UNIVERSITEIT VAN AMSTERDAM

"As much as you are alive, you have to get married and give birth"

The Role of Sexuality Education in Shaping Aspirations for Young Women in Eastern Rural Ghana

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Abstract

Increasingly, there is global recognition of the importance of sexuality education in addressing a multitude of issues, including the reduction of adolescent pregnancy and limiting the spread of sexually transmitted infections. In addition to health-related concerns, however, sexuality education can also address social ones. Sexuality education has the potential to promote gender equality by encouraging a positive dialogue on sexuality, challenging gender roles, and providing comprehensive information on sexual and social relationships. Sexuality education programs that focus solely on achieving health-related outcomes miss an important opportunity at promoting gender equality, and may, in fact, reproduce gender roles in society. The promotion of certain gender roles can, in turn, limit what individuals aspire to. Currently, there is limited literature addressing sexuality education and women's aspirations. This study aims to explore the role of differing forms of sexuality education in promoting gendered messages of sexuality, and how these messages may be reflected in young women's aspirations. Through exploratory, in-depth interviews, and participant observation, this study has found that differing modes of sexuality education do in fact reinforce gendered messages of female sexuality and gender roles, particularly the importance of marriage and childbearing. The emphasis placed on marriage and childbearing is reflected in the key lessons taught in sexuality education and the aspirations of young women included in this study. Occupational aspirations differed significantly between young women in school and adolescent mothers, who were not enrolled in school, yet the gendered messages they received were the same. These findings suggest a necessity for universal, comprehensive sexuality education, and the development of vocational training centers to assist adolescent mothers in becoming financially independent.

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ABC: Abstain, be faithful, use a condom

CSR: Comprehensive Sexuality Education

FGD: Focus Group Discussion

HC: Her Choice

HIV: Human immunodefiency virus

SRHR: Sexual and Reproductive Health and Rights

STI: Sexually transmitted infection

THP: The Hunger Project

UNICEF: United Nations Children's Fund

WHO: World Health Organization

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*All photos are credit of the author, and the individuals present in photos have given consent for their use in this thesis.

without my other local supervisor, Patricia Osei-Amponsah. Patricia worked tirelessly to help us find accommodation, transportation, and gain access to our respective research locations.

Finally, the contents of this research paper would not have been possible without the generosity of the women and men of the Akode community. Thank you for exchanging stories, experiences, and laughter with me. Thank you for teaching and feeding and guiding me. Thank you for putting up with my relentless questions and subpar Twe-speaking abilities. Finally, thank you for welcoming me into your community and being an inspiration to all the young women you work with every day, myself included.

1. Introduction and Research Aim

Sexuality education is a powerful tool, and when used properly, can uplift the next generation of healthy, informed, and empowered individuals. Sexuality education is not only essential in providing information on safe sex practices, but it can also inform individuals of "accurate and age-appropriate knowledge, attitudes and skills; positive values, including respect for human rights, gender equality and diversity, and, attitudes and skills that contribute to safe, healthy, positive relationships" (UNESCO 2018, 12). The teaching of specific sets of knowledge, skills, and values such as these can equip young people with an understanding of the social and cultural structures they live in, contributing to an improved relationship with themselves and their peers (UNESCO 2018). However, the content of sexuality education can vary greatly depending on factors such as cultural context, religious influences, and social mores (Nykaro et al. 2014). Depending on these factors, sexuality education also has the potential to convey messages of gendered roles in sexual and social relationships.

This study takes place within the framework of the Her Choice (HC) program, a five-year program with the ultimate goal of creating marriage-free communities. HC aims to increase girls' control in decision-making in all aspects of their life (THP 2019), and one of the tools in doing so is sexuality education. It should be noted that in this study, less than half of the participants reported receiving sexuality education from the HC program. For this reason, this research is not so much an assessment of the HC Program itself, but rather a larger examination of varying forms of sexuality education in Akode.

This research aims to explore the contents and limitations of varying forms of sexuality education in Akode, Eastern Ghana, through the perceptions and experiences of young women. Specifically, it aims to understand if and how formal and informal sexuality education is underpinned by gendered messages, and how these gendered messages – such as notions of 'appropriate' femininity, gender roles, and expectations of marriage and childbirth – might limit women's aspirations.

1.1 Problem Statement

Research has shown that incomplete sexuality education can have adverse direct and indirect outcomes. These outcomes can include unintended pregnancy, sexually transmitted infections, early marriage, and dropping out of school (van der Geugten 2014, 114). The delivery of sexuality education has implications that reach beyond these outcomes, however. Sexuality education that only focuses on health outcomes and behavioral changes tends to overlook the fact that young people are sexual beings, and may fail to recognize that they are "meaningful citizens with social, economic or political agency" (Le Mat 2017, 415).

Due to religious, cultural, and traditional beliefs, young Ghanaian women are often taught that their worth is rooted in their status as married women and ability to reproduce (Awusabe-Asare et al. 1993). As mentioned in the introduction above, sexuality education should be a way to challenge these beliefs, but the way that it is taught throughout Ghana tends to problematize female sexuality (Awusabo-Asare 2017; Le Mat 2017; Van der Geugten 2014). These beliefs inherently create and reproduce gendered perceptions of female sexuality, forming problematic gender roles. Consequently, the teachings of these roles have the potential to influence what a young woman can or will aspire to in her life. For instance, a study found that Ghanaian women are often taught to not aspire to occupations that require manual labor because "this is thought to make women too masculine, unable to bear children, and unlikely to find a husband" (Boateng & Löwe 2018, 7). The fear of becoming too masculine, infertile, and unfit for marriage are messages conveyed to women which can both shape and limit the aspirations they have for themselves.

1.2 Academic and Social Relevance

Most literature on sexuality education focuses on health for development outcomes, that is, emphasizing the importance of CSE for lowering HIV, unintended pregnancy, increasing school enrollment (Awusabo-Asare 2017; UNESCO 2009; UNFPA 2010; van der Geugten 2014). However, there is little literature addressing the relationship between gendered messages of sexuality and sexuality education, and the influence such messages may have on women's life aspirations.

Sexuality education should aim to increase gender equality (UNESCO 2018), and Her Choice is actively working to achieve this goal. The HC program lists a total of six strategies in efforts to increase decision making and equality among young women. Two of the strategies are particularly relevant to this study, including the investment in girl's knowledge and skills related to Sexual and Reproductive Health and Rights (SRHR), and improved access to SRHR education for girls (HC 2019).

Ghana has a gender inequality index of 0.53, ranking it number 133 of a total listed 160 countries (UNDP). Gender inequality in Ghana can be exemplified through the occurrence of sex segregation in the labor market, in which women and men engage in traditionally gender-specific roles (Abukari & Odai 2018). Sex segregation exists in the household as well, in which women typically have less decision-making power. However, women with greater access to income-generating activities may have increased decision-making powers in the household (JICA 2013), signifying the importance of occupation in gender equality. Further, Abukari & Odai (2018) contend that in Ghana, "the sex-based traditional occupational system of the economic sector is deeply rooted in the beliefs systems of the people" (285). Thus, it is imperative to understand which belief systems are prioritized in the provision of sexuality education in Ghana. Understanding the what gendered messages are spread and how they may contribute to gender inequality in Ghana, can ultimately help to improve the quality of sexuality education and reduce gender inequalities.

1.4 Thesis Overview

The thesis will begin with a chapter outlining the context on the location and setting of where the research took place. Chapter three examines the theoretical underpinnings of the themes that will be explored and discussed, and chapter four details the research methods utilized to gather the data for this study. Chapters five through seven present the data collected, divided by theme, and chapter eight is left for the discussion, conclusion, and recommendations for further research and practice.

2. Research Context

This chapter will introduce the context of the location in which this research took place, Ghana. It will examine Ghana's economic, social, and cultural history in an effort to set the scene of aspects that are most relevant to this study. This chapter will include information on Ghana's socioeconomic background, religious and cultural influences on sexuality and gender, trends of marriage and adolescent fertility, the role of The Hunger Project (THP) and Her Choice (HC), and finally, the presence of varying forms of sexuality education in Ghana.

2.1 Socioeconomic Background

Ghana is a West African country surrounded by neighboring countries Cote d'Ivoire, Togo, Nigeria, and Burkina Faso with a population of 28.8 million (UNDP 2018). Ghana was the first sub-Saharan country in colonial Africa to gain independence in 1957 and has since experienced a rollercoaster of economic growth and decline (Awusabo-Asare et al. 2004). Today, the country is considered to be of 'medium human development', ranking 140 out of 189 countries worldwide (UNDP 2018). In terms of the Human Development Index (HDI), Ghana ranks 140 out of the total of 189 countries that have been surveyed. The HDI ranking takes into account years in school, life expectancy, and income (UNDP 2018). While HDI reports are by no means a comprehensive look into the development of a country, they reflect aspects relevant to the context of this study. This relevance comes from this study's emphasis on education, health, and financial barriers. Other challenges pertaining to population health in Ghana include access to safe drinking water, unsanitary living conditions, and poor nutrition (Marco 2010, 2).

This research was conducted in Koforidua, the capital of Ghana's Eastern Region. The Eastern region is the sixth largest region of the country, with a population of 2,633,154 (Badasu et al. 2013). The dominant ethnicity in the Eastern region is the Akan, and other major ethnic groups residing there are the Ga-Dangme and the Ewe (Badasu et al. 2013). The dominant religion in the Eastern region is Christianity, which is followed by 84.5% of the population living there. For the context of this research, it is essential to note that the level of poverty in Koforidua was far lower than other regions of Ghana, such as the Northern region (Central Intelligence Agency 2018).

Map 1: Map highlighting Koforidua, capital of Ghana's Eastern Region (BBC World Service, 2008)

2.2 Gender and the Labor Market

Despite a relatively low HDI report, Ghanaians make ends meet though trading, selling and farming. Almost half of all households in Ghana are agricultural households, including activities such as crop farming, tree planting, fish farming, or animal rearing (Ghana Statistical Service 2012). According to the 2010 Ghana Census, a majority of the population is self-employed. Overall, more males than females are employed, but women make up slightly more of the self-employed sector than men. In fact, 65.2% of females are classified as self-employed, which is in part due to the fact that women have fewer opportunities to enter into the formal work force. Limited employment opportunities for women are due to a multitude of factors, but can include lower levels of education and domestic-related duties (Ghana Statistical Service 2012). In addition, a lower representation of women in political, public service, and private sector occupations can be attributed to cultural and traditional influences (JICA 2013).

To be clear, the statistics presented above do not signify that women are less economically active than men, but they signify a division of labor between the sexes. Many females in this study, for example, engaged in self-employment activities such as fruit selling and trading, seamstressing, and hairdressing. Males on the other hand, engaged in farming and agricultural work.

2.3 Sexually Active Youth

Around 57% of Ghana's population is under the age of 25 years old (Central Intelligence Agency 2018). A large proportion of young citizens tends to indicate a considerable presence of sexually active individuals, exemplified by a recent study highlighting that 43% of females and 27% of males aged 15-19 years old have had sexual intercourse (Awusabo-Asare et al. 2017, 4). Moreover, 12% of females and 9% of males reported initiating sex before the age of 15 (Awusabo-Asare K. et al. 2017, 4). The significance of these statistics is that earlier sexual relationships are more likely to result in pregnancy, childbearing and unsafe abortion (Addai 2000, 329), especially if there is a lack of correct or comprehensive sexuality education. Notably, a 2008 study in Northern Ghana found that 13% of young women aged 15-19 years were pregnant or had children, and of those women who gave birth, "52% did not wish to have a child" (Van der Geugten 2014, 114). A growing youth population and a significant presence of premarital sex places even greater pressure on delivering some form of sexuality education throughout Ghana. Yet, traditions relating to sexual and reproductive health, education and marriage can vary according to ethnic and religious backgrounds (Nyarko et al. 2014, 21). Ethnic and religious backgrounds can have an influence on the content of sexuality education, as will be discussed in the following section.

2.4 Religious Influences on Sexuality

> "Religion dictated when, where, with whom, and for what purpose to have sexual intercourse, marked the transition from childhood to womanhood, which also meant religious and societal approval of marriage and hence sexual initiation within marriage."
>
> (Addai 2000, 330)

Ghana is comprised of a variety of religious beliefs, including Christianity (69%), Islam (15.6%), and traditionalism (Nyarko et al. 2014). The diversity in religious beliefs and ethnic backgrounds indicates a variety of ways to teach sexuality education throughout Ghana. Attitudes towards sex education can depend on "dominant perceptions, social belief systems, religious factors, family socialization, and cultural setup" (Nyarko et al. 2014, 23). A dominant religious sentiment can leave the teaching of sexuality in the hands of the Church, often replacing sexuality education with a "moral education" (Nyarko et al. 2014, 23). Ghana's national HIV/AIDS education curriculum,

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for example, is often taught within the subject of religious and moral education or 'Virgin' clubs (Miedema & Oduro 2016). Delivering such a crucial curriculum through the lens of religion has the potential to teach biased information (see 2.7). The influence of religion on sexuality education will be explored in the data gathered from this study.

The presence of religion also contributes to a culture of marriage and monogamy in Ghana. Through the gathering of data, it became evident that attending Church was an important routine in Ghanaian life, and to many, provided a sense of identity and security. Some of the most important celebrations in Ghanaian culture include weddings and funerals, both of which follow rituals of the Christian church. For many women, marriage and childbearing are considered to be a duty to God. When asked about the reasons for a woman to get married, a student in this study reported, "*As a Christian, you should get married. You must get married. Marriage is part of Christian religion, so that's why.*" (Ruth[1], 22 26/02/19). Ruth's statement highlights the centrality of religion, and Christianity in particular, in the promotion of marriage.

2.5 Marriage and Childbearing in Ghana

Marriage is a highly valued institution in Ghana and throughout sub-Saharan Africa, which "not only marks the transition into adulthood but also defines the socio-culturally sanctioned context for reproduction" (Gyimah 2009, 455-456). The practice of marriage in Ghana is a meaningful step for women in that it renders them as adults who are ready to begin childbearing. However, women are socialized to believe that their social status depends on their role as married women and as mothers. Regardless of upbringing, occupation, or income, women in Ghana are typically expected to marry and have children (Awusabo-Asare et al. 1993).

According to the Ghana 2010 Census, 42.9 percent of the population of 12 years and older were married. Further, women are slightly more likely than men to be married (Ghana Census 2010). However, the age of first marriage is steadily increasing among Ghanaian women, especially those under the age of 30 (ORC Marco 2005). Research conducted by Gyimah (2009) found that Ghanaian women who had the opportunity to attain a higher education had a greater delay in

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[1] Pseudonyms have either been personally chosen by participants or assigned to them.

reaching their first marriage, which has the potential to improve both women's reproductive health and economic independence.

Throughout this research in particular, the concept of marriage was mentioned more than any other term, yet the definition of the term was never explicitly stated during data collection. "Marriage" can take on many different meanings, encompassing customary, civil, religious, and informal unions (Wadieh, ND). For the sake of this study, "marriage" can be understood in any of these forms. This distinction is made because it is not the definition of marriage that is important for this research, but rather the notion of obtaining some form of it.

2.5.1 Child Marriage

While child marriage is not the main focus of this study, it is a relevant topic to address to understand Ghana's context fully. Child marriage occurs when an individual is married before the age of 18 (NPC 2018), and, according to UNICEF is a "fundamental violation of human rights" (NPC 2018, 1). The practice of child marriage is especially prevalent in the Upper East region of Ghana, with a rate of 39.2% (UNICEF 2015). Also referred to as "early marriage", child marriage can be a result of a multitude of circumstances and can present a myriad of direct and indirect challenges to the young women involved. Some of the primary drivers of child marriage include poverty, adolescent pregnancy, socio-cultural norms, and insecurity (NPC 2018). Circumstances such as poverty, pregnancy, and cultural norms do not always result in child marriage however, as these factors were also observed in the Akode epicenter during data collection.

2.5.2 Adolescent Motherhood

By the age of 19, more than one-third of female adolescents in Ghana have given birth or are pregnant with their first child. Adolescent motherhood has been steadily declining, yet is nonetheless present in communities throughout Ghana and in this study. Early childbearing can have adverse effects on both the mother and child, especially in situations of poverty. For example, adolescent pregnancy runs a higher risk of pregnancy-related complications that can lead to death (ORC Marco 18, 2005). Adolescent pregnancy and childbirth have even been noted as "the leading cause of death among girls aged 15-19 in many countries," due to the complications of becoming pregnant at such a young age (UNICEF 2015). As will be explored in subsequent chapters,

adolescent motherhood can exacerbate financial pressures and educational and occupational opportunities. In addition to the exacerbation of financial pressures, adolescent pregnancy can also be a result of financial pressures. It is not uncommon for men to offer money or gifts to young girls in exchange for sex (Awusabo-Asare et al. 1993).

Research indicates that higher education is associated with delayed childbearing (Awusabo-Asare et al. 2004). Further, while general knowledge of contraceptive use throughout Ghana is relatively high (Awusabo-Asare et al. 2004), studies have shown that consistent use of contraceptives among youth is low (Awusabo-Asare et al. 2004; Gage-Brandon & Meekers 1993; Marco 2010). Interestingly, similar conclusions were drawn in this study, as will be discussed in following chapters.

2.6 Her Choice (HC) and The Hunger Project (THP)

This research was carried out with the assistance of the Her Choice Program (HC) and The Hunger Project (THP), who were actively working in the Akode epicenter to curb adolescent pregnancy and early marriage through sexuality education. The organization assisted me throughout this research process, including gaining access to communities, formulating interview guides, and managing logistics.

HC is an alliance of four Netherlands-based organizations working to end child marriage in 11 countries around the world, the ultimate goal being "supporting the creation of child marriage-free communities in which girls and young women are free to decide if, when and whom to marry" (THP 2016). HC is a five-year program running from 2016 to 2020 and has six intervention strategies in place to reach the ultimate goal of marriage-free communities. With the implementation of THP's epicenter and community animator strategy, HC aims to increase girls' control in decision-making and mobilizing relevant community actors (HC 2019).

