in interaction, affect and cognition*. Beverly Hills, CA: Sage
- DOVSU (2009). *Statistic on defilement from 2005–2009*, Koforidua. Office Record DOVSU
- du Bois-Reymond, M. (1995). *The role of parents in the transition period of young people*. Berlin: Moutonde Gruyter.
- Feldman, S. S., & Elliou, G. R. (1988). *At the threshold: The developing adolescent*. Cambridge, MA: Harvard University Press.
- Freud, S. (1963). *Three essays on the theory of sexuality*. NY: Avon Books.
- Gay, R. L. (1992). *Educational research competencies for analysis and application* (4th ed.). New York: Macmillan Publishing Company.
- Georger, D. (1979). *The sexual celibate*. NY: Image Books.
- Gililigan, C., & Murphy, J. M. (1979). *Development from adolescence to adulthood: The philosopher and the dilemma of the fact*. San Francisco: Jossey-Bass.
- Hahn, B. D., Payne, A.W., & Mauer, B. E. (2005). *Focus on health* (7th ed.). The Muncie Indiana: McGraw-Hill Companies.
- Harvey, M. S., & Spigner, C. S. (1995). *Adolescence, period of stress*. California: Cole Publishers Company.
- Hoff, K. (1997). *Adolescent sexuality evaluating maternal outcomes*. New York: Mayfield Publishing Company.

- Hyde, J. S., & Delamater, J. D. (1997). *Understanding human sexuality* (6th ed.). Boston: McGraw Hill.
- IPPF EN (2006). *Sexuality education in Europe: A Reference Guide to Policies and Practices*. Brussels: IPPF EN
- Kirby, D., Laris, B., A., & Rollert, L. (2005). *Impact of sex and HIV education programs on sexual behaviours of youth in developing and developed countries*. Research Triangle Park, NC: Family Health International, Youth Net Program.
- Leffert, N., & Petersen, A. C. (1995). *Patterns of development during adolescence*. New York: Cambridge University Press.
- Leman, K. (2002). *Adolescence is not terminal*. Illinois: Tyndale House Publishers Inc.
- Mensch, B. S., Bruce, J., & Greene, M. E. (1998). *Girls adolescence in the developing world*. New York: Population Council.
- Meeks, L., & Heit, P. (2008). *Health and wellness: Your body book*. New York: Macmillian/ McGraw Hill
- Miller, B. C., & Moore, K. A. (1991). *Adolescent sexual behaviour, pregnancy and parenting*. Monterey: Wadsworth Company.
- Mintah-Afari, E. (2008). *Social studies for senior high schools*. Kumasi: Approacher's (GH) LTD.
- New Juaben Municipal Education Office (2009). *Statistics on number of students and Teachers from 2005-2009* New Juaben. Office Records. NJMEA

- Oslon, H. D., & Defrain, J. (2000). *Marriage and the family* (3rd ed.). Mexico: Mayfield Publishing Company
- Otoo, A. M. (2001). *Sexual behaviour of senior secondary school students*. Unpublished dissertation University of Cape Coast
- Papulia, D. E., Olds, S. W., & Feldman, R. D. (2002). *The child's World, Infancy through Adolescence* (9th ed.). New York. McGraw-Hill Company Inc.
- Rand Health Publication (2002). www.rand.org/health.retrieved March 5,2009
- Raymond, M., Gerald, R. A., & Thomas, P. (1988). *From childhood to adolescence: A transitional period?* Newbury Park, CA: Sage
- Regional Hospital, Koforidua (2009). Records from Eastern Region. Koforidua.
- Robson, C. (2002). *Real world research* (2nded.). Padstow: Blackwell.
- SanTrock, W. J. (1998). *Adolescence* (7thed.). New York: McGraw Hill Companies Inc.
- Social Marketing for Adolescent Sexual Health (2000).*The reproductive health need of adolescents in sub-Saharan African*. Washington, DC: Population Reference Bureau
- Twum, N. A. (2003). *Social studies for senior secondary schools*. Accra: Afram Publication (GH) Limited.
- UK youth Parliament (2007). *Sex and relationships education: Are you getting it?* London: UK youth Parliament. www.ukyouthparliament.org.uk/campeings/sre/areyougettingit.pdf retrieved July 9, 2009.

UNAIDS & WHO (2000). *Joint United Nations programme on HIV/AIDS: Epidemiological fact sheet on HIV/AIDS and sexually transmitted infection*. Geneva

UNAID (2006). Joint United Nations programme on HIV/AIDS. *Report on the global AIDS epidemic* Geneva: UNAID

United Nations Children's Fund (UNICEF), (1998). *Progress of Nations*. New York: UNICEF

WHO (2007) *A Guide for Developing polices on the sexual and Reproductive Health and Rights of Young People in Europe*. Brussels.

www.ippfn.org/NR/onlyres/7DDDIFA1-6BE4415D-BBC2-87694F-37CD50/0/Sexed.pdf. retrieved July 9,2009.

www.ippfen.org/en/Resources/Our+Publicatios/sexuality+educatio+romania.htm.

Youth in Sub-Saharan African (2001). *A chartbook on sexual experience and reproduction health*. Washington, DC: Population References Bureau.

