

UNIVERSITY OF CAPE COAST

**TEACHERS' AND STUDENTS' PERCEPTION OF ADOLESCENT
PREGNANCY AND ITS RELEVANCE TO THE SOCIAL STUDIES
CURRICULUM**

BY

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Thesis submitted to the Department of Arts and Social Sciences Education,
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2010

DECLARATION

Candidate's Declaration

I hereby declare that this thesis is the results of my own original work and that no part of it has been presented for another degree in this University or elsewhere.

Candidate's signature Date.....

Name: Seth Sieh Sorsah

Supervisors' Declaration

We hereby declare that the preparation and presentation of this thesis were supervised in accordance with the guidelines on supervision of thesis and done by the University of Cape Coast.

Principal supervisor's signature Date.....

Name: DR.A. L. Dare

Co-supervisor's signature..... Date.....

Name: Mr. A. M. B. Yidana

ABSTRACT

This study was designed to examine teachers' and students' perception of adolescent pregnancy and its relevance to the social studies curriculum in the Komenda- Edina-Eguafo-Abirem Municipality of the Central Region of Ghana. The study was a cross-sectional survey. Simple random sampling procedure was employed to select 40 JHS, 300 third year students and 62 social studies teachers for the study. Questionnaires were used to solicit responses from both students and teachers. The Statistical Product for Service Solutions (SPSS) was employed to analyze the data. Frequencies, percentages and tables were used to present the data.

The findings from the study showed that teachers and students understood the concept of adolescent pregnancy. The findings also revealed a consensus among teachers and students that the teaching of sex/adolescent reproductive health (ARH) education is relevant in educating students to take informed decision about their sexual lives. Teachers and students were in favour of sex/ARH education being introduced as a separate subject in the JHS in order to broaden the content of the subject, time and to create room for parents' involvement in school sex/ARH education programmes. It was recommended that the social studies curriculum should be designed to meet the aspirations of student girls. The curriculum of sex/ARH education should be enriched by focusing on biologic aspect of reproduction, values, attitudes, communication, negotiation and contraceptive use that would enable students to stand against the pressure for sex, adolescent pregnancy and STDs.

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I am also indebted to many authors whose works I consulted and quoted for the review of related literatures as well as the discussion of the findings.

Finally, I would like to thank Mr. and Mrs. Salifu Mogre, Mr Benjamin Nyua Kofi, Mr. Benjamin Kujur and all my family members who helped me in diverse ways as far as this work is concerned. I say a big thank to you Mr. Isaac Atta Kwenin for painstakingly analyzing my data from the field with the computer.

DEDICATION

I dedicate this work to my sons, Emmanuel Sieh Salifu and Sorsah Sieh Seth Jr.

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CHAPTER ONE

INTRODUCTION

Background to the study

Curriculum has been described as formal and informal content and process by which learners gain knowledge and understanding, develop skills and attitudes, appreciations, and values under the auspices of that school (Doll, 1989). This implies that the curriculum stresses on the importance of those activities of the school and training institutions which are deliberately planned and unplanned to result in some learning and to bring about positive change in the behaviour of students. Schools and training institutions are purposeful organizations set up with the basic aim of helping learners to acquire and apply sensible socially and cherished values for effective living in the society.

Curriculum is as old as education. The National Education Policy (Ministry of Education [MOE], 1994) emphasises that the goals of education should be concerned with the overall development of the individual. Education is supposed to nurture balance development in each individual by providing for the growth of physical, intellectual, emotional, moral and aesthetic potential. Also, it is to assist the individual in obtaining greater insight and understanding of our cultural heritage, social institutions, values and practices, societal pressures and

challenges. Education enables the individual to function and fulfill his or her commitments and responsibilities as a citizen (MOE, 2007).

Farant (1982) has explicitly explained that education is an ongoing effort towards further development of the potential of individuals in a holistic and integrated manner, so as to produce individuals who are intellectually, spiritually, emotionally, and physically balanced. Such an effort is designed to produce citizens who are knowledgeable and competent, who possess high moral standards, and who are responsible and capable of achieving a high level of personal well-being and be able to contribute to the betterment of the society and the nation at large.

The school is the avenue for the implementation of educational policies. One essential purposeful activity of the school is academic work. The academic work largely takes the form of verbal-conceptual knowledge acquired through teaching and learning interaction, aided by the syllabus, textbooks, and other teaching and learning resources. Efforts are made to expose learners to specifically planned content and other learning activities in order to develop their intellectual skills, attitudes and values due appropriate in the society. It can therefore be inferred from the above analysis that in the formulation of a curriculum, parents, teachers and students views and aspirations are taken into consideration since the outcome of the school is to develop the potential of individuals in a holistic and integrated manner for the betterment of the society.

Social studies as a core subject in the junior high school (JHS) is aimed at fulfilling the dreams of parents, students and teachers. The overall goal of

teaching social studies is for students to learn how to make knowledgeable, reasoned decisions that impact society in a positive way. The nature of social studies is that it is a study where the nature of women is its major central focus of attention. Social studies organise its content around relevant knowledge, values and skills that contribute to the wide sphere of women. The subject has also been seen as a prime discipline adopted to socialize our youth and function as a means of promoting progress towards the major social educational goals that have been identified and emphasized – civic duties or development of citizen participation skills, acquisition of desirable attitudes, values, and disciplined life (Jarolimek,1971).

Banks (1985) gives an in-depth description about the nature of the subject in the following words:

The Social Studies is that part of the elementary and high school curriculum which has the primary responsibility for helping students to develop the knowledge, skills, attitudes and values needed to participate in the civic life of their local communities, the nation and the world. While the other curriculum areas also help students to attain some of the skills needed to participate in a democratic society, the social studies is the only curriculum area which has the development of civic competency and skills as its primary goal (p. 3).

Social studies is therefore meant to help students acquire the necessary skills, knowledge, positive values and attitudes so that they can contribute to the development of their personality, the community and the nation as a whole. For the social studies curriculum to be fully implemented, it is through effective teaching and learning. Teaching is a process by which the educators interact with the educands with the intention of influencing their learning process. It is the interplay between the teacher and the learners. Teaching as a useful and practical art calls for intuition, creativity, improvisation and expressiveness (Gagne, 1970). An effective social studies teacher is therefore obliged to use many teaching methods and techniques associated with the integrated social studies. There is no single mode of teaching which fits the entire learning situation. A teacher of social studies has to be abreast of the innovations in the teaching methods. In order to be effective, a teacher of social studies has to be a source of information, and a guide, an organiser of opportunities for learning and a person who can stimulate any environment for effective learning using the following teaching modes, among others available to social studies teachers.

However, in relation to the personal development perspective of the JHS social studies curriculum, it can be deduced from the rationale for teaching social studies that it is aimed at solving problems of society. It is to prepare students to fit into society by equipping them with knowledge about their culture and ways of life of the society, its problems, its values and its hope for the future. The JHS social studies curriculum can be viewed as the study of people, their environment and society. Social studies help students to develop their personal, family, ethnic and

cultural identities to make informed decisions about their lives and the world, and to understand themselves in relations to the past, their environment and society (MOE, 2007).

Empirical analysis of the social studies syllabus and the curriculum reflects personal development perspective in the area of adolescent reproductive health. Reproductive health is defined by the World Health Organisation (WHO, 2002) as the state of mental, physical and social well-being in all matters relating to the reproductive system at all stages of life. Reproductive health implies that people are able to have a satisfying safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. This is in contrast to teenage pregnancy which sometimes comes about as a result of sexual coercion, cognitive immaturity, peer pressure and exploitation. Positive reproductive health means that individuals can manage their own sexuality and have unrestricted access to the full range of reproductive health care options. Implicit in this understanding of reproductive health is the right of all women and men to be informed to have access to safe, effective, affordable, and acceptable method of family planning of their choice, and to have access to appropriate health care services that enable women to go through pregnancy and childbearing. Students have little knowledge about their reproductive health which leads them to self destruction by making wrong choices on matters of reproductive health (Asuman, 2008). The teaching of social studies therefore is to give the students the right information regarding their reproductive health, personal hygiene and the need to stay chaste against sexual activities. Students are to be aware of the effects of

adolescent pregnancy, sexually transmitted diseases (STDs) including HIV/ AIDS which can kill and make their lives miserable. Social issues like drug abuse, alcoholism and smoking can lead to mental disorders. Students are to develop the habit of keeping themselves clean as well as their environment. One essential social pressing issue in the social study curriculum is adolescent pregnancy, which have attracted the attention of the society in recent times.

Adolescent pregnancy has become an educational and social problem due to the number of adolescents mostly school girls becoming pregnant (Asare, 2007). Children are always considered to be gift from God but to some, it is either considered a mistake or a misfortune especially when it is not planned for due to adolescent pregnancy (Selby, 2009). When it comes to a child giving birth to a child, teenage pregnancy is always the central idea. Teenage or adolescent pregnancy can be explained as a teenage girl usually within the age of 10 – 19 years becoming pregnant. The term in everyday speech usually refers to women who have not reached legal adulthood, which varies across the world, who become pregnant (Musick, 1993). Adolescent pregnancy can also mean the situation where teenagers become unintentionally pregnant before they are in stable situation.

Adolescent pregnancy has become a topic of discussion in most of our societies and the media. Its occurrence has become very frequent making one wonder if the numerous sex education campaigns given through the Ghana Educational Services (GES) programme mostly in social studies, Non-Governmental Organization (NGOs) and the media fall on death ears. The issues

of adolescent's pregnancies are complicated by our conflicting attitudes and behaviours. Talks about sex fill our air waves; younger girls are portrayed as sex objects; and sex is used to sell everything from clothing to news. Yet we are shocked at the rising number of adolescents who are sexually active (Bearman & Bruckner, 2001). However, teenage pregnancy has been identified as one of the major causes of poverty in Ghana, and indeed in sub-Saharan Africa, because the teenagers do not plan for themselves let alone their children before they are born. This view is supported by Basharov, and Karen (1997) who opined that poverty is associated with increased rates of teenage pregnancy in economically developing countries such as Niger, Bangladesh and Ghana which have more teenage mothers as compared with economically rich countries such as Switzerland and Japan. This calls for collective efforts and actions of governments, parents, clergies, stakeholders, youth and every concerned citizen to help address this social problem the earlier the better. One cannot wait to see our youth, who are future leaders to be destroyed by teenage pregnancies. Their dreams and aspirations for the future are completely thwarted as a result of teenage pregnancies. They are left frustrated for all their lives. If we are truly concerned about the welfare of babies, children and adolescents, we must move beyond the moral panic and denial that so often distort the discussion. Designing effective solution will require the thoughtful separation of facts, assumptions and wishful thinking and honest acknowledgement that much is still not fully understood about the causes and effects of teenage pregnancy (Ashton, 1989).

The incidence of adolescent pregnancy has, in the last few years, become a national problem due to the increasing number of teenagers becoming pregnant in Ghana (Asare, 2007). A study conducted by the University of Ghana Medical School revealed that adolescent pregnancy constitute 20% of the delivery at the Korle - Bu Teaching Hospital in the Greater Accra Region (Ato, 1999). In another study by Abaolik (2004), it was discovered that from 2001 to 2003, 62 teenage girls become pregnant in some of the basic schools in the Builsa District in the Upper East Region of Ghana. Recent reports from the media have shown that adolescent pregnancy is still an educational problem and health concern in Ghana. Kafoya-Tetteh (2007) reported that most of the 41 candidates who absented themselves from the 2007 Basic Education Certificate (BECE) in the Wassa Amenfi West District in the Western Region of Ghana were pregnant. It was also reported that 12 BECE Candidates in the Kumasi Metropolis in the Ashanti Region of Ghana failed to take part in the same examination because they were in their advanced stages of pregnancy (Asare, 2007). Empirical studies have confirmed two of the newspapers' reports. Adesoka, Moses, Quagrain and Saw (2008) revealed that between 2004 and 2007, 31 adolescent girls got pregnant in six Junior High Schools in the Wassa Amenfi District. Reports from the Ho Municipal Health Directorate showed that in every year between 800 and 1000 adolescent pregnancies are recorded in the Ho Municipality of the country. This means that the mothers were not prepared for child bearing and parenthood. According to Asare (2007), the incidence of teenage pregnancy has been on the increase in Ghana, and Komenda- Edina- Eguafo- Abirem Municipality is no

exception. It is on record in the Komenda- Edina-Eguafo-Abirem Municipal Education Office that out of 1,108 girls who registered the BECE in 2007, seven girls could not write due to pregnancy. The Antenatal service coverage of pregnancy cases in one selected town in the Municipality indicates that in January 2009, out of 128 pregnancies reported, 22 were teenagers and in February, out of 158 cases recorded, 23 were teenagers among whom were students.

Apparently, due to the increasing rate of adolescent pregnancies, there is the need to look at teachers' and students' perception on issues of adolescence pregnancy. Teachers are of the view that parents more often than not shift incidence of sex education to them. According to Porter (1995) some parents are of the view that the school must provide information and advice on sex education to students. In the reproductive health unit of the social studies syllabus which deals with adolescent pregnancy and staying chaste on issues of sexuality, it is probably inadequate if not much is to be done to educate and effectively deal with adolescent sexuality and teenage pregnancy. The information in the social studies textbooks is probably limited coupled with inadequate teaching and learning resources on the topic of adolescence pregnancy. This is confirmed with the fact that most parents are too engaged with daily work hence they do not have the time to talk to their wards on matters concerning sex education though their wards may be sexually active. Students also hold the view that economic and social factors contribute immensely to the high rate of teenage pregnancy (Awunya-Akaba, 2007).

Fisher (1987) expresses the opinion in his survey on adolescent pregnancy in the United States of America that parents are of the perception that information on abstinence, risk reduction, consequence and diseases should be included in the social studies curriculum in the JHS and Colleges. Fisher recommended that Students should be made aware of what is going to happen to them as they grow, they should be shown movies on venereal diseases such as syphilis, gonorrhoea, and HIV, AIDS patients. They also need to be made aware about the cost of having a child and some parents indicated that church and Biblical teaching must be supported, “they need to go to church to avoid problems”.

The Ministry of Education, Science and Sports must embark on comprehensive sex education in the academic curriculum most especially the social studies curriculum. It is in collaboration with the high rate of adolescence pregnancy among JHS students that I developed an interest to research into the incidence of adolescence pregnancy at the JHS level and how the teaching of sex education or adolescent reproductive health education (SEX/ARH) in social studies can help reduce it.

Statement of the Problem

All over the world education is accepted as the process by which individuals acquire knowledge, skills, attitudes and values which enable them to develop their faculties in full. It is generally accepted that one of the benefits of good education is to enable individuals to contribute to development and improvement in the quality of life for themselves, their community and the nation at large. It is therefore imperative to say that the social studies curriculum in the JHS should be

able to help curb the apparent increase in adolescent pregnancy among JHS students in Ghana (Selby, 2009).

The analysis of the adolescent reproductive health unit of the social studies curriculum in the JHS in relation to adolescent pregnancy indicates that the content of the textbook, time allocated for teaching and learning sex/ adolescent reproductive health education, teaching and learning materials as well as the methods need to be looked at in order to make the subject more effective to fight against the increasing rate of adolescent pregnancy among our student girls and irresponsible sexual behavior among student boys. It is important to say that the rationale of social studies is to enable individuals to make informed decisions about their lives, attain positive attitude and behaviour that will bring improvement in their lives for the future, and to respect the cherished values of the society (MOE, 2007). If our student girls continue to be pregnant then there is the need for parents, teachers and students to be worried and question the viability of the social studies curriculum.

In the view of Appiah (2007), the increase in teenage pregnancies among female students in the JHS level of Ghana to which the news papers give prominence these days seems to attest to the fact that reproductive health education is either “untaught” or “under taught” in the JHS. In fact, one is not sure of the kind of knowledge in sex education offered in the JHS of education in Ghana. It also appears teachers and students do not have the right perceptions about reproductive health education in social studies. Yet, no systematic study has been done to find out what teachers and students think about the incidence of

teenage pregnancy and the extent to which the sex/ARH unit in the social studies curriculum provides information that teenagers need to take control of their sexuality.

It is based on this background that this study seeks to find out the perception of students and teachers on the issue of adolescent pregnancy and how the teaching of sex /ARH education can bring about a positive change in the attitudes and behaviours of JHS students with regard to their own sexuality.

Purpose of the Study

The purpose of the study was to create awareness about the perceptions of teachers and students of adolescent pregnancy and the relevance of the social studies curriculum in meeting the sex/ARH education needs of JHS students in the Komenda- Edina- Eguafo- Abirem Municipality. Specifically, the study sought to find out:

1. The notions teachers and students have about adolescence and adolescent pregnancy.
2. The content of sex/adolescent reproductive health (ARH) education in social studies curriculum to help minimise the incidence of adolescent pregnancy.
3. The perceptions teachers and students hold on the effectiveness of the social studies curriculum in addressing adolescent pregnancy.
4. The methods and resource materials teachers employ in teaching and learning sex /adolescent reproductive health education in social studies to minimise adolescent pregnancy.

Research Questions

The following research questions guided the study:

1. What notions do teachers and students have about adolescence and adolescent pregnancy?
2. What should be taught in sex/ARH education in social studies to help minimise the incident of adolescent pregnancy?
3. What perceptions do teachers and students hold on the effectiveness of the social studies curriculum to address adolescent pregnancy?
4. What are the methods and resource materials that teachers employ in teaching and learning sex/adolescent reproductive health education in social studies to minimise adolescent pregnancy?

Significance of the Study

It is envisaged that the findings of the study would be beneficial to educationists, curriculum planners, researchers, teachers, and resource persons in the field of social studies education. In the first case, the results may be useful resource material for refresher courses, workshops and seminars for both trained and untrained teachers to enable them improve upon their health skills and understanding of the concept of sex/reproductive health education in social studies in relation to adolescent pregnancy.

On the part of curriculum planners, the findings of this study may enlighten them about students' understanding of the idea of sex/ adolescent reproductive health education and thus, help them to have a critical look at the aims, objectives, content, teaching and learning activities and measurement and evaluation

techniques in social studies so as to assist them address adolescent pregnancy. With regard to researchers, it is hoped that, the findings of this study will help them to add to the existing information that parents, teachers and students need to deal with adolescent pregnancy in our society.

To teachers, it is believed that the outcome of the research may challenge them to devise modern and comprehensive methods of imparting knowledge in sex/adolescent reproductive health education so that students can apply them to real life situations. Through their teaching, it is hoped that the findings of this study will enlighten students to get better and clearer view of sex/adolescent reproductive health education in relation to adolescent pregnancy so that they can live a better lifestyles and also help minimise the occurrence of teenage pregnancy among female students of JHS students in Ghana.

Delimitation of the Study

The study was confined to only public JHS within the Komenda- Edina - Eguafo -Abirem Municipality. It was limited to aspects of adolescent pregnancy in social studies curriculum but not in related subjects. It was also conducted among adolescents in junior high school students, but not those outside school.

Limitations to the Study

There were certain condition's beyond the control of the researcher that might place restrictions on the conclusions of the study and their application to other situations. They include the following:

1. The respondents, mostly the students, were expected to complete the questionnaire independently. However, the inability of some of the

students to read the questions made them to rely on their friends who might have influenced the responses given.