Photo 1: A community meeting in the Akode Epicenter

Photo 2: Outside of the Akode Epicenter Community Center

THP's epicenter strategy is a way of uniting multiple communities, ranging from 5,000 to 15,000 people, into a single center in which local members are encouraged to participate and lead within their own communities. The idea is that multiple communities working together are stronger and more dynamic than just one community on its own. According to THP, the epicenter strategy aims to be integrated, holistic, and sustainable (THP 2019). Their strategy is reached through the assistance of community animators, who are trained volunteers within the community. Animators hold a multitude of roles relating to maternal health, education, farming and food security, microfinance, and building community spirit (THP 2019). The ultimate goal of the epicenter strategy is for communities to be financially independent within five to eight years, and the animators are a crucial component in making that happen.

2.7 Sexuality Education

In much of Ghana, sexuality education is approached through the rhetoric of abstinence (Awusabo-Asare 2017; Fonner et al. 2014; van der Geugten et al. 2014). Abstinence-plus sex education or ABC (abstinence, be faithful, use a condom) is viewed as comprehensive in certain contexts due

to the fact that, in principle, it includes information on contraceptives and condoms, but these forms of birth control are often presented as a last resort (Hague et al. 2017). Abstinence-plus sex education has been found to have little effect on delaying sexual debut or reducing the contraction of STIs such as HIV (Fonner et al. 2014). In addition, abstinence-plus education does not address female sexuality or their rights to make decisions for their own sex lives (Hague et al. 2017), instead placing a significant emphasis on self-control and good morals (Lesko 2010). Thus, ABC education can promote feelings of shame, fear, and guilt when it comes to premarital sex and female sexuality.

2.7.1 Formal Sexuality Education

Formal sexuality education can be integrated into school curricula in a multitude of ways and through multiple subjects. In Ghana, it is taught within another course or offered as an optional elective. For example, young women in this research often reported that their sexuality education took place in science class or religious & moral studies. Current literature has found that the curricula of SRH courses in several regions of Ghana focus heavily on abstinence, and "information is often presented from a negative perspective by emphasizing challenges that young people face rather than opportunities, and problematizing sexual behaviours among young people" (Awusabo-Asare 2017, 21). Cultural context and social mores can contribute to the problematizing of sexuality, and even create barriers as to what teachers feel comfortable teaching in the classroom (Van der Geugten 2014). Accessibility is another issue within formal sexuality education programs. If courses are offered in school, it is only available to students who can afford it and are enrolled. In addition, the programs are not always compulsory, so only those who are interested in the topic and aware of its importance will choose to enroll (Van der Geugten 2014).

Through conversations with various members of THP, it was found that there is a contradiction among Ghanaian educators as to what is and is not taught in sexuality education. Some textbooks may include information on family planning, but misconceptions surrounding birth control still exist, as will be discussed in later chapters. Additionally, according to Ghanaian law, sexuality education and family planning are not allowed to be taught in basic schools. Research shows that programs are not taught to younger students in fear that it will encourage them to have sex earlier (van der Geugten 2014). Further, one study reported that 58% of parents have an unfavorable

attitude towards sexuality education in the lower primary school level (Nkyarko 2014). Delaying the provision of sex education can be problematic if children decide to seek out information from other unreliable sources, such as the internet or their peers.

Informal sexuality education plays a key role in the way young people receive their information. Aside from schools, young women receive sexuality education and advice from their mothers and sisters, friends, Churches, and communities. Informal sexuality education can have an even more significant influence on the information young individuals absorb than formal sexuality education. Some young women in this research reported that they had forgotten what they had learned in their school's sexuality education, placing even greater pressure on the content of what they are learning outside of school.

One example of a type of informal sexuality education is the initiation ceremony. The ceremony occurs throughout Ghana, and marks the beginning of a young girl's life into womanhood. Initiation ceremonies can involve specific "processes of socialization and preparation into adult life" (Awusabo-Asare K 2004, 8). These processes are gendered, and inform both girls and boys about their roles and expectations within the community. Females are taught their duties within the household, including personal hygiene, domestic activities, childcare, vocational activities and the art of trading (Awusabo-Asare K 2004). Initiation ceremonies, including sexuality education, are usually carried out by community leaders or relatives, including queen mothers or aunts (Miedema & Oduro 2016). Young girls are expected to be virgins entering their initiation ceremonies. Expectations of virginity imply that girls are to remain abstinent without having received prior knowledge of sex and sexuality until the day of their ceremony. Pressure to remain abstinent echoes the rhetoric of abstinence-plus education, in which girls learn about sex through discourses of protection, fear, and morality. The initiation ceremony itself was not practiced within the Akode community, but these same processes of socialization were present in the Akode communities, as will be explored in this paper.

2.8 Concluding Comments

Chapter two sought to establish the socioeconomic and cultural background of Ghana as it relates to gender and sexuality education. Ghana has a relatively low HDI, reflected in lower incomes, less educated individuals, and limited job opportunities. Further, Ghana has a high gender inequality index, reflected in a gendered division of labor. Marriage and childbearing are highly valued milestones in Ghana, and can even reflect the social standing of an individual. Social, cultural and religious trends influence the type of sexuality education that is present throughout the country. The following chapter will present concepts that place the context of Ghana into a broader theoretical debate.

3. Theoretical Framework

Chapter three outlines the theories that will be used to approach and analyze the data from this study. Several approaches to sexuality education are explored, including a framework offered by Miedema et al. (2011) on HIV and AIDS-related sexuality education and Fine's (1988) discourse of desire. Then, Connell's Theory of Gender and Power (1987) and the theory of Shame vs. Honor are presented to understand the social structures underpinning gender inequality and norms. Next, aspirations are approached from Sherwood's (1989) theory on aspirations as investments. Finally, the conceptual scheme to be used for this study is presented.

3.1 Approaches to Sexuality Education

This research will draw from Miedema et al.'s (2011) theoretical underpinnings of HIV- and AIDS-related education. The framework categorizes the varying ways in which HIV and AIDS-related programs approach sexuality education. The approaches included are scientifically informed, rights-based, and moralistically informed. The following sections will broadly outline each approach offered in this piece. In addition, it will address Fine's (1988) theory on the missing discourse of desire in sexuality education. Each approach will illuminate what information is emphasized and what is left out of the sexuality education in this study.

3.1.1 Moralistically Informed Approach

A moralistically informed approach can help in understanding the motivation behind certain types of formal and non-formal sexuality education in Ghana. A moralistic approach can involve both explicit, conservative (often faith-based) moral values and implicit conservative moral values. In Miedema et al.'s study, moralistically informed organizations emphasized "'responsible behavior', marriage', and 'moral development/standards of behavior'" (Miedema et al. 522, 2011). Moralistically informed approaches tend to emphasize abstinence and marriage before sex, because it is thought to be the morally correct way of teaching young people about sex (Miedema et al. 2011). It is not uncommon for educators, for example, to encourage young people to delay having sex for as long as possible. Encouraging young people to delay sex is thought to help achieve goals of reducing teenage pregnancy, prevent transmission of STIs, and "in the process, strengthen traditional family values" (Miedema et al. 2011, 522). Other concerns that are addressed

in a moralistically informed approach include adolescent sexuality, particularly that of young women, thus contributing to the problematizing of female sexuality.

3.1.2 Rights-Based Approach - Informal Inclusion and Empowerment Model

A rights-based approach can be useful in understanding how different modes of sexuality education in Ghana tend to limit participation and agency of young people. Advocates of rights-based approaches argue that all people have the right to information on their own bodies. If young people do not have access to information on their bodies, the ability to make personal choices is taken away (Hague et al. 2018). Culture and context can be a barrier to rights-based approaches however, because of its influence on the content of what is being taught. One study found that a traditional lack of women's rights, "conflicts with the educators' tasks to teach both young women and young men about their sexual rights, and to empower them to advocate for these rights" (van der Geugten 2014, 124).   In relation to the moralistically informed approach, rights-based approaches may not be possible in certain contexts because adults are "positioned as morally obligated to protect children from education that may encourage sexual experimentation and risk-taking, and young people are expected to obey their elders rather than make independent decisions" (Hague et al. 2018, 6). This social structure may come into conflict with a rights-based approach, which encourages independent decision-making and agency. Young people are told what is right and what is wrong when it comes to their sexuality, instead of having the opportunity to make those decisions for themselves.

3.1.3 Scientifically Informed Approach

A scientifically informed approach to sexuality education is defined as one that is based upon scientific facts, including programs that are informed by evidence or "certified [bodies of] knowledge [15:6]" (Miedema et al. 2011, 518-519). There are three types of scientifically informed approaches within the focus. Scientifically informed programs can include curricula based on the presence of a medical professional, a psychological background, or an epidemiological and behavioral delivery. Regardless, all three types are characterized as being scientifically informed because they "draw on a systematically organized and objectively verifiable body of knowledge" (Miedema et al. 2011, 520). Scientifically-informed approaches thus rest on the ability to provide factual information pertaining to sexual and reproductive health.

3.1.4 Missing Discourse on Female Desire

Fine's (1988) piece on the missing discourse of female desire addresses the tendency for sexuality education programs, particularly in public schools, to reject discussions surrounding adolescent female sexuality, to reproduce notions of female sexual victimization, and to promote heterosexual relationships as superior to other sexualities (Fine 1988). She identifies predominant discourses of female sexuality inside public schools, including the interpretation of sexuality as violence, sexuality as victimization, sexuality as individual morality, and a discourse of desire (Fine 1988). The discourse of desire is understood as the conversation surrounding female desire, pleasure or sexual entitlement. Fine argues that the discourse is hard to come across in formal sexuality education programs, but also asserts that just because it is essentially nonexistent in the classroom does not mean that it does not exist in the lived realities of young women. Moreover, it does not mean that young women do not talk, think about, or recognize desire and sexuality (Fine 1988).

3.2 Approaches to Gender in Society

Section 3.2 will examine Connell's Theory of Gender and Power (1987) to understand how deeply rooted societal and institutional norms may influence gender roles. The complex of Shame and Honor is also explored, offering insight into the role that shame plays in perceptions of female sexuality and identity.

3.2.1 Theory of Gender and Power

Connell's Theory of Gender and Power (1987), put simply, is a social structural theory of gender inequality, power, and sexuality in society. Connell's theory is being used because it offers a rather comprehensive way to break down the gender and power relations between women and men, and the social structures which uphold these relations. There are three structures offered in the Theory of Gender and Power which can be used to characterize these relationships. These three structures include 1) The sexual division of labor, conveying the economic inequities that favor males, 2) The sexual division of power, defined as the inequities and abuses of authority and control in relationships and institutions favoring males, and 3) Cathexis, which is understood as social norms and the affective component of relationships (Connell 1987).

The sexual division of labor can be understood as the delegation of men and women to specific occupations, which is often a gendered process. Women, for example, are typically expected to take on unpaid housework and other domestic duties, while men have higher paying occupations and control of the household finances (Connell 1987). The division of labor characterizes the way in which each gender is socialized to participate in or aspire to specific occupations.

The sexual division of power is attributed to the unequal distribution of power between men and women. Definitions of power include, "the capacity to influence the action of others" and "the ability to act or change in a desired direction" (Wingwood et al. 2002, 543). The sexual division of power can be used to understand power imbalances between the sexes, in which the man typically has leverage and dominance over the woman. The division of power can be used to understand sexual relationships or marriages in which the female must depend on the male for resources and support.

The third and final structure is the structure of Cathexis. Cathexis focuses on affective attachments and social norms, from both a societal and institutional lens. From a societal standpoint, the structure of cathexis is characterized by appropriate sexual behavior for women and the sexual, emotional attachments that exist between women and men. This structure is responsible for creating limited perceptions of female sexuality and, "as a consequence, it shapes women's perceptions of themselves and limits their experiences of reality" (Wingwood et al. 2002, 320). It also describes the way in which female sexuality is linked with immorality and impurity.

The institutional level of cathexis examines the role of social mechanisms in creating gender norms. Social mechanisms, such as biases, can contribute to the structure of social norms and affective attachments that are associated with female sexuality. Cultural norms, enforcement of strict gender roles, stereotypes, taboos surrounding female sexuality, and monogamy are all biases that contribute to the structure of cathexis (Connell 1987; Wingwood et al. 2002).

3.2.2 Shame and Honor

Notions of shame and honor can be associated with perceptions of female sexuality. The feeling of shame is closely connected with an individual's sense of identity, recognition, and vulnerability

(Miedema et al. forthcoming). Honor is closely interconnected with shame, and the urgency to attain it can be seen as a way of combating shame. Both shame and honor, however, deal with the "public recognition of a person's social standing" (Moxnes 1993 in Miedema et al., 1). In other words, the complex of shame and honor can be seen as a social evaluation (Akpinar 2003). The different ways in which sexuality education is taught on a local level can inform how female sexuality is taught and perceived within the community, and the complex of shame and honor play a role in how sex education is taught and interpreted. For instance, a case study in Ethiopia gathered that sexuality education programs tend to teach girls how to protect themselves "against the shameful consequences of premarital sexual intercourse" (Le Mat 2017, 418). The way that female sexuality is approached in many sexual education programs tends to highlight the expectation for girls to avoid situations which may jeopardize not just their health and wellness, but their social status. Furthermore, the girls in the case study admitted that they avoid speaking directly about sex and sexuality so "as not to be considered rude or judged" (Le Mat 2017, 419). The reluctance of girls to discuss matters surrounding sex and sexuality further exemplifies the attachment of shame to their own sexuality.

The role of community and family is also important in notions of shame and honor. In many traditional societies, it is common for the family unit to have control over the sexuality of young girls and women (Akpinar 2003), as explored in section 2.5.2. The promotion of self-control and good morals (Lesko 2010) in sexuality education can create associations of shame and guilt when it comes to sex and sexuality.

3.3 Aspirations as Investments

According to Sherwood (1989), aspirations are characterized as being both future oriented and motivational, meaning that "individuals are willing to invest time, effort, or money in to attain" (Sherwood 1989, 62). The idea being that aspirations can be understood as investments (Sherwood 1989). This study will use Sherwood's conception of aspirations to understand the tradeoffs that individuals have to make to reach personal goals. Characterizing aspirations as investments imply that resources (such as time, effort, or money) are required to fulfill aspirations. If an individual is lacking in these resources, it will be more difficult to fulfill personal goals and aspirations. Further, an individual might sacrifice certain resources in order to attain an immediate or ultimate goal.

Many participants in this study alluded to the sacrifices they had to make, either for their children, their education, or themselves, which involved investments in other parts of their lives.

Sherwood (1989) also manages to quantify aspirations through the category of absolute height and comparative height. The absolute height of aspiration can be measured "by the absolute investment required to achieve it," whereby an individual's aspirations are considered to be higher if they have to invest more resources into achieving it (Sherwood 1989, 64). Comparative height can be measured by "the share of an individual's resources required to achieve it" (Sherwood 1989, 64). Through comparative height, an individual's aspirations are measured according to the resources they have at hand. A given aspiration would be considered high or "ambitious" if the individual has fewer resources to invest in it (Sherwood 1989). For example, "a single mother, other things being equal, has less time to pursue her aspirations than a married woman without children. Graduating from college is, therefore, a (comparatively) higher ambition for the single mother than it is for the married woman" (Sherwood 1989, 64). The aspirations of the women in this study can be quantified through the notion of comparative height.

3.4 Conceptual Scheme

Theory of Gender and Power
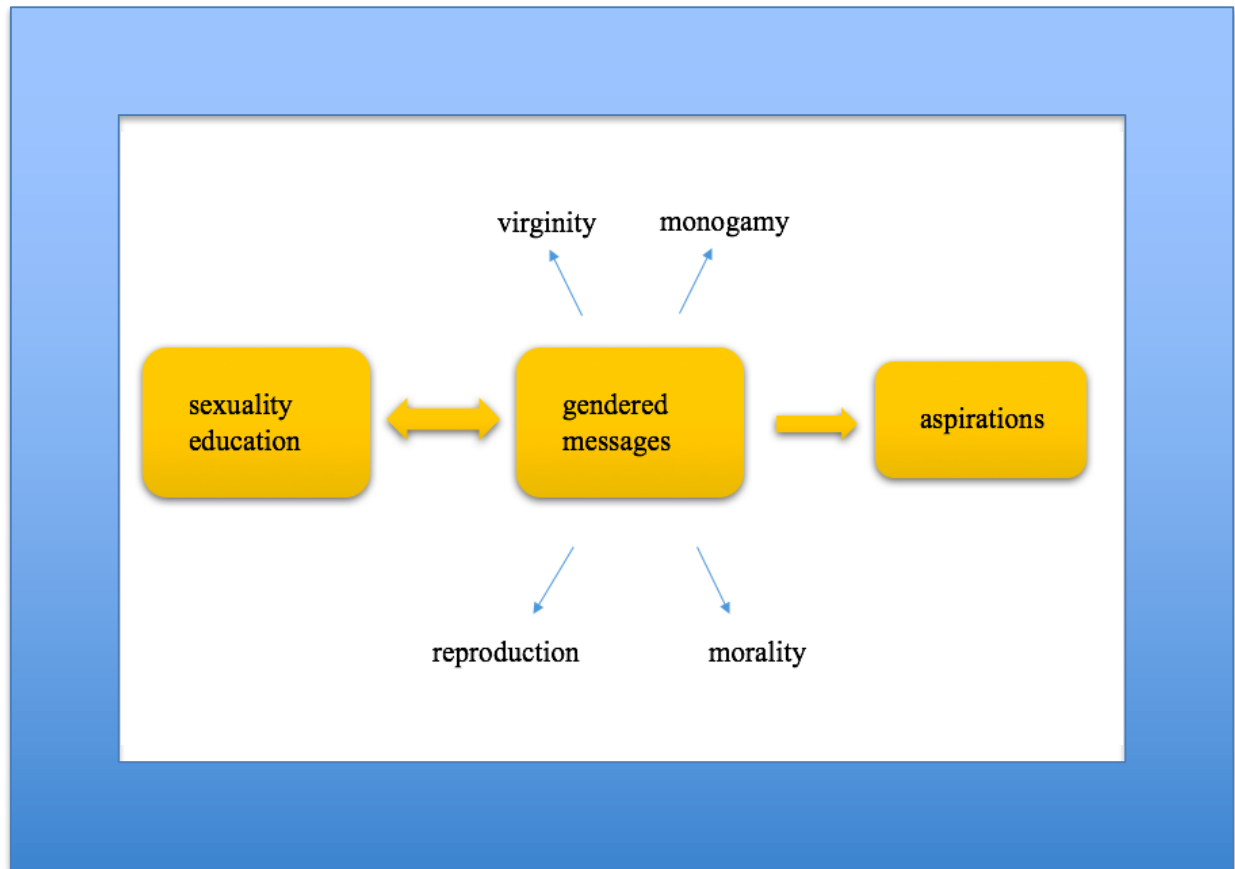
Figure 1: Conceptual scheme

This conceptual scheme describes the relationship between differing modes of sexuality education and gendered messages of female sexuality, such as virginity, monogamy, and reproduction. The two-way arrow between these two concepts demonstrates how forms of sexuality education tend to create and reinforce gendered messages of female sexuality. At the same time, societal attitudes surrounding female sexuality can underpin the approach to sexuality education. The relationship of these two concepts subsequently plays a role in the way that female aspirations are shaped, facilitated, and constrained.

