

GHANA INSTITUTE OF JOURNALISM

(GRADUATE SCHOOL)

RESEARCH TOPIC

ADOLESCENT-PARENTS COMMUNICATION ON SEXUALITY IN THE CONTEXT

OF HIV/AIDS

NAA KORKOI ESSAH

INDEX NUMBER: MAMM 14009

Dissertation submitted to the GHANA INSTITUTE OF JOURNALISM (GRADUATE STUDIES) in partial fulfillment of the requirements for the award of a Masters' Degree in MEDIA MANAGEMENT.

September, 2015

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CERTIFICATION

I hereby certify that this project work was done under my supervision. I thereby approve that the work is adequate in scope and qualify for the partial fulfilment of their requirement for the award of a Master's in Media Management.

Supervisor: Prof. Anthony Mawuli Sallar

Signature: 

Date: 20th November 2015

DECLARATION

I, NAA KORKOI ESSAH, declare that this dissertation is my own original work and that it has not been presented and will not be presented to any other University for similar or any other degree award.

DEDICATION

I dedicate this research work to my husband, Samuel Richard Essah a renowned broadcast journalist at the Ghana Broadcasting Corporation of Ghana (Radio News). Thank you for your support and encouragement, understanding and love throughout the academic work.

ACKNOWLEDGEMENT

I wish to express my heartfelt appreciation to my supervisor, Professor Anthony Mawuli Sallar for tirelessly supervising my work throughout the period. This work would not have been possible without his rich expertise and guidance.

To the adolescent children and parents in Krobo- Odumase (Eastern Region) who participated in this study during the data collection exercise, I say thank you.

A very big **thank you** to my mother Rev. Patricia Cobblah, for her continuous support and encouragement throughout the course. God will forever bless you mummy.

To my three lovely girls, Maame Akua; Naa Asaba and Nana Akua Ohenewaa, I sincerely regret the lost moments not being with you but your patience and understanding makes this work worthwhile.

To the Regional Manager of the National Road Safety Commission in the Eastern Region, Kwasi Tsibu Yirenkyi, whose incisive knowledge was of great benefit to me, I say thank you.

Special thanks also go to the late Editor of the Spectator Newspaper, Merari Alormele popularly known as Alor for his encouragement and for believing that I can do everything under the sun.

May the Almighty God keep his gentle soul.

Finally, I want to praise God Almighty for seeing me through and giving me good health.

ABSTRACT

The dissertation examined adolescent – parents’ communication in the context of HIV/AIDS. It sought to bring to light whether the upsurge of HIV/AIDS and other sexually transmitted diseases has made parents responsible for educating their adolescent children on sexuality. The study was occasioned by the epidemiological data which indicated that about half of all global HIV infections occur in young people. This has awakened the fight against HIV/AIDS infections and sexually transmitted diseases in general. Recent studies have indicated that adolescent share information about sexuality more within peers than with parents. However little is known about whether parents are making the efforts of communicating with their adolescent children on sexuality. This study examined this issue. The study adopted a qualitative method with participants being selected through the purposive criterion sampling. Data were obtained through in-depth interviews with two (2) adolescents children aged 16-19; a boy and a girl respectively with two parents but were not the biological parents of the adolescents interviewed. The results indicated that parents are making the effort of introducing sexuality communication in the home although the adolescent feel they should be taught more or given more detailed information on sexuality. The main issues discussed were pubertal changes, HIV/AIDS and teenage pregnancy. The fact on HIV transmission was discussed in elaborate detail in most families. In sexuality discussion however, parents referred to sexual activities by using vague words and impressions. Discussions were mostly initiated by parents rather than the adolescent. This study is different from previous Ghanaian studies on the subject because it has brought to light that Ghanaian parents in Odumase –Krobo are making efforts or attempts in communicating on sexuality issues with their adolescent children. It also brought to light that parents have favourable attitudes towards talking

about sexuality and all of them communicated to some extent with their children. It is suggested that parents should start sexuality discussions early to avoid embarrassment in the introduction of the topic when the children reach puberty or adolescents.

TABLE OF CONTENTS

CERTIFICATION.....	i
DECLARATION.....	ii
DEDICATION.....	iii
ACKNOWLEDGEMENT.....	iv
ABSTRACT.....	v
TABLE OF CONTENT.....	vii
CHAPTER ONE.....	1
1.1 INTRODUCTION.....	1
1.2 BACKGROUND.....	1
1.3 HIV/AIDS AND OTHER STIS.....	3
1.4 STATEMENT OF THE PROBLEM.....	6
1.5 .1 THE RESEARCH OBJECTIVE	6
1.5.2 THE RESEARCH QUESTION.....	7
1.6 SIGNIFICANCE OF THE STUDY.....	7
1.7 SCOPE OF THE STUDY.....	8

1.8 LIMITATIONS OF THE STUDY.....	8
1.9 DEFINITION OF TERMS.....	9
CHAPTER TWO.....	11
LITERATURE REVIEW.....	11
2.1 INTRODUCTION.....	11
2.2 PAST STUDIES.....	11
2.3 THEORITICAL FRAMEWORK.....	23
2.4 THEORETICAL PERSPECTIVE ON PARENTING.....	26
CHAPTER THREE.....	31
METHODOLOGY.....	31
3.1 INTRODUCTION.....	31
3.2 STUDY DESIGN.....	31
3.3 POPULATION.....	32
3.4 SAMPLING PROCEDURE.....	33
3.5 ETHICAL CONSIDERATION.....	35
3.6 DATA COLLECTION/INSTUMENTS.....	35
3.7 RATIONAL FOR THE PARENT-CHILD SETS.....	37