2. Some of the respondents, most especially the newly trained teachers, did not take their time to read the instructions and to answer the questions appropriately due to lack of experience in teaching sex/ARHE education. Most of the open -ended questions, about three questions, and some of the closed-ended questions, about nine questions, were not adequately answered by the respondents. This affected the credibility of the responses given and the result, even though I spent about 10 minutes to explain some of the items to the respondents in each school before the questionnaires were issued out.
3. There was still some misconception by some respondents (students) that the information they would provide would be used to victimize them even though I explained the purpose and confidentiality of the study to them. Some vital information could therefore not be tapped. A brief conversation with some of the teachers and students revealed that students who are sexually active had erroneous impression about the topic and consequently felt threatened that I would reveal their secrets to the school authorities.
4. Another limitation was that some of the respondents expressed some kind of reservations about the whole exercise, meaning that the information provided by such respondents might not be the true reflection of the reality. This situation in the teacher's view could affect the validity of the conclusion drawn from the research.

Organization of the rest of the thesis

The work is organized in five chapters including Chapter One. Chapter Two which is concerned with reviewe of related literature looked at adolescence and adolescent pregnancy, role of sex/ARH education, teachers and students perception on the effectiveness of the social studies curriculum to address adolescent pregnancy and teaching strategies and resource materials employed in teaching adolescent pregnancy.

Chapter Three presents the research method employed for the study. It dealt with research design, population, sample and sampling technique, instrument, validation and refinement of the instruments, data collection procedure, and coding and data analysis procedure. Chapter Four presents the results and discussion of the results. Finally, Chapter Five provides a summary of the major findings of the study, the conclusions, and recommendations based on the findings as well as areas for further studies.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

Introduction

This Chapter reviews related literature. For the purpose of the review, two categories of literature are reviewed: theoretical issues and empirical studies. The review covers areas such as the concept of adolescence and adolescent pregnancy, role of sex /ARH education in minimising adolescent pregnancy, the perception of teachers, and students about the effectiveness of the social studies curriculum in minimizing adolescent pregnancy and methods and resource materials used for teaching and learning sex/ARH education in the junior high schools in Ghana.

The Concept of Adolescence

According to Selby (2009), adolescence is a period of physical and sexual change which marks the period between childhoods. Selby explained that puberty arrives at different ages for different children but with each gender, it follows a certain sequence. Adolescence as a period of psychological and sexual stress is brought on because while most adolescents are physically ready for heterosexual activity, they are not socially matured. According to Tanner (1972) adolescence is often equated to teenage years or in advance societies, the period of secondary education. It is developmentally regarded as the period between the beginning of

puberty and attainment of adulthood. Adolescence varies in length and matures between and within different cultures.

Offer and Schonert-Reich, (1992) supported this assertion by defining adolescence as a stage of human development that individuals generally go through during their years. This period includes growth towards sexual maturity, independence and orientation if identification is focused on peers. It is also a time in life when the greatest conflict exists between the drive for individuality and the desire for conformity. Adolescence is a time of obvious physical changes. Most youngsters seem to adopt the changes in themselves quite well and adjust to the changing demands and expectations of parents and society in a relatively smooth and peaceful way.

With regard to difference in the points of view, there is truth to both of these views on adolescence. For the minority of adolescents at the two extremes, the transition to adulthood can be both smooth and effortless or conflict but for the majority, it is characterised with long period of surprisingly intense upheaval.

Ayertey (2002) noted that adolescents usually go through three phases; early adolescence which occurs during the period from 12 and 14, teen middle adolescence which last from about ages 15 and 18 and late adolescent which starts from 19 to 21 years. It is interesting to note that early adolescence spans the JHS years; the middle adolescence spans the SHS years and late adolescence spans in tertiary institutions.

The Concept of Adolescent Pregnancy

The definition of “teenage or adolescent pregnancy” may vary from one person to the other depending on the angle one looks at it. For example, according to Musick (1993) adolescent pregnancy can be explained as a teenage girl usually within the ages of 10 and 19 years becoming pregnant. The term in everyday speech usually refers to women who have not reached legal adulthood, which varies across the world, who become pregnant. Teenage pregnancy can also mean the situation where teenagers become unintentionally pregnant before they are in stable situation. For example, according to Aboagye (1994) teenage pregnancy (or adolescent pregnancy) relates to pregnancy occurring to a young woman between 13 and 19 years of age.

The teenage pregnancy group is essentially made up of adolescents whose ages range between 12 and 19 years. The teenage group is commonly found in the JHS students in Ghana. In Ghana, teenage pregnancy occurs among ages as low as 12, when these unfortunate teenagers have no knowledge or ideas as to how to go about things concerning the pregnancy. The incidence of teenage pregnancy has become very common in the Ghanaian community, especially among those at the JHS level (Kafoya-Tetteh, 2007). He further states that some have no choice than to take their pregnancy to the examination centers to write their final examinations, that is the Basic Education Certificated Examination (BECE). Some also have to be there a couple of days after giving birth, whilst in bad conditions. At first, the notion was that teenage pregnancy used to happen to

adolescents who have no educational background and no guardians, but the notion seems to be wrong, as the culprits of late are those in school (Selby, 2009).

During adolescence, many young adults experience critical life circumstances such as marriage, sexual intercourse, and parenthood. These life events were once considered inseparable but this no longer holds for many young people. Age at puberty is falling whilst age at marriage is rising. This has been shown (Jolley, 2001) from statistics, that in the last decades adolescents became sexually active at an earlier stage than they used to and almost one third of 15-16 year old adolescents have already experienced sexual intercourse. As Creatsas (1993) explained, adolescents develop biological maturity earlier than in the past generation although they often do not reach psychosocial maturity and economic independence until later. Adolescence is the stage in their lives where many of them have difficulties in adjusting to life and dealing with their sexuality. Therefore, it is obvious that there is a need for more information regarding safe sex which will not only educate them about how to avoid an unwanted pregnancy but also will prepare them to know how to be protected from STDs and especially HIV that is on the rise the last years (Jolley 2001). A report by Kaisa Family Foundation (2004) found that annually 13 million children are born to women under age 20 worldwide, more than 90% in developing countries. Adolescent pregnancy and childbirth are the leading cause of mortality among woman between the ages of 15 and 19 years in such areas. The highest rate of teenage pregnancy in the world is in Sub-Saharan Africa, where women tend to marry at an early age. In Niger, for example, 87% of women surveyed were married and

53% had given birth to a child before the age of 18. This means that first sexual experience and child bearing may take place for many in a different personal and social context (Locoh, 2000).

Behrman (1992) and Tanner (1972) state that during adolescence both boys and girls generally grow and gain weight quickly and at the same time their genital organs also increase in size. The others include changes that take place such as growth of hair in the genital areas and for boys in the face. At sometime whilst the body is maturing on the outside, the internal reproductive organs are also changing. In boys, the testes begin to produce sperms, in girls the ovaries begin to release eggs for fertilization to be possible, and then begin to menstruate for which conception can be possible. This usually happens between the ages of 12 and 15 years, even though it can happen earlier or later. Boys and girls increasingly become self conscious and aware of the changes taking place in their bodies during adolescence. They also become conscious of their sexuality and develop sexual desire, sometimes quite strongly. The adolescent age is also characterized by strong emotional feeling as they struggle to understand their own feelings and reactions. Their capacity to think in abstract terms and to sympathize with others also develops during this time (Mensch & Lloyd, 1999).

Adolescence can be a confusion and unsettling time for the adolescents. Changes to their bodies, their interest and social relationships cause them to question who they are and how they fit into the dynamic and confusing world around them. They question their places in their families, with their friends, with their teachers, and with others around them. This is the time of increased self-

awareness, self-identity, self-conscious, preoccupation with image, and concern with social acceptance (Slater & Tiggemann, 2002). Adolescents are always trying to discover and solidify their sense of self and their roles in society.

Adolescence can be a period marked by severe psychological and emotional stress (Durham, 1998). It is during this time that gender identities, values of self worth, and sexual attitudes become topic of relentless and serious contemplation. Adolescents are moving from childhood into adulthood. They want to understand their new roles, their new ideas, and their new feelings. These explorations of self and newly found independence can result in feelings of anxiety and uncertainty. Now while these changes are occurring in both boys and girls, it has been found out that girls experience a more difficult time with this transition than boys (Block & Robins, 1993). Adolescent girls are more apt to experience decreased feeling of attractiveness and self-esteem. Girls are likely to feel ashamed and distressed by the changes in their body and appearance. They become more insecure and self aware of the changes that occur. Boys, however find the progressions of adolescence to be a more positive and assuring time. They tend to experience improved feeling of body satisfactions and self-assurance. While both boys and girls are increasing in size and changing in shape, boys welcome this change and girls dread it.

Adolescence is a time of extreme introspections and more than their boys counterpart, girls look to the media and peers to define and explain the world around them (Polce-Lynch., Myers. Kliewer, & Kilmartin, 2001). Girls seeking information about their current developmental tasks will take that information

from any available source; the mass media, parents, teachers and peers (Granello, 1997).

In most African societies, especially in Ghana, becoming accepted as an adult is determined more by traditions and cultural values than by age and physical size. Teenagers many want to be recognized as adults by their peers, parents and society in general may not see them that way yet. Many societies perform certain rituals and rites to usher young boys and girls into adulthood. These rites are important because they help the teenagers feel that everyone recognizes him or her as an adult before they can assume new adult responsibilities as well as new freedoms (Sarpong, 1977).

Historically, adolescence stage began for woman with menarche or menstruation, initiation and ended with marriage or childbearing. For males the period was marked by initiation or marriage. For instance, among the Krobo of the Ga-Adangbe, and the Akan, puberty rites were performed for girls after menarche or menstruation to signify their maturity known as “Dipo” among the Krobo and “Bragro” among the Akan. The initiation ceremony was a community affair and was held under the auspices of the queen mother. A girl who became pregnant before an initiation ceremony committed an offence and the maximum punishment was banishment from the community (Sarpong, 1977).

Over the last three decades, some of these traditional arrangements have undergone changes as a result of education, urbanization and introduction of foreign religions as against the cherished traditional values which emphasis

virginity pledges before marriage (Ahlberg, 1994). There is high rate of teenage pregnancy among our youth because of lost of our cultural heritage.

One outcome of these changes is that some of the responsibilities of the extended family and the community to socialize adolescents, including the selections of future marriage partners have been eroded (Mensah, 1999). As part of the changes, state organs such as the ministries, departments and agencies, the school system, religious bodies, and the media have emerged as socialization agents in addition to the family. Therefore a young person growing up in Ghana now will be confronted with several value-systems of socialization with their associated normative behaviour. Previously, young people were socialized in the traditional value-system, and sexual intercourse and childbearing were within marriage devoid of adolescent pregnancy.

The Role Sex /ARH Education can play in Minimizing Adolescent Pregnancy

Sex education begins early from the day of birth. By the time the child reaches school going age he or she would have acquired knowledge and ideas from those around him/her as he/she observes their behaviours, ideals and conducts. He or she is full of curiosity and eager to learn about him/her or her, and will continue asking questions of adults so long as they satisfy his/her quest for knowledge (Kirby, 1998). It is therefore ironical to note that we educate our children concerning the world in which they will live and so little for themselves and living. There is no reason why human sexual behaviour should not be discussed as openly and honestly as other form of human behaviour.

In the view of Schiller (1970) the more you learn about sex, the less you will be afraid of it, but the more respect you will have for it as a powerful force in life. The less your fear the more you respect sex. It therefore stands to say that students need to be educated and given the right sex and sexuality information but not the act itself, which is private and personal.

Sex education is a broad term used to describe education about human sexual anatomy, sexual reproduction, sexual intercourse, reproductive health, emotional relations, reproductive right and responsibilities, contraception, and other aspects of human sexual behaviour. Common avenues for sex education are parents, teachers or school programmes and public health campaigners (Mueller & Kulkarni, 2008).

According to Blenkinsop and Schagen (2004) sex education which is sometimes called sexuality education or sex and relationship education is the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy. Sex education is also about developing young people's skills so that they make informed decisions or choices about their behaviours and also feel confident and competent about acting on these choices. It is widely accepted that adolescents have the right to sex education. This is because it is a means by which students are helped to protect themselves against abuse, exploitation, unintended pregnancies, and sexually transmitted diseases including HIV/AIDS.

It is also argued that providing sex education helps to meet young people's right to information about matters that affect them, the right to have their needs

met and to help them enjoy their sexuality and the relationship that they form. Sex education can also be explained as “sexuality education” which means that it encompasses education about all aspects of sexuality including information about family planning, reproduction (fertilization, contraception and development of the embryo and fetus, through to child birth). It may embody information about all aspects of one’s sexuality including body image, sexual orientation, sexual pleasure, values, decision making, communication, dating relationships, STDs and how to avoid them and birth control methods (SIECUS, 1999). Sex education is to bring behaviour changes among students to address issues of sexuality and teenage pregnancies by taking informed decision about their future lives.

Sex education aims to reduce the risk of potentially negative outcomes from sexual behaviours such as unwanted pregnancies, teenage pregnancies and infection with STDs including HIV/AIDS. It also aims to contribute to adolescents’ positive experience of their sexuality by enhancing the quality of their relationship and the ability to make informed decision over their life time. Sex education is to provide students with information about contraceptives use which can help prevent adolescent pregnancies (Miller, 2002).

Many adolescents are sexually active despite the fact that they may not be cognitively, emotionally, or financially prepared for the consequences of their behaviours. In the USA adolescent pregnancy rate have shown a steady decline, however, the National Center for Health statistics (2006) in a study reported that between 2005 and 2006, the national teen birth rate increased three percent - the first increase in fifteen years. Numerous studies have been conducted in an

attempt to determine the most effective way to educate the youth about sexuality, personal responsibilities and teen pregnancy prevention. Comprehensive sexual education is advocated to be most effective in teaching adolescents about the knowledge, skills and values related to their sexual health (Moore & Rienzo, 2000).

Sex education may be taught informally, such as when someone receives information from a conversation with a parent, friend, and religious leaders and through the media. It may also be delivered through sex-consellers, magazines advice, columnists or through sex education web sites. Formal sex education may occur when schools or health care providers offer sex education. In the school's situation, sometimes formal sex education is taught as a full course as part of the curriculum in JHS or Senior High Schools. Other times it is only one unit within more broad biology class, life skills and social studies.

In Ghana, sex education is integrated into social studies as a unit and taught as adolescent reproductive health education which deals with adolescent pregnancy, and abstinence or chastity as preventative measure. However the issue at stake to be considered concerning sex education is that, based on the objectives, content of the text books, methods and other resource materials available in teaching sex/ adolescent reproductive health education which treats teenage pregnancy and issues of sexuality, it may have probably not been able to make the right impact in educating students on matters of sexuality. In spite of the teaching of adolescent reproductive health, most teenage school girls in JHS are increasingly becoming pregnant. In a report on the rise of teenage pregnancy rate in Ghana, Ardayfio

(2007) established that teenage births form about 40 percent of the total births in the country for which student girls are no exception. In a similar report, Asiedu-Addo (2006) explained that 50 girls between the ages of 10 and 14 got pregnant from January and April 2006 in Central Region alone. She further expressed shock and concern that the total number of early teen pregnancy was likely to exceed the 149 in 2005 for 2006 while late teen pregnancy also increased from 3,203 in the first quarter of 2005 to 3,292 in 2006. The researcher shares with the opinion of Miller (2002) that comprehensive sex education in our JHS curricula or teaching sex education as a separate course of study subject would probably be an effective means of addressing the increasing rate of teenage pregnancy among our student girls and to change the sexual behaviour of student boys.

Nigeria is hard-hit with the controversy over sex education and high rate of teenage pregnancy among students. The cultural, religious and social beliefs largely determine what teachers are ready to teach especially when the teaching curriculum is silent on the topic. In a close-knit, traditional and religious society like Nigeria, sex education is seriously frowned at especially when it has to deal with sex and sexuality of students. The societal attitude to sex education is characterized by marked opposition, which has led to the liberalization of sex hence increasing premarital sex. This sexual liberalization is associated with high lack of unprotected sex (Elioke, 2001). A study by Anochie and Kpeme (2001) found that the prevalence of premarital sex among students in Port Harcourt was 26% with no significant difference between the junior (48%) and senior (52%) students. These researchers found that 12% of the students had initiated sexual

intercourse before the age of 11 years. The high frequency of intercourse had resulted in high rates of unwanted pregnancy and induced abortion. The researcher suggested early sexual health education starting from primary school and introducing comprehensive sex education as a separate course of study in the junior high school and senior high school curricula. This idea is supported by Professor Brett, who suggested that exposing children age 4 – 7 to such an education will greatly reduce the risks of pregnancies and health issues (Reich, 1936). They also recommended education of parents so as to overcome the cultural barriers that hinder parents from providing their children with sex education.

In the USA some schools do not offer sex education since it remains a controversial issue especially with regard to the age at which sex education is to start and the topics dealing with human sexual behaviour, example, sex practice, masturbation, premarital sex and sexual ethics. Almost all US students receive some form of sex education at least once between grades 7 and 12; many schools begin addressing some topics as early as grade 5 or 6. However, what students learn vary widely because curriculum decisions are so decentralized. Many states have laws governing what is taught in sex education classes or allowing parents to opt out. Some state laws leave curriculum decisions to individual school districts. A study conducted by the Guttmacher Institute, (1999) found that most of US sex education course in grade 7 to 12 covers puberty, STDs, abstinence and how to resist peer pressure. Other studied topics such as birth control and infection

prevention, sexual orientation, sexual abuse and factual and ethical information about abortion varied more widely.

Two main forms of sex education are taught in American schools: comprehensive sex education and abstinence-only sex education. Comprehensive sex education covers abstinence as a positive choice, but also teaches about contraception and avoidance of STDs when sexually active. A study conducted by the Kaiser Family Foundation, (2002) found that 58% of high school principals described sex education curriculum as comprehensive. Abstinence-only sex education tells teenagers that they should be sexually abstinent until marriage and does not provide information about contraception. In the Kaiser study, 34% of High School principals said that their schools main message was abstinence –only in accordance with the Global Gag Rule by the then US. President W. Bush.

The difference between these approaches and their impact on adolescent behaviour remains a controversial subject. In the US teen birth rate has been dropping since 1991, but a 2007 report showed 3% increase from 2005 to 2006 respectively. From 1991 to 2005, the percentage of teens reporting that they had sex or were currently sexually active showed small declines. However, the US still has the highest teen birth rate and one of the highest rates of STDs among teens in the industrialized world (National Centre for Health Statistic 2006). Public opinion polls conducted over the years have found that the vast majority of Americans favour broader sex education programmes over those that teach only abstinence, although abstinence educators reactively published poll data with the opposite conclusion.

Proponents of comprehensive sex education such as the American Psychological Association and American Public Health Association argue that sexual behaviour after puberty is a given, and it is therefore crucial to provide information about the risks and how they can be minimized. They also claimed that denying adolescents of such information lead to unwanted pregnancies, teenage pregnancy and STDs. With abstinence-only sex education in 2007, the study ordered by the US Congress found that middle school students who took part in abstinence- only sex education in abstinence-only sex education programmes were just as likely to have sex and use contraceptives in their teenage years than those who took comprehensive sex education. Abstinence-only advocates claim that the study was flawed because it was too narrow and began abstinence-only curricula were in their infancy, and that other studies have demonstrated positive effects.

In Germany, sex education has been part of the school curricula since 1970. The Reich under Adolf Hitler (1936) recommended that the sex education of his time was a work of deception, focusing on biology while concealing excitement arousal, which is what a pubescent individual, is mostly interested in. He rather looked at the psychological and emotional aspects of sex education rather than behavioural change toward sexuality. Since 1992 sex education is by law a governmental duty. It covers all subjects concerning the growing up process, body changes during puberty, emotions, the biological process of reproduction, sexual activities, partnership and homosexuality. It includes teenage pregnancy and unwanted pregnancies and complications of abortion, the dangers of sexual

violence, child abuse and STDs and sometimes sex positions (Reich, 1936). Most schools offer courses on the correct usage of contraception. A sex survey by the World Health Organization concerning the habits of European teenagers in 2006 revealed that German teens care about contraception. The birth rate among 15-19 years old was very low due to the effectiveness of the sex education programmes in schools.