The relationship of the concepts described above functions under Connell's (1987) structure of cathexis, which is characterized by the structural and institutional ways in which affective attachments and social norms are constructed. From an institutional lens, the structure of cathexis

describes the role of social mechanisms in creating gendered perceptions of female sexuality (Connell 1987). Connell's structure provides the broader context in which this research is taking place.

3.5 Concluding Comments

Chapter three outlined the theories relevant to the context of this study, and the data that will be presented in subsequent sections. It also presented a conceptual scheme, which can be used to visualize the key concepts of this thesis and how they relate to each other. The subsequent chapter will describe the methodology and research methods used for this study.

4. Methodology and Research Methods

Chapter four will outline the practicalities of how this research was conducted. It will cover the methodology and research methods used for this study, including sampling and data collection methods, data analysis methods, and steps taken to ensure quality criteria. The chapter concludes with a note on ethical and methodological limitations, as well as researcher positionality.

4.1 Ontology and Epistemology

This research is approached from a constructivist ontology, which, according to Bryman (2012), understands the social world as one that is created and upheld through interactions between social actors. Constructivism is appropriate for this study, because it examines the social constructions that contribute to gender and identity, and how these constructions are translated and recreated through sexuality education.

The epistemological stance of my research takes on an interpretivist stance, which rests on the notion that people's actions and realities need to be interpreted in order to describe social reality (Bryman 2012). An interpretivist stance is important for this study, because the lived realities of the participants are shaped by the environment that they live in and the interactions they have with each other, an understanding that is a central component of the research.

4.2 Methodology

This research utilized grounded theory, which involves the practice of creating categories and themes from the coding of data (Charmaz 2006). Rather than starting with a hypothesis that will be proven right or wrong, the data was used to guide the research and interview questions along the way. Grounded theory also involves ongoing analysis, which required "simultaneous involvement in data collection and analysis" (Charmaz 2006, 5). The inherently inductive approach of grounded theory allowed me as a researcher to reform and refine both my research questions and approaches when needed. Further, grounded theory allowed me to freely look for new, unexpected concepts to emerge during the coding process (see section 4.7). This freedom enabled me to create and draw my own connections with my data, ultimately allowing new theories and insights to emerge.

4.3 Research Questions

The main research question of this study is: **What gendered messages are promoted through sexuality education Koforidua, Ghana, and how might these messages shape young women's aspirations?**

1. What forms of sexuality education do young women (aged 15-25) receive, and what are the most important lessons these young women have taken from their sexuality education?
2. Which gendered messages of female sexuality, marriage and childbirth appear to underpin sexuality education? In turn, how does sexuality education promote these very messages?
3. What are the aspirations of the young women in Akode, and how are these aspirations reflected by gendered messages?

4.4 Research Location

The research was conducted in Akode, a rural community about an hour east from Koforidua, Ghana. The Akode epicenter was chosen due to its proximity to The Hunger Project offices, which provided logistical support throughout the fieldwork period. The Akode epicenter brings together five communities and is one of the 14 epicenters within Ghana that THP and HC are working in.

Photo 3: A house in the surrounding community

Photo 4: Terrain of community

4.5 Unit of Analysis and Sampling Methods

The unit of analysis in this study is the relationship between sexuality education and female aspirations. The unit of observation were young women aged 12-25 years old, including a range of participants such as adolescent mothers, school dropouts, and university students. Of the women interviewed, 14 were either currently enrolled or recently graduated from Senior High School and without a child, 18 were school dropouts and adolescent mothers, and three were university students at Koforidua Technical University (KTU). One Focus Group Discussion (FGD) was comprised of parents between the ages of 30-60 years in order to provide an alternative perspective.

The sampling methods used to identify research participants for this study included both opportunistic sampling and snowball sampling. Opportunistic sampling can be understood as a way of finding new leads and samples as the data collection is in progress. As Patton describes it, opportunistic sampling can be a way to "take advantage of unforeseen opportunities after fieldwork has begun" (Patton 179, 1990). Opportunistic sampling was useful due to its compatibility with grounded theory, which involves the practice of creating categories and themes from the coding of data (Charmaz 2006). Analyzing data as it was collected helped to reform and refine the research methodology along the way. As the data collection process continued, it became clearer that it would be valuable to interview women from a diverse array of situations and attempt to discover recurring themes, per grounded theory. The process of opportunistic sampling began as more rapport was built within the Akode epicenter, and it became easier to gain access to girls who were both in and out of school, married and single, and with and without children.

I decided that the experiences of university students would contribute further to understandings of sexuality education and aspirations in Ghana. My accommodation was located next to a local university, which made my decision to interview a handful of university students possible. A combination of opportunistic and snowball sampling was used to locate three female students at KTU, which ultimately provided more insight into the rhetoric of Ghanaian sexuality education. One of these students was a friend that I made outside the data collection process and eagerly agreed to be a part of the research process. The two remaining students were her other friends who she invited to participate in the study as well. Snowball sampling was utilized for this group of interviews, which is the act of finding new respondents through the network of participants that

are already being interviewed (Bryman 2012). The advantage of the snowball sampling method was that the three women were all good friends, so they felt comfortable discussing personal matters.

Research Participants

Group	Interviews		FGDs	
	Female	*Male*	*Female*	*Male*
Out of school mothers (age 17-25)	9	0	8	0
In school or graduated school (age 14-25)	13	0	2	0
Age 30+	0	0	5	2
Total # Participants				39

Figure 2: Overview of research participants

4.6 Data Collection Methods

Data collection took place in the Akode epicenter, one of the several epicenters set up in the region of Koforidua. Qualitative methods were preferred, because they examine the social world through perceptions and experiences of individual participants, rather than the numbers of a study (Bryman 2012). The methods utilized during this research included semi-structured interviews, focus group discussions, document analysis, and participant observation. Each method offered a unique approach that helped to ensure rich data collection. This research covered particularly sensitive topics of sexuality and early marriage, so it was beneficial to have varied approaches that accommodated each interviewee. For example, a study by Helitzer et al. (1994) found that "adolescent girls in Malawi are more likely to reveal information on their menstruation, sexual

experiences, contraceptive use, and abortion in one-on-one interviews than in focus groups with their peers" (cited in Axinn 2006, 7), implying that what might work for one individual may not work for another. Using multiple approaches to collecting data provided the opportunity for each participant to share insightful information.

In addition to formal data collection, much of the information gathered over the course of this fieldwork was compiled from informal conversations and interactions with a range of community members.

4.6.1 Semi-structured Interviews

A total of 22 individuals were interviewed within the Akode epicenter. Each interview was recorded with verbal consent, and conducted with the help of a female interpreter in the local language of Ewe. Interviews took place in and around the homes of participants, the Akode epicenter building, and the clinic. Each interview lasted between 40 minutes to an hour, and typically, three interviews were conducted per day. A group interview also took place on the KTU campus, with three participants.

The flexibility of the semi-structured interview was essential because it allowed participants to elaborate on topics that were important to them. As Bryman notes, "'rambling' or going off at tangents is often encouraged—it gives insight into what the interviewee sees as relevant and important" (Bryman 2012, 470). Due to the fact that the research question and sub-questions for this research are centered around perceptions, experiences and personal beliefs, it was imperative that the interviews allowed for this sort of freedom. Per grounded theory, the interview guide was modified and revised throughout the process as new trends and topics emerged, and the content of the questions left room for an array of responses from each participant (Bryman 2012).

Projective techniques were also utilized to discuss issues related to sexuality education and female sexuality, as participants did not necessarily have to share their personal experiences. A participatory approach such as this also helps to create a clearer picture of how sex and sexuality are perceived in Akode (RTFP Lecture Oct 18, 2018).

4.6.2 Focus Group Discussion

Focus group discussions (FGD) involve at least four, preferably six people discussing a topic together (Bryman 2012). Focus groups are beneficial because they provide the opportunity to delve deeper into one specific issue. Moreover, hearing the opinions of others can help participants think of responses they would not initially have formulated in a one-on-one interview (Bryman 2012).

The two focus groups were conducted in the Akode epicenter building, with the assistance of an interpreter who also served as the moderator. The interpreter was a community animator, serving the role as a neutral yet familiar face. Just as the semi-structured interviews, both FGDs were recorded with verbal consent. The FGDs lasted between one and a half to two hours long, and the group interview lasted one hour. The first focus group had ten participants and consisted of young women, mainly adolescent mothers. The second focus group included eight parents in their early 30's to late 50's, two men and six women. Parents in the community were included in this study to understand how they speak to their children about sex. The communal nature of the focus groups encouraged participants to speak up about topics that were more difficult to address in a one-on-one interview. The FGD was especially useful because it was easier for participants to discuss their understandings of sex, family planning, and relationships with a group of individuals they can relate to.

Photo 5: FGD with adolescent mothers

Photo 6: FGD with parents

4.6.3 Field Notes

After each day of data collection, I wrote down a list of key takeaways, revelations, thoughts, and new ideas from the day. Daily reflections helped immensely in facilitating a grounded theory approach because I was able to continuously modify the approaches I was taking during data collection, and alter my interview guides to fit the direction that the research was going in. In addition to my academic field notes, I also kept a personal journal to track my personal experiences in Ghana. These experiences included interactions and altercations with individuals, which in the end helped me to more deeply understand the context of what I was studying and the relevance it holds in the lives of the young women included in this study. These two journals have helped paint a fuller picture of the research location.

4.6.4 Participant observation

During the data collection process, I was able to obtain a copy of the Training Guide for the Boys and Girls Club, a program facilitated through the HC program. Subsequent to reading through and analyzing the Training Guide, I was offered the opportunity to sit in on several classes at the local school in Akode. In addition to English and math classes, I was able to observe a meeting of the Boys and Girls club. I was fortunate enough to attend the session of the club on SRHR. This opportunity was a valuable addition to the research because it enabled me as a researcher to contextualize the education that many of the participants had discussed, as well as the document that had been analyzed.

Although a significant limitation in this portion of data collection was the language barrier, one of the teachers assisted me in translating parts of what was taught. Furthermore, parts of the lesson were taught in English. The Girls' and Boys' Club lesson further assisted me in creating a cohesive depiction of what is taught through the HC program.

Photo 7: A lesson on SRHR in the Girls' and Boys' Club

4.7 Data Analysis

In accordance with grounded theory, the data collection process involved an inductive approach. An inductive approach starts with compiling and analyzing data to discover new concepts and formulate theories. The process of analyzing data began in the field after each interview. I transcribed the English-translated versions of each interview in a timely manner. Throughout the transcribing process, I made use of open coding to identify recurring concepts. The process of open coding is where "concepts are identified and developed in terms of their properties and dimensions" (Boeije 2010, 310). The ongoing process allowed me to ask new questions about the incoming data, make comparisons between concepts, and refine the data collection process (Boeije 2010). In addition to analyzing of transcripts, I engaged in document analysis with the Training Guide. A document of this kind is to be considered an official document deriving from a private source, with a tendency to represent the perspectives and beliefs of a given organization (Bryman 2012). The tendency for private documents to represent subjective information is important because it informs the role and stance of the HC program in the context of this research. The document was analyzed by carefully reading through and then coding the contents, and then translating the codes into key concepts.

Once I returned from the field, the coding process took place in ATLAS.ti, whereby the initial concepts and terms gathered in open coding were modified and consolidated. The consolidation of

codes and concepts was achieved through axial coding, where "the categories that are most relevant to the research question are selected from the developed codes and the related code notes" (Boeije 2010, 312). Finally, selective coding further refined the coding process by creating core concepts and variables, which have been integrated into the final thesis. Through the coding process, theoretical saturation was reached, which is achieved once no new data presents new codes or concepts to the research (Boeije 2010).

4.8 Quality Criteria

According to Guba (1985) and Lincoln (1994), the most effective way to measure criteria in quality qualitative research include trustworthiness and authenticity. The criteria of trustworthiness include credibility, transferability, dependability, and confirmability (Bryman 2012). These criteria are selected due to the qualitative nature of the study, in which the content of analysis is individual words and stories, not numbers.

4.8.1 Credibility

Credibility is understood as the legitimacy of the information gathered by the researcher, especially when dealing with multiple accounts of social reality (Bryman 2012). Credibility was reached through forming a relationship with THP Ghana, HC, and the community animators within the Akode epicenter. The relationship with each of these actors ensured a connection with a reliable interpreter and a suitable, relevant group of willing participants. The knowledge of the community animators and my interpreter, all of whom I built rapport with, was imperative in carrying out research that was well-informed and guided.

To mitigate possible limitations to credibility, I strove to ensure that each interviewee felt comfortable to share honest information with me by conducting interviews in private, closed off areas. Interviews were conducted with a female interpreter who knew all the young women in the community. This familiarity helped to establish trust among the research participants and my role as a researcher. Throughout the data collection process, I shared general findings and interpretations of the data with THP staff and my local supervisor (see section 4.9.1 for confidentiality). Obtaining feedback from THP was a useful way to compare the information they had to the responses I received from participants. Finally, triangulation of data ensured a greater

chance of consistent and reliable information. Triangulation reduces the chance of bias in data collection through the use of multiple data collection methods (Bryman 2012).

4.8.2 Transferability

A study has transferability if the data can be easily applied to other settings. Due to the contextual nature of qualitative research, transferability can be difficult to achieve. The use of thick description, as defined by Geertz, "provides others with what they refer to as a database for making judgments about the possible transferability of findings to other milieux" (Bryman 2012, 392). A thick description is essentially an in-depth account of the context that is being studied. This research will provide ample context, which will allow future researchers to determine whether or not these findings can be applied to other contexts.

4.8.3 Dependability:

In order to achieve dependability, Guba and Lincoln propose a system of auditing in which complete records of the research phase are kept (Bryman 2012). Auditing ensures transparency in the research process, and Guba and Lincoln recommend having peer auditors to offer an objective overview of how well the data collection procedures have been followed. Accounts of each step in this research have been kept in a journal with field notes, detailing what kind of data collection occurred and what the key takeaways were in a given day. Throughout the data collection process, each interview was transcribed verbatim. At the time of submission, a transparency document will be shared with my thesis supervisor, detailing the pseudonym and age of each participant, and the date and location of each interview. A system of audit exchanging with my fellow peers could further improve the dependability of this study.

4.8.4 Confirmability

Confirmability is a way to ensure that the study has not succumbed to any personal biases on account of the researcher (Bryman 2012). Personal biases may include "personal values or theoretical inclinations [which] manifestly sway the conduct of the research and the findings deriving from it" (Bryman 2012, 392-93). The best way to check for personal biases, according to Lincoln and Guba, is through the auditing process (Bryman 2012). I realize that my personal beliefs, my education, and my upbringing have influenced the types of questions I asked and the

way that this data has been interpreted. In this study, measures were taken to remain as objective as possible. Before the interviews began, two fellow researchers looked over my interview guide to check the quality and content of my questions. Their outside point of view helped to verify that there were no leading questions or other aspects that might sway the content of the data. Occasionally, interview participants would voice their misconceptions surrounding birth control. While it was not easy, I aimed to remain neutral during these discussions, so as not to alter their answers or independent thought processes. I also made sure to clarify that there were no right or wrong answers to the questions I asked them, in order to mitigate the influence of bias in my questions.

4.9 Ethics & Positionality

When carrying out qualitative research, it is imperative to consider the ethical implications. It is also necessary to reflect on one's positionality as a researcher, and what the role of a researcher means for participants involved. A reflection on the ethics and positionality of this study is discussed below.

4.9.1 Ethics

The research carried out for this study dealt with incredibly personal stories, thoughts, and beliefs. Utilizing such personal information for a gain in academic knowledge carries serious weight. Thus, the ethical implications of this research were taken into account before, during and after the study was concluded. Before the start of each interview, it was made clear to every participant that this study was voluntary with the option to opt out at any time. The option to opt out was facilitated through informed consent, which was utilized to ensure that each participant had complete knowledge of the research that was being done and that their words might be included in this final thesis. However, the language barrier made it difficult to know how much information was truly being relayed to each participant, which proved to be a challenge in carrying out informed consent.