Youth Risk Behaviour Surveillance--United States (1997).State and Local YRBS Coordinators.

APPENDICES

Appendix A

Letter of Consent

Dear Parent,

I am M. Ed sandwich student of the University of Cape Coast examining sexual behaviour of in-school early adolescents. The aim is to look at pupils or adolescents' knowledge about sexuality, sources of sexual information and sexual characteristics. Your child/ward is one of my chosen participants and, I am by this letter seeking your permission.

You are assured that any information given is solely for academic purpose and will be kept confidential. Pupils or students are therefore not expected to write their name on the questionnaire.

Thanks for your co-operation.

Yours faithfully

Elizabeth Adoboah

PARENT'S NAME

SIGNATURE

Appendix B

SEXUAL BEHAVIOUR OF IN-SCHOOL EARLY ADOLESCENT IN GHANA

Questionnaire for Students/Pupils

Information on Adolescent is being sought for by this questionnaire. The information is needed purely for academic purpose. You are kindly requested to answer all questions as accurately and honestly as possible. You are assured that any information given will be treated as confidential as possible. You are therefore not to write your name anywhere on the questionnaire.

Thank You.

MODULE A: PERSONAL DATA

1. Age: 10 – 12 (), 13 – 14 (), 15+ ()
2. Sex: Female (), male ()
3. Class/form: Primary 5 (), 6 ()
JHS 1 (), JHS 2 (), JHS 3 ()

MODULEB: Knowledge of early adolescents with regards to sexual matters.

4. Do you have a boy or girl friend? Yes () No ()
5. Have you ever had sex? Yes () No ()
6. Do you have a regular sexual partner? Yes () No ()
7. Did your first sexual partner force you into it or you agreed to do
Agreed () Forced ()
8. How old were you when you had your first sexual experience? years

MODULEC: Adolescents Access to sexual information

9. Has someone ever told you something about sex?

Yes () No ()

10. If yes, which of these was the first to tell you?

Parents () Teacher () Friend ()

11. Who would you like to discuss your sexual issues with?

Friend () Teacher () Parents ()

12. Give reasons to your answer.

.....
.....
.....
.....

MODULED: How teachers handle sexual issues of early adolescents.

13. Have you ever involved yourself in any sexual case?

Yes () No ()

14. If yes, how did your teacher handle it?

- i. Advised me ()
- ii. Punished me ()
- iii. Referred me to another person ()
- iv. Others

.....
.....

15. How do you see the way the issue was handled?

Very good () good () bad ()

MODULE E: Sexual activity and pupil's behaviour

16. Can sexual activities affect the behaviour of in-school early adolescent?

Yes () No ()

17. If yes, how does it affect the behaviour of in-school early adolescent.

i.
.....

ii
.....

iii.
.....

18. In your opinion how can the above (17) problem be solved?

.....
.....
.....
.....

APPENDIX C

SEXUAL BEHAVIOUR OF IN-SCHOOL EARLY

ADOLESCENT IN GHANA

Questionnaire for Teachers

Information on Adolescent is being sought for by this questionnaire. The information is needed purely for academic purpose. You are kindly requested to answer all questions as accurately and honestly as possible. You are assured that any information given will be treated as confidential as possible. You are therefore not to write your name anywhere on the questionnaire.

Thank You.

MODULEA: Personal Data of Respondents

- 1: Age: 20 – 30 () 31 – 40 ()
 41 – 50 () 51 + ()
- 2: Sex: Female () Male ()
- 3: Class/Classes taught

MODULEB// Knowledge of early adolescents with regards to sexual matters

- 4. Do in-school adolescents involve themselves in sexual matters?
 Yea () No ()
- 5. In your opinion at what age do early adolescent involve themselves in
sexual matters?
 10-12 () 13-14 () 15+ ()

6. What do you think are some of the reasons for early adolescent's involvement in sexual matters?

- i. lack of parental care ()
- ii. Financial difficulties ()
- iii. peer pressure ()
- iv. Others

MODULEC: Adolescents access to sexual information.

7. Have you ever passed on sexual information to students before?

Yes () No ()

8. If yes, what was the reaction of the students? Happy () Not happy ()

9. Is sex education included in your subject ? Yes () No ()

10. If no, should sex education be included in all subjects? Yes () No ()

11. If no, which subject(s) should it be included?

.....
.....

12. At what standard age should sex education begin?

6-9 () 10-14 () 15+ ()

MODULED: How teachers handle sexual issues of early adolescents.

13. Has any of your students/pupils been involved in sexual activity before?

Yes () No ()

14. If yes, how did you find out?

.....
.....

15. What did you do afterwards?

Nothing () Punished () Advised ()

Others.....
.....

**MODULE E: The effect of sexual activities on the behaviour of in-school
early adolescents**

16. Can sexual activities affect the behaviour of in-school early adolescents?

Yes () No ()

17. If yes, how does it affect the behaviour of the in-school early adolescent?

.....
.....
.....

18. In your opinion, how can the above (17) problem be solved?

.....
.....
.....
.....

APPENDIX D

MAP OF SCHOOLS IN NEW JUABEN