In the Netherlands, the Dutch government subsidized the (long live love) package, developed in the late 1980's; aim to give the teenagers the skills to make their own decisions regarding health and sexuality. Professor Boett Andrews has suggested that exposing children aged 4 to 7 years to sex education will greatly reduce the risk of future pregnancies and health complications. Nearly all secondary schools provide sex education as part of biology classes and even half of primary schools discuss sexuality and contraception. The curriculum focuses on biology aspects of reproduction as well as values, attitudes, communication and negotiation skills. The media has encouraged open dialogue and the health care system guarantees confidentiality and a non-judgmental approach (Valk-Guus, 2000). The Netherlands has one of the lowest teenage pregnancy rates in the world and the, Dutch approach is often seen as a model for other countries to emulate in teenage pregnancy prevention among students.

Skills Students Can Develop in Sex/ARH Education to Minimise Adolescent Pregnancy

If sex education is going to be effective it needs to provide opportunities for students to develop skills, as it can be hard for them to cut on the basis of only having information on sexuality. The skills to be developed through the study of

sex education courses are linked to general life skills. The skills may be communication, listening, negotiation with others, ask for and identifying sources of help and advice which can be applied to sexual relationship (Family Health International, 2005). Other skills include being able to recognize pressure from other people and resist them, dealing with and challenging prejudice and being able to seek help from adults including agents, teachers and health professionals. Sex education that work also equip students with skills to be able to differentiate between accurate and inaccurate information about sex and to discuss a range of moral issues and perspective on sex and sexuality, abortion and contraception, birth control and premarital sex. Blekinshop and Schegen (2004) share similar opinion that effective sex education include work on attitudes and beliefs coupled with skills development that enable students to choose whether or not to have a sexual relationship , taking into account the potential risk of any sexual activity. Sex education provide students with an opportunity to explore the reasons why people engage in sex and think about how it involves emotions, respect for oneself and other people and their feelings, decisions and body.

Sources of Information about Sex/ARH Education to Students

In these different contexts, different people have the opportunity and responsibility to provide sex education for students. Parents at home as source of information can easily have one to one discussion with their wards which focus on specific issues, questions or concerns about sex and sexuality. They can have discussions or dialogue about their attitudes and views. Balding (1994) confirmed this in the US by expressing the view of those girls in particular, and the youngest

teenagers in general, see their parents as an important source of information. Also a survey by Balding (1994) of nearly 30,000 young people aged 11-16 found that a third of the boys and almost half of the girls gave their parents as their main source of information. It is important to note that students at this age were most at risk of sexual exploitation and unintended pregnancy. Overall, half of the teenagers felt their parents should be the main source of information, but cited mutual embarrassment as the barrier. There may be times when adolescents seem reluctant to talk, but it is important not to interpret any diffidence as meaning there is nothing left to talk about. As students get older, advantage can be taken of opportunities provided by things seen on television for example opportunity to initiate conversation. It is important not to defer dealing with a question or issue for too long as it can suggest that you are not willing to talk about it.

There is evidence that positive parent- child communication about sexual matters can lead to greater condom use among student boys and lower rate of conception among student-girls (Kirby, 2008). This is also confirmed by a study conducted in USA by Dittus and Jaccard (2000). According to the study, teens who reported being highly satisfied with their relationships with parents were 2.7 less likely to engage in sex than teens who had little satisfaction with their parental relationships. Relationship satisfaction was associated with a lower probability of engaging in sex, higher probability of using birth control if sex occurred, and lower probability of pregnancy during the ensuing 12 months. Parents should be responsible and tell their adolescents the truth, and expose them to realities of life.

Cook (1994) suggests the following significant roles to be played by parents as a contribution to the sex education of their children:

1. Parents should be capable of influencing the child's attitude toward the knowledge about sex. Even in the absence of any verbalization, parents can teach their children much on their sexual matters.
2. The earliest and most significant parents convey to their wards comes as they provide or fail to provide an open affection at home atmosphere in which the child may grow.
3. Through attitudes and examples, parents can convey the feeling that interest in sexuality is legitimate and that their warmth and acceptance of the child are not threatened by his expressions of curiosity.
4. Parental acceptance also helps the child to develop a sense of self worth which enable him to direct his sexual appetite and impulses with due respect for other. He will also have a foundation of knowledge, which will permit him to cope with a school programme fitted to the developmental needs of children (p.12).

There are instances where parents feel uncomfortable or embarrassed talking about sex with their children. Mostly they are of the view that they do not have enough facts to intelligently educate their children and do not possess enough knowledge on the subject matter of sex education. Some parents too have negative attitude concerning talking about sex implying that it is easier to avoid the whole issue. This approach interferes with open, honest communication about

sex between parents and children. They therefore look to the school sex education programmes to fill that gap.

In school, the interaction between the teacher and students take a different form and is often provided in an organized block of lesson as in the case of adolescent reproductive health education in the social studies curriculum in Ghanaian JHS. The school based sex education can be an important and effective way of enhancing students' knowledge, attitudes and behaviour about sex and sexuality. For teachers to be able to make the right impact and give credible sexual information to students there is the need to avoid teachers and students engaging in sexual relationship which can result in adolescent pregnancies and other inappropriate sexual behaviours. Thus, these teachers would have no moral authority with students when teaching sex/ARH education based on teenage pregnancy. Through participatory methods of teaching, teachers can impart valuable skills to their students, such as negotiation, listening, communication, refusal and taking informed choices or decision about their sexual lives.

Teachers are often the main adults other than family members with whom students interact on a daily basis. In an era of high teenage pregnancy rate, teachers play even more critical role of being a source of accurate information and a person with whom adolescents can raise sensitive and complicated issues about sexuality. As the incidence of teenage pregnancy increases; the need becomes more urgent for teachers to discuss matters of adolescent pregnancy in the context of human development, sexuality, and pregnancy prevention. Teachers also need to know how to protect their health, control their emotions and attitudes and the

importance of not putting their students at risk through their own behaviour. Ideally, as trusted gatekeepers of information, teachers can be instrumental in imparting positive sexual behaviour among students. Teachers can function as role models, advocate for healthy school environments, guide for students in need of services, resources for accurate information, mentors, and effective instructors. But to meet these expectations in an era of teenage pregnancy and STDs and HIV/AIDs, teachers need skills and knowledge as well as support from the educational system and broader community (Gallent & Matick, 2004).

Sexuality and adolescent reproductive health education are often controversial because some individuals are of the view that talking about sex in schools may increase sexual activities. However, according to two exhaustive reviews of studies by the WHO and National Campaign to Prevent Teen Pregnancy sexuality education programmes do not lead to an increase in sexual activities among adolescents. Even more, encouraging the reviews found that effective sex/ARH education in schools can result in delaying first sexual intercourse if young students are sexually active (Kaisa Family Foundation, 2000). Both reviews found that teacher training is a key component of a successful school based sex/ARH and HIV programmes. The analysis of 250 evaluations of US sexuality education programmes identified one of the key elements that led to greater behaviour change to be a teaching approach that actively involves students, is skill based, and uses real- life situations (Kirby, 2008).

A recent analysis of 11 schools based sex/ARH education and HIV prevention programmes for African youth also identified teacher training as critical if a

programme is to be fully implemented. If the programme is to be fully implemented, teachers must be properly trained for and committed to it. There is the need for policies and programmes to impart requisite skills so that teachers may feel confident to talk about HIV and issues of sexuality including adolescent pregnancy. In a study by Allen (1987) found that in US embarrassment is the main barrier to approaching teachers or doctors by students especially if they are under age and contraception is the topic on which they seek information because of fear of disclosure to their parents. Trust and confidentiality as well as embarrassments are the obstacles here; quality of advice suffers in consequence.

Peers and media are significant sources of information on sex and sexuality to students. Montemurro (2003) admits that, obviously, adolescents are functioning within a complex environment, which exposes them to many things and ideas. They are not locked up in a cage. Much emphasis is placed on sexuality and sexual behaviour by the media such as television, magazines, newspapers and books are filled with sexual episodes and anecdotes. Adolescents have numerous exposures to the concept of sex.

It has been observed that much sex education today occurs in the mass media; advertisement in magazine illustration and film show. This can be described as “sex education in the contest of commercialism” because of the audio visual nature of sexuality. Arnett (1995) says that “media consumption give adolescents a sense of being connected to a larger peer network” (p. 524). Adolescents look to television, magazine, and movies to help them find and define their station and place in society. Adolescents because they have not reached the cognitive level to

critically analyze and determine reasonable levels of realistic goals, are more vulnerable to media images (Hargreaves & Tiggemann, 2003). They are more likely to take at face value all images and scenarios portrayed in the media. Ahmed (2004) also states that children now receive a distorted view of life on television and in the movies where broken marriages, prostitution, illicit love affairs and adultery are portrayed as conventional events. It is believed that adolescents learn about sex from printed literature and from high school classes in health, physical education, social studies and biology.

Pipher (1994) shares similar view by stating that pervasive media messages have strong influence on the adolescent girls' self image. Adolescent girls, in their search for self identity and acceptance, are quick to model themselves on the images and messages presented in the media. Their sense of personal identities and ability to interact socially is not yet developed. They look to the media to help them find meaning in their lives, rules for social interactions, and definitions of self. Adolescent girls are more consumers of media. The images and messages presented in the media have strong influence on how an adolescent girl views the world and her role in it. Television is an important part of North American culture. As of 2003 it was estimated that 99% of Canadian households owned at least one colour television; 61.25% owned at least two (Statistics Canada, 2005). Because of its prevalence in everyday life, television is an important source for sociological analysis (Fouts & Burggraf, 2000). Murnen and Smolak (2000) confirms that television, more than any other form of media, plays an important role in shaping adolescent attitudes and views about society and social

interactions and sexually. It is through television that adolescent girls are given a connection to the expansive social world. Girls look to television to define normal and appropriate roles and behaviour for men and women.

Virginity Pledges and Sex/ARH Education in Minimising Adolescent Pregnancy

According to Bearman and Bruckner (2001), virginity pledge is a decision taken by an adolescent to postpone sexual intercourse till age 20 or till marriage. The Longman Active Study Dictionary (1991, p. 672) explained virgin as a “person especially (woman or girl) who has never had sexual intercourse”. It therefore stands to a say that a virgin is a woman or girl who has never engage in sexual intercourse with the opposite sex.

A research conducted by Bearman and Bruckner (2001) suggests that teenagers who make a public pledge to refrain from premarital sex delay sexual intercourse significantly lower than those who do not make a public commitment. Another studies sponsored by the National Institutes of Child Health and Human Development, looked at 6800 students from 41 schools in the United States. Adolescents who took a pledge to defer sexual intercourse until marriage delayed sex about 18 months longer than those who had never taken such a pledge (Bearman & Bruckner, 2001). On the contrary, a 2004 study by Yale and Colombia University found out that fully 88 percent of those who pledged virginity and abstinence have premarital sex anyway. But before those intent on delaying sexual intercourse until marriage begin printing pledge cards; they need to put in mind the limit to pledge. The study examined those who have voluntarily taken the public pledges. The possibilities of those who were forced or due to

social pressure into making pledge are more likely not to remain virgins. However, the effectiveness of the pledge depends on the students' age. For example, 18 years and above taking virginity pledge will not hold for a long time or had no effect. Pledges are effective for those in 14 to 17 years. Adolescent pledge is a sense of identity, similar to the way joining a club does. When a few numbers take the virgin pledge they are more likely to adhere to the norms of the club or group. In contrast, if a majority of students take a pledge of virginity, the pledge becomes less unique and adherence is less likely. The study further assessed that breaking the pledge do not have any significance effect on the self-esteem of the teenagers on how they view themselves.

Peer Education in Sex/ARH Education to Minimise Adolescent Pregnancy

A peer is a person who “is of equal standing with another; one belonging to the same societal group, especially based on age, grade, or status, and religion” (Population Council, 2002, p. 2). An adolescent peer group is usually described not only by age, but also by shared interests, such as participation in sports, non-participation in sports, or other activities and other club, or other shared social characteristics. The peer group is a source of affection, sympathy, understanding, and moral guidance; a place for experimentation, and a setting for achieving autonomy and independence from parents (Laurson, 1996).

There are a number of theoretical models of peer education. In general, peer education is based on “behavioral theory which asserts that because of subjective judgment of close, trusted peers who have adopted changes and who act as persuasive role models for change” (UNAIDS, 1999, p. 10). Peer education finds

its basis in the following social theories: Social learning theory asserts that people serve as role models for others and that some people are capable of directly eliciting behavioural changes in certain individuals (Bandura, 1977). The theory of reasoned action states that one of the influential elements of change of behaviour is an individual perception of social norms or beliefs about people who are important to the individual or think about a particular behaviour (Fishbein & Ajzen, 1975). The diffusion of innovative theory suggests that certain individuals mostly opinion leaders from a given population acts as change agents within that population (Rogers, 1976). The theory of participatory education has also been important in the development of peer education (Freire, 1970), “participatory or empowerment models of education posits that powerlessness at the community on group level, and the economic and social conditions inherent to the lack of power are major risk factors for poor health” (p. 45). The aforementioned theories indicate that peer pressure has much influence in the peer group because peers tend to look for role models whose behaviour and attitudes might directly have influence on their behaviour and attitudes as well as in the society.

The beginning of adolescence is a formative period in everyone’s social development. It is a time when choosing friends and belonging to various groups that takes on new importance. Most often, as the adolescent develops, peer groups supersede family as a young person’s primary social outlet. Peer groups and young individuals in gaining a sense of their own identity usually for the first time in a young person’s life. That is, by way of association with others, young people

gain a firm of who they are. This in turn, leads to the development and practice of social skills that will stay with them throughout their lives.

Peer education seeks to utilize the positive aspects of adolescent peer groups by helping them learn from each other – something they naturally do anyway (Population Council, 2002). In a school situation, it is important to identify a group and selecting an individual who will act as a “peer educator” for that group. A “peer educator” is someone who belongs to such a group as an equal participatory member, but who receives special training and information so that this person may bring about or sustained positive behavioural change among the group. Peer education, in its broadest sense refers to a programme designed to train selected member of any group of equals in school to effect change among members of that same group. Additional focus placed on peer education will be explained as a carefully planned and implemented strategy to train representative adolescents, providing them with information on issues relating to adolescent reproductive health especially in reducing adolescent pregnancies among JHS students.

In the school set up, social studies tutors in addition to guidance and counseling coordinators in the JHS can select “peer educators” among the students and give them special training and education as peer “leadership models” who may facilitate a desired change within the group. Peer education is but one of many avenues of communication and information dissemination that can and should be applied to issues related to adolescent reproductive health. It is a tool, generally considered to be very effective in the arsenal of teachers and students in

combating the threat posed by adolescent pregnancy and STDS/HIV/AIDS in the well-being of the youth. Peer leadership model has been applied to changing adolescent behaviour especially regarding to adolescent pregnancy prevention for 30 or 40 years (Bearman & Bruckner, 1999).

For peer education to be effective in the schools, careful identification and training of peer educators is essential. Peer educators should possess good communication skills that will be enhanced through training. They must be able to see and understand the issues at hand through the perspectives of the members of the group. Sometimes effective peer educators in the schools are those who have a strong commitment about combating teenage pregnancy and actively pursue ways to get involved. Others are identified by teachers and recruited to participate in the programmes.

Empirical Studies on Peer Education in Sex/ARH Education to Minimise Adolescent Pregnancy

In 1978, the Family Planning Association of India (FPAI) initiated an innovative approach to dispel the confusions and misconceptions surrounding human sexuality, teenage pregnancy and contraception (Chakraborty, 2002). In Lucknow, the FPAI started a youth programme by organizing a workshop to disseminate reproductive health information and identify potential peer counselors. In the workshop, a number of youth expressed their interest in forming a club. There was a provision of information on issues of reproductive health most especially on teenage pregnancy prevention and other skills were taught such as communication, leadership, management and the use of audio-visual aids. Calling themselves “Youth Inspirers” the peer educators organized

many special activities, such as exhibitions, posters, role-play and debate competitions, stage drama and musical production to get their message across to the target audience. Their activities always focused on one or two issues considered most relevant for a given age group like adolescent pregnancy prevention and STDs.

The feedback of the work of the youth inspirers was positive with young people acknowledging that they preferred to receive adolescent reproductive health education (ARHE) information from their trained peers. At the same time, teachers admitted that they were uncomfortable teaching (ARHE) themselves. The overall success of the young inspirers has been disseminated around the world as a model of how effective peer education can be used to fight against teenage pregnancy and STDs including HIV/AIDS.

An instructive pilot study of peer education is found in Ghana. While the study confirms the positive advantages of applying peer education, it also found that in the culture of the target group, families were a very high source of adolescent reproductive health information. Therefore its recommendation is to include the families as part of the overall intervention. The pilot study found (Wolf, Twafi & Bondi, 2000), that peer educators tend to reach peers of their own gender, but there were considerable crossover, as well. Peer educators tended to reach peer similar characteristics to themselves, for example, by age, religion, ethnic background, special club, schools and interest. Peer education encounters can happen in many different settings through the most common ways in schools. Nearly half of the encounters involving peer educators were with their friends. In

this initiative, JHS students need to be trained to provide reproductive health information to their peers, both in and out of school. The aims of the peer programme is to: provide appropriate information to the students on reproductive health matter relating to adolescent pregnancy, to create a healthy environment within the school and to empower students, assisting them in their personal development over this crucial stage in their lives and to break down the taboo of not being open about sex in the classroom. Peer education is widely held to have a positive influence on issues related to adolescent reproductive health such as adolescent pregnancy prevention, STDs/AIDS prevention, and overall knowledge of ARH education.

Influence of Peer Education to Minimise Adolescent Pregnancy in Social Studies

Peer education has long been applied in efforts to reduce teenage pregnancy. Specifically to address family planning issues in Ghana. Typically these efforts are combined with comprehensive adolescent reproductive health strategies that usually include teaching of safe sex practices, contraceptives, relationship and prevention of STDs among JHS students.

One important benefit of peer education efforts relating to adolescent reproductive health issues are the reported change in attitudes and values of both the participants and the peer educators. This would seem to indicate that an increase in knowledge and skills leads to tolerance even to compassion and empathy (Nga- Quan Le, 2000). Young people counseled by a peer have been found to be more likely to engage in an interactive discussion that can bring about positive attitudinal change towards sexual behaviour among students.

Teachers' Perception of the Effectiveness of the Social Studies Curriculum to Address Adolescent Pregnancy

Social Studies has been described in various ways by many writers over the years (Martorella, 1985). The report of the USA National Council on Social Studies (1994) states: "The Social Studies are understood to be those whose subject matter relates directly to the organization and development of human society, and to man as a member of the social group" (p. 9).

This view is shared by Matthews (1973, p. 11) who simply defined Social Studies as "the study of man in society". Preston and Herman (1981, p. 3) say: "Social Studies is the name commonly given to the curriculum area that embraces the Social Services. The field is enormous. Everything of a human being provides potential Social Studies content". To them, everything that is known and taught concerning behaviour, the institutions, the heritage and the environment provide potential Social Studies content.

It can therefore, be said that Social Studies assumes major responsibility in educating students to be well-versed in making rational decisions in life. Social Studies do this by equipping students with essential skills which include competency in studying and learning. These, it is hoped, will make them self-reliance and provide them with requisite competency in inquiry and in decision-making. Social Studies also places premium on individual qualities such as patriotism, honesty, diligence, obedience and critical thinking.