As a researcher, I also employed privacy and confidentiality in the data collection process. Each participant was assured that their real names would not be used in this research, or with other members of THP. Furthermore, the information they shared in the interview was not shared with anyone they did not want it to be shared with. The notion of trust goes along with these principles,

and it was ensured that participants were not deceived or betrayed with this research. Deception occurs when participants are led to believe that the research is being done for something other than what it really is (Bryman 2012). For example, due to miscommunication, a handful of participants believed that my objective in the field was to provide jobs. In order to prevent deception, I had to make explicit that I could not provide jobs or money to any of the members in the Akode community. My inability to provide assistance, in addition to my worries of being exploitative, was something that I struggled with personally as a researcher. Finally, safety was a top priority whereby participants were not placed in any form of danger at any point of the data collection process.

After establishing these facts, I asked participants for verbal consent before recording each interview. To prevent any miscommunications, I pointed at my voice recorder and placed it in between the interpreter and the participant, with the help of an interpreter to convey all of this information. Verbal consent was employed instead of handing out physical consent forms. The decision to use verbal consent was made due to the possibility that a signed form would raise suspicions surrounding the data collection, resulting in more participants declining to take part in the study, as discussed by Bryman (2012). Thus, under the supervision of my local supervisor and THP coordinators, it was decided that asking for verbal consent was a more appropriate route to take during the data collection process.

Finally, the privacy of the data collected in this study has been safeguarded. All transcriptions, interview guides, and transparency documents have been stored on a password protected computer. The transparency document has been shared with my supervisor and nobody else. In addition, pseudonyms have been assigned to every respondent in this study to maintain complete confidentiality. Upon request, the final version of this thesis will be shared with members of THP and HC, and if possible, any and all participants in this study.

4.9.2 Positionality:

I realize that my positionality as a white, Western woman has influenced the way that this research was conducted and interpreted. Moreover, my understanding of aspects such as sexuality education, marriage, and gender roles is culturally different from the reality of these aspects in

Akode. It has influenced the carrying out of this research in the fact that my personal beliefs of feminism and freedom of sexuality dictate what I have found problematic in my data. My upbringing has influenced my perceptions and assumptions when it comes to female sexuality, including my beliefs that women are sexual beings, that domestic work is for males as much as it is for females, and that women have the right to decide if they want children or not. I realize that these beliefs have also influenced the way that this data has been analyzed. When presented with questions surrounding my personal life, I was as open as possible in order to build trust and establish equal footing. At the same time, I was careful to not influence the content of the interview, or make anyone feel uncomfortable or offended. My precarious positionality is something I took seriously in this research project, and all efforts were placed in ensuring respect, reassurance, and trust between the participants and myself.

4.10 Limitations

In order to maintain dependability, through transparency, several limitations to this study are discussed below.

4.10.1 Language Barriers and Use of an Interpreter

As mentioned previously, the language barrier in this research was one of the greatest limitations in conducting the individual interviews and focus group discussions. About half of the participants could only speak the local language, Ewe, so the use of an interpreter was imperative. The necessity to translate each question and each response tended to hinder the flow of the interviews. Constant translating made it more difficult to have a candid conversation with natural prompting, something which would have benefitted qualitative research of this nature. In addition, the misuse of words or phrases on account of the translator occurred at times, resulting in responses from the participant which did not fit the interview question.

For example, my interpreter, and subsequently research participant, mistook the word "pleasure" for "pressure" on multiple occasions. This miscommunication occurred several times until the word had to be omitted from the research guide altogether. Other times, the responses to the questions I was asking did not make contextual sense. It was even difficult at times to understand the responses given by my interpreter. Misinterpretations on both sides did happen, and the best

way to maintain credibility in these instances was to go through the transcripts and pick out the occasions that these misunderstandings occurred and remove them altogether if necessary. Identifying misunderstandings in the transcripts prevented the language barrier from having as large an impact on the data. At times, the girls were too shy or embarrassed to answer certain questions. This study addresses conversations surrounding sex and sexuality, so I was prepared for these reactions. At times, participants chose to answer with "no comment" or "I don't know". In these cases, I had to either move on to the next question or attempt to ask the question in a different way. Over the fieldwork period, I became more comfortable with probing and repeating questions that did not get a complete answer.

During the FGDs, the use of an interpreter was also required. Focus groups were the most difficult to facilitate with the language barrier. The use of an interpreter often inhibited the potential for a real group dialogue due to frequent interruptions in translating. Additionally, it is possible that some points of conversation were lost in translation because there was only one interpreter for many people. The limitations of interpreter use during FGDs were reduced as much as possible through ensuring that my interpreter also acted as a moderator, pausing conversation when needed and making sure that every person had a chance to speak. In addition to the use of a recorder, I also took notes throughout the FGDs in case anything was not picked up on the recorder.

4.10.2 Limited Access to the Field

For this research, obtaining access to the communities within Akode was not possible without a community animator to guide and interpret. Consequently, data collection could only occur when my community animator was available. Since I was operating on someone else's schedule, I was only able to enter the field a few times a week, limiting the number of interviews, focus groups, and other forms of data I could obtain. A way to cope with limited time and access was the use of opportunistic sampling. Opportunistic sampling has limitations in that it succumbs to selection bias, however, it was the best solution given the circumstances. In addition, my ability to comfortably take public transportation to and from the fieldwork site allowed more me freedom to create my own schedule, and create more opportunities for data collection.

4.11 Concluding Comments

Chapter four outlined the research methods utilized in this study, research questions, methods of ensuring quality data, ethical concerns, and limitations. The next section, chapter five, is the first of three chapters to present the empirical data gathered in this research.

5. Sexuality Education: "helps you to abstain, to prevent teenage pregnancy, it also helps you achieve your goals"

Chapter five explores the first major concept of this study, sexuality education. It examines at the content and provision of sexuality education through the perceptions and experiences of young women in Akode, drawing from data from individual interviews and FGDs. This chapter summarizes the content and perceived purpose of sexuality education, and the key lessons participants have taken from it. The chapter then concludes with reflections on possible limitations to sexuality education in Akode.

5.1 Sources of Sexuality Education

The young women of Akode reported receiving sexuality education, formal and informal, from a variety of sources. Formal sexuality education was integrated into courses such as science, biology, and religious and moral studies. Vida for example, noted that she received sexuality education "*in biology, social studies, and management in living*" (Vida, 25, 21/02/19). A majority of respondents reported receiving some form of sexuality education in school, starting in Junior High School 3, when children are typically 12 to 13 years of age. A few women, however, either dropped out of school before they were considered old enough to receive sexuality education or simply could not recall what they were taught (see section 5.2.4). External organizations and the HC program also played a significant role in the provision of sexuality education. Drawing from responses from this study, less than half of the women interviewed reported that they had received education or guidance from THP and within HC.

Beyond the classroom, most young women received sexuality education from their family members, friends, community members and in Church. Typically, informal sexuality education came in the form of advice in not just surrounding issues related to sexual intercourse (such as using protection), but in expectations surrounding relationships and dating. For example, it was common for parents to advise their daughters to avoid meeting up with boys, take their time in entering relationships, focus on schooling and make a living for themselves before entering marriage. While many girls said that they received advice from their parents or friends, some respondents reported that they refused to talk about sex with their friends due to fear of gossip.

A participant in FGD #1 for example, noted that she doesn't talk to her friends about sex because "*some of my friends are not trusted ones. So if you tell them what you're going to do, they will tell other people and when you are passing, other people will be laughing at you*" (Participant 6, FGD #1, 15/02/19). This participant echoed a similar sentiment from a handful of participants, who were fearful of sharing information, such as if they were going to visit a boy at his house or were planning to have sex with someone. The fear to share such information implies that young women were perhaps embarrassed, or ashamed, to discuss their sexuality with even their friends. Moreover, it is notable that the fear stemmed from their 'friends' spreading information, generating gossip from other members in the community. The tendency to gossip about women who were sexually active reveals that young women were taught, perhaps implicitly, that their sexuality was meant to be hidden.

The chart below summarizes reported sources of sexuality education from the data collected in individual interviews. It is important to note that several participants received more than one form of sexuality education, while others received no form of it. "In school" includes classes such as biology and science. "Church" refers to lessons taught through Christianity. "Family" refers to advice offered from mothers and sisters. "Her Choice" is any information taught within the HC Program. "Other" includes health facilities or outside organizations.
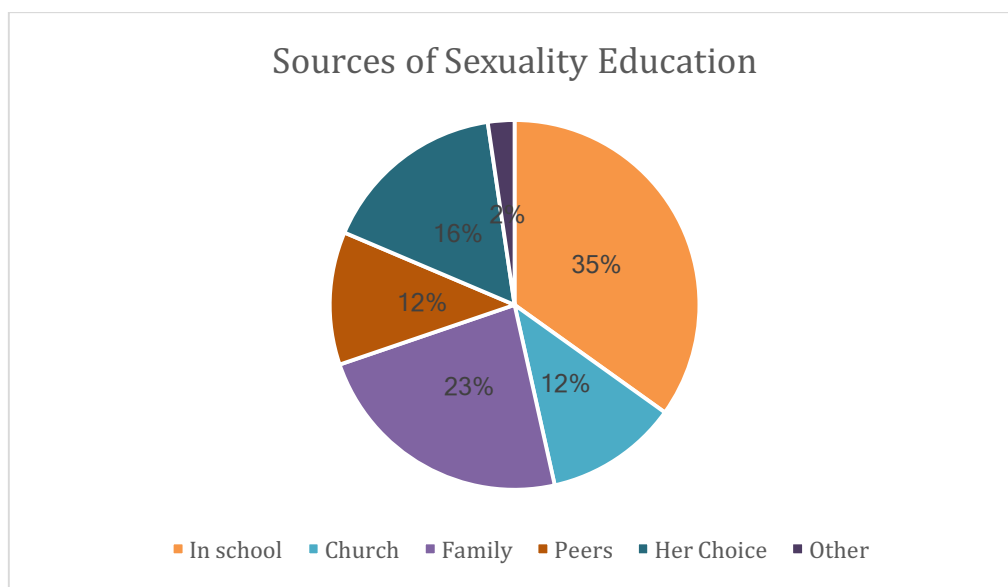
Figure 3: Sources of Sexuality Education in Akode

5.2 Key Takeaways of Sexuality Education

The participants in this study reported an overwhelmingly positive response in regards to their experiences with sexuality education. Of those who received sexuality education in school, all agreed that it was an enjoyable and critical topic to learn about. Some of the most important lessons that these young women took away from their sexuality education included preventing unintended pregnancies, protecting against sexually transmitted infections, and abstinence. Many girls also reported that sexuality education was necessary for staying focused in school and achieving their goals. A student at the Koforidua Technical University concisely recalled the most important lessons she had taken from her sexuality education, which were to *"abstain, to prevent teenage pregnancy, prevent STDs, it also helps you achieve your goals."* (Ruth, 22, 26/02/19). Ruth's response implies that young adults are taught to avoid the negative risks associated with sex in order to be successful later on in life. Her implication was common among respondents in this study, and will be explored in the following sections.

5.2.1 Prevent Unintended Pregnancy

All women, including adolescent mothers, noted the importance of preventing unintended pregnancy. Methods of preventing unintended pregnancy were usually taught in formal sexuality education, such as a class in school or through the HC program. Preventing unintended pregnancy was reported as one of the primary purposes of sexuality education. Respondents said that preventing unintended pregnancy could be achieved by using condoms or birth control pills, and abstinence. While young women were taught how to protect themselves from unintended pregnancy, they were also taught what would happen if they did not protect themselves. The consequences of unintended pregnancy were taught through varying forms of sexuality education, including parental advice, religious influences, and school programs. In the eyes of the participants, the consequences of unintended pregnancy included dropping out of school, having a child with no father, and abortion.

> *"The purpose of sex ed is to prevent unintended pregnancy, that will lead to abortion. When you're pregnant and you're not ready, maybe you don't know who impregnated you, you call this man and he says he's not the one, so it will lead you to do an abortion. So sex education is there to prevent us from unwanted pregnancy"*

Anna discussed the purpose of sexuality education as being a tool to prevent unintended pregnancies and presented the ramifications of unintended pregnancy. It is evident from Anna's response that having a child with no father and having an abortion were undesirable outcomes. Even more notable, was the almost immediate association Anna had between unintended pregnancy and abortion. Moreover, unintended pregnancy was frequently mentioned when discussing sources of personal shame. Debra, who had a child, said, "*take myself for instance, I am still young and I have given birth. That has brought shame to my family*" (Debra, 18, 11/02/19). Stories like Debra's were common in this study, and Glory, 25, elaborated further on the placement of shame on not just the individual, but on the entire community.

> "*You're in school, all the community members know you're in school, so they are not expecting those things [unintended pregnancy] from you. Once you are pregnant, there is no choice, there is nothing we can do about it. And what about the man who impregnated you, he is nowhere to be found, that's where the shame arri*ves."

(Glory, 25, 18/02/19).

Glory's explanation reinforces the importance of upholding one's reputation in the community, especially in communities where everyone knows one another. Glory again notes the negative associations of having an unintended pregnancy and child with no father, which can bring public shame to both the young woman and her family. Risk of public shaming is why many women noted the harsh rules set out by their parents. One girl said that "*if I don't adhere to my mom's advice and there's a pregnancy, she will sack me from the house. Or she will cause harm to the boy responsible*" (Participant 5, FGD #1, 15/02/19). A number of respondents provided similar answers. An early or unintended pregnancy runs the risk of bringing shame to a family so much so that a young woman could very likely get "sacked", or kicked out, of her own home. These consequences exhibit the lengths that many parents will go to ensure that their children do not end up with an unintended pregnancy. The threat of being essentially disowned by one's family

exemplifies the importance placed on social status within the community, relating back to the complex of shame and honor (Akpinar 2003; Miedema et al. forthcoming; Munt 2008).

5.2.2 Prevent STIs

In addition to preventing early pregnancy, preventing STIs, especially HIV, was offered as another equally important lesson in sexuality education. Many respondents noted that contracting an STI could not only result in sickness or death, but it could also threaten their chances of getting married. Angel, 20, said "*if you can't take care, you might get STIs and with that, you can't even get married*" (18/02/19). In Angel's response, contracting an STI was a threat because it put her chances of getting married at risk. The importance Angel placed on marriage here reflects the female's duty to get married in Ghana (Awusabo-Asare et al. 1993), to be explored throughout chapters five and six.

The risk of contracting a disease was also presented as a reason for women to have few sexual partners. During a discussion on whether it was acceptable for women to have multiple sexual partners, a participant in FGD #1 said,

> *"there are a lot of infections, sicknesses, diseases, so it is no good for a woman to have multiple sexual partners because you might be infected from all angles. And it is only you the woman who will bear the brunt. You suffer. All those men will infect you, and you carry all the sicknesses."* (15/02/19)

This participant's response reflects the unequal burden that many women bear when dealing with an STI, particularly HIV, alluding to the gendered nature of poverty. Another young woman, Expensive, 14, similarly discussed many of the risks associated with contracting an STI, both direct and indirect. She also noted that the consequences of contracting HIV, for example, have the potential to further the cycle of poverty for women.

> *"If you are young you cannot have sex, if you don't protect yourself you can get diseases, diseases like HIV. And if you don't protect yourself you can get pregnant, and the effect is*

you can die. You can't take good care of your child. And poverty will be recycled in your
family."

<div align="right">(Expensive, 14, 08/02/19)</div>

Expensive detailed the life lessons she learned in her sexuality education, and the ripple effect that diseases such as HIV can have on an individual and on a family.[2] The implication in her answer is that engaging in sexual activity can lead to unintended pregnancy, disease, poverty and ultimately death. The almost immediate linkage between sex, death, and poverty in her response is striking. Moreover, this quotation is an example of how sex was commonly discussed in terms of negative repercussions rather than the potential for positive experiences. As discussed by Awusabo-Asare (2017), classes in sexual and reproductive health in Ghana tend to focus on the negative aspects of sex and sexuality rather than positive ones. The two responses above reflect the realities of many young women in Akode, and perhaps reveal the reason that many of the women in this community were so strictly advised to stick to one sexual partner.

5.2.3 Abstinence

Abstinence emerged as one of the key messages communicated through sexuality education, as has been concluded in various studies on sexuality education in Ghana (Awusabo-Asare 2017; Fonner et al. 2014; van der Geugten et al. 2014). When asked about the most important lessons in sexuality education, one of the most common responses was to abstain. For example, when asked about the content of their formal sexuality education, Reda noted the emphasis placed on abstinence. *"In school, biology side, my teacher taught us how to be responsible and to abstain from sex and those kinds of things"* (Reda, 20, 21/02/19). Even in a biology class, she recalled a curriculum that promoted a particular individual behavior rather than biological information. Roxanne similarly reflected on an education that was taught through the lens of abstinence.

> *"The way I understand sex education is, you learn how to protect yourself if you don't want*
> *to give birth and finish schooling. When you have an affair with your partner, you have to*

---

[2] The role of adolescent motherhood and STIs such as HIV in perpetuating the cycle of poverty, (for women especially) is an incredibly important topic within SRHR and development. A paragraph is simply not enough to unpack the contents of this statement, and for the practicalities of this thesis, must be saved for a separate discussion.

use a condom, or pills. On the other side, abstain. Abstinence from sex, you are not supposed to date, you are not supposed to have sex with anyone.

Zoe: Do you think that abstinence from sex was taught more than using pills or condoms?

Roxanne: Yes"

(Roxanne, 21, 21/02/19)

Roxanne discusses two options that were offered in her sexuality education: use protection or abstain. She clarified however, that abstinence was the predominant method taught. As discussed in section 2.4, abstinence-plus sexuality education does not omit information on contraceptives and other family planning methods, but it does prioritize abstinence over the latter (Fonner et al. 2014). Another participant, Anna, similarly reflected on an abstinence-heavy focus, which offered the use of condoms as a back-up plan.

"When they [sexuality education organization][3] came, they talked about preventing pregnancy or preventing abortion, where you use family planning and take the pills. But they talk mostly about condoms. It's better you use the condom than to use pills, family planning or abortion."

(Anna, 24, 18/02/19)

Anna noted that using a condom was preferable to using other forms of contraception, including pills, or resorting to abortion. Her response exemplifies the hesitation that many participants had in using more reliable forms of contraception (see section 5.3). Her mention of abortion as a back-up plan also implies that many girls perhaps rely on abortion as a form of birth control.

Lessons of abstinence were also taught beyond the classroom, as many participants discussed the role of Christianity in their understandings of sex and relationships. Due to the fact that all of the participants in this study were practicing Christians, the role of religion in this research was prominent. Religious activities such as attending Church and the reading the Bible promoted abstinence along with monogamy and marriage. Further, the Church condemned the use of family

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[3] Not specified which organization

planning methods including condoms and pills. Many girls reported that the use of contraceptives were considered a sin, suggesting a moralistically-informed approach to sexuality education, which in this case encouraged young adults to behave in a way believed to be morally-sound in the eyes of the Church (Miedema et al. 2011). Moreover, a morally conservative approach to sexuality education has the potential to inform the way individuals understand sex and sexuality, as defined in the religious effect explanation (Addai 2000). Ruth shared what she was taught, saying *"at Church, they tell you to get married, have kids. But you abstain. At church they will not tell you to use the condom, they will tell you to abstain from sex. So you get married."* (Ruth, 22, 26/02/19). In line with abstinence-plus rhetoric, condoms were presented as an afterthought, or in Ruth's case, not discussed at all. Ruth implies that the alternative to abstinence is in fact marriage.

Abstinence was also taught due to the respect that virgins garnered within the community. It was preferable for women especially to be virgins before entering marriage, yet unsurprisingly, many respondents admitted that it was "*difficult to find a virgin nowadays*" (Angel, 20, 18/02/19), indicating that despite incessant lessons on abstinence, few women were actually adhering to that advice.

> *"Zoe: The first guy that a girl starts seeing, is that usually the man that they marry?*
> *Roxanne: Yes, actually, that is the way it is supposed to be. Because, he breaks you. So you are not supposed to...if he did anything to hurt you, you are not supposed to leave him. You have to marry him."*
>
>   (Roxanne, 21, 21/02/19)

This conversation with Roxanne exemplifies the importance of monogamy and abstaining until marriage. She elaborated on the fact that when a man "breaks" a woman (i.e. takes her virginity), it is expected that that is the man she will marry. Her response implies that the discussion and act of sex was something that could only occur for married couples. Moreover, this quote is a demonstration of the expectation to be a faithful wife. Roxanne implied that even if a man were to hurt a woman, possibly in the case of rape or assault, her duty to remain with him was more important. The value of virginity is exemplified through the fact that, "it is most important for a man to marry a fertile and virgin woman from a good family" (Van der Geugten et al. 2013, 97).

Thus, virginity is seen as a desirable trait for women who are unmarried and is a means of gaining the respect of the family of her husband (Awusabo-Asare et al. 2004).

The lessons presented thus far present young Ghanaian women with somewhat contradictory messages; in order to be respected by their fellow community members, avoid early pregnancy, and protect themselves from STIs, they must abstain. Yet, to be considered a real woman, they must get married and ultimately give birth to children.

5.2.4 Keep Calm and Avoid Men

Relating closely to messages of abstinence, the participants in this study continually emphasized the necessity to avoid men altogether. Terms such as "keep calm" and "take care" of yourself emerged throughout this research. Young girls were commonly told that to complete their studies and reach their goals, they had to be sure to avoid men at all costs. For example, several respondents in the first focus group noted the consequences they would face if they were to involve themselves with a man, including being kicked out of the house or dropping out of school. One participant reported that "*her mom told her that she would provide her with whatever her needs are; because if her mom could not offer support, then she might be tempted to go out and get a boyfriend to meet those needs*" (Participant, FGD #1, 15/02/19). As mentioned in section 2.5.2 on adolescent motherhood, it is not uncommon for men to persuade young women into having sex in exchange for money or gifts (Awusabo-Asare et al. 2004). The role of men in offering financial support will also be addressed in depth in section 6.2.1. The participant's mother, in this case, was striving to ensure that her daughter would never have to give in to monetary or material offerings that could potentially result in an unintended pregnancy. Drawing from participants' responses, it was common for parents to advise their daughters to avoid men altogether until the completion of their schooling, rather than offer advice on safe sex practices. The general lack of advice pertaining to safe sex was notable, given the number of young girls who could not remember or simply never received proper sexuality education.

> "*Zoe: In school, what kinds of things did they teach you?*
> *Patty: I have forgotten because I have been dropped out [of school] for a long time*"

> (Patty, 24, 14/03/19)

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The lesson taught to the women in Akode was that if they were able to resist the temptation of men, they would have a greater chance at finishing school and reaching their goals. Using projective techniques, Stripe described the pitfalls entering a relationship too early, and attested that, "*maybe she has some plans ahead of her, so when she's making a relationship with a man, she can get pregnant. That can prevent her from doing what she wants to be*" (Stripe, 18, 07/03/19). Stripe discussed the potential for a young woman's personal aspirations to get thrown off track if she enters a relationship. The implication in her response is that a woman who involves herself with a man would likely end up with an unintended pregnancy, subsequently forcing her to drop out of school. An interesting theme that this quote touches on is the association between relationships and unintended pregnancy. A number of participants touched on the presumption that entering a relationship would immediately result in pregnancy (see 5.2.1), and might contribute further to the discourse of avoiding men.

The notion of "taking care" of oneself came up frequently as well. Evelyn, for example, talked about the advice she received in Church which included, *"not to be roaming about...you must take good care of yourself"* (Evelyn, 15, 08/02/19). Evelyn's response conveys that to not "roam about" and have sex is to take care of yourself, and similarly that engaging in sex is not taking care of yourself. Another young woman Empress also shared that, "*because I received sex ed, I'm now able to take very good care of myself, so that after school I can get a good job and get married*" (Empress, 14, 08/02/19). Empress notes the importance of sex education in teaching her how to "take care" of herself, and consequently fulfill her aspirations.

HC also taught lessons in a way that encouraged kids and young adults to avoid entering relationships. An important part of the HC Program involved the organization of the Girls' and Boys' Club, which brought together epicenter youth to create awareness for the rights of children and gender equality, to build leadership skills, and to improve self-esteem (Girls and Boys Club Training Guide 2017). The club held sessions on topics including peer pressure, child marriage, rights, leadership, and SRHR. Membership to the club was available to all girls and boys in school from primary 4-6 and JHS 1-3, regardless of age (Girls and Boys Club Training Guide 2017). I was able to sit in on a session of a Girls' and Boys' Club meeting on SRHR. The session was an hour long, and included students from both primary school and junior high school, resulting in a

group with a diverse range of ages. In addition, the session was co-ed. One of the closing notes given by the head teacher was "*right now, we don't have to focus on sex. We need to focus on school. Leave the girls alone*!" (15/02/19). The mandate to leave girls "alone" again plays into the repeated message for young women to avoid men, and simultaneously for men to avoid women, mystifying co-ed friendships and relationships.

The notion of avoiding men plays into Fine's (1988) discourse of sexuality as victimization, which describes the way in which sexuality education represents women as "the actual and potential victims of male desire" (32). The pieces of advice offered by the forms of sexuality education mentioned above make young women out to be the victims, and males to be the predators when it comes to co-ed relationships (Fine 1988).

5.3 Limitations of Sexuality Education

Several limitations to sexuality education in Akode were observed after compiling and analyzing the data from this study. When asked about the use of birth control, many respondents reported that they avoided most forms of birth control, such as pills and injections, for fear of becoming infertile later in life.

> "*you need everything in life so that you get married and give birth. So I will not use that one [birth control] to destroy my organs or something*."
>
> (Jude, 17, 07/03/19).

> "*Someone took the pills because she is too young or she doesn't want to get pregnant or give birth. But all those things have side effects. So I don't think taking those things is good. Since it has side effects, it can make you barren, it can make you bad, so I don't think it's good.*"
>
> (Anna, 24, 07/03/19)

Jude and Anna each elaborated on the risk of "destroying" their body or exposing themselves to the harmful side effects of birth control pills. Anna even stated that certain forms of birth control could make you "bad," in reference to not being able to bear children. A fear of becoming infertile

reflects the importance of fertility, reproduction and the woman's duty to bear children in Ghana, to be discussed in section 6.4. These beliefs are so ingrained that many women in this study reported they would rather forego reliable forms of birth control altogether. After presenting some of these discussions to THP directors, one individual reported that rumors such as these were often spread by parents and other community members to discourage their daughters from using contraceptives, which might be due to religious or cultural influences.

Another limitation of sexuality education in Akode was the delayed provision of sexuality education. Through discussions with participants and THP officials, it was found that sexuality education was not taught until students were at least 12 or 13 years old (as mentioned in section 5.1). Delayed sexuality education is problematic due to the fact that there are likely adolescents engaging in sexual activity before the age of 12 or 13, meaning that they are not even equipped with the proper knowledge. Further, many children were forced to leave school due to financial pressures or unintended pregnancy,

> *Zoe: When you were in school, did you ever have sex education?*
> *Eve: Lower primary they don't teach that, it's upper primary before they start teaching those things. I stopped school in class 3 (primary), so I didn't learn those things"*
>
> *(Eve, 23, 14/03/19)*

A moralistically-informed approach may rationalize that delaying sexuality education is a way to discourage sexual activity among youths. However, Fonner et al. (2014) found through a meta-analysis that sexuality education interventions in schools did not result in increased sexual activity (16). Fonner's finding is significant, because moralistically-informed approaches to sexuality education support delaying sexuality education as long as possible, and emphasize abstinence until marriage (Le Mat 2017, 422).

5.4 Concluding Comments

Participants reported receiving sexuality education from a variety of sources. The main takeaways young women had of their sexuality education were to avoid early pregnancy, prevent STIs, abstain, and avoid entering relationships with men. The purpose of sexuality education, according

to many, was to prevent early pregnancy and STIs. Further, the purpose of sex was to reproduce and was to be saved for marriage. Chapter six will examine the interrelated relationship of gendered messages of sexuality, marriage and childbirth and sexuality education.

6. "So far as she is a woman, she is supposed to marry": Gendered Messages of Sexuality, Marriage and Childbearing

Chapter six will discuss the most prominent gendered messages that emerged, including discussions of female sexuality, reasons women provided for getting married, gender roles and duties within marriage, and reasons for women to have children. This chapter also aims to further explore the role of sexuality education in promoting gendered beliefs of marriage, childbirth, female sexuality, and visa-versa.

6.1 Female Sexuality and Pleasure

This research initially sought to examine linkages between gendered perceptions of female sexuality and sexuality education, and the influence this link might have on female aspirations. A portion of the questions in the interview guide (see appendix II) asked young, single women about their beliefs of having multiple sexual partners, contraceptive use, masturbation, and sex for enjoyment. As touched upon in the previous chapter, these discussions of female sexuality almost always resulted in conversations of marriage and childbearing, implying that the narrative of marriage was the only acceptable frame in which to talk about sex. For example, when asked if it was acceptable for a woman to have multiple sexual partners, Vida responded: "*No, it's not acceptable because you don't know the one who will marry you*" (Vida, 25, 21/02/19). Vida's response is again, an example of how women were typically expected to get married to the one they have sex with, as Roxanne mentioned in section 5.2.3.

In a similar light, Leanne discussed the need for unmarried couples to have sex in secret, so that nobody would discover what they were doing, however "*if you get married to a man and someone sees you having sex, it is ok because they know that you are a married person. Since you are married, you can do whatever you want and you are old enough to do it*" (Leanne, 19, 12/03/19). Leanne elaborated that a married couple having sex was not considered taboo in the community because they were considered "old enough" to have sex. For example, parents were asked about the roles of men and women in a sexual relationship in FGD #2. Instead of providing answers pertaining to gendered duties within the household, which is what the adolescent girls reported, the parents went on to demonstrate their favorite sex positions. The actions of the parents demonstrated that talking about sex and sexuality was a much freer topic within the context of

marriage. Unmarried couples, on the other hand, were condemned for engaging in sex. This condemnation held especially true for women, as will be explored in section 6.2.3.

Although intercourse with a partner was typically discussed in a conservative manner, a surprising finding from this study was the openness of many participants to discuss female masturbation. When asked about the acceptability of female masturbation, respondents in FGD #1 reported that "some ladies use bananas to do masturbation" (Participant 1, 15/02/19). Other participants mentioned the use of cucumbers and ointment as well. These findings were substantiated outside of the FGD as well, where several other girls mentioned the use of bananas in their individual interviews. The responses provided on female masturbation hone in on an important discussion around female sexuality and pleasure, which was otherwise generally absent throughout this study. The discussion surrounding masturbation feeds back to Fine's (1988) assertions that while female desire might not necessarily be explicitly discussed in formal sexuality education, it is still an important part of female sexual identity.

6.2 Reasons to Get Married

The pressure placed on young women to get married was evident throughout this study, as a majority of women mentioned the notion of marriage during their interviews. This section will explore the most prominent reasons women provided for getting married. According to respondents in this study, these reasons included emotional and financial support, personal freedom, and social norms.

6.2.1 Support

The types of support that emerged included financial support, household support, and emotional support, and could come from both the male and female in the relationship. Participants noted the various forms of support that they received in a marriage or that they believed should be in a marriage. Ebi, a young woman who had been married for three years said, "*when a woman involves in marriage, the man can help the woman, and the woman too can help the man. They will be a support for each other*" (Ebi, 22, 14/03/19). Ebi's idea of a marriage was one that is reciprocal and equal, and like many women, this type of support was an important reason to enter into a

relationship or marriage. Other women noted that getting married meant they would have someone to help them and provide all the needs for them and their children.

In addition to emotional support, women often added that an important reason to enter into a marriage was for financial support. Patty, who was married and had two children, mentioned the different ways in which the husband and wife support each other. While the wife was expected to support the husband by washing his clothing and cooking him food, the husband was expected to "*give money to their wives*" (Patty, 24, 14/03/19). She also mentioned that her husband "*has been giving us money and when we are in need of any support, I ask him and he does.*" (Patty, 24, 14/03/19). The structure of marital support that Patty described was a common setup in most households in the Akode community, and will be explored further in section 6.3.

The financial support offered by men could even be a primary reason that a woman entered into a relationship. For instance, Leanne mentioned that "*maybe that guy can help you in school or anything that you want to do. That's why some of the ladies, we put ourselves in that relationship, to date a guy that can take care of us*" (Leanne, 19, 12/03/19). The excerpt offered by Leanne suggests that reasons for entering a relationship or marriage could come from a purely practical standpoint. She admitted that women might have to make strategic decisions such as this in an effort to ensure they are taken care of by men. Ruth offered a similar idea, where, "*some women go through a lot, so when they have no option, they just sleep with guys for money, just to look out for themselves.*" (Ruth, 22, 26/02/19). The weighing of options that both Leanne and Ruth offered has also been presented in a study which, "found that obtaining financial support and affection were the main reasons for starting a relationship. The financial support from boyfriends was an integral part of a relationship and was used for daily needs, including food, medical expenses, school fees and clothing" (Awusabo-Asare et al. 2004, 13). Financial support can be an integral part of a relationship because of the challenges faced by single mothers. For instance, Gage-Brandon & Meekers (1993) found that female-headed households are at a greater risk of facing poverty (14). The heightened risk of poverty implies that women are not as financially independent as men, speaking to the pertinent economic inequality between Ghanaian men and women.

Jude similarly mentioned what could happen if girls have no support from their family members, and said *"if the parents don't take care of them, that's why they are school dropouts and they become pregnant and give birth"* (Jude, 17, 07/03/19). The example provided by Jude was a common story for many of the adolescent mothers in the Akode area and a striking example of how financial pressures can indirectly lead to adolescent motherhood. Another interviewee, Eve, was a single mother of three, and an orphan. Eve's situation was another example of how financial barriers often left young women with few options except for marriage, subsequently resulting in adolescent motherhood.

> *"Zoe: what are some reasons a woman might get involved with or married to a man?*
> *Eve: Actually when you are an orphan and you don't have anyone to support you, that will make you follow a man. You need the man's support. That is the reason why you involve yourself in marriage.*
> *Zoe: The man you had your baby with, did he support you?*
> *Eve: No"*
>
> (Eve, 23, 14/03/19)

Eve's position as an orphan with few resources left her with little leverage in the relationship she had her child in. The result was a loss of control over her sexuality, her body, and ultimately her independence. Awusabo-Asare (1993) discusses the instance of women's economic dependence in marriages and informal unions, contending that, "a woman's economic dependence on her husband means a lower bargaining power in the marital and sexual transaction" (p. 3). A lower bargaining power also relates back to Connell's notion of the sexual division of power, in which men are in the position to influence the actions and decisions of women (Wingwood et al. 2002, 543). While marriage has the potential to provide various forms of support to young women, there is also the chance that it can hinder economic and aspirational independence later in life. Gyimah (2008), notes that "women who marry early tend to be poorly educated and subsequently have lower income and fewer assets later in life" (Gyimah 2008, 456). Early marriage can be a result of poverty and subsequently, contribute to a cycle of poverty.

Women noted the freedom they felt as married women, which was another reason provided for entering marriage. 'Freedom' could be described in many ways, including freedom in the form of a newfound identity as a married woman, freedom to express their sexuality, or even freedom from other men.

FGD #2 was done with parents aged mid 30's to mid 50's. Every parent in FGD #2 agreed that it was an expectation for both men and women to get married at some point in their life. The reasons they provided were varied, but interestingly, many responses related back to the concept of freedom. One woman said, *"When a woman is married, other men will not come and harass you about entering into a relationship. So when you are married, you have peace with your husband."* (Participant, FGD #2 03/04/19). Marriage could provide a sense of freedom from harassment for many women. Anna also mentioned her freedom from harassment as a married woman.