The main goals of Social Studies is, therefore, to help students develop the ability to make rational decisions so that they can resolve personal problems, and through social action influence public policy. It is also aimed at creating educated

individuals who can grow up to be responsible citizens of their nation. The study of Social Studies intends to build creative, caring and constructive human beings out of children. Teaching Social Studies increase peoples chances that they will adhere to ethical and moral values in their lives. These constitute what teachers expect from the Social Studies curriculum to make the right impact on students to make informed decisions concerning their lives most especially with regard to sex and sexuality.

The perception of teachers on the effectiveness of the Social Studies curriculum in reducing adolescent pregnancy can also be based on the rationale for teaching Social Studies. The syllabus for the JHS Social Studies categorically emphasises the ability of students to solve problems of society by equipping them with the requisite skills, knowledge, attitudes and values to make informed decisions on their lives and to contribute to the success of the entire society and the nation at large (MOE, 2007).

The successful study of the ARH education in Social Studies at the JHS level depends to a large extent on the direction, ingenuity and dynamism of the teacher. The teacher's attitude or approach to teaching a particular subject can either encourage or discourage students to develop interest in the acquisition of skills. The role of the teacher in the Social Studies classroom is therefore very crucial to the extra demands the nature of the subject make on the teacher. The Social Studies teacher therefore has a lot in the teaching and learning situation if he is to accomplish the duty of educating students to emerge as useful citizens of the society.

Providing information through sex education is about dining out what young people already know and adding to their existing knowledge and correcting any information they may have. For example, students might have heard that condom use is not an effective means of protecting teenage pregnancy and a girl cannot become pregnant for having sex for the first time. It is important to provide information which corrects such mistaken beliefs. Failure to provide correct information can put students at great risk. Information is also important as the basis in which students can develop well-informed attitudes and views about sex and sexuality as well as range of sources of advice and support that is available in the community.

Students in a sex education class need information on the following:

1. Sexual development and reproduction
2. The physical and emotional change that is associated with puberty and sexual reproduction including fertilization and conception as well as STDs.
3. Contraception and birth control, which contraceptives are available, how they work how people use them, the decision as to what to use, how they can be obtained.
4. Types of relationships, love and commitment, marriage and partnership and the law and relationship as well as the range of religious and cultural view on sex and sexuality and sexual diversity (Alan Guttmacher Institute, 2004).

A critical analysis of the Reproductive Health Education unit in the social studies curriculum does not include most of these sex education issues for treating teenage pregnancy in the JHS. Emphasis on chastity or abstinence is not adequate enough to solve the problem of increasing rate of teenage pregnancy among our students and premarital sex. Information on contraception and abortion is necessary because it is an undeniable fact that sexually active students engage in sex hence, the risk involved in premarital sex should be exposed to them in sex education lessons. To buttress this, Rudat (1992) in a survey in the US of over 7000, 16-19 years old, a high proportion (38-46 percent) felt that their schools had not provided enough information on abortion and sexuality and contraception to reduce teenage pregnancy. Some parents are concerned that providing information about sex and sexuality arouses curiosity, experimentation and promiscuity. However, in a review of 48 studies of comprehensive sex and STD/HIV education programmes in US schools, there was found to be strong evidence that such programmes did not increase sexual activities or increase rates of condom use and other contraceptives. It is important to remember that young people can store information provided at any time, for a time and retrieve it when they need it later on (Family Health Informational 2005).

In the light of the above, Barth (1983) suggests a few things that the teacher should do to achieve the goals of teaching Social Studies. According to Barth (1983), the teacher should help students gain knowledge, to examine values and finally apply knowledge through active participation.

Students' Perception of the Effectiveness of the Social Studies Curriculum to Address Adolescent Pregnancy

Adolescent reproductive health/sex education in the social studies curriculum deals with issues of adolescent pregnancy in the JHS. Adolescent reproductive health is explained as the state of physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide, if, when and how often to do so (WHO, 2002). Good sexual health indicates not only the absence of disease, but the ability to understand and weigh the risk, responsibilities, outcomes, and impact of sexual actions, to be knowledgeable of and comfortable with one's body and to be free from exploitation and coercion. Whereas good sexual health is significant across the life span, it is critical in adolescent health (Kaiser Family Foundation, 2000).

Students were of the view that the study of sex/ ARH education concerning adolescent pregnancy should equip them with the requisite skills in communication and negotiation to enable them resist and take informed decision when pressured to engage in sex. School based sex/ARH education can be important and effective way of enhancing students' knowledge, attitudes and behaviour about sex. Marit (1967) and Mclendon (1965) linked this to the three general and major objectives of Social Studies as knowledge, understanding, attitudes, behavioural change and skill development.

Research has identified teen's beliefs about the positive reward of a teen pregnancy as consisting of the following: to achieve independence; to receive

love; adult status; to maintain relationship with male partner; to receive attention and recognition; to prove that one is capable of having a child; and to become closer to the family or to improve negative family environment (Gallup-Black & Weitzen, 2004).

In contrast, some studies have demonstrated that some teens also attribute cost to teens pregnancy as consisting of the following: diminished social life and isolation; a negative stigma; lack of opportunities for personal development and focus on career goals; less financial resources and parental disapproval (Weitzen, Meers, Philipps, 2006; Wiemann, Rickart, Berenson, et al., 2005).

Another perception of teenage pregnancy among students is that poor parent-child relationships are associated with depression in adolescents. For young boys, this may lead to frequent use of alcohol which is strongly linked with early sexual activities. The more those teenagers are satisfied with the mother-child relationship, the less likely they are able to be sexually experienced (Advocates for Youth, 1997). Conversely, poor communication with parents about sexual practices; parental substances abuse; unsafe sexual activities; numerous sexual partners; deprivation; bad performance at school; low family income or single parent family are also linked with risky sexual behaviour hence teenage pregnancy (Tsai, & Wong, 2003, Frasser, 1997). This is confirmed by a research conducted in the US by US Public Health Service (2001) that young girls having problems at home would lead them to seek and establish intimate relationship outside the family, seeking warmth and support they lack at home. Also, girls

experiencing sexual abuse in the family are linked to increasing risk of teenage pregnancy.

Schools have unique opportunities to provide education and information, as well as structured activities that discourage unhealthy sexual risk taking. Greater involvement in school is related to decrease sexual activities and later initiation of sex, pregnancy and child bearing (US Public Health Service, 2001). There is also the belief that even though media images of sex and sexuality can be defined as a negative influence on teenage sexual decision-making, there is considerable potential for the use of media in conveying messages about responsible sexual behaviour. For example, more than one-half of high school boys and girls indicate that they learn about birth control and pregnancy prevention from television (US Public Health Service, 2001).

It is therefore the expectation of students to be directed and educated on how to protect themselves against unwanted pregnancies and adolescent pregnancy through the study of ARH in Social Studies. Santrock (1996) shares the view that the JHS or SHS Sex/ARH education curriculum for that matter the Social Studies curriculum is to emphasise on areas like:

- a) The structure and function of the sexual organs.
- b) Puberty
- c) Menstruation/safe period.
- d) Masturbation
- e) Conception
- f) Development of the fetus

- g) Contraceptive use
- h) Abortion
- i) Relationship and responsibility
- j) Self- esteem and love (p.407-409).

These topics provide information that can help students to protect themselves against teenage pregnancies.

Parents' Perception of Sex/ ARH Education in Schools to Address Adolescent Pregnancy

Most parents are of the view that it is a good idea for their wards to learn about sexuality and reproductive health even before they become adolescents. However, some parents say they are not comfortable and knowledgeable enough to sit and discuss about sexual intercourse with their children because it is immoral. Parents are a child's earliest models of sexuality; they communicate with their children about sex and sexual values nonverbally. However, most adolescents report that they have never been given any advice about sex by their parents even though majority of teenagers prefer their parents and counselors as sources of sex information.

Walker (2001) states that, many times, some parents feel uncomfortable or embarrassed talking about sexuality with their children. Mostly, they feel they do not have enough specific facts about sexuality to intelligently educate their children on sexual issues. Nass and Libby (1971) also examined the reaction of parents to adolescents' sexual behaviour and activities. They discovered that parents rather develop the tendency to issue orders rather than discuss sexual issues with their children. Some parents say their parents did not discuss sexual

issues with them so they also will not discuss sexual issues with their children. Some parents have negative attitudes concerning talking about sex implying that it is easier to avoid the whole issue. This approach interferes with open, honest communication about sex between parents and children.

Cook (1994) suggests the following significant roles to be played by parents as contribution in sex education of their children:

1. Parents should be capable of influencing the child's attitude towards the knowledge about sex. Even in the absence of any verbalization, parents can teach their children much on their sexual matters.
2. Through attitudes and examples, parents should convey the feeling that, interest in sexuality is legitimate and that their warmth and acceptance of the child are not threatened by his expression of curiosity.
3. The earliest and most significant sex education parents give comes as they provide or fail to provide an open affectionate at home atmosphere in which the child may grow.
4. Parents should accept the child to develop a sense of self worth which enable him direct his sexual appetite and impulses with due respect for others. The child will also have a foundation of knowledge which will permit him to cope with a school programme fitted to the developmental needs of children (p. 12).

There is evidence that parents want sexuality education to be taught in schools (Kaisa Family Foundation, 2000). Parents are of the view that it is the responsibility of the school to provide their wards with sex education but this

issue is quite debatable. According to the Sexuality Information and Education Council of the United State [SIECUS] (1999), 93% of adults they surveyed support sexuality education in High School and 84% support in Junior High School. In fact, 88% of parents of JHS students and 81% of parents of High School students believed that sex education in schools makes it easier for them to talk to their adolescents about sex. Also, 92% of adolescents reported that they wanted both to talk to their parents about sex and to have comprehensive school-based sex education.

In Ghana, parents hold the view that the teaching of ARH education in schools should inculcate in students the ability to withstand the test of time in matters of sexuality. The school is to equip students with knowledge, skills, values and attitudes to enable them take informed decision about their sexual lives. This will enlighten them to keep out of sexual activities which lead to unwanted pregnancies (MOE, 2007).

Methods and Resource Materials that Teachers Employ in Teaching and Learning Sex/ARH Education in Social Studies to Minimise Adolescent Pregnancy

The understanding of social studies is important both to the teachers and students for meaningful social studies instruction. The subject is increasingly vital in helping to create individuals who are active dynamic participants in our society. This view of social studies raises the problem of the organization of its interrelated components and how to make students become conscious of the underlying forces that make up its elements and other related phenomena. There is therefore, the need to select appropriate strategies that will facilitate all round

development in the cognitive, affective and psychomotor domains of the student (Martorella, 1994, p.10)

It is obvious that no single method of teaching and learning can adequately satisfy all learning situations. However, there is no best method of teaching social studies and for that matter adolescent reproductive health education, but a combination of other methods would definitely help in achieving the desired instructional objectives. Some methods of teaching social studies include inquiry, project, demonstration, questions and answers, field-trips, discussion, lecture, problem – solving, dramatization, role play and home assignment.

However it is gratifying to note that learning can be less tedious and more functional, if efforts are made to identify and make extensive use of available instructional resources both material and human. The selection and decision on appropriate resources should be based on the student age, ability and interest. The wide range of resources include textbooks, news- papers, pictures and charts, models, maps, real objects, resource centers, audio – visual devices, and chalkboard. When the school instructional materials are available, they must be well organized and administered for effective use (Hanson, 1975).

Methods of Teaching Sex/ ARH Education in Social Studies to Minimise Adolescent Pregnancy

Tamakloe (1991) pointed out that if the organization of social studies is to be effective, then the teacher must be well grounded in the use of a variety of teaching methods, apart from possessing adequate knowledge in several disciplines. Methods, according to Tamakloe, Atta and Amedahe (1996) are the processes through which learning is affected. Method can therefore be seen as the

means of reaching predetermined ends. It forms the most links in the teaching – learning chain which has on the one hand, the goal and purpose, and on the other hand results and values. The Secondary Education Commission has also emphasized that “the best curriculum and the most perfect syllabus remains dead unless quickened into life by the right methods of teaching and the right kind of teachers” (cited in Aggarwal, 1982; p. 91).

In the words of Herbart, Ward and Frank (1999),

While it's true that good method is not merely a collection of facts or mechanical devices and that every teacher must devise his own methods, it is important to remember that, good method can result only from the constant observation of certain broad principles. These include orderly procedure in teaching, an arrangement of the subject matter which will avoid waste of time and energy and distribution of emphasis which will secure the greatest co-operation from the students and maintaining active interest (cited in Aggarwal 1982).

Several writers have suggested a variety of techniques and methods for teaching social studies. Thornton (1991), in his review of researches in social studies teachers' choice of instructional strategies in the United States, asserted that the teaching of social studies concepts in relation to adolescent pregnancy has

been traditionally dominated by textbooks, large-group discussion, teacher controlled recitation and lecture. He argued that the reliance on textbooks based knowledge and expository instructional techniques in social studies teaching are the logical outcomes of the organization of schools and teachers' beliefs concerning the meaning of social studies. Merryfield and Muyanda (1991) in their findings of a research in methods of teaching concepts in social studies in Africa also concluded that "social studies teachers use the expository, teacher-centered methods which are characteristics of history and geography teachers" (p. 625).

Another study by Ogundare (1981) in Oyo and Ondo states in Nigeria discovered that only few out of 1,619 social studies teachers questioned whether they had any basic skills in inquiry methods of teaching. This could explain the over-reliance on the lecture method. Similarly, studies by Ayo and Fwa (1984) in Jos in Nigeria confirmed the earlier conclusion that the most frequently used teaching method (in social studies) was the lecture; and that questions predominantly called for recall of answers.

In a similar study that compared the effects on students' learning of a concept-based approach with a conventional approach to students learning. Smith (2000) revealed that many of the concepts of the concept-based techniques had a statistically significant effect on student performance. The findings of Smith's study supported the claim that the recommended techniques help to promote concept learning. As Shulman (1987) pointed out, to teach concepts effectively, social studies teachers need to deepen their understanding of subject matter; learn to think about academic content from the point of view of their students; present

social studies lessons in appropriate and engaging ways; and organize students for teaching and learning. Other writers have confirmed that the lecture method, discussion method, problem solving, project method, inquiry method, question and answer, and field trip technique of teaching are effective in teaching concepts for that matter adolescent pregnancy in social studies (Tamakloe et al., 1996; Bloom, 1954; Aggarwal, 1982).

Resource Materials for Teaching and Learning Sex/ARH Education in Social Studies to Minimise Adolescent Pregnancy

Education in Ghana has come a long way in the last thirty years from using education resources which have served as enrichment aids to teaching and learning. According to Tamakloe et al. (1996) a teaching resource is a material which the teacher uses to facilitate the learning understanding or acquisition of knowledge, concepts, principles or skills by students. In short, it is what the teacher prepares or used to make learning easier.

Norwood (1949) observed that “though there are vast quantities of social studies materials, yet there are two considerations which the teacher must face in using these aids effectively – the teacher must select those materials which will best fit his needs” (p. 70). He also emphasized in the need for materials to be adaptable in content, format and style to the age and reading ability level of the group that are to use them.

Teaching resources in social studies can also mean anything that can assist the teacher in promoting teaching and learning. When the students are given the chance to learn through more senses than one, they can learn faster and easier and be able to captivate or arouse the interest of the students. The teaching-learning

resources to be considered are audio-visual devices, chalk board, real object, resource centers, text books, news papers, pictures and charts.

Resource Materials for Teaching and Learning Adolescent Pregnancy

Tamakloe et al. (1996) are of the view that the use of instructional materials in teaching social studies is vital because of their powerful impact upon students' learning in the acquisition of skills and knowledge based in social studies. Research has shown that students learn best and more effectively when teachers use their professional judgments about the appropriateness and worth of the materials they select for teaching because they are psychologically close to students and should know their needs, interest and ability (Chandra, 1982).

According to Obielodan (1998) instructional materials are materials designed, produced and used to achieve specific curricula and instructional objectives. This view is shared by Tamakloe et al (1996) who explained instructional material or teaching resource as material which the teacher uses to facilitate the learning and understanding or acquisition of knowledge, concepts, principles or skills by his students. They further state that, "it is what the teacher prepares or uses to make learning easier than it would have been without it". Backer and Fane (1975) stated that learning is an active process and that children learn better by doing things to or with or about what he or she is experiencing, seeing, hearing, touching, tasting, combining, testing out qualities of objects. Therefore, there is the need to provide an environment for the child in whom it is possible to act in these ways and do as much as possible.

Dale (1966), citing previous researches in the United States, asserted that the teaching of social studies concepts has been dominated by the use of textbooks, chalkboard, news papers and real objects. Over reliance on textbooks based knowledge and modern instructional materials in social studies teaching promote the understanding and teachers beliefs concerning the meaning of social studies and the teaching of sex/ARH. Based on the findings of the research in their use of instructional materials in teaching concepts in social studies on adolescence pregnancy in US, Gordon (1969) also concluded that some social studies teachers use the video show or television and news- papers to illustrate issues relating to sex education. In their findings, it was confirmed that teachers who use instructional materials like video reported that their students retained more information, understand concepts more rapidly and are more enthusiastic about what they are learning. With video as one component in a thoughtful lesson in social studies (ARH education) students often make new connections between topics and the world outside the classroom.

In a similar study by Webner (1982) in Canada, he discovered that only few out of 2500 social studies teachers questioned had knowledge and skills in the use of news papers as instructional materials in teaching social studies for that matter adolescent pregnancy. This could explain the over reliance on textbooks and chalkboards in teaching social studies. From the aforementioned analysis, social studies instructional materials are objects or materials prepared, designed or produced by both the teacher and students used to supplement the spoken word

and stimulate or reinforce teaching and learning of sex/ARH education in social studies.

Summary

This chapter has reviewed related literature on the subject matter. Both theoretical and empirical works were revealed in order to find out what others have investigated into the subject matter. The review discovered that in spite of the understanding of the concept of adolescent pregnant by both teachers and students, and knowledge in sex/ARH education in the social studies curriculum, there is still an increase in the incidence of adolescent pregnancy among student girls. I strongly believe that the people of this nation need to look at the current sex/ARH education programmes and assess if they are properly addressing the problems that sex education was intended to stop. The three major reasons why sex/ARH education is taught in our schools are: to discourage adolescents from having sex at younger and young ages; to stop the spread of HIV/ AIDS and other STD's; and to prevent adolescent pregnancy. I am of the belief that the sex education programmes being used today are not effective at controlling adolescent pregnancy.

In the literature, adolescence is a period of transition from childhood to adulthood. One fifth of the world population is represented by adolescents. Development of knowledge, skills and attitude takes place during this period, which can have lifelong effects on the individual, the family and the society. Changes in the pattern of thinking, attitude, relationship, moral standards and abilities take place in this period. Premarital sex resulting in adolescent

pregnancy, unwanted pregnancy and induced abortion are not common among our student girls.

Adolescent Reproductive Health is a new concept or topic introduced in the social studies curriculum of the JHS that emphasizes teenage pregnancy, sexually transmitted diseases (STD's), HIV and AIDS, freedom from risk of sexual diseases, right to regulate one's own fertility and full knowledge of contraceptive choices. Sexual activities begin during the adolescent period. Involvement of the adolescent in sexual relationship in which the parties involved take responsibility for their behaviours and consider each other's feeling, needs and desires is one of the important factors of healthy adolescent sexual development. Free access to complete and accurate information is necessary for an informed and responsible choice about starting sexual relationships and using appropriate protection.