> *"When you get married, guys won't be chasing you here and there. When you are married, you are free"*
>
> (Anna, 24, 07/03/19)

As a researcher, the comments made about harassment were made familiar through personal experiences in Ghana. While traveling, my colleagues and I were harassed by men on numerous occasions. It was common for many men to not only ask if I was married, but also if I would marry them. After multiple interactions like these, we were advised to (falsely) tell men that we were married in order to get them to leave us alone. To our pleasant surprise, it worked every time. The notion of marriage was so highly respected that as soon as I referred to my make-believe husband back at our hotel, most men would stop pestering for my phone number or hand in marriage. Thus, when my interview participants mentioned their freedom from harassment, it was a surprisingly relatable feeling.

Another participant in the same discussion mentioned that "*when a woman is not married up to a certain stage, others will say that that woman is a prostitute and that's why she doesn't want to get married. Because when a woman gets married to one man, she will not be able to go around*

to other men." (Female participant, FGD #2). An unmarried woman may also carry the reputation of being a prostitute if others believe she is delaying marriage to sleep with multiple men. Vida also said that in a way, marriage was a way of legitimizing one's role in the community.

> *"Yes you have to get married, because when you don't get married, people see you as someone who is not working, or a useful person in the community, but they talk it up to be oh you are sleeping with a man, they might think you are dating. They will be talking badly about you. So when you get married, you will have peace of mind."*
>
> (Vida, 25, 21/02/19)

As the extract illustrates, marriage was also freedom from judgment. It was more acceptable for a woman to be sexually liberated if she was having sex with her own husband than with other men (see sections 5.2.3, 6.1). These beliefs exemplified the level of respect that came with the label of marriage. Indeed, several participants noted that a married woman harnesses more respect in the community than an unmarried woman.

6.2.3 Social and Cultural Norms

As alluded to previously, a third prominent reason for women to get married could be attributed to social and cultural norms. In relation to the Theory of Gender and Power (1987), societal pressures seemed to play a momentous role in reasons to get married. Often, respondents could not provide a concrete reason to get married. Interestingly, the word "love" was rarely mentioned when discussing marriage. More commonly, respondents described their expectations as women to get married.

> *"Patty: It's good for a woman to be a virgin, up to some stage. And when she gets to that stage too, she is supposed to involve in marriage.*
> *Zoe: Why is she supposed to involve in marriage?*
> *Patty: so far as she is a woman, she is supposed to marry."*
>
> (Patty, 24, 14/03/19)

Patty, for example, noted what women were "supposed" to do, and the immense weight placed on women to eventually marry. As discussed in section 2.5 on marriage, a woman's status in Ghanaian society is heavily dictated by her marital status (Awusabo-Asare et al. 1993, 2), and women who are not married "are viewed less favorably by the Ghanaian society at large and normative pressure is often put on them to get married" (Gyimah 2008, 456). The expectation placed on women to fulfill their martial duties may be enough reason for many women to enter a marriage.

As will be discussed in section 6.4.1, a woman's duty to have children emerged as another very important responsibility, and this responsibility appeared to be another reason that women entered into a marriage. When asked about the reasons for a couple to get married, Lisha said "*maybe they want a child. And at that time, it is for them to get married to a woman so that they can give birth. That's why some of the women force into relationships*" (Lisha, 19, 12/03/19). Social and cultural norms surrounding childbearing thus also appear to contribute to motivations to get married. The Ghana Statistical Service outlines the role of marriage as a primarily pragmatic one in which, "the fact that the union between a man and a woman has other functions such as companionship and the fulfilment of the biological need for sexual gratification is recognised but considered secondary" (Ghana Statistical Service 2013, 3-4). When considering marriage, notions of companionship and sexuality are typically considered less important than the potential for childbearing.

6.3 Marriage Dynamics

Section 6.3 will discuss the dynamics and expectations within marriage, including household and marital duties, and gender roles within relationships. It will also explore perceptions surrounding individuals who have multiple sexual partners.

6.3.1 Gendered Household Duties

The participants in this study reported their roles and expectations as men and women in the household. As previously mentioned in section 6.2.1, men were expected to support women financially. This financial support was also reflected in gender roles within the household. When asked about the man's role in a relationship, Gifty stated that *"as for you the lady, it is the guy who will take care of you and provide everything for you. House, food and everything."* (Gifty, 19,

11/02/19). Almost all of the respondents had similar answers to this question, in which the man and women had distinct, gendered duties within the household and in a relationship. Glory detailed the roles of the man in the household, saying "*the role of the man, when a man wakes up in the morning, he has to give you money. And he has to pay the children's school fees, the man gives you money for the meals and supper. He will provide all those things*" (Glory, 25, 18/02/19). These obligations relate back to the division of labor, which emphasizes the gendered roles in the household, particularly the financial dependence that women have on men (Connell 1987). In addition, a few respondents referred to the husband as the "head of the household," which implies that men had more decision-making power than their wives.

Household duties, including cooking, cleaning, bathing children, laundry, fetching water, and sweeping were all listed as primary activities for women in and around the house. Many women mentioned the participation of men in these activities as well, but only under circumstances in which more help was needed or if the women were tired. When asked about a woman's role in a relationship, one participant said, "*if you are a married woman and you are not doing anything at home, your husband can sack you from the house*" (Participant 5, FGD #1, 15/02/19). This participant's response reflects the fragility of dependence that some women had on their husbands. It further pressures the woman's duty to fulfill her expectations of household duties.

> "*When you are with a man or husband, you need to listen to his advice. Whenever he wants you to go with him, you have to follow him. If he is supposed to go to the farm to make money for the family, you are supposed to support your husband.*" (Participant 4, FGD #1, 15/02/19).

This respondent's answer depicts the head of household as someone who makes the decisions for every family member, equipping the male with the duty to take care of his family. On the other hand, the woman was expected to support her husband's decisions or face the repercussions. The power dynamic between husband and wife meant that men had control over most decisions, including anything from monetary decisions to more intimate decisions, including when and with whom to have sex.

Almost every respondent in this study agreed that it was not advisable for a woman or a man to have multiple sexual partners, but most agreed that it was far more acceptable for the man to engage in extra-marital affairs. Reasons for men having extra-marital affairs included if their wife was menstruating or refused to have sex. A study by Awusabo-Asare et al. (1993), found that 40% of respondents believed that women did not have the right to refuse sex. Reasons provided for this belief included that it was "the marital duty of the woman to satisfy her partner at all times" (Awusabo-Asare et al. 1993, 9). Therefore, if the duty to satisfy one's partner was not fulfilled, it was essentially the man's right to go out and have sex with other women.

> "*As for the men, they think like they are the head. So they can do anything that they want. If he gets married to this woman today, and another day he may say, "ok I will get married to three women", you can't say anything because he is under control. He is the head of the family. If you don't like it, then he may say, pack your things and go.*"
>
> (Lisha, 19, 12/03/19).

Lisha mentioned again how the man's position as the head of the household warranted his ability to have sex with whomever he wants. He is able to do so on account of the woman's lack of power and leverage in the household, relating back to the sexual division of power (1987), as touched upon in section 6.2.1. According to Ghanaian law, it is possible for a husband to divorce his wife in circumstances in which, "the wife is infertile or commits adultery" (Wadieh ND, 29). However, the same rule does not apply to men.

> "*Married people, I don't think they have multiple sex partners. Married men can do that, having multiple sex partners. But for the ladies, it is not advisable for you to have multiple sex partners. So that one is more common for guys than ladies*"
>
> (Anna, 24, 07/03/19)

Women were advised to not have more than one sexual partner because they would be viewed as a prostitute, or "*someone who wants more money*" (Participant 1, FGD #1, 15/02/19). Further, many respondents noted that having multiple sexual partners runs the risk of becoming pregnant

and not knowing who the father is. Having a child with an unknown father was a source of shame for many women, and consequently their families (see 5.2.1). When examining the prevalence and acceptance of having multiple sexual partners, there was a clear distinction between men and women. The distinction of expectations between men and women also inform the dynamics of marriage as a whole.

6.4 Reasons to Have Children

As touched upon in previous sections, the societal pressure for women to have children was apparent throughout this research. An important facet of Ghanaian life and womanhood was childbearing, and this was conveyed through discussions on sexuality education and marriage. A variety of reasons were offered for why a woman would have a child, but the expectation that she has one in her lifetime was a given. As will be discussed in the following sections, two of the most prominent reasons to have children were the societal expectation for women to bear children, and the support that children can provide to the family as a whole.

6.4.1 Female Duty to Bear Children

Talking about sex and sexuality education with participants in this study usually resulted in discussions on childbearing, because the two were seen to be integral. Responses such as, "*as for any lady here, your job is to give birth*" (participant, FGD #1, 15/02/19) were frequent. As mentioned previously, a majority of the women in this study concluded that the primary purpose of sexual intercourse was to have a child. Notions of pleasure, love, or intimate connection were rarely mentioned as reasons to engage in sex. The lack of discussion surrounding pleasure and intimacy conflicts with rights-based approaches to sexuality education, which builds on the notion that individuals have the right to information on their sexuality (Hague et al. 2018).

One participant, Jane, directly described what a woman was expected to do in her lifetime, summing up the female's duty to bear children. "*It's like, the job of a woman to take care of the house, and give birth, if the woman doesn't have a child…it is trouble*" (Jane, 22, 26/02/19). Jane alluded to the "trouble" that would incur if a woman were not to have a child. A woman who did not have children was typically seen as being "barren," a remark that was frequently said in a negative light. Being barren meant that a woman was infertile, which would not only generate

gossip throughout the community but was also grounds for the husband to divorce the wife (Gage-Brandon & Meekers 1993; Wadieh ND).

> "*If you are barren, it is painful. Because you don't have any child, so any mistake, people will be insulting you that you are barren, you don't have a child, you to give birth small, you hear a lot of insults from it. That's why it's bad.*"
>
> <div align="right">(Eve, 23, 14/03/19).</div>

Eve demonstrated how being barren could have a negative impact on one's social status. Many young women discussed the fact that community members would not only gossip about someone being barren but could also use it as an insult. A woman without children was subject to social scrutiny, playing back into the complex of shame which is closely connected with an individual's sense of identity, recognition and value (Apkinar 2003). In this case, a woman's sense of identity, recognition and value could lie in whether or not she had children. In fact, "childlessness may lead to divorce, may cause a husband to marry a second wife or may even result in accusations of witchcraft" (Gage-Brandon & Meekers 1993, 14-15). Thus, childbearing was a sign of womanhood, identity, and even normalcy. In certain ways, having a child thus appeared to be seen as a means to fit in. During an informal conversation with one of the nurses in the Akode epicenter clinic, it was even described that young girls would get pregnant as a competition, and "*if you don't have a baby by senior high school, girls will make fun of you for being infertile*" (Ellen, 24, 11/02/19). Ellen's statement exemplifies yet again the social pressure placed on young women to prove their infertility, and the gossip, and subsequently shame, that could result if they were not able to have children.

Another important reason for having children, according to participants, related to religious influences. Many women believed that being a good Christian meant following God's will to have children. One young woman stated that "*God created us to come and give birth. It is the reason why you come to the Earth*" (Lisha, 19, 12/03/19). Christianity remained an important part of the lives of many individuals included in this study, so a decision to not have children would be frowned upon in the community.

6.4.2 Familial Support

Another very commonly mentioned reason for having children was the support they could offer to their parents, siblings, and elder family members. Many women cited the benefit of having children for participating in household duties, running errands, and taking care of them when they were in ill health or old age. Leanne noted that "*it is good to have a baby, because maybe that child is the only person who can take care of you in the future*" (Leanne, 19, 11/02/19). Stripe also talked about the practicalities of having children.

> "*When you are able to give birth like that, maybe you fall sick, that child can help you in doing some certain roles in the house. That's why it's good for everybody to give birth.*"
>
> (Stripe, 18, 07/03/19)

Participants noted the various responsibilities of children in the household and family dynamic. From a purely pragmatic standpoint, "societal concern with the necessity of reproduction is still strong. Women without children are often subject to social and economic hardship" (Gage-Brandon & Meekers 1993, 14-15). Having children might also be a strategic decision in order to ensure a better quality of life.

One community member even mentioned the importance of growing the next generation to maintain the Akode community as a whole. He said, "*When women are not giving birth to children, the population will not grow. And once the population does not grow, managing the community will become the responsibility of only a few people*" (Joe, 54, 03/04/19). Beyond being an asset to households, children were also incredibly important (if not the most important) assets to many communities, due to their potential as future members and leaders.

6.5 Concluding Comments

Messages of gender roles in sexuality, marriage, and childbirth were upheld through societal, cultural, and religious influences. Through conversations of female sexuality, it was found that expectations to get married and have children were prominent for a variety of reasons. These expectations played a role in the content of differing forms sexuality education, and were

simultaneously conveyed through sexuality education. The following chapter will examine how the topics discussed thus far might have a role in the aspirations of the young women in this study.

7. "My goal is to get a good job so that if I get married, I will care for my children": Women's Aspirations in Akode

The final part of this research sought to gather information on young women's future occupational and life aspirations, limitations to aspirations, and the influence of beliefs surrounding marriage, childbearing, and sexuality education on aspirations.

At the time of the study, the women and men in Akode were largely self-employed, consistent with data from the 2010 national census (Ghana Statistical Service 2012). The most common occupations in the community included farming, trading, selling, seamstressing, and hairdressing. According to the responses in this study, it was more common for women to partake in the trading of fruits and vegetables, seamstressing and hairdressing. The men more commonly participated in farming, but many women also took up farming. The gendered nature of occupations falls in line with current literature on work and aspirations in Ghana (Boateng & Löwe 2018).

7.1 Differences in Aspirations

When asked about plans for their future, participants had a variety of responses. Some of the most common aspirations mentioned in this study included seamstress, hairdresser, and nurse. Other goals included doctor, teacher, lawyer, accountant, bank manager, restaurant owner, musician, factory worker, and hotel manager.

One of the most notable findings of this study were the differences in aspirations between women who were still in school without children, and adolescent mothers who were out of school. Every young woman who had a child was not enrolled in school at the time of data collection. The first focus group discussion consisted of 10 participants, eight of whom were adolescent mothers. When asked about their aspirations, the eight adolescent mothers in the FGD each responded that they wanted to be either a seamstress or hairdresser. The nine adolescent mothers interviewed in individual interviews (see figure 2), each reported their aspirations of being a seamstress or hairdresser. Stripe, a single mother of one, said that "*if I get a job, I want to be a seamstress*" (18 years old, 07/03/2019). These data indicate that of the adolescent mothers included in this study, all appeared to aspire to being seamstresses or hairdressers.

A different scenario occurred when interviewing young women who were still in school or recently graduated school, with no children. Of the 13 women in individual interviews and two in the FGD, not one reported that they wanted to be a seamstress or hairdresser. In fact, the aspirations of women without children were much more varied than the group of adolescent mothers. For example, Empress, 15, wanted to be an accountant. Reda, 20, wanted to be a doctor. Anna, 24, wanted to be a lawyer. Roxanne, 21, wanted to be a nurse. Spices, 23, wanted to be a hotel matron. All of these young women were either in school or had just graduated from school, and had no children. Not one woman in this category reported aspirations to be a seamstress or hairdresser.

7.2 Barriers to Aspirations

When discussing the aspirations of the women included in this study, possible barriers and limitations to their goals were also addressed. Of the responses in this study, the two greatest barriers to aspirations that arose were financial barriers and adolescent pregnancy. The two of these factors were closely interlinked, and also related to educational attainment.

7.2.1 Financial barriers

Financial barriers, unsurprisingly, were one of the most frequently mentioned limitations to the fulfillment of aspirations. When asked if they foresaw any challenges to reaching their goals, almost every respondent stated that a lack of capital was their greatest challenge. Some women mentioned that they had to drop out of school because they did not have anyone to sponsor them, or they had to help their family at home. Other girls said that the greatest barrier to becoming a nurse was paying for nursing school. Similarly, the women who reported that they wanted to be seamstresses said that they were in need of supplies and training, both of which cost more than they could afford.

For example, Vida said that "*my interests as a seamstress, they have changed. Unfortunately, I don't have money, that's why I'm not able to be a seamstress*" (21/02/19). Many adolescent mothers talked about their goals of becoming a seamstress, but the reality of their situation was that they needed to pay for training and materials to become a seamstress. In these instances, many young mothers were struggling to support themselves and their children.

Another woman, Leanne, was without children, but was forced to drop out of school to help her mother out at home. She also mentioned her lack of finances as a barrier to finishing her education and ultimately fulfilling her aspirations, saying *"I would like to go back to school, because I want to be someone in the future. But I don't have anybody to help me, that's why"* (Leanne, 19, 12/03/19). Leanne said that she wanted to "be someone", but because she could not finish school, her options to become 'someone' became far more limited. Leanne's situation was not uncommon, as other respondents also talked about how they did not have someone to sponsor their studies, thus having no choice but to drop out of school. The lack of educational opportunity might contribute to the differences in the aspirations of the participants in this study.

7.2.2 Unintended Pregnancy

Another limitation to fulfilling aspirations was unintended pregnancy. When asked if their aspirations had changed before and after having children, many respondents answered affirmatively. The circumstance of unintended or early pregnancy was a significant reason that many young women had to alter their goals considerably. When asked whether her goals to become a seamstress changed since she had a child, Eve clarified that since she has dropped out of school, she "*made up her mind to be a seamstress*" (Eve, 23, 14/03/19). I went on to ask her if she would have had different plans had she remained in school, and she replied that, "*if I were able to complete school, I wanted to be a doctor*" (Eve, 23, 14/03/19). Eve's story exemplifies how an unintended pregnancy can alter the course of a young woman's future. Again, educational attainment was a crucial factor in determining what a young woman could aspire to, and some of the greatest barriers to obtaining an education were financial barriers and unintended pregnancies. Sherwood (1989) compares aspirations to investments in one's future. One cannot invest all their time and money in a future goal if they have to first focus on investing in a child.

> *"Zoe: Did you always want to be a hairdresser when you were younger?*
> *Patty: That was not my plan, but actually, as long as I have dropped out of school, that is what has come to my mind.*
> *Zoe: Before you dropped out, what did you want to do?*
> *Patty: Nurse*
> *Zoe: Do you think your goals changed when you had children?*

Patty: Yeah

Zoe: In what ways?

Patty: I don't have anyone that will help me

Zoe: What do you mean by that?

Patty: I wanted to become a nurse, but, when I got pregnant, that has prevented me from becoming a nurse."

<div align="right">(Patty, 25, 14/03/19)</div>

Patty's shifting aspirations were another example of how having children forced her to shift her investment, and thus, goals. Patty had to drop out of school when she became unexpectedly pregnant with her daughter. Due to that, she had to modify her goals to become a nurse. She had nobody to support her in continuing to be a nurse, and at the same time, had a newborn child to take care of. Patty's circumstance was not uncommon for the participants involved in this study, and exemplify how aspirations can be shaped and formed through outside factors.

7.3 Influences on Aspirations

Despite barriers to aspirations and differing aspirations between adolescent mothers and women without children, the ultimate goal remained the same.

"Yes, I have a lot of plans for myself. I wanted to go back to school, rewrite my papers, and then I wanted to engage myself in a six month training of makeup. And then, after which I go for nursing training, before I get married. I want to do all those things before I get married."

<div align="right">(Angel, 20, 18/02/19)</div>

"I want to become a successful matron, married, with my kids, in my house, and my car!"

<div align="right">(Spices, 23, 26/02/19)</div>

"My goal is to have a good job to do, that is a medical doctor or musician, so that if I get married, I will care for my children"

<div align="right">(Jude, 17, 07/03/2019)</div>

The quotes above highlight that the question was not whether a woman would get married or have children, but when. This question roots back to formal and informal modes of sexuality education, in which norms and expectations surrounding marriage and childbearing were taught. Boateng & Lowe (2018) demonstrated in their research that "young people's aspirations are shaped both by their lived experience and by the messages that they have absorbed from society at large" (27). Further, they contest that social values, religious influences, and community roles all contribute to shaping aspirations. The case was no different in this study, where a certain set of social values and expectations played a key part in creating a specific set of aspirations. Regardless of education, social status, or financial support, all the women in Akode alluded to the ultimate goal of having a family and a husband. Many young women perhaps did not intend to have children or get pregnant, but it was evident that all women in this study felt the desire, and perhaps pressure, to fulfill these roles at one point or another in their life.

7.4 Concluding Comments

The aspirations of the participants in this study differed between young women in school with no children, and adolescent mothers who had dropped out of school. Their aspirations were limited by factors such as finances, education, and unintended pregnancy. Yet, the desire and pressure to fulfill notions of becoming a successful woman, defined by getting married and having children, were present among all women in this study.

8. Discussion and Conclusion

This study sought to explore how varying forms of sexuality education might shape young women's aspirations. It approached this topic through attempting to understand the primary messages of gender that both underpin and are reinforced by sexuality education. This final chapter will present theoretical reflections of the data presented in chapters five through seven. The discussion of data also aims to address the main and sub research questions of this study, utilizing key theories introduced in chapter three. The chapter ends with concluding thoughts and reflections on this study.

8.1 ABC and Moralistically Informed Sexuality Education

Two months of in-depth qualitative research including semi-structured interviews, FGDs, and participant observation, revealed a range of sources of sexuality education that young female research participants from Koforidua, Ghana relied on. Sexuality education was occasionally taught within the classroom, but lessons pertaining to sex, sexuality, marriage, and family planning were also taught outside the classroom. Informal modes of sexuality education, including parental advice, discussions amongst peers, religious influences, and community norms all played an influential role in understandings of sex.

Some of the most important lessons taken from all modes of sexuality education, according to the young women in this study, were to prevent early pregnancy, prevent STIs, abstain from sex and relationships until the completion of schooling, use condoms, and finally, to "take care" of yourself. These takeaways were generally universal, regardless of how many years of schooling or what form of sexuality education the respondents had received.

There seemed to be clear limitations to the sexuality education provided to the participants in this study. These limitations included misinformation or a lack of information on contraceptives, delayed provision of sexuality education, and an abstinence-focused curriculum. A moralistically-informed approach was prominent when discussing sexuality education with the participants in this study. As explored in section 3.1.1, a moralistically informed approach to sexuality education prioritizes conservative, faith-based values (Miedema et al. 2011). Christianity was the most prominent religion within Akode, and the influence of religion was far-reaching. A moralistic

approach to sexuality education attempts to teach young women the "appropriate" way to behave in terms of their sexuality, their relationships, and their aspirations (Miedema et al. 2011). The young women in the Akode community were taught to abstain from sex until marriage while prioritizing virginity and monogamy. These teachings were influential in attitudes towards expectations surrounding female sexuality. It is likely that participants typically felt most comfortable talking about sex and sexuality in the context of marriage, given the primacy placed on monogamy in the community.

A moralistic approach to sexuality education aligns with abstinence-plus education, which was also prominent in this study. ABC interventions provide "prevention options as hierarchical" (Fonner et al. 2014, 2), with abstinence as the first and foremost option. Yet, it has been found in previous research that ABC sexuality education programs have "no significant effect in delaying sexual debut" (Fonner et al. 2014, 2). This study, in particular, found that most youths in Akode were in fact sexually active, regardless of the abstinence-focused information they were receiving. An ABC curriculum also conflicts with rights-based approaches to sexuality education, which aim to provide students with all the information they need to make an informed decision about sex (Hague et al. 2018). The data thus support the argument that promoting an abstinence-heavy attitude towards sex, combined with an emphasis on good morals, may discourage individuals from inquiring about alternative options to protecting themselves (Le Mat 2017).

8.2. Gender and Sexuality Education

Connell's theory of Gender and Power (1987) exemplifies the gendered social and institutional structures that contribute to how sexuality education was taught in Akode. Similarly, the information taught in sexuality education played a role in teaching and reproducing these very structures. The structure of Cathexis (section 3.2.1) can be used to understand how the content of sexuality education was underpinned by social constructs, such as cultural norms, taboos, and stereotypes, which contribute to gender inequality and power imbalances in society (Connell 1987). In this study for instance, most participants noted the importance of virginity in maintaining respect (see section 5.2.3). The association of virginity with respect, Connell would argue, is a construct that is socially and culturally upheld. Due to this construct, ideas of virginity and monogamy were promoted in sexuality education.

Just as social and cultural norms tended to influence the content of sexuality education, sexuality education itself promoted gendered messages. Another structure offered by Connell (1987) is the sexual division of labor (section 3.2.1), which is defined as the gendered delegation of men and women to specific tasks. This delegation can include scenarios in which the woman is expected to take on domestic duties, bear children, and cook food. The man is expected to be the primary breadwinner, and head of the household. Participants in this study were taught that sex was for reproduction, and that sex should only take place within marriage. Therefore, the only solid understandings that many young women had about sex was its purpose for marriage and reproduction. In many ways, the lessons taught and not taught within sexuality education inexplicitly informed young women of their gendered duties in life, including the expectation to be ready for the right marriage and to be healthy enough to bear children.

As discussed throughout this paper, the most important lessons that many participants took from sexuality education in the classroom were negative outcomes of sex and sexuality, and participants commonly had negative associations with sexually active females. However, self-pleasure was an unexpected topic that emerged in this study (see section 6.1). Young women reported that it was common to use bananas (or other objects) to masturbate. This finding was surprising, given the lack of discussion surrounding female pleasure in any form of sexuality education in Akode. As Fine (1988) describes, the missing discourse of female desire in sexuality education contributes to an "unacknowledged social ambivalence" (30) towards female sexuality. A program that includes notions of desire would address feels "good and bad, desirable and undesirable, grounded in experiences, needs and limits" (Fine 1988, 33). She argues that not discussing desire can contribute to sexually victimizing young women. Yet, a missing discourse of desire in sexuality education did not mean that the young women in this study were uninformed or unengaged with their individual sexuality. Desire for self-pleasure was a part of the lived realities and experiences of participants in this study, and provides an alternative way of understanding female sexuality in Akode.

8.3 Female Identity: Monogamy, Shame, and Fertility

The gendered nature of the messages promoted through sexuality education, including expectations for women to remain monogamous, faithful, fertile, and abstinent, all played a role in shaping female identity.

Firstly, monogamy was a highly valued trait for women. Connell's (1987) structure of Cathexis characterizes appropriate sexual behavior for women and men, and can be used to understand societal structures that contribute to particular belief systems. Cathexis offers insight into how perceptions of female sexuality can limit a woman's ability to express herself sexually, thus shaping her identities of herself (Wingwood et al. 2002). As Apkinar (2003) elaborates, "women are valued as potential repositories of seed; their value depends on their virginity before marriage and their fidelity after marriage" (Apkinar 2003, 432). Navigating identity was at times intimately linked to one's sexual history. Due to the association of sex with identity, women in this study were advised to not engage in pre-marital or extra-marital sex, in addition to not having multiple sexual partners, because this was believed to be the "appropriate" way to behave. Women who did engage in these activities were viewed as prostitutes. Thus, the structure of Cathexis, and expectations of how a woman conducted herself sexually, was directly related to her perceived identity.

Secondly, the notion of shame emerged frequently. Shame as a concept is closely related to identity and reputation (Apkinar 2003; Miedema et al. forthcoming), and women mentioned that the consequence of unintended pregnancy or not knowing the father of their child was a loss of respect by their peers, family members, and community. The pressure placed on young women to maintain this respect exemplifies the importance of family and community in personal identity. Further, it exemplifies the gendered nature of sex and sexuality. Young women were subject to social scrutiny in cases of unintended pregnancy and birth, but the male involved in these situations likely faced no such repercussions. The difference between perceptions of male and female sexuality draws on the notion that young women must control their sexuality in order to maintain respect in the community.

Finally, respondents were often told that their ability to reproduce would determine their worth as women in the community, where "men want assurance that their future wife will be able to have children; consequently, proof of pregnancy is becoming a prerequisite for lasting relationships with potential partner" (Gage-Brandon & Meekers 1993, 15). The necessity to have a 'proof of pregnancy' can be exemplified from a quote presented in section 5.3, in which respondents discussed their reluctance to use birth control. Anna stated, *"since it has side effects, it can make you barren, it can make you bad, so I don't think it's good"* (Anna, 24, 07/03/19). Anna suggested that being barren (infertile) can make you "bad". Infertility contrasts with the notion of being "good", through reproduction. Apkinar (2003) offers an explanation for the dichotomy of bad and good women, in which patriarchal societies view women as "capital investments to be protected" (Apkinar 2003, 432). A woman's worth is rooted in her ability to reproduce, and therefore, fertility is more than a physical trait, it is an identity. Lorimer (1969) summarizes the notion of fertility as identity well, stating:

> "So deeply ingrained and highly valued was this child-bearing duty that the woman was made to believe right from birth, through a mixed process of socialisation and indoctrination that the main "raison d'être" for her existence on this earth was to ensure the continuity of the lineage by producing children. The woman who therefore failed to achieve this objective was viewed, even by her own fellow women, with considerable scorn and/or pity"

> (Lorimer 1969 in Ghana Statistical Service 2013, 4)

The insights offered in the quotation above characterize many of the key findings in this research, in which fertility is a means of identifying one's sense of self, and even existence, as a woman and an individual.

8.4 Aspirations as Investments

The relationship between sexuality education and gendered messages of sexuality, marriage, and childbearing were subsequently reflected in the aspirations of young women. When asked about future aspirations, the answers differed between young women in school and young women out of school. The young women who were in school or recently graduated from school reported goals

of becoming doctors, lawyers, teachers, and bank owners. The young women who were out of school, with children, all reported goals of being either a hairdresser or seamstress. The difference in aspirations can be understood using comparative height (Sherwood 1989), which measures the ambition of aspirations based on an individual's resources. The participants who were in school with no children had relatively more time and money to invest in their aspirations, which tended to be more ambitious than the goals mentioned by the young mothers in this study. Adolescent mothers who were not in school had comparatively less time and money to invest in themselves and their education, and therefore had less ambitious goals.

However, regardless of educational status, financial status, or occupational goal, almost every individual in this study reported the importance of marriage and childbearing in the span of their lifetime. Thus, every individual tended to have aspirations that would make them fit for marriage and childbearing later in life. According to Sherwood (1989), aspirations are investments, and the participants in this study described the personal investments they were taught to make in order to fulfill expectations to get married and have children. These personal investments included delaying sex until marriage, staying in school, avoiding birth control that could lead to infertility, avoiding men, and essentially, taking care of yourself. In turn, women were assured that they would be fit for marriage and childbearing, two responsibilities that would secure their status and identity in society.

8.5 Adapted Conceptual Scheme

Theory of Gender and Power
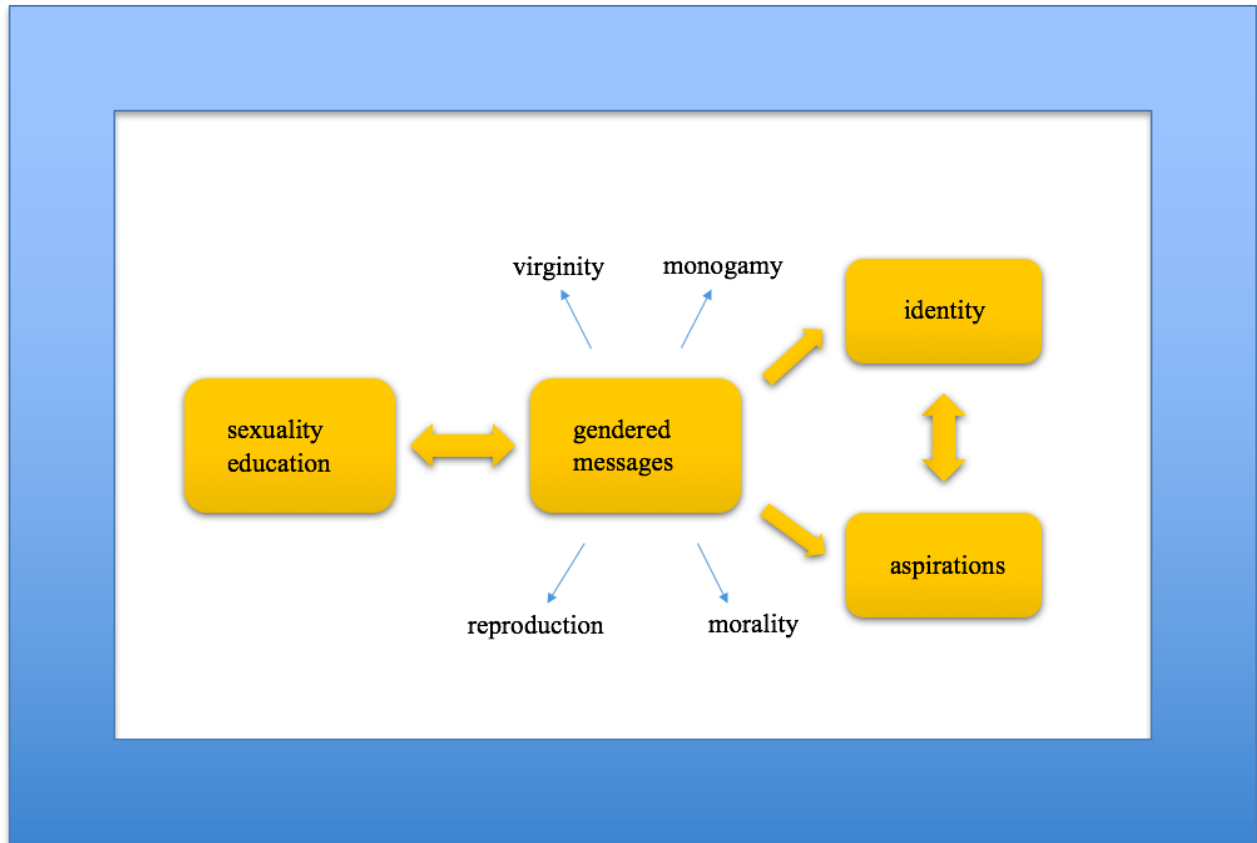
Figure 4: Adapted conceptual scheme

After presenting the data in chapters five through seven and relating the data to theory in the discussion, an adapted conceptual scheme is presented above. Before the start of this research, it was hypothesized that the relationship between sexuality education and gendered messages of female sexuality would have an influence on female aspirations. While this was still found to be the case, the conceptual scheme has been expanded to account for the themes that emerged in this research, including expectations of marriage, childbirth, and what it means to be a woman.

This scheme functions under Connell's Theory of Gender and Power (1987), which, as discussed previously provides an understanding of the social structures that uphold gender and power relations. The adapted scheme demonstrates how varying modes of sexuality education promote

gendered messages, including expectations of monogamy (marriage), reproduction (fertility and childbearing), morality (female sexuality) and virginity (abstinence). Concurrently, these gendered messages inform the content of sexuality education. The relationship of these two concepts contribute to shaping female aspirations and identity, two concepts which also inform one another. Aspirations are a result of the investments that young women are taught to make in order to fulfill their roles in society. Identity is formed through notions of womanhood, which are created through marriage and reproduction.

8.6 Answer to research question: *What gendered messages are spread through sexuality education Koforidua, Ghana, and how might these messages shape young women's aspirations?*

Social mechanisms, including cultural norms and gender roles (Connell 1987) contributed to creating gendered messages of sexuality, marriage and childbearing in Eastern Ghana. These messages included reasons behind and expectations for women to get married and have children, gender roles within the household, and perceptions of female sexuality. Further, these messages underpinned the content of differing forms of sexuality education for young women included in this study. At the same time, differing forms of sexuality education perpetuated these very messages. Formal sexuality education predominantly encouraged abstinence until marriage, highlighting the negative consequences of sexual activity. Parents and community members instructed young women to avoid men, and taught girls about their duties in the household. Christianity boasted monogamy and virginity, and labeled contraceptive use as sinful. Themes of monogamy, virginity, fertility, and shame all contributed to personal identity, which played a part in aspirations.