In spite of the teaching of adolescent reproductive health unit in the social studies curriculum in the JHS, even though there have been steadily decreasing incidence of adolescent pregnancies, many adolescent school girls still become pregnant. Human sexuality encompasses the sexual knowledge, beliefs, attitudes, values and behaviours of individuals. Its various dimensions include the anatomy, physiology and biochemistry of the sexual response system; identity, orientation, roles and personality; and thoughts, feelings and relationships. The expression of sexuality is influenced by ethical, spiritual, cultural and moral concerns. The primary goal of sexuality/sex education in the social studies curriculum is the promotion of sexual health and responsibility. This is confirmed by the World Health Organisation (2004) who explained sexual health as the integration of the

physical, emotional, intellectual and social aspects of sexual being in ways that are positively enriching, and that enhance personality, communication, love and relationship.

There are two forms of sex/ARH education been taught in our schools all over the world: Comprehensive sex education and abstinence-only sex education. From the literature, evaluation of comprehensive sex education programmes show that these programmes can help the youth to delay onset of sexual activity, reduce the frequency of sexual activity, reduce the number of sexual partners and increase contraceptive use. Importantly, the evidence shows the youth who receive comprehensive sex education are not more likely to become sexually active, increase sexual activities, or experience negative sexual health outcomes.

Abstinence-only sex education which the social studies curriculum of the JHS emphasise on, as effective means of minimising adolescent pregnancy is inaccurate, ineffective and may even cause harm to students. A congressionally mandated study of four popular abstinence-only sex education programmes by the Mathematica in USA found that they were entirely ineffective .Students who participated in the programmes were no more likely to abstain from sex than other students. Public opinion on comprehensive sex education versus abstinence-only sex education public opinion polls consistently show that more than 80% of Americans support taking comprehensive sex education in high schools and in middle or Junior High Schools.

Sex/ARH education has not made the right impact in minimizing the adolescent pregnancy among our student girls in the J.H.S because of the

misconception about the concept of adolescent pregnancy. Sex is a taboo in our societal set up hence discussion about sexual issues demand careful selection of words and social stigma. Most teachers feel uncomfortable teaching sex education and students feel adamant to contribute during sex/ARH education lessons. The concept also sounds familiar hence most students do not pay attention to its teaching. The sex/ARH unit of the social studies curriculum needs to be broadened to meet the current demands of World order of preventing teenage pregnancies and STD's rather than chastity or abstinence-only sex education in the Social Studies curriculum.

The present study was designed to find out if the increase in the time spent in teaching sex/ARH could be increased hence teaching sex/ARH as a separate subject instead of been taught as a unit. The study is further to investigate the perception teachers and students have about the effectiveness of the social studies curriculum to minimising the incidence of teenage pregnancies among our students. The teaching of adolescent pregnancy cannot achieve its set objectives, without effective selection of methods and teaching learning materials that would facilitate teaching and learning to bring about positive attitudinal and behavioural changes among students towards sex and sexuality.

The acceptance and support of parents are important to the success of school sex education programmes. Young people have indicated a desire that their parents be better informed and where possible, that they participate in activities of the school sex education programmes. The study sought to find out how parents can contribute to the success of the school sex education programmes that would

give them the opportunity to share their rich experiences with the teachers and students as a supplement to the school sex/ARH education programme.

CHAPTER THREE

METHODOLOGY

Introduction

In this Chapter the various methods used to collect and analyze data are described. The section also describes the research design, the population, sample and sampling techniques, instruments used for data collection, data collection procedures and data analysis procedures.

Research Design

The study was designed to find out teachers' and students' perception on adolescents' pregnancy and its relevance to the Social Studies curriculum in some selected Junior High Schools in Komenda Edina Eguafo Abirem (KEEA) Municipality. A cross-sectional survey design was employed. It is a type of descriptive research that produces a 'snapshot' of a population at a particular point in time. Cross-sectional design was used because it produces quick results and ensures maximum cooperation on the part of the respondents. It also enables researchers to identify the proportions of people in particular groups and controls the effects of subjects participating twice (Krejcie & Morgan, 1970).

Although this design has some loopholes such as difficulty in getting respondents to answer questions thoughtfully and honestly, it was considered the

best for the study since it deals with interpreting the relationship among variables and describing their relationships (Gay, 1992).

Population

The target population for the study consisted of all social studies teachers in the junior high school (JHS) of the KEEA Municipality of the Central Region, and third year JHS students. The third year JHS students were chosen for the study because sex/ARH education was introduced in the academic calendar in 2006/2007 academic year, and they might have passed through the study of sex ARH education in the social studies curriculum. There were 60 JHS with a total social studies teacher's population of 82 and third year students' population of 3488 as at the 2009/2010 academic year (KEEA Education Directorate, 2010). The accessible population consisted of 1395 third year students from the 40 schools and 62 social studies teachers in the selected JHS in the Municipality. Some of the reasons assigned for my inability to collect data from the entire target population were that, by the time the data were collected; some of the schools were not accessible because the roads were impassable due to excessive flooding. Some Headmasters were not co-operative enough hence my inability to reach all the students in the accessible population. This was due to the fact that the sensitive nature of my research topic discouraged and sounded threatening to them, likewise some teachers and students to fully participate in answering the research questions. Another reason for my inability to reach all the students in the target population was due to the fact that fishing and farming activities made most of them (students) to be absent from school.

Sample and Sampling Procedure

The sample size for the study comprised 300 third year students and 62 social studies teachers. To get the sample size for the students, a simple random sampling technique using a table of random numbers generated from Microsoft Excel was employed. Through this method, the list of all JHS in the Municipality was obtained from the KEEA Municipal Directorate of Education and 40 JHS were selected. This was followed by a list of all third year students in the 40 selected schools in the Municipality. The next step involved proportional allocation of the sample size among the 40 selected schools such that schools with larger population got large sample size whilst schools with smaller population got small sample size. Finally, simple random technique using random numbers generated from Microsoft Excel was employed to select the sample size of 300 third year students. On the part of teachers, all of them were included because they were not too many. According to Krejcie and Morgan (1970) for a population of 3,488, the required sample size to be selected could be 362. This informed the selection of the 300 student respondents out of 3,488 population and 62 teacher respondents from the 82 teacher population.

Research Instrument

The main data collection instrument was a self-developed questionnaire (see Appendix B) developed following the procedures outlined by Cohen and Manion (1994). The questionnaire was made up of both closed-ended and open-ended items (26 close-ended and 6 open-ended items for students' questionnaire and 26 closed-ended and 8 open-ended items for teachers' questionnaire). The

questionnaire was structured under the following headings: the background information about the respondents; the notions teachers and students have about adolescent pregnancy; teachers' and students' perception of the role sex/ARH in social studies to minimize adolescent pregnancy; teachers' and students' perception of the effectiveness of the social studies curriculum in addressing adolescent pregnancy; and the methods and resource materials teachers use in teaching and learning sex/ARH education (adolescent pregnancy).

The items on the teachers' questionnaire were a bit different from that of the students in terms of the biographic data (Section B). The use of the questionnaire was preferred because it ensured a wider coverage since I could approach the respondents more easily. This minimized the problem of no-contacts which other methods face.

Since the Likert- type scale has been found to be the most suitable instrument for the measurement of perceptions (Rapley, 2004), the items in Sections B, C, D and E were structured along the lines of the Likert scale type. This is because it enabled the respondents to indicate the degree of their belief in a given statement and easy to construct, administer, and score (Kimmon, 1990). Thus, the statement on the Likert scale type were structured on a five-point scale which required the respondents to indicate the extent to which they agree or disagree ranging from Strongly Agree (SA), Agree (A), Undecided (U), Disagree (DA), and Strongly Disagree (SD).

Pilot-testing of Instrument

A pilot-test of the instrument for the study was conducted in the Cape Coast Metropolis which has similar characteristics with that of the KEEA in terms of teenage pregnancy. A questionnaire for 60 sampled students and 15 teachers were administered in three selected schools in the Cape Coast Metropolis. The pilot-test helped to reframe and re-structure unclear and ambiguous items. Some items were re-arranged to ensure logical ordering and deletion of repeated ones. More importantly, the pilot-testing of the instrument enabled me to establish the internal consistency (reliability) of the instrument. The questionnaire was then given to experienced researchers in the field of measurement and evaluation to examine the items and provide expert advice on the instrument. Finally, the supervisors vetted the questionnaire and validated it.

Validity and Reliability of the Instrument

After constructing the questionnaires, its validity, reliability and layout were taken into consideration. The aim was to avoid any weakness before producing the final version for implementation. Examination of the validity aimed to make sure that the adopted instrument measured what it was supposed to measure (Cohen & Manion, 1994). Several types of validity were used to demonstrate the validity of the questionnaire. These included content validity, internal validity and external validity.

The initial versions of the questionnaires were revised by the supervisors who commented on the layout of the questionnaire, the wording and some similar statements. After that the questionnaires were reviewed by specialists in

measurement and evaluation. The aim was to reveal any ambiguities, threatening items and other problems which needed to be solved before trying out the questionnaires. Their constructive and informative responses were used to improve the questionnaires and to produce the final form of the questionnaires which was approved by the supervisors. A reliability co-efficient of .700 was achieved. The co-efficient Alpha (α) developed by Cronbach (1951) was used to test the reliability and validity of the items (cited in Fraekel & Wallen, 1996). The instrument was therefore deemed reliable since according to Fraekel and Wallen (1996), "For research purposes, a useful rule of thumb is that reliability should be at .70 and preferably higher" (p. 179).

Data Collection Procedure

A letter of introduction was first obtained from the Department of Arts and Social Sciences Education, University of Cape Coast to seek permission and explain the general purpose of the study. On arrival, the researcher sought audience with the headmasters/mistresses and arranged meeting with the staff and students and talked about the importance of the study. The aim was to establish the required rapport and to solicit the co-operation of the teachers and students in completing the questionnaires. The questionnaires were then hand delivered by the researcher in the selected schools.

The questionnaires were distributed to the teachers at the same time as distribution of the questionnaire to the students. I waited till they had completed responding to the items and took them on that same day. This was done to ensure validity in the responses provided. In order to ensure easy collection and sorting

of the questionnaires, each questionnaire was given a serial number according to the separate schools. The questionnaires returned were 353 (291 representing 97% for students and 62 representing 100% for teachers).

Data Analysis Procedure

The returned questionnaires were sorted, categorized, coded and organized into four sections based on the emerging themes of the research questions such that each section provided answers for each of the research questions (Denzin & Lincoln 2000). The items were categorized as follows: items 4 – 7 of students' questionnaires and item 6 – 9 of teachers' questionnaire were categorized under Research Question 1. For Research Question 2, items 8 – 22 of students' questionnaire and items 10 – 23 of teachers' questionnaire were grouped. Items 23 – 30 of students' questionnaire and items 24 – 32 were also grouped under Research Question 3. Finally, items 31 – 32 and 33 – 34 of students and teachers' questionnaires respectively were grouped to answer Question 4.

For the close-ended items the responses were coded by assigning numbers to the various categories of responses.

Items with “Yes” and “No” responses to positive statements were coded, thus:

Yes - 1, No - 2

Similarly, items in the affirmative were given the following codes:

Strongly Disagree - 1, Disagree - 2, Uncertain - 3, Agree - 4, and Strongly Agree - 5.

Conversely, the coding for negatively worded statements were as follows:

Strongly Agree - 1, Agree - 2, Uncertain - 3, Disagree - 4, and Strongly Disagree - 5. I then prepared a master sheet for the open-ended items that showed key responses given by the respondents. The data were then transferred to a spreadsheet (Statistical Product for Service Solution). This was followed by checking the data to see if there were no errors. Descriptive statistics were finally employed to analyze the data to answer each of the Research Questions. Frequencies and percentages were used to present the data in a tabular form.

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

The purpose of this study was to investigate the perception of teachers and students of adolescent pregnancy and its relevance to the social studies curriculum in areas of the notions teachers and students have about adolescent pregnancy, the role of sex/ARH education in minimising adolescent pregnancy, teachers and students perception of the effectiveness of the social studies curriculum to address incidence of adolescent pregnancy and the methods and resource materials used in teaching and learning sex/ARH education in the junior high schools.

In order to achieve the objectives of the study data were gathered on the following issues:

1. The personal data.
2. The notions teachers and students have about adolescence and adolescent pregnancy.
3. The role of sex/ARH education in minimising adolescent pregnancy in the social studies curriculum.
4. The perception teachers and students hold on the effectiveness of the social studies curriculum in addressing adolescent pregnancy.

5. The methods and resource materials teachers employ in teaching and learning sex/ARH education in social studies to minimise adolescent pregnancy.

Descriptive statistics were used in analyzing the data. Frequencies and percentages were employed. These were presented in tabular form. There is general discussion of the results at the end of each section geared toward answering the research questions.

Personal Information

This section presents the demographic characteristics of the teachers and students used for the study. This is done on the basis that this information has strong influence on the teaching and learning about sex and adolescent reproductive health education which deals with adolescent pregnancy.

Gender and Age of Respondents

The respondents were required to indicate their gender and age. Their responses were presented in Tables 1 and 2.

Table 1 indicates that more than half 53% of the total respondents were male teachers and a little under half 47% were female teachers. Of the 62(100%) respondents 23 (37%) were between the ages of 21-25 years, 24(39%) were within the age range of 26-30 years, and 15(24%) were 31 years and above. The analysis of the data reveals a common trend of age between the male and female respondents, that is to say that both male and female were around the same age groups.

Table 1

Distribution of Teacher Respondents by Age and Gender

Age	Gender					
	Male		Female		Total	
	N	%	N	%	N	
21-25	13	40	10	35	23	37
26-30	14	42	10	35	24	39
31 or more	6	18	9	30	15	24
Total	33	100	29	100	62	100

Table 2 shows that there was a split even between the female and male respondents in terms of gender. One hundred and forty-six representing 50% were female students' whereas 145 representing 50% were male students of the 291(100%) respondents, 30(10%) were between the ages of 12-14 years, 217(75%) were within the age range of 15-17 years and 44(15%) were 18 years and above respectively. The educational significant of the students age distribution was to assist the researcher to determine the appropriate ages of the JHS students as adolescents in relation with the literature. According to Selby (2009) adolescence is a period of physical and sexual change which marks the period between childhood and adulthood mostly from 10 to 19 years. In a similar view, Ayertey (2002) writes that adolescence go through three phases; early adolescence which occurs around the period from 10-14 years, teen middle adolescence which last about ages 15 and 18 years and late adolescence which starts from 19 to 21 years. This age period is characterized with sexual desire and

severe psychological and emotional stress (Durham, 1998). Teachers are therefore to guide their students within these age groups to put up good moral attitudes toward sex through effective teaching of sex/ ARH education based on adolescent pregnancy in social studies lessons.

Table 2

Distribution of Students Respondents by Age and Gender

Age	Gender					
	Male		Female		Total	
	N	%	N	%	N	%
12-14	15	10	15	10	30	10
15-17	97	68	120	82	217	75
18 or more	33	22	11	8	44	15
Total	145	100	146	100	291	100

The data in Tables 3 and 4 show the academic and professional qualifications of teachers respectively. The data indicates that academically, majority of the teachers, 30(48%) of the respondents were holders of diploma, 16(26%) of the respondents were holders of cert “A” 3 years, whilst that of holders of Bachelors Degree were nine (14%). Three representing five per cent of the respondents were holders of SSS, ‘O’ & ‘A’ level certificate whereas four representing seven per cent respondents were holders of certificate “A” 2 years.

Highest academic and professional qualification of teachers

The data collected from the respondents was analyzed to find out their academic and professional qualifications. The information is presented in Tables 3 and 4.

Table 3

Distribution of Highest Academic Qualification of Teachers

Academic Qualification	Frequency	Percentage
SSS, 'O' & 'A' Level	3	5
Cert 'A' 2 years	4	7
Cert 'A' 3 years	16	26
Diploma	30	48
Bachelor Degree	9	14
Total	62	100

Table 4

Distribution of Professional Qualification of Teachers

Academic Qualification	Frequency	Percentage
SSS, 'O' level & 'A' level	3	5
Cert 'A' 2 years	4	7
Cert 'A' 3 years	16	26
Diploma	30	48
Bachelor of Education	9	14
Total	62	100

Teaching is both an art and a science. Hence the academic and professional training for the acquisition of both the art and science of teaching by teachers are very crucial for effective and efficient teaching. The discussion of findings from the analysis of the above data on the academic and professional qualifications of the respondents is of paramount importance in this study. This is because both academic and professional training have great influence on teaching

and assessment of students' behaviour, attitudes and values toward sex and their perceptions on teenage pregnancy. In support of the academic and professional qualification of teachers on effective teaching of social studies especially adolescent reproductive health education, Aggarwal (2001) stresses that scholarship and professional training are the first two essential requirements for the social studies teacher. He adds that "social studies more than any other subject requires well prepared conscientious men and women of sound knowledge and training whose personalities rank high among men" (p. 20). To effectively teach sex and adolescent reproductive health education in the social studies curriculum, and to bring the right attitudinal changes among our students in relation to sex and teenage pregnancy, there is the need for them to undergo renounced and vigorous academic study which will equip them with the requisite skills and psychological knowledge to deal professionally with issues of sexuality among students. It can be deduced from the professional qualifications of the teachers which are clearly shown in the data that the teachers might have had the right experience in teaching sex / adolescent reproductive health education in line with Ghana Education Service (GES) expectations.

Research Question 1

What notions do teachers and students have about adolescence and adolescent pregnancy?

Research Question 1 sought to identify what teachers and students understood by adolescent pregnancy and its relevance to the social studies curriculum. In the Ghanaian social studies curriculum one sensitive topic which has attracted much attention in recent times in the media, churches, market places, schools, and in the

streets is adolescents' pregnancies among our JHS students. Day in and out reports about teenagers engaging in sex and becoming pregnant fill the air waves. Adolescence ranges from the age 10 to 19 years (Behrman, 1992).

Behrman's (1992) idea of adolescence supports that of Gans (1990) who described adolescence as a stage of human development that individuals go through during their years. This period includes growth towards sexual maturity, independence and orientation if identification is focused on peers (Block & Robins, 1993). The understanding of teenage or adolescent pregnancy may vary from one person or from one society to the other depending on the angle one looks at it. Musick (1993) is of the view that adolescent pregnancy refers to pregnancy carried by teenage girl usually within the ages of 10 and 19. The term in every day speech usually refers to women who have reached legal adulthood, which varies across the world, and who become pregnant.

Tables 5 and 6 show the distribution of teachers' and students' responses on the understanding of adolescence and adolescent pregnancy in the social studies curriculum.

Table 5

Distribution of Teachers' Responses about Adolescent Pregnancy in Social Studies Curriculum

Item	SD	D	U	A	SA
	N	N	N	N	N
	(%)	(%)	(%)	(%)	(%)
1. Adolescent pregnancy refers to pregnancy carried by girls between 10 to 19 years old	4 (6.5)	4 (6.5)	4 (6.5)	16 (25.8)	34 (55)
2. Adolescent pregnancy refers to girls who experience puberty or menstruation for the first time.	14 (22.6)	19 (30.6)	5 (8.1)	18 (29.0)	6 (9.7)
3. Adolescent pregnancy refers to pregnancy carried by adolescent girls who are sexually active?	11 (17.7)	17 (27.4)	3 (4.8)	20 (32.3)	11 (17.7)
4. Adolescent pregnancy refers to pregnancy carried by adolescent girls even when they engage in sex once.	16 (25.8)	8 (12.9)	4 (6.5)	25 (40.3)	9 (14.5)

SD = Strongly Disagree. D = Disagree. U = Undecided.