The messages conveyed through sexuality education, which were informed and upheld by social mechanisms, indirectly taught the young women in the Akode community to invest in themselves to fulfill a specific set of aspirations. While occupational aspirations differed among two distinct groups in this research, the pressure to get married and have children was the same across all participants. As stated in earlier sections (6.1.1), entering marriage and having children was not always a simple decision, and could be motivated by a variety of factors. Yet, these situations often did not change beliefs surrounding marriage and childbirth.

8.7 Recommendations for Policymakers and THP

❖ Most of the young women in this study received some form of sexuality education, but there were clear limitations to the sexuality education provided. The focus on abstinence, marriage, and fertility that was present throughout conversations of sex and sexuality conflicted with rights-based approaches to sexuality education. The pressure to remain abstinent until marriage and avoid birth control tended to steer the conversation away from safe sex practices. A rights-based approach would equip youth with all of the necessary information they need to make informed decisions about their sexuality and their bodies. Therefore, it is recommended that mandatory CSE should be implemented in schools across Ghana. It should not only provide information on all forms of contraceptives, but also attempt to dispel myths and misconceptions surrounding birth control methods.

❖ In order to reduce associations of shame with female sexuality, CSE should create conversations around sex that go beyond reproduction and marriage. An expanded sexuality education program could potentially pave the way for a more sex-positive environment, and encourage unmarried youths to talk more openly about sex and sexuality, thus enabling safer sex practices.

❖ An unexpected, but enlightening finding from this study was the disparity in aspirations between adolescent mothers out of school, and women without children in school. There were clear barriers to aspirations for adolescent mothers. Though they all voiced their goals of being hairdressers or seamstresses, many of them noted the immense financial pressure to actually learn a trade. A direct request from many of the participants I spoke with was to construct a vocational training center for adolescent mothers who could not finish their education. A training center would theoretically offer materials and lessons in the trades of seamstressing and hairdressing, to facilitate the economic empowerment of all women.

8.8 Recommendations for Further Research

❖ The predominant group of individuals included in this study was young women. It was enlightening and important to get firsthand accounts of their experiences with sexuality education, marriage, childbirth, and the futures they envision. However, it is also imperative to understand these experiences from a young man's perspective in order to get the "full picture". Further research should be done on men's experiences and perceptions

of sexuality education, marriage, childbirth, and aspirations. A comparative study would reveal if sexuality education is gendered and if men are held to the same expectations as women.

❖ Formal sexuality education, such as the HC program, was a type of sexuality education that many of the young women in this study received. The program has only been present in the Akode epicenter for 2 years, so the effectiveness of the lessons are likely still in the early stages. A longitudinal study on the HC program's effectiveness in the Akode epicenter would be an interesting way to track aspects such as contraceptive knowledge, unintended pregnancy and school dropouts.

❖ Finally, taking a more participatory approach to understand perceptions and experiences of sexuality education and female sexuality would create a more open environment for women and men to share their most personal thoughts and stories. Anonymous surveys, group projects, and other forms of participatory data collection methods would contribute to richer data.

8.9 Methodological Reflection

Initially, the data collection plans for this study involved plans to incorporate participatory methods into FGDs. Due to time, logistical, and language constraints however, it was not possible in this study. Participatory methods would have benefitted the study in a number of ways. In particular, they would have offered alternative ways for participants to express their experiences and points of view without fear of being judged.

8.10 Concluding Thoughts

I initially approached this research with the assumption that the women in Ghana were essentially sexually 'repressed'. My assumption came from literature on cultural practices within Ghana (such as the initiation ceremony), which valorized young girls for remaining 'pure'. While it did in fact uncover many examples of ways in which young women were held to different standards and expectations in terms of their sexuality, their fertility, and their status as married individuals, it is incredibly important for me as a researcher to give credit to the women and men in this study who felt comfortable enough to share their thoughts and beliefs surrounding sexuality. Some of the best discussions I had during this fieldwork experience were with the adolescent mothers who shared

their secrets of banana masturbation, and the group of parents who graciously demonstrated their favorite sex positions for me. This study in no way aims to discredit the proud sexuality of the Ghanaians whom I spoke with, but rather highlight the broader messages of gender identities and aspirations that are promoted through sexuality education.

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10. Appendix

Appendix I: Operationalization table

Concept	Dimension	Variable	Indicator
Sexuality Education	Formal	Level of education	Primary, junior secondary, senior secondary, university?
		Curricular integration	SRH, HIV/AIDS as a standalone subject
			Taught within one or more subjects (ex: social science, biology, health, religion)
			Extracurricular?
	Informal	Family members	Family structure
		Radio/internet/media	Access to technology
		Peers	Friendships and social circles
	Non-formal	Nonprofit organizations/NGO's	Proximity and accesibility of nonprofit centers and programs
	Church/religion	Does she attend Church? If so, what religion?	Do they receive information on sex/sexuality education through this organization?
Gendered messages	Cultural Norms	Household duties	What household duties does she partake in?
		Reproduction	Number of children
		Marriage	Expectations surrounding marriage
			Gender roles within marriage
	Enforcement of strict gender roles	Beliefs about what a woman's role in society is	Mother, caregiver, wife?
		Beliefs about what a woman's role in the family unit is	Cook, clean, reproduce?
		Division of labor	What is a woman's role? What is a man's role?
	Stereotypes	Stereotypes surrounding female sexuality	Women are monogamous
			Only have sex for their partner
			Don't enjoy/want sex
		Stereotypes surrounding female duties	Women should run the household
			Women shouldn't work in certain occupations

Female Sexuality	Morality	Marriage before sex	Beliefs on marriage before sex
		Reproduction	Beliefs on women's duty to reproduce
			Thoughts on children out of wedlock?
		Pleasure	Should women enjoy sex?
	Purity	Multiple sexual partners	Beliefs on having multiple sexual partners
		Virginity	What does "virginity" signify?
	Shame/Honor	Social Status	How does a woman maintain her social status within her community?
			how does a woman maintain her respect within her family?
Aspirations	Occupational	Formal employment	What kind of job does she want to have?
		Informal employment	How does she plan to make an income? (IF she plans to make an income)
	Educational	Attain a level of formal education?	ex: secondary senior high, university?
		Learn a skill?	any type of skill
	Financial	Financial independence	
		Obtain a certain income	
	Personal	Familial	Start a family?
		Psychological/spiritual	i.e. happiness, success, peace
		Social	Make/maintain friendships, relationships, etc

Appendix II: Individual interview Guide

This is the interview guide that was used for semi-structured individual interviews. It provided an outline for the direction of my interviews, but allowed room for me to prompt at each question, and take the interview in a different direction if certain themes arose.

Introductory questions:
1. To start, can you tell me about a typical day for you?
2. How old are you?
3. Are you married?
4. Do you have any children?
5. What religion do you belong to?
6. Are you currently enrolled in school?
    a. If yes, what grade are you in? (primary, secondary, JHS/SHS?)

      b.   If no, did you ever attend school? Why did you stop going to school? What are you doing now?

7. Did you have to stop going to school once you gave birth to your child? What was that like for you?[4]

Sex education:

14. Have you ever learned about sex in school?
      a.   If yes, what subject is/was it taught in?

15. If you have learned about sex, where did you learn it from?
      a.   THP/Her Choice?
      b.   Parents, sisters, other family members?
      c.   Friends?
      d.   Radio/internet/television?
      e.   Health facilities?

16. Have you ever learned about sex in Church or through your religion?
      a.   What have you learned from it?

17. Have you ever learned about sex from your mom or sisters?

18. Do you talk about sex with your friends?
      a.   What kinds of things do you talk about?

19. Have you enjoyed learning about sex?
      a.   If yes, what do you enjoy learning about?
      b.   If not, why?

20. Do you think that everyone should receive sex education?

21. What is the most important thing you learned in sex education?
      a.   Why?

22. What is the purpose of sex education?

23. What does abstinence mean to you?

24. Do young people face challenges with abstinence? Is it common for young people in your community to abstain from sex?

25. What forms of contraceptives/family planning/birth control are you aware of?
      a.   Are you aware of where to obtain them?

26. Would you ever use contraceptives?For what purpose?

27. Is it common for girls your age to use contraceptives? For what purpose?

28. Do women ever start using contraceptives before they are married or have children?

29. What do you think about contraceptive use?

Sexuality:

30. What is a woman's role in a sexual relationship?

31. What is a man's role in a sexual relationship?

32. What do you think about sex before marriage?

33. What do you think about having a child before marriage?

34. What do you think about a woman who has multiple sexual partners?

35. What do you think about a man who has multiple sexual partners?

36. What does virginity mean to you? What does virginity mean to your community?

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[4] For adolescent mothers

      b. Do you think a woman has more respect if she is a virgin?

37. Is it good for a woman to be a virgin? Why/why not?

38. Is it good for a man to be a virgin? Why/why not?

39. What is something that might bring shame to a woman and her family? What is something that might bring shame to a community?

40. Have you ever felt ashamed for something that you have done? For what reason?

41. When a man and a woman have sex, what is the purpose?

42. Do you believe that women have the ability to choose who they have sex with?

43. Is it ok for a woman to have sex for enjoyment?

44. What about masturbation?

Gender roles:

45. What are some common household duties in your community? Do you have any household duties?

46. Do you believe that all women are expected to partake in household duties? What happens if a woman does not perform household duties?

46. What do the men typically contribute to the community?

45. Do you believe that women in your community face expectations to get married?
      a. If yes, why?

46. What are some reasons a woman might get married?

47. Are men expected to get married?
      a. If yes, why?

48. What are some reasons a man might get married?

49. What are some reasons a woman might have a baby?

50. Do you believe that women in your community face expectations to have children?
      a. If yes, why?
      b. In your opinion, what happens if a woman never has children?
      c. Can you explain to me the meaning of "barren"? What do community members think of someone who is barren?

Aspirations:

51. If you are in school, do you want to finish school?

52. Do you want to have a job?
      a. If yes, what kind of job do you want to have?
      b. If no, why not?
      c. If you don't want to have a job, how do you plan to make money?

45. Do you want to be able to make your own money?
      a. If yes, what do you hope to do with your money?
      b. If no, will you rely on someone to make money?

46. What kinds of goals do you have for yourself for the future?
      a. Have your goals changed since you had a child?
      b. Why have they changed?

47. Do you think you will be able to reach your goals?
      a. If not, why?
      b. Is there anything that you think will make it hard to reach your goals?

48. Is there anything you would like to add that we haven't talked about yet?

Appendix III: FGD Guides

Interview Guide – Focus Group with Adolescent Girls
Warm-up/ice breaker activity:
Go around and say name, age, and what job do you want to have?

Beliefs surrounding gendered perceptions/social norms/biases:
1. What are the most common jobs for women to have?
2. What do you think a woman's role is in the community?
3. Are women expected to get married after a certain age?
   a. If yes, why?
4. Are women expected to have children after a certain age?
   a. If yes, why?

Beliefs surrounding sex ed:
5. Has everyone here received sex education?
   a. If so, where have you learned it from?
6. Have you ever learned about sex from your mom or sisters?
7. Do you talk about sex with your friends?
   a. What kinds of things do you talk about?
8. Have you enjoyed learning about sex?
   a. If yes, what do you enjoy learning about?
b. If not, why?
9. Do you think that everyone should receive sex ed?
10. What is the most important thing you learned in sex ed?
    a. Why?
11. What is the purpose of sex education?
12. Is there anything you wish you knew about sex, but didn't learn?

Beliefs surrounding female sexuality:
1. What is a woman's role in a sexual relationship?
2. What is a man's role in a sexual relationship?
3. What is a woman's role in a marriage?
4. What do you think about sex before marriage?
5. What do you think about having a child before marriage?
6. What do you think about a woman who has multiple sexual partners?
7. Is it good if a woman is a virgin?
   a. why/why not?
b. Do you think a woman has more respect if she is a virgin?
8. Is it good if a man is a virgin?
   a. Why/why not?
9. What is something that might bring shame to a woman and her family?
10. When a man and a woman have sex, what is the purpose?
    a. To connect with their partner?
    b. Because they love someone?
    c. Because they want to have a baby?
    d. Because they enjoy having sex?

e. Because they were forced to?
11. Do you believe that women have the ability to choose who they have sex with?
12. Do you believe a woman should be pleasured during sex?
13. Is it ok for a woman to have sex for enjoyment?
14. What about masturbation?
15. What forms of contraceptives/family planning/birth control are you aware of?
16. Are you aware of where to obtain contraceptives?
17. Would you ever use contraceptives?
    a. For what purpose?

Interview Guide – Focus Group with Parents
Ice-breaker: Go around the room and say: your name, age, how many children do you have, marital status, and occupation.

1.   What in your life has changed since you had a child? (personal goals, aspirations, responsibilities/priorities)
2.   Are women expected to have children?
    a. If yes, why?
    b. What happens if a woman never has children?
    c. What is a reason that being "barren" is bad?
3.   What are some reasons a woman might have a baby?
4.   Are women expected to get married?
    a. If yes, why?
    b. What are some reasons a woman might get married?
5.   What is a woman's role in a relationship?
6.   What is a man's role in a relationship?

Beliefs surrounding sex ed:
7.   Has everyone here received sex education?
    a. If so, where have you learned it from?
8.   Have you enjoyed learning about sex?
    a. If yes, what do you enjoy learning about?
    b. If not, why?
9.   Do you think that everyone should receive sex ed?
10. What is the most important thing you learned in sex ed?
    a. Why?
    b. Why do you think abstinence is important?
11. What do you think about contraceptives? Would you ever use contraceptives, and for what purpose?

Beliefs surrounding female sexuality:
12. What does "virginity" signify?
    a. Does a woman have more respect if she is a virgin?
    b. Does a man have more respect if he is a virgin?
13. Do you think it is ok to have sex before marriage?

    a.   If no, why is it not ok?

    b.   What are some challenges that women face with abstinence? Is it easy to abstain?

14. Do you think it is ok for a woman to have multiple sexual partners?

    a.   If not, why is it not ok?

15. Do you think it is ok for a man to have multiple sexual partners?

16. Do you think it is ok to have a child before marriage?

    a.   If not, why is it not ok?

17. What is a woman's role when it comes to sex?

18. Why do women have sex?

    a.   To connect with their partner?

    b.   Because they love someone?

    c.   Because they want to have a baby?

    d.   Because they enjoy having sex?

    e.   Because they were forced to?

Appendix IV: List of Research Participants

Participant #	Date	Pseudonym	Location	Age	Gender	# Children	Method Used
1	08/02/2019	Expensive	Akode - school	14	F	N/A	Individual Interview
2	08/02/2019	Empress	Akode - school	14	F	N/A	Individual Interview
3	08/02/2019	Evelyn	Akode - school	15	F	N/A	Individual Interview
4	11/02/2019	Gifty	Akode - health clinic	19	F	1	Individual Interview
5	11/02/2019	Debra	Akode - health clinic	18	F	1	Individual Interview
6	11/02/2019	Emilie	Akode - health clinic	19	F	1	Individual Interview
7	18/02/2019	Glory	Akode - home	25	F	3	Individual Interview
8	18/02/2019	Angel	Akode - home	20	F	N/A	Individual Interview
9	21/02/2019	Vida	Akode - home	25	F	1	Individual Interview
10	21/02/2019	Reda	Akode - home	20	F	N/A	Individual Interview
11	21/02/2019	Roxanne	Akode - home	21	F	N/A	Individual Interview
12	07/03/2019	Anna	Akode - epicenter	24	F	N/A	Individual Interview
13	07/03/2019	Jude	Akode - home	17	F	N/A	Individual Interview

14	07/03/2019	Stripe	Akode - community	18	F	1	Individual Interview
15	12/03/2019	Lisha	Akode - epicenter	19	F	N/A	Individual Interview
16	12/03/2019	Leanne	Akode - epicenter	19	F	N/A	Individual Interview
17	14/03/2019	Ebi	Akode - epicenter	22	F	pregnant	Individual Interview
18	14/03/2019	Eve	Akode - home	23	F	1 & pregnant w/ twins	Individual Interview
19	14/03/2019	Patty	Akode - home	24	F	2	Individual Interview
20	15/02/2019	Participant #1	Akode - epicenter	19	F	1	FGD
21	15/02/2019	participant #2	Akode - epicenter	20	F	1	FGD
22	15/02/2019	participant #3	Akode - epicenter	24	F	1	FGD
23	15/02/2019	participant #4	Akode - epicenter	24	F	1	FGD
24	15/02/2019	participant #5	Akode - epicenter	19	F	1	FGD
25	15/02/2019	participant #6	Akode - epicenter	20	F	1	FGD
26	15/02/2019	participant #7	Akode - epicenter	20	F	1	FGD
27	15/02/2019	participant #8	Akode - epicenter	18	F	1	FGD
28	15/02/2019	participant #9	Akode - epicenter	20	F	N/A	FGD
29	15/02/2019	participant #10	Akode - epicenter	19	F	N/A	FGD
30	26/02/2019	Ruth	Koforidua Technical University	22	F	N/A	FGD
31	26/02/2019	Spices	Koforidua Technical University	23	F	N/A	FGD
32	26/02/2019	Jane	Koforidua Technical University	23	F	N/A	FGD
33	03/04/2019	Joe	Akode - epicenter	54	M	4	FGD
34	03/04/2019	Fidela	Akode - epicenter	36	F	4	FGD
35	03/04/2019	Mr. Sowah	Akode - epicenter	53	M	3	FGD
36	03/04/2019	Felicia	Akode - epicenter	29	F	4	FGD

37	03/04/2019	Juliana	Akode - epicenter	40	F	7	FGD
38	03/04/2019	Dura	Akode - epicenter	46	F	3	FGD
39	03/04/2019	Esther	Akode - epicenter	35	F	2	FGD