Members in bracket are percentages = (%)

Table 6

Distribution of Students' Responses about Adolescent Pregnancy in Social Studies Curriculum

Item	SD	D	U	A	SA
	N	N	N	N	N
	(%)	(%)	(%)	(%)	(%)
1. Adolescent pregnancy refers to pregnancy carried by girls between 10 to 19 years old	21 (7.2)	20 (6.8)	12 (4.1)	87 (29.9)	151 (51.8)
2. Adolescent pregnancy refers to girls who experience puberty or menstruation for the first time.	25 (8.6)	46 (15.8)	33 (11.3)	121 (41.6)	66 (22.7)
3. Adolescent pregnancy refers to Pregnancy carried by adolescent girls who are sexually active.	28 (9.6)	48 (16.5)	25 (8.6)	89 (30.6)	101 (34.9)
4. Adolescent pregnancy refers to pregnancy carried by adolescent girls even when they engage in Sex once.	30 (10.3)	65 (22.3)	38 (13.1)	77 (26.5)	81 (27.8)

SD = Strongly Disagree. D = Disagree U = Undecided.

A = Agree.

SA = Strongly Agree. N = Number of Students.

Members in brackets are percentages = (%)

Tables 5 and 6 show that majority of the teachers and students were in agreement that the scope of adolescent pregnancy involves adolescent girls

between the ages of 10 to 19 years who become pregnant. Out of the 62 teacher-respondents, 50 of them representing 80.6% of the teacher-sample agreed, whilst 8 teachers representing 13.0% of the respondents disagreed. This is similar to that of the student-respondents. With the sample size of 291 students, 244 representing 83.9% of the students agreed where as 41 student-respondents representing 14.1% disagreed with the statement that adolescent pregnancy does involve girls between the ages of 10 to 19 years who become pregnant. This implies that the teachers clearly explained what adolescence and adolescent pregnancy is to the students understanding in social studies.

The result supports the views of Aboagye (1994) that teenage pregnancy (or adolescent pregnancy) relates to pregnancy occurring to young women between the ages of 13 and 19 years of age. The teenage pregnancy group is essentially made up of adolescents whose ages range between 12 and 19 years. In a similar view, the incidence of teenage pregnancy has become very common in the Ghanaian communities, especially among those at the JHS level (Guttmacher Institute, 2005). Musick (1993) shares the same view that adolescent pregnancy is a teenage girl usually within the ages of 10 and 19 years becoming pregnant.

Empirical studies are supported by the views of the respondents in the present study as reported in Table 5 and 6. For example, Adesoka, Moses, Quagrain and Saw (2008) reported that between 2004 and 2007, 31 adolescent's girls got pregnant in six JHSs in the Wassa Amenfi District. In another study by Aboalik (2004) it was discovered that from 2001 to 2003, 63 teenage girls became pregnant in some of the basic schools in the Builsa District in the Upper East

Region of Ghana. Adolescent pregnancy occurs within these age groups therefore intensification of sex education at the JHS levels will probably help reduce it. The writers cited lack of proper sex education for both sexes, as one of the main causes of teenage pregnancy. Most parents either due to ignorance or shyness fails to give their children who are of age or sexually active appropriate sex counseling and this makes some of the girls fall as victims of undesirable pregnancies. Single parenthood, peer pressure were cited as some of the causes of teenage pregnancies. This view is supported by a study conducted in the US by Allen (1987) who opines that sex education have failed to inculcate in students the skills of communication, negotiation and refusal skills to say 'no' to sex. He further states that fear and embarrassment is a barrier for students and parents to talk about sex and sexuality at home. This researchers' opinion is supported by Kaisa Foundation (2004) which reveals that one of the reasons for teenage pregnancy is the way teenagers look at sex. For a majority of teenagers, level of appropriate sex education and the portrayal of sex through the mass media in an inappropriate manner leads to the fact that teenagers look at sex very differently.

With reference to the idea that adolescent pregnancy refers to adolescents girls who experience puberty/ menstruation for the first time as indicated in Tables 5 and 6, the teachers disagreed whilst that of the students agreed that the scope of adolescent pregnancy involves girls who experience puberty / menstruation for the first time. Out of the 62 teacher-respondents, 24 representing 38.7% agreed and 33 respondents representing 53% disagreed to the idea that adolescent pregnancy refers to pregnancy carried by girls who experience

puberty/menstruation for the first time. On the part of the student- respondents, out of the students' sample of 291, 187 representing 64.3% agreed whilst 71 student-respondents representing 24.4% disagreed with the statement. The result suggests that the students responded positively to this item because they probably had just experienced their menstruation since they were in their teens. This view is supported by Graber, Brooks-Gunn & Warren (1995) who explain menstruation as a sign of sexual maturity in girls and it is a monthly shedding of tissue from the lining of the womb and the normal timing of menstruation can vary from ages 10 to 16½, (p. 515). Menstruation is more than a physical event, it is “a concrete symbol of a shift from girl to women” (Ruble & Brooks- Gunn, 1982, p. 557). At this stage the adolescents begin to feel that they are equal to the adults and begin to question their internal reproductive changes. In a study conducted in the USA by Brooks – Gunn & Ruble (1982) reveals in that study, 120 of the fifth and sixth grade girls were interviewed and the positive report indicated that the girls could now have children. Although many girls have mixed feelings about starting to menstruate, most of them take it for granted. The better prepared a girl is for menstruation, the more positive her feelings and less her distress (Koff, Rierdan & Sheingold, 1982).

The findings suggests that young girls in the school need information from parents, teachers, or health professionals that addresses both the affirmative and negative aspects of menstruation – information geared to their biological, cognitive and social readiness (Stubb, Riedan & Koff, 1989). There is the need to

let students understand that menstruation is a normal, universal female experience, different from injury or disease.

On the issue of adolescents who are sexually active in Table 5 and 6 above, both teacher and student responses were affirmative. The data gathered shows that out of the 62 teacher-respondents, 31 representing 50.0% agreed and 28 representing 45.1% disagreed. Furthermore, out of the students' sample of 291, 190 representing 65.5% agreed whereas 76 respondents representing 26.1% disagreed to the statement that adolescent pregnancy does not involve girls who are sexually active. The responses were probably because teachers and students were conversant with both the primary and secondary sex characteristics of adolescents in the social studies textbook.

In males, the principal sign of sexual maturity is the production of sperms. In a study by Richardson and Short (1978) the timing for the production of sperm is highly variable but one-fourth of 13-15 years boys have sperms in their urine. The study further explains that boys may wake up to find a wet spot or hardened, dried spot on their sheet- the result of involuntary ejaculation of semen commonly described as wet dream. The (Gaddis & Brooke-Gun, 1985) Shares similar view by asserting that, the major change that occurs in boys are that the testes begin to produce sperms, there is a strong desire for sex and they easily get attracted to the opposite sex. In girls, the initial sign of sexual activeness is menstruation and the development of breast (Graber et al., 1995). This is supported by (Ruble & Brooks -Gunn, 1982, p. 557) that it is a period of a concrete symbol of a shift from girls to women, what Anne Frail described as a "sweet secret". At this stage

of adolescence, students become sexually active and may have the desire to engage in sex which may bear the consequences of becoming pregnant. This is the period where sex education needs to be intensified since most of them may be curious enough to practice sex. It is worth noting that determining an adolescent to be sexually active should not be based on body size or development (Petersen, 1993). So parents and teachers should not assume that girls who look mature are sexually active and treat an early-maturing girl more strictly or disapprovingly.

In relation to an adolescent even when she engages in sex once in the scope of adolescent pregnancy, as indicated in Tables 5 and 6, both the teachers and students responses show that they agreed to the fact that a girl can get pregnant by engaging in sex once. Out of the 62 teacher-respondents, 34 (54.8%) agreed whilst 24 representing 38.7% disagreed. Again, with the students' sample of 291, 158 representing 54.3% agreed whereas 95 representing 33% disagreed. Both the teachers' and students' responses are clear indications that the girls can get pregnancy by engaging in pre-marital sex without protection or contraception. This supports Ruble and Brooks- Gunn (1982) who argued that though early menstrual period usually do not include ovulation and many girls are not able to conceive for 12 to 18 months. However, ovulation and conception do sometimes occur in these early months, girls who have begun menstruation should assume that they can become pregnant. This is a clear indication that as a girl experiences menstruation, with any sexual intercourse pregnancy can occur. One of the assigned reasons for adolescents choosing to engage in premarital sex is that many younger adolescents are not particularly developed in their ability to think

as adults until they are above 16 years of age. At age 12, 13 or 14 years old, adolescents are generally incapable of making decisions based on a reasoned understanding of the future consequences of their actions. Their brains have not yet developed the connections that allow them to think that way. Adolescents at this stage live much more in the moment than do older teens or adults. Adolescents often do not connect the actual act of intercourse with the real possibility of having a baby nine months later. This inability to perceive future consequences of current behaviour is described as cognitive immaturity.

Research Question 2

What should be taught in sex/ARH education in social studies to help minimise the incident of adolescent pregnancy?

This question was posed to find out the role sex/ARH education plays in minimising adolescent pregnancy among JHS students. Sex/ARH education is a process by which students acquire information and forming attitudes and behaviours about sex, sexual identity, relationship and intimacy United Nations General Assembly (2001). It is also about developing in students some skills that will enable them to make informed choices about their behaviour, feel confident and competent about acting on these choices. Sex/ARH education seeks to both reduce the risk of potentially negative outcomes from sexual behaviour and to enhance the quality of relationship.

It is about development in students, the ability to make decisions over their entire lifetime .Sex education should be available at the JHS level for variety of reasons .This is the time when adolescents are becoming aware of their sexuality and need education and guidance. Sexual activities and unplanned pregnancies are

becoming more prevalent with this age group. Adolescent reproduction health education in social studies curriculum should help and empower our students to have the fortitude to say ‘no’ to sex and help them to realize their worth.

Tables 7 and 8 indicate that both teachers and students share the same view that sex /ARH education enlighten students about the anatomy and physiology of the human body. Of the 62 teacher-respondents, 48 (77.4%) agreed and that of the student-respondents, 208 (77.4%) from the sample size of 291 agreed. This is in agreement with the explanation given by Forrest, Strang and Oakeley (2002) that sex /ARHE is about human anatomy, sexual production, reproductive health and contraception.

Table 7

Distribution of Teachers’ Responses on what is thought in Sex /ARH Education to Help Minimise Adolescent Pregnancy in Social Studies Curriculum

Mode of instructions	SD	D	U	A	SA
The role of Sex /ARH education in minimising adolescent pregnancy	N	N	N	N	N
	(%)	(%)	(%)	(%)	(%)
1.The anatomy and physiology of the human body	4 (6.5)	5 (8.1)	5 (8.1)	22 (35.5)	26 (41.9)
2. The use of contraceptives	11 (17.7)	12 (19.4)	7 (11.3)	21 (33.9)	11 (17.7)

Table 7 cont.

Mode of instructions	SD	D	U	A	SA
3.Reducing the risk of teenage pregnancy.	2 (3.2)	1 (1.6)	2 (3.2)	16 (25.8)	41 (66.1)
4. Helping students to make informed decisions about their sexual life	1 (1.6)	2 (3.2)	3 (4.8)	14 (22.6)	42 (57.7)
5. Identifying sources of help and advice on matters of sexuality	2 (3.2)	3 (4.8)	-	26 (41.9)	31 (50.0)
6. Comprehensive sex education	2 (3.2)	4 (6.5)	-	20 (32.3)	36 (58.1)
7. Abstain from sex (Abstinence Sex Education)	2 (3.2)	2 (3.2)	4 (6.4)	42 (67.7)	12 (19.4)

Table 8

Distribution of Students' Responses on what is thought in Sex/ARH Education to Help Minimise Adolescent Pregnancy in Social Studies Curriculum

Modes of instruction	SD	D	U	A	SA
The role of sex / ARH education in minimising adolescent pregnancy	N (%)	N (%)	N (%)	N (%)	N (%)
1. The anatomy and physiology of the human body	21 (7.2)	31 (10.7)	31 (10.7)	95 (32.6)	113 (38.8)
2. The use of contraceptives	26 (8.6)	40 (13.7)	27 (9.3)	94 (32.3)	104 (35.7)

Table 8 cont.

3. Reducing the risk of teenage Pregnancy	9 (3.1)	6 (2.1)	17 (5.8)	79 (27.1)	180 (61.9)
4. Helping students to make Informed decisions about their sexual lives	9 (3.1)	13 (4.5)	9 (3.1)	137 (47.1)	123 (42.3)
5. Identifying sources of help and advice on matters of sexuality	6 (2.1)	21 (7.2)	18 (6.2)	104 (35.7)	142 (48.8)
6. Comprehensive sex education	10 (3.4)	22 (7.6)	12 (4.1)	111 (38.1)	136 (46.7)
7. Abstain from sex (abstinence sex education)	11 (3.8)	7 (2.4)	10 (3.4)	90 (30.9)	173 (59.5)

In contrast to this, 9 teachers representing 14.6% disagreed and instead, 52 (17.9%) of the student-respondents disagreed to the study case. It can be deduced from this trend that some of the teachers might be feeling uncomfortable to mention the reproductive organs whilst that of the students, they might also be feeling shy during sex/ ARH education lesson. This view is shared by Temin and Okonufua (1999) who asserted that discomfort at discussing sexual issues with young persons may limit communication about sexuality with adolescents. Teachers must have factual information about adolescents and feel confident to debunk the myth that sex is bad and mere mention the sexual organs does not make one a spoilt child.

The outcome of Tables 7 and 8 concerning sex / ARH education in educating students on the issue of contraceptives use as means of solving adolescent pregnancy, both teachers and students responses were positive. Out of the teachers sample size of 62, 32 representing 51.6% agreed whilst for the student-

respondents, out of the 291, 198 (68.0%) agreed. This contraceptive use is supported by Miller and Moore (1990) who share this view that the uses of contraceptives are effective way of preventing teenage pregnancy and STDs among the youth in USA. This supports Louis and Associates (1986) who discussed that the best safeguard for sexually active teens is regular use of condoms, which give some protection against STDs and teenage pregnancy.

As against this case, out of the teachers sample size of 62, 23 (37.1%) objected and 66 (22.3%) of the student-respondents vehemently objected to the idea that sex education/ ARH education does educate students on the use of contraceptives. This objection occurred because the sex /ARH education lesson in the social studies textbook emphasises on chastity and abstinence as effective means of preventing teenage pregnancy and STDs. The anger involves in this abstinent way of preventing teenage pregnancy is that, self control in the process of sex is difficult, hence, the need to be given detailed lessons on contraceptives use.

In Tables 7 and 8, it has been observed that an overwhelming majority of teachers and students support the statement that sex education/ARHE aims at reducing the risk of adolescent pregnancy. Out of the teacher-respondents, 57 (91.9%) agreed, whilst 259 (89.0%) of the student-respondents agreed. This idea supports Luster and Small (1994) who opined that teenagers, especially girls, who are knowledgeable about sex education, are more likely to use contraceptives and to use them consistently to prevent unwanted pregnancy and teenage pregnancy. Conger (1988) also shared a similar view by stating that teenagers who get sex

education from school or community programmes have better chance of avoiding pregnancy and other risks connected with sexual activities. On the other hand, out of the teacher sample size of 62, only 3 representing 4.8% disagreed whilst that of the student-respondents, 15 representing 5.2% disagreed. This implies that the teachers and students are familiar with the increasing rate of adolescent pregnancies among our students.

In relation to the issue of sex /ARH education as a way of inculcating in students the ability to take informed decision about their sexual lives, both teachers and student's responses were in the affirmative. With that of the teacher-respondents, 56 representing 90.3% agreed whereas 260 from the sample size of 291 of the students, 89.4% agreed. The rationale for teaching social studies is to assist students to make informed decision about their lives and be good citizens in the democratic life of our country and also to contribute to the development of the nation (MOE, 2007). At the teenage age, most of the students probably out of ignorance do not use contraceptives and many of them lack basic information about sexual matters and sexually transmitted diseases including HIV/AIDS infections. Steward (1994) in a study in the assessment of comprehensive sex education in the USA concluded that; it is a realistic programme to prevent early pregnancy; to encourage young teenagers to delay sexual intercourse and also, aim to improve contraceptives use among adolescents who are sexually active. Such programmes include education about sexuality and acquisition of skills for responsible sexual decision making and communication with partners. They provide information about the risks and consequences of teenage pregnancy,

about birth control methods, and about where to get advice and contraceptive help. This indicates that sex /ARH education is to equipped students with the ability to take reasonable decision concerning their sexuality and sexual lives.

On the contrary, three of the teacher-respondents representing 4.8% of the 62 teachers disagreed whereas out of the 291 student-respondents, 22 representing 7.6% disagreed. In conclusion, talking about sex is mostly viewed with mystery and those who ask adults about sex and sexuality are scolded. This erroneous impression entices our students to seek information about sexuality from peers and other media messages which can be misleading.

The data from Tables 7 and 8 portrays that teachers and students are of the view that sex/ARH education assist students to identify sources of help and advice on matters of sexuality. The Tables indicate that, 57 representing 91.9% of the teacher-respondents agreed, whilst that of the student-respondents, out of the 291, 246 depicting 84.5% agreed. This implies that sex/ARH education provide students with the insight about sources of help and advice on matters of sexuality. This view is supported by Steward (1994) who expresses that sex education provides students with information about risks and consequences of teenage pregnancy, about birth control methods and about where to get Medicare and contraceptive help. Zabin and Clark (1983) also suggest that making birth control services free, readily accessible (close to school) and confidential are effective way of helping students to seek help from health professionals.

It is important to note that, contrary to some critics, school-based sex education does not lead to more sexual activities among students (Eisen &

Zebllman, 1987). In another development, parents are students' first and often best teachers. Adolescents whose parents have talked to them about sex from early age, have communicated health attitudes and values and have been available to answer questions tend to wait for sexual activities (Conger, 1988; Jaslow, 1982). In the US, clinics are provided close to the schools to provide contraception and sex advices to students. In another development, contraceptives such as condoms are distributed to students who are sexually active free of charge.

On the other hand, of the 62 teacher-respondents, two representing 3.2% disagreed and for the students sample of 291, 27 (9.3%) disagreed. This could be deduced from the fact that some teachers and students feel uncomfortable talking about sexuality in sex /ARH education lessons. This view is supported by the fact that many adolescents are uncomfortable talking about sex with parents, teachers and health professionals (Jay, DuRant, Shoffitt, Linder & Litt, 1984). In a similar view, the media should present sexual situations responsibly and should permit advertising of contraceptives (AAP, Committee on Communication, 1995). In a nutshell, sex education/ARHE will help reduce the risk of teenage pregnancy but not to educate or encourage students on issues of sexuality and to practice it.

In connection with the issue of comprehensive sex /ARH education as shown in Tables 7 and 8, the teachers and students were in favour that it is a means of curbing teenage pregnancy among our students when inculcated in the social studies curriculum. In all, 56 (90.4%) of the teacher-respondents agreed out of the 62 teachers whilst that of the students, 247 (84.8%) of the student-respondents

supported the case. This view supports the notion that comprehensive sex education courses are beneficial to students because they provide appropriate age information on relationship, peer pressure and human development (Rudat, 1992).

It further teaches that comprehensive sex education is the best method to prevent STD's; it informs the youth about contraceptives to avoid unwanted pregnancies and STDs (Steward, 1994). Miller (2002) shares similar view by asserting that comprehensive sex education is to provide students with information about contraceptives use which can help prevent adolescent pregnancies and STDs. A study conducted by Moore and Rienzo (2000) testify that comprehensive sex education is advocated to be effective in teaching teens about the knowledge, skills and values related to their sexual health. On the opposing side, six teachers representing 9.7% disagreed whilst 32 (11.0%) of student-respondents objected. This negative attitude towards comprehensive sex education is due to religious philosophy and ideological believes as well as lack of understanding of the concept of comprehensive sex/ARH education.

In respect to sex/ARH education as an effective means of enlightening students to abstain from premarital sex as shown in Tables7 and 8, teachers and students responses were positive. Of the students respondents, 263 (90.4%) supported the idea whilst 54 teacher-respondents representing 77.1% also agreed. An overwhelming majority of the teachers and students supported this statement because the JHS social studies curriculum stresses so much on abstinence or staying chaste as effective means of preventing adolescent pregnancy and STDs (MOE, 2007). Also, in a similar respect, in the USA, the federal welfare reform

law funded a massive state administered sex education programmes which begun in 1998. The programme was to serve abstinence- only sex education, with no authorization for teaching about contraception (Children's Deference Fund, 1997a). Research conducted by (Bearman & Bruckner, 2001) is in confirmation with this idea which they suggest that teenagers who make public virginity pledges about sex abstain from pre-marital sex significantly than those who do not make such commitment. It is worth noting that abstinence- only sex education is based on family values and ideological beliefs which provide self-discipline and prevent pre-marital sex.

However, on the contrary, out of the 291 student-respondents, 18 representing 6.2% disagreed and four teachers representing 6.4% respectively disagreed to the fact that abstinence is effective means to prevent teenage pregnancy. One school of thought is that the longer a girl abstains from sex without seeking help with contraception, the more likely she is to become pregnant (Tanfer & Harm, 1985). Apparently, this implies that abstinence sex education cannot be an absolute means of preventing teenage pregnancy among our students. It is therefore to be inferred that comprehensive sex education outweighs that of abstinence sex education in addressing adolescent pregnancy among students.

Research Question 3

What perceptions do teachers and students hold on the effectiveness of the social studies curriculum to address adolescent pregnancy?

Although subjects such as Religious and Moral Education and integrated science have been introduced into the Ghanaian education system for the purpose of teaching students adolescence pregnancy, it is the social studies education, with its integrative and incorporated nature that has been acknowledged as a major vehicle in promoting the teaching of effective adolescent pregnancy among Ghanaian students (MOE,2007).This is because the emphasis on social studies teaching involves translating knowledge into attitudes ,values and skills. This formed the basis for formulating research question three. The respondents were therefore asked to indicate the effectiveness of the social studies curriculum in reducing adolescent pregnancy. The outcome is shown in Table 9.

The outcome of Table 9 indicates that the respondents agreed that the social studies curriculum is effective in reducing adolescent pregnancy. Out of the 291 student-respondents, 213 (73.3%) indicated “Yes”. This was contrary to 78 (26.7%) who disagreed that the available information in the social studies textbooks on adolescent reproductive health is suitable to educate students on matters of sexuality and teenage pregnancy. This was contrary to the views of the teachers. While 30 (48.4%) supported the statement, 32 (51.6%) disagreed. This supports the views of Rice (1982) who claims that textbooks are among the most instructional materials readily available for the use in the classroom for the implementation of the social studies curriculum especially in teaching teenage pregnancy. He further states that textbooks often serve as one of the students’

primary resources of learning. From these statements, it is evident that textbooks will continue to be essential resources for learning about adolescent pregnancy. It can be deduced from the result that textbooks are common and easily accessible teaching and learning resources in almost all the Junior High Schools sampled for the study. It is important to note that in the selection of the content of the textbooks, care should be taken to consider the age, readability level and relevance of the textbooks to the students' need and interest. Banks (1990) also states that most teachers use textbooks as their main source of information guide to curriculum planning and ideas about teaching. In a similar view, Dynneson and Grass (1999) as well as Mehlinger (1981) agree that textbooks are the most single important resources for the teaching and learning of social studies most especially on adolescent pregnancy in ARH education unit. In the nutshell, textbooks often present the major source of the content for social studies. The order in which the content is presented and the depth and scope of its treatment in the classroom are essential things to note. It can be revealed by the analysis of the data that textbooks are the most common resource materials for teaching social studies because they are easily accessible and provided by the government through GES.

Table 9**The Effectiveness of the Social Studies Curriculum to Address Adolescent Pregnancy**

The effectiveness of the social studies curriculum	Students		Teachers	
	Yes N (%)	No N (%)	Yes N (%)	No N (%)
1) The available information in the social studies textbooks on adolescent reproductive health is suitable to educate students on matters of sexuality and teenage pregnancy.	213 (73.3)	78 (26.7)	30 (48.4)	32 (51.6)
2. The time allocated for teaching adolescent reproductive health in social studies is enough.	256 (88.0)	35 (12.0)	16 (25.8)	46 (74.2)
3. Parents should be involved in the school sex education program.	190 (65.3)	101 (34.7)	56 (90.3)	6 (9.7)
4. Concepts on sex education in social studies would help reduce adolescent pregnancy.	255 (87.6)	36 (12.4)	57 (91.9)	5 (8.1)

Table 9 also indicates that the time which has been allocated to the teaching of adolescent pregnancy was sufficient in attaining the primary goal of reproductive health education in social studies. This is indicated by 256 (88.0%) of students and 46 (74.2%) of teachers. For the realization of instructional objectives there is the need for effective management of instructional time allocated on the time

table. This view is supported by Koomson, Akyeampon, and Fobih (1999) who express that the utilization or management of instructional time will result in limitless coverage of the designed curricular, which in turn, will have tremendous positive impact on students' achievement. It can therefore be deduced that the social studies teachers in the sampled schools effectively utilize their instruction time to achieve the set objectives in teaching sex/ARH education. On the contrary, 35 (12.0%) of the students and 16 (25.8%) of the teachers response indicated that the time allocated for the teaching of social studies is limited. Hence, its failure to make the right impact in changing the attitudes of students toward sex and sexually related issues like premarital sex and adolescent pregnancy. Thus, some assigned reasons given by teachers and students include interruption as a result of co-curricular activities, interruption as a result of meetings, students misunderstanding of the topic and their refusal to contribute effectively in sex/ARH education lesson because they feel uncomfortable and shy.

There was consensus between students and teachers with regard to involving parents in teaching sex education. In this respect, Table 9 reveals that 190 (65.3%) and 56 (90.3%) of students and teachers respectively supported this idea. Teachers and students explained that parents know their children well than anybody else and are in a better position to discuss sexually related issues with them. This is in line with a survey carried out by (SIECUS 1999) which found that, in US, 88% of parents of JHS students and 81% of parents of High School students believe that sex education in schools make it easier for them to talk to their adolescents about sex at home. Parents are allowed to participate in any sex

education programme that is carried out in the schools. This enables the parents to share their rich experiences with the teachers and students during sex/ARH education lessons. They are used as resource persons to supplement what the teachers' teach from the textbook. In the contrary, those who oppose parent's involvement in school sex /ARH education lessons express the view that embarrassment and fear are the barriers for students not wishing their parents to be part of the sex/ARH education programmes. This view is shared by Allen (1987) in a study found in USA that although teenagers recognise their parents as the most reliable source of information, it is usually where they turn first. Embarrassment is the main barrier to students approaching teachers and health professionals, especially if students are under age and contraception is the topic on which they seek information for fear of disclosure to their parents. Trust and confidentiality as well as embarrassment are the main obstacles here, and the quality of advice suffers consequently. It can therefore be inferred from the data that parents' involvement in school sex education would not give most of the students the chance to contribute during sex/ ARH education lessons effectively. In other development, the Teenage Pregnancy Unit (2002) in USA expresses the view that parent's involvement in school sex education would fulfill a particular important role in providing information and opportunity for students to discuss sexual issues in the school when the need arises.

The results from Table 9 finally reveals that majority, 255 (87.6%) of the student-respondents and 57 (91.9%) of the teachers indicated that the concepts on sex/ARH education in social studies would help reduce adolescent pregnancy.

This means that when the social studies curriculum is effectively implemented it would help achieve a reduction in adolescent pregnancy. This idea is supported by Miller (2002) who asserts that comprehensive sex education in schools would reduce the risk of potentially negative outcome from sexual behaviour such as teenage pregnancy and infections with STDs, including HIV/AIDs. In a similar view, (SIECUS, 2008) opines that sex /ARH education in schools is to bring behavioural and attitudinal change among students to address issues of sexuality and teenage pregnancies and also by inculcating in students the ability to make informed decisions about their future lives. It can be concluded that, sex education is integrated in social studies curriculum and taught as adolescent reproductive health is to equip students with the tools to say ‘no’ to sex and abstain from pre-marital sex which can lead to teenage pregnancy. Adolescent reproductive health education is to alleviate the plight of student girls and boys falling victims of teenage pregnancy and infection from STDs.

Research Question 4

What are the methods and resource materials that teachers employ in teaching and learning sex/ARH education in social studies to minimise adolescent pregnancy?

The methods employed in teaching and learning adolescent pregnancy

I was interested in finding out the methods employed by both teachers and learners in teaching and learning adolescent pregnancy. Research question 4 was therefore formulated to seek from the respondents the modes of instruction on adolescent pregnancy. Dynneson and Gross (1999) stated that the difference between creative and uninspired teaching is determined by the techniques that

teachers employ in teaching which influence students' understanding in one way or the other. The section D of both questionnaires was devoted to exploring the respondents' views on the methods they employ in teaching and learning adolescent pregnancy. Table 10 highlights the distribution of students' and teachers' responses.

Table 10 indicates that both students and teachers were in agreement that in teaching adolescent reproductive health education (adolescent pregnancy) teachers should involve students in discussing teenage pregnancy and sexual issues. Out of the 62 teacher-respondents, 38 (61.3%) were in support. This was not different from that of the students. One hundred and ninety-one representing 65.6% of the student-respondents agreed that teachers involve students in discussing adolescent reproductive health (teenage pregnancy). This implies that in the teaching of adolescent pregnancy, the discussion dominates. This may be attributed to the fact that the discussion method places students at the center of the learning processes and enables them to retain knowledge acquired, as well as arousing students' interest in the teaching and learning processes.

Table 10

The Methods of Teaching and Learning about Adolescent Pregnancy

Methods	Students		Teachers	
	N	%	N	%
Lecture	37	(12.7)	5	(8.1)
Discussion	191	(65.6)	38	(61.3)
Role Play	17	(5.8)	17	(27.4)
Fieldtrip	46	(15.8)	2	(3.2)
Total	291	100	62	100

The outcome of Table 10 is in line with the view of Dynneson and Gross (1999) who stated that discussion method is one of the most frequently observed activity in social studies lessons. This means that discussion is viewed by teachers as an important tool of promoting the exchange of information and ideas between students and teachers which results in concepts formation as well as mutual understanding by students. This view is in line with the views of Aggarwal (2001) and Singleton (1996). Singleton for instance, argued that if most social studies teachers were interviewed, they would most probably submit that the discussion method of teaching is their main teaching technique.

The outcome with regard to the lecture method was contrary to that of the discussion method. Just as 37(12.7%) of the student-respondents were not in support, five (representing 8.1%) of the teachers disagreed to the use of the lecture method in teaching adolescent pregnancy.

The results reject the African Social and Environmental Studies Programme's [ASESP] (1994) view that most social studies teachers use the lecture method in teaching, although the lecture method may be most appropriate when teachers have large class size. Merryfield and Muyanda-Mutebi's (1991) views also run counter to the outcome of Table 10. They wrote that social studies teachers in Africa use the lecture method when teaching.

The less support for the lecture method in teaching adolescent reproductive health education in social studies may be attributed to the problems such as discouraging teacher-student interaction and spoon-feeding students which retards the development of students' reasoning faculties.

With regard to the use of role play, both students and teachers disagreed with the view that in teaching adolescent pregnancy, students are made to perform certain roles. This is indicated by 17 representing 5.8% and 17(27.4%) of the student and teachers respectively. This implies that in teaching adolescent pregnancy, the role-play is not popular technique among both students and teachers. The findings contradict the views of ASESP's (1994) that many teachers seriously use role-play technique because it compels students to be actively involved in historical, political, or social events. Although, this technique encourages students to learn through dramatization by expressing in their own words the drama of the event, teachers rarely employ them when teaching adolescent pregnancy.

Finally, Table 10 indicates that 46(15.8%) of the student-respondents and two (representing 3.2%) of the teacher-respondent had less support for the use of fieldtrip as a method of teaching adolescent pregnancy. This contradicts the view of (Martorella, 1994; & Tamakloe, 1991) suggest that the desirable social attitude such as tolerance, co-operation, interdependence and mutual respect which field work develops in students may not be achieved because of the occasional use of field work techniques of teaching by the respondents.

In embarking on fieldtrip, students can be given the opportunity to visit hospitals and acquaint themselves with people suffering from STD's and HIV/AIDs as well as teenagers who are pregnant and the situation they pass through. The implication of this finding is that fieldtrip enable students to get first hand information and see the real issue in their natural form. This view is

supported by Aggarwal (2001) who posits that the school community provides “concrete, seeable and tangible resources which are extremely dynamic, interesting and meaningful for teaching and learning of social studies” (p, 242). It is therefore not enough for learners to be given factual knowledge about community resources. They must be given the opportunity to have acquaintance with the multiplicity of resources in the community through a variety of field trips, since the local community provides a wealth of resources for learning social studies

Resource materials for teaching and learning about adolescent pregnancy

In order to enhance students’ understanding or acquisition of knowledge, and reduce boredom, they must be presented with a wide variety of teaching and learning resources. Teaching and learning resources also help learners to form mental impression of what is being taught in the classroom. According to Tamakloe et al (1996) teaching resources are materials which the teacher uses to facilitate the learning understanding or acquisition of knowledge, principles or skills by students. Norwood (1949) observed that “though there are vast quantities of social studies materials, yet there are two consideration which the teacher must face in using these aids effectively – teacher must select those materials which will best fit his need” (p. 70). The respondents were therefore asked to indicate the teaching and learning materials that are employed in teaching and learning about adolescent pregnancy. The results have been shown in Table 11.

Table 11

Resource Materials for Teaching and Learning about Adolescent Pregnancy

Resources	Students		Teachers	
	N	%	N	%
Video show	17	(5.8)	10	(16.1)
Real contraceptives	27	(9.3)	4	(6.4)
Tape recorders	2	(0.7)	1	(1.6)
Textbooks	231	(79.4)	45	(72.6)
News papers	14	(4.8)	2	(3.2)
Total	291	100	62	100

Table 11 reveals that 231(79.4%) of the students and 45(72.6%) of teachers identified textbooks as available in teaching and learning about adolescent pregnancy. In descending order, the students identified the following teaching and learning resources as available for teaching and learning about adolescent pregnancy: real contraceptives 27(9.3%), video show 17(5.8%), news- papers 14(4.8%), and tape recorders two, representing 1%. On the part of the teachers, 10(16.1%) indicated video show, four representing 6.4% stated real contraceptives, two (3.2%) indicated news papers and one (1.6%) indicated that tape recorders are employed when teaching and learning about adolescent pregnancy. Tamakloe et al (1996) shared the same views as in the Table 11 when they stated that generally teaching and learning resources are classified as visual, audio and audiovisuals. In a similar vein, Gordon (1969) stated that resources such as television, chalkboards, movies, overhead projectors, models and specimens are employed when teaching. On his part, Hanson (1975) identified

instructional resources in teaching to include slide projectors, models and filmstrips. He went on to state that these resources are appealing and therefore attract students' attention. It can be examined from the data that availability of teaching and learning resources in the schools are not an end in themselves but rather a means to an end. The careful selection and effective use of the resources during instructional period will lead to the achievement of teaching and learning objectives. It cannot also be ruled out that some of the resources are expensive to use and quite delicate to handle for example video show. It is worthy to note that the selection and decisions on appropriate resources should be based on the student age, ability and interest.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

The previous chapter presented the results and discussed the outcome of the data collected. This chapter summarises the major findings of the study. It also looks at the conclusions drawn out of the main issues concerning the analysis of data collected, and further makes recommendations.

Summary of Problem and Methodology

The study investigated the teachers' and students' perception of adolescent pregnancy and its relevance to the social studies curriculum in some selected JHS in the Komenda- Edina- Eguafo- Abirem- Municipality. The research was structured within the frame work of cross –sectional survey. The purpose of this design entails collecting data through the use of questionnaire to test and answer research questions. It emphasises on collecting and analysing data concerning the current status of a phenomenon.

The survey was conducted in 40 JHS in the Komenda- Edina- Eguafo- Abirem- Municipality in Ghana. The target population consisted mainly of all social studies teachers and all students in the Municipality. The accessible population involved all social studies teachers and all JHS 3 students in the forty (40) selected JHS in the Komenda Municipality. The sample used for the study

consisted of sixty-two (62) social studies teachers and two hundred and ninety-one (291) JHS 3 students. The teachers were made up of 33 males and 29 females whilst the students were 145 males and 146 females. All the 40 JHS were randomly selected. In addition, the table of simple random technique, specifically table of random numbers generated from Microsoft excel was used to select the 300 students and the census was employed to select the 62 teachers. This consisted of the sample size of the study. A 34- item questionnaire was developed for the teachers and for that of the students, 32- items questionnaire was developed for the study. The questionnaire was pre-tested and revised and later administered to the respondents. The data collected were analyzed mainly through the use of descriptive statistics. Frequency and percentages were employed and presented in tabular form. The analysis of the data on the academic and professional characteristics of the respondents is of paramount importance to the study. This is because both academic and professional training have great influence on teaching and learning of adolescent pregnancy in adolescent reproductive health in social studies.

Summary of Major Findings

1. The study found out that on the issue of the notion teachers and students have about the scope of adolescence and adolescent pregnancy, both teachers and students were in agreement that adolescent pregnancy refers to adolescent girls between the ages of 10 to 19 years who become pregnant. With that of the teacher-respondents, 80.6% of the sample agreed whilst with the sample size of 291 students, 83.9% agreed to the notion. There was lack of agreement

on the statement that adolescent pregnancy occurs to adolescent girls who experience puberty/menstruation for the first time. Whilst the students 64.3 % agreed to the notion, for the part of the teachers, 38.7% disagreed in this case. The data further reveals that both teachers and students vehemently supported the idea that adolescent pregnancy happens to adolescent girls who are sexually active. The data analyzed shows that out of the 62 teacher-respondents, 31(50%) agreed and 291 (65.5%) of the students sample agreed to the case. The outcome of the study also shows that both teachers and students agreed to the fact that adolescents can become pregnant by engaging in sex once. Of the teachers' sample, 54.8% agreed and 54.3% of the student-respondents supported the notion. There was almost a break even on both teachers and students notion on the issue of adolescents becoming pregnant by engaging in sex, once.

2. Concerning teachers' and students' perception on the role of sex/ARH education in minimizing problems of adolescent pregnancies in social studies, both respondents vehemently supported the notion. Both teachers and students supported the idea that sex education/ ARH education educates students on the anatomy and physiology of the human body. Forty- eight (77.4%) of the teachers responded positively, whilst 212 (77.4%) of the students sampled responded affirmatively. In regards to the use of contraceptives as means of sex/ARH education in enlightening students to prevent teenage pregnancy, both teachers and students were in consensus. Of the teacher-respondents, 32(51.6%) agreed whereas 198 (68.0%) of the student respondents agreed.

There was agreement on the part of the teachers and students that sex /ARH education stands the chance of educating students in reducing the risk of teenage pregnancy. Fifty seven (91.9%) of teacher- respondents agreed whilst 259 (89%) of the student- respondents agreed. In addition, both teachers and students believed that sex/ARH education helps students to make informed decisions about their sexual lives. In all, 90.3% of the teacher-respondents were in favour of the notion and that of the students, 89% responded positively. The study also revealed that sex /ARH education assists students in identifying sources of help and advice on matters of sexuality. The data indicates that 91.9% of the teachers and 84.5% of the student respondents agreed to the notion. It was generally agreed by both teachers and students that comprehensive sex education is an effective means to help address the incidence of teenage pregnancy among students. The data shows that 90.4% of the teachers sample was in agreement whilst 84.3% of the student-respondents were in favour of the idea that comprehensive sex education helps in reducing incidence of teenage pregnancy among students. There was consensus on the idea that sex /ARH education helps students in abstaining from premarital sex which can lead to teenage pregnancy. The data reveals that 77.1% of the teachers were in agreement whilst 90.4% of the student respondents agreed to the case.

3. With regard to the perceptions of Junior High School teachers and students on the effectiveness of the social studies curriculum in reducing adolescent pregnancy, both teachers and students were in the affirmative that the time

allocated for teaching adolescent reproductive health in social studies is enough. The data indicates that 46(74.2%) of the teachers agreed whilst 256(88%) of the student-respondents agreed. The data also reveals that, whereas, 213(73.3%) students agreed that the available information on the social studies textbook on adolescent reproductive health is suitable for educating students on matters of sexuality and teenage pregnancy, the teachers, numbering 32(52%) disagreed. There was no consensus between the teachers and students responses. Again, both teachers and students agreed that for the social studies curriculum to effectively address issues of teenage pregnancies, parents should be involved in the schools sex/ ARH education programme, thus 90.3% of the teacher- respondents agreed and for the students 65.3% responded positively to the notion. Finally, the data also indicated that concepts on sex education in the social studies curriculum will help reduce adolescent pregnancy drastically among students. It can be found that 57 (91.9%) of the teachers and 255(87.6%) of the students responded favourably to the issue.

4. In relation to the mode of instruction used in teaching and learning about adolescent reproductive health/sex education, the data indicated that the discussion technique is most renounced for teaching sex/ ARH education specifically adolescent pregnancy. For the teachers, 38(61.3%) and that of the students, 191(65.6%) preferred the discussion technique. Again, contrary to this technique of teaching and learning ARHE in social studies was the role

With regard to resources available for teaching and learning about adolescent pregnancy in sex/ ARH education in social studies, textbooks were considered as the most accessible and available for teachers and students. Forty- five (72.6%) of the teachers, and 231(79.4%) of the students preferred textbooks. With that of the other resources available for teaching and learning about sex/ ARH education in a descending order, according to the teacher-respondents,were: video show, 10 (16.1%), real contraceptives four(6.5%), news- papers two(3.2%) and tape recorders 1(2%) were considered. For that of the students their responses were: real contraceptives 27(9%), video show 17(6%), news- paper 14(4.8%) and tape recorders two (1%) in that order of preference. The study brought to light the fact that sex/ARH education is not given much attention in Ghanaian schools and much of what students know about sex is learnt outside school. Student girls and boys received information about sex from peer group members, from others and through the media. Most parents shift the education of their wards to the school because they feel uncomfortable to talk about sex at home due to ideological and psychological feeling about the myth of sex. Sex /ARH education have been introduced into the JHS social studies curriculum and it is in progress for the past four years.

Conclusions

Based on the findings, a number of conclusions have been drawn. Since majority of the JHS social studies teachers possess sound academic and professional qualifications in social studies, they are likely to be positively predisposed to the teaching of sex/ARH education in social studies and that any effort provided would enable them teach sex/ARH education effectively.

Both teachers and students believed that sex/ARH education is best promoted through social studies, and that social studies has the responsibility of developing desirable attitudes, behaviours and values of students to make informed decisions about their sexual lives. It can therefore be concluded that the social studies curriculum is relevant to teaching sex/ARH education and both teachers and students were favourably disposed to embracing any efforts to promote the teaching and learning of sex/ARH education in social studies.

Both teachers and students shared the opinion that the social studies curriculum in teaching sex/ARH education is relevant in educating students about adolescent pregnancy prevention and STDs infections through the teaching of comprehensive sex/ARH education which include modern contraceptives use and abstinence. It can therefore be concluded that the concept of adolescent pregnancy is well understood by teachers and students which form the bases of sex/ARH education in the social studies curriculum through comprehensive sex education.

The study revealed that teachers mostly adopted the discussion technique in teaching social studies. The discussion technique is relevant for promoting the exchange of information and ideas between students and teachers in teaching and learning sex/ARH education in social studies. It has become very popular and is frequently employed in teaching sex/ARH education especially with the open-ended type that does not require students to come to a single conclusion. It can be concluded that the discussion method as used in the social studies curriculum is very relevant and important tool for promoting the exchange of information and ideas between students and teachers in teaching and learning sex/ARH education in social studies to minimize adolescent pregnancy.

It was realised from the study that the inadequacy of teaching and learning resources for social studies at the JHS level pose serious problems to the teaching and learning of sex/ARH education. This is due to over reliance on the use of textbooks among our teachers in the teaching of sex/ARH education as against the use of modern teaching and learning resources such as the use of video show, projectors, radio, television, news papers, advertisement, posters and magazines which can be used to effectively teach sex/ARH education. It can therefore be concluded that there is inadequacy of teaching and learning resources for social studies at the JHS level. This will make the teachers limited in varying their teaching methods to effectively educate students on values, attitudes and behaviours due appropriate in the society, through Sex/ARH education in order to minimize adolescent pregnancy among student girls and sexual behaviour among student boys.

Recommendations

From the findings and the conclusions drawn the following recommendations are made:

1. The study revealed that adolescent pregnancy in sex/ARH education is taught through the social studies curriculum. In order to promote the teaching of sex/ARH by the teachers effectively, I therefore recommend that the Ministry of Education Science and Sports in conjunction with Ghana Education Service should organise regular In-service training on sex/ARH education for teachers especially those who have been in teaching for quite a long time and newly trained teachers as well to enable them upgrade their knowledge and skills in the delivery of sex/ARH education lesson. This is because the social studies curriculum does emphasis on abstinence or chastity as against effective comprehensive sex/ARH education which includes both chastity and modern contraceptives use in minimizing adolescent pregnancy and STDs.
2. The overwhelming support for comprehensive sex/ ARH which helps in minimising adolescent pregnancy implies that sex/ARH education should be taught as a separate subject instead of been integrated in social studies as pertaining in the current syllabus. This will help broaden the scope of sex/ARH education, time allocated for its teaching and creating room for parents to share their rich experiences with the school sex/ARH education programme or lessons. This will make it more effective to properly handle the incidence of adolescent pregnancies among our student girls and sexual behavior among student boys.

3. The discussive method is vehemently recommended and favoured by both teachers and students for teaching sex/ARH education in the junior high schools. It is therefore recommended that teachers should be given opportunities to attend In- service training to upgrade their teaching skills in other methods of teaching and learning sex/ARH education and also involve musical compositions, formation of virgin clubs, debate, peer education which can enable them (teachers) to effectively carry the message of risks involved in adolescent pregnancy and STDs to students.
4. Admittedly, if the teaching of adolescent pregnancy in social studies is to be promoted and be effective, then the necessary teaching and learning resources should be provided. Teachers are to be equipped with the requisite skills in improvising resources for teaching and learning sex/ARH education in the absence of modern teaching and learning resources which are expensive.
5. The curriculum experts must design the social studies curriculum to meet the aspirations of school girls. The curriculum of sex/ARH education should be enriched by focusing on aspects of the biology of reproduction as well as values, attitudes, communication and negotiation skills that would enable them (students) to stand against the pressure for sex. It is recommended that teachers should make good use of traditional rulers, parents and religious leaders as resource persons in the implementation of the social studies curriculum on sex/ARH education to fight against adolescent pregnancies, unwanted pregnancies and STDs. Headteachers should promote teacher-teacher, peer-group information sharing aimed at helping teachers to teach

sex/ ARH education about the prevention and control of adolescent pregnancy, STDs and HIV/AIDS in schools.

Suggestions for Further Research

1. A major stride in this direction is for others to replicate this study to cover other municipalities , districts and regions in the country with support from the Ministry of Education
2. I further suggest that a study regarding the effects on unavailability of teaching and learning resources for teaching sex/ARH in social studies should be conducted.

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APPENDIX A

UNIVERSITY OF CAPE COAST
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15TH JUNE 2009

TO WHOM IT MAY CONCERN
(LETTER OF INTRODUCTION)

Mr. Seth Sieh Sorsah is a postgraduate student in the University of Cape Coast. He is required to carry out a research study towards the fulfillment of the requirements for the award of M.Phil Degree in Curriculum Studies.

The research topic is "Causes and Effects of Teenage Pregnancy Among Students in the Kwahu South District in the Eastern Region of Ghana", and Mr. Sorsah is Pilot-testing his research instrument in Ghana.

I will be grateful if you would offer him the necessary assistance with the collection of data.

Thank you.

B. T. Ababio

BETHEL T. ABABIO
FOR: HEAD OF DEPARTMENT

DEPARTMENT OF ARTS &
SOCIAL SCIENCES EDUCATION

U. C. C.
CAPE COAST
GHANA

APPENDIX B
DEPARTMENT OF ARTS AND SOCIAL SCIENCES EDUCATION
UNIVERSITY OF CAPE COAST
TEACHERS QUESTIONNAIRES

Teachers and students perceptions of adolescents’ pregnancy and the issues they raise concerning the relevance to the Social Studies curriculum in some selected Junior High Schools in the Komenda- Edina –Eguafo- Abirem Municipality.

This survey is part of a study being conducted by a graduate student in the Department of Arts and Social Sciences Education, University of Cape Coast. The study is based on a selected sample so your participation is critical. The results of this study are expected to promote the teaching and learning of adolescent reproductive health education in some selected Junior High Schools in the Komenda- Edina- Eguafo- Abirem Municipality and Ghana as a whole. The questionnaire is anonymous and all responses will be treated with utmost confidence.

Thank you for your help.

SECTION A
BACKGROUND INFORMATION OF TEACHERS

Please, tick (×) where appropriate.

1. School code.....

2. Are you male or female?

Male [] 1 Female [] 2

3. Age: 21 – 25 [] 1
 26 – 30 [] 2
 31 and above [] 3

4. Subject you teach

5. Your qualification is

- S.S.S, “O” and “A” level []
 Cert. “A” 2 years []
 Cert. “A” 3 years []
 Diploma []
 Bachelor’s Degree []

SECTION B

RESPONDENTS’ PERCEPTION ABOUT ADOLESCENCE AND ADOLESCENT PREGNANCY

Please, indicate the extent of your agreement or disagreement with the statements on 1 – 5 scale: 1 representing “Strongly Disagree”, 2 “Disagree”, 3 “Undecided”, 4 “Agree”, 5 “Strongly Agree” (Please tick only one).

Undecided	Agree	Strongly	Strongly	Disagree
Disagree				Disagree
1	2	3	4	5

Adolescent pregnancy refers
 to pregnancy carried by girls:

6. Between the ages of 10 to 19

years who become pregnant. [] [] [] [] []

7. Who experience puberty or

- menstruation for the first time.
8. Who are sexually active.
9. Adolescents even when they
engage in sex once.

SECTION C

**RESPONDENT'S PERCEPTIONS OF THE ROLE OF
SEX/ADOLESCENT REPRODUCTIVE HEALTH EDUCATION (ARH) IN
SOCIAL STUDIES TO ADDRESS ADOLESCENT PREGNANCY.**

Please rate the items below on the following scale:

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

In your view which of the following best describes sex education?

It is about learning

10. The anatomy and physiology of the
human body.
11. The use of contraceptives
12. Prevention of teenage pregnancy
13. Prevention of STDs and HIV/AIDS
infections

14. Helping students to make informed decisions about their sexual lives [] [] [] [] []
15. Reducing the risk of acquiring STDs [] [] [] [] []
16. Identifying sources of help and advice on matters of sexuality. [] [] [] [] []
17. Abstain from sex. [] [] [] [] []
18. Postpone premarital sex. [] [] [] [] []
19. Comprehensive sex education [] [] [] [] []

20. Do you hold the view that teaching sex/ARH would increase sexual activities among students?

If yes why.....

If no why.....

21. To prevent teenage pregnancy a comprehensive sex education programme should be incorporated into the social studies curriculum at all levels

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
[]	[]	[]	[]	[]

22. Should curriculum reform decisions provide school girls the tools to say "no" to sex? Yes [] No []

If No why

If Yes why

23. Which of these contraceptives is most common in your communities?

Pills []

Condom []

Intra- Uterine Device []

Contraceptive virginal barriers []

Lactation amenorrhea method []

SECTION D

THE PERCEPTION TEACHERS HOLD ON THE EFFECTIVENESS OF THE SOCIAL STUDIES CURRICULUM IN MINIMISING ADOLESCENT PREGNANCY

24. Do have any on knowledge on sex education?

If YES why?.....

If NO why?.....

25. Do you think there is a syllabus for sex education in your school?

Yes [] No []

26. How do you feel when giving information about sex?

Very comfortable [] Comfortable []

Uncomfortable []

27. Do you think that the time allocated for teaching ARHE in social students is
enough?

Yes [] No []

If Yes why?.....

If No why?.....

28. Do you think the available information in social studies, textbooks on ARHE suitable to educate students on matters of sexuality and teenage pregnancy?

Yes [] No []

If Yes why?.....

If No why?.....

29. In your view, which of the following topics should be added to the social studies curriculum and textbooks on ARH to make it more viable to address the increasing rate of teenage pregnancy among students?

Relationship and responsibilities []

Effective use of contraceptives []

Development of self-esteem []

Refusal strategies []

Communication skills with parents on matters of sexuality []

Virginity pledges []

Other topics (please specify)

30. Do you think that sex education should be taught as a separate subject?

Yes [] No []

(a) If Yes why?

(b) If No why?

31. Do you think parents should be involved in the school sex education programme? Yes [] No []

If Yes why?

If No why?

32. Do you think concepts on sex education in social studies would help reduce adolescent pregnancy? Yes [] No []

If Yes why?.....

If No why?.....

SECTION E

THE METHODS AND RESOURCE MATERIALS FOR TEACHING AND LEARNING ADOLESCENT PREGNANCY

33. Which of the following methods do you used to teach adolescent pregnancy?

1. Lecture []

2. Discussion []

3. Role play []

4. Field trip []

34. Which of these teaching and learning materials do you use in teaching adolescent pregnancy in social studies?

1. Video show []

2. Real contraceptives []

3. Tape recorders []

4. Text books []

5. News papers []

APPENDIX C
DEPARTMENT OF ARTS AND SOCIAL SCIENCES EDUCATION
UNIVERSITY OF CAPE COAST
QUESTIONNAIRE FOR STUDENTS

Teachers and students perceptions of adolescents' pregnancy and the issues they raise concerning the relevance to the Social Studies curriculum, in some selected Junior High Schools in the Komenda- Edina- Eguafo- Abirem Municipality.

This survey is part of a study being conducted by a graduate student in the Department of Arts and Social Sciences Education, University of Cape Coast. The study is based on a selected sample so your participation is critical. The results of this study are expected to promote the teaching and learning of adolescent reproductive health education in some selected junior high schools in the Komenda- Edina- Eguafo- Abirem Municipality and Ghana as a whole. The questionnaire is anonymous and all responses will be treated with utmost confidence.

Thank you for your help.

SECTION A
BACKGROUND INFORMATION OF STUDENTS

Please, tick (×) where appropriate.

1. School Code.....

2. Are you male or female?

Male [] Female [] 2

3. How old are you?

12 – 14 [] 1

15 – 17 [] 2

18 and above [] 3

SECTION B

RESPONDENTS' PERCEPTION ABOUT ADOLESCENCE AND ADOLESCENT PREGNANCY

Please, indicate the extent of your agreement or disagreement with the statements on 1 – 5 scale: 1 representing “Strongly Disagree”, 2 “Disagree”, 3 “Undecided”, 4 “Agree”, 5 “Strongly Agree” (Please tick only one).

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

Adolescent pregnancy refers

to pregnancy carried by girls:

4. Between the ages of 10 to 19 years

who become pregnant. [] [] [] [] []

5. Who experience puberty or

menstruation for the first time. [] [] [] [] []

6. Who are sexually active?

[] [] [] [] []

7. An adolescent even when she engages

in sex once. [] [] [] [] []

SECTION C

RESPONDENTS' PERCEPTION OF THE ROLE OF SEX /ADOLESCENT REPRODUCTIVE HEALTH EDUCATION (ARH), IN SOCIAL STUDIES TO ADDRESS ADOLESCENT PREGNANCY

Please rate the items below on the following scale:

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

In your view which of the following best describes sex education. It is about learning

- | | | | | | |
|--|-----|-----|-----|-----|-----|
| 8. the anatomy and physiology of the human body. | [] | [] | [] | [] | [] |
| 9. The use of contraceptives. | [] | [] | [] | [] | [] |
| 10. Prevention of teenage pregnancy. | [] | [] | [] | [] | [] |
| 11. Prevention of STDs and HIV/AIDS infections | [] | [] | [] | [] | [] |
| 12. Reducing the risk of teenage Pregnancy | [] | [] | [] | [] | [] |
| 13. Helping students to make informed decisions about their sexual lives | [] | [] | [] | [] | [] |
| 14. Reducing the risk of acquiring STDs | [] | [] | [] | [] | [] |
| 15. Identifying sources of help and advice on matters of sexuality. | [] | [] | [] | [] | [] |

16. Abstain from sex.

17. Postpone premarital sex. [] [] [] [] []

18. Comprehensive sex education [] [] [] [] []

19. Do you think virginity pledges should be added to the sex education

programme in schools? Yes [] No []

If Yes why?.....

If No why?.....

20. Do you hold the view that teaching sex education will increase sexual activities among students?

Strongly disagree Disagree Undecided Agree strongly agree
[] [] [] [] []

21. To prevent teenage pregnancy, comprehensive sex education programme should be incorporated into the social studies curriculum at all levels.

Strongly disagree Disagree Undecided Agree Strongly agree
[] [] [] [] []

22. Should curriculum reform decision provide school girls the tools to say “No” to sex?

Strongly disagree Disagree Undecided Agree strongly agree
[] [] [] [] []

SECTION D
THE PERCEPTION STUDENTS HOLD ON THE EFFECTIVENESS OF
SOCIAL STUDIES CURRICULUM IN MINIMIZING ADOLESCENT
PREGNANCY

23. Do you have any knowledge on sex education?

Yes [] No []

24. How do you feel on receiving information on sex?

Very comfortable []

Comfortable []

Uncomfortable []

25. Do you think the available information in social studies, textbooks on adolescent reproductive health (ARH) suitable to educate students on matters of sexuality and teenage pregnancy?

Yes [] No []

If Yes why?.....

If No why?.....

26. In your view, what topic should be added to the social studies curriculum and textbooks on ARH to make it more viable to address the increasing rate of teenage pregnancy among students?

Relationship and responsibilities []

Effective use of contraceptives []

Development of self-esteem []

Refusal strategies []

Virginity pledges []

Communication skills with parents on matters of sexuality []

27. Do you think that sex education should be taught as a separate subject?

Yes [] No []

If Yes why?.....

If No why?.....

28. Do you think that your parents should be involved in the school sex education programme?

Yes [] No []

If Yes why?.....

If No why?.....

29. Do you think concepts on sex education in social studies would help reduce adolescent pregnancy?

Yes [] No []

If Yes why?.....

If No why?.....

30. Do you think time allocated to the teaching adolescent reproductive health in social studies enough?

Yes [] No []

If Yes why?.....

If No why?.....

SECTION E

**THE METHODS AND RESOURCE MATERIALS FOR TEACHING AND
LEARNING ADOLESCENT PREGNANCY**

31. Which of the following method does your teacher used in teaching sex education/ARHE?

- | | | | |
|---------------|-----|---------------|-----|
| 1. Lecture | [] | 3. Role play | [] |
| 2. Discussion | [] | 4. Field Trip | [] |

32. Which of these teaching and learning materials does your teacher used in teaching adolescent pregnancy in social studies?

1. Video show []
2. Real contraceptives []
3. Tape recorders []
4. Text books []
5. News papers []