3.8 VENUE FOR THE INTERVIEW.....	37
3.9 DATA ANALYSIS.....	37
3.8 VERIFICATION OF RESULTS.....	38
CHAPTER FOUR.....	40
4.1 INTRODUCTION.....	40
4.2 INTERVIEW WITH ADOLESCENT (GIRL).....	40
4.3 INTERVIEW WITH ADOLESCENT (BOY).....	46
4.4 INTERVIEW WITH PARENT (MOTHER).....	52
4.5 INTERVIEW WITH PARENT (FATHER).....	57
CHAPTER FIVE.....	62
5.1 INTRODUCTION.....	62
5.2 SUMMARY OF FINDINGS.....	62
5.3 DISCUSSION.....	62
5.3.1 ADOLESCENT SEXUALITY INFORMATION SOURCES.....	64
5.3.2 ADOLESCENT FIRST SEXUAL EXPOSURE.....	66
5.3.3 FACTORS HINDERING ADOLESCENT PARENTS COMMUNICATION ON SEXUALITY.....	66

5.3.4 SEXUALITY INFORMATION COMMUNICATED BETWEEN PARENTS AND ADOLESCENTS.....	68
5.3.5 SUGGESTIONS ON THE IMPROVEMENT OF PARENT ADOLESCENT COMMUNICATION ON SEXUALITY.....	69
5.4 METHODOLOGICAL CONSIDERATIONS.....	70
5.5 SAMPLING.....	71
5.6 RELEVANCE OF THE THEORETICAL FRAMEWORK.....	71
5.7 IMPLICATIONS OF THE STUDY.....	72
5.8 SUGGESTIONS ON THE IMPROVEMENT OF ADOLESCENT- PARENTS COMMUNICATION ON SEXUALITY (RECOMMENDATION).....	73
5.9 SUGGESTIONS FOR FURTHER STUDIES.....	74
REFERENCES.....	76
APPENDIX	83
APPENDIX 1 (ADOLESCENT INTERVIEW GUIDE.....)	83
APPENDIX 2 (PARENTS INTERVIEW GUIDE).....	87
APPENDIX 3 (INFORMED CONSENT FOR PARENTS).....	89

CHAPTER ONE

1.1 INTRODUCTION TO THE STUDY

This section deals with the background to the study, the statement of the problem, as well as the objectives of the study. Also included in the chapter are the statement of the problem and the research question.

1.2 BACKGROUND TO THE STUDY

The Population and Housing Census Report (2010) indicates that Ghana's population is a relatively youthful one with two in every five people in the country being less than 15 years. There is therefore the need for that age bracket to be targeted due to their vulnerability to HIV infection considering the fact that there is the need to teach healthy behaviors' at an early age in life. The vulnerability of young people is due to a number of reasons such as the scant knowledge on how to prevent HIV infection, early onset of sexual activity and irregular condom use (Alan Guttmacher Institute, 2003). Several strategies have been employed to provide young people with knowledge, positive attitudes and skills to prevent HIV infection. These include sex based education programmes establishment of counselling and service outlets, media campaigns and family communications about sexuality. Out of these, parents and child communication about sexuality is regarded as an effective way to reduce risky sexual behaviour and HIV infection among adolescents (Jacard et al, 1999 Mueller and Powers,

1990; Mc Bride 1996). The World Health Organizations' (2014) report identifies adolescence as the period in human growth and development that occurs after childhood and before adulthood from ages 10-19 years. It represents one of the critical transitions in the life span and is characterized by a tremendous pace in growth and change.

In spite of this significant transition, it is still difficult for some parents to communicate about sexuality issues with their children especially the adolescent. Early adolescence is a time when parent-adolescent conflict escalates beyond parent-child conflict Montemayour (1982); Steinberg (1991). Knight (2004) in his book "What Every Woman Should Know" describes adolescents as starting from the age range from twelve to the twenties. He further states that it is the "stormy Teens" where a tremendous number of changes take place. It is the time when a little girl leaves all that behind and slowly emerges from a child into womanhood. One of the challenges in child upbringing is answering a child's question about sex Cited in (Essah in Kiragu 2001). Equally, a lot of children find it uncomfortable having a conversation about sexuality with their parents because the subject is a taboo topic in most homes. Indeed parents have traditionally not been in the forefront of sexual socialization of their children. In many traditional African societies, sexual socialization of children was done by communities and families through ceremonies at puberty. Examples of this can be found among the Krobo of Ghana, the Poro of Seirra Leone, the Zulu of South Africa and the Igbo of Nigeria. These have been documented in writings by Mc Call, 1995, Cox, 1998, Mager, 1998 and Huber, 1963 respectively.

Young people today start dating and “going steady” earlier than past generations. These stages have implications for teenage pregnancy, STI including HIV/AIDS and obstructive behaviours. Teens who date earlier (by age 14) are more likely to engage in premarital sex before the end of high school (Miller, Kotechick, Dorsey, Forehand and Ham 1986). Early dating does not always lead to early coitus nor does early coitus always lead to unwanted pregnancies. According to Berger (1988) still some young women find their options in adulthood restricted by a chain of events that began in early adolescence. One fundamental factor that has been identified to affect female adolescent fertility is poor knowledge in sexuality and reproductive health in general. Thus Kwankye (2007) indicates that many of the young girls enter into sexual relationships without adequate knowledge about what they are in for. They are therefore limited as to how they can either avoid being pregnant or protecting themselves from contracting Sexually Transmitted Infections (STI) including HIV/AIDS.

1.3 HIV/AIDS AND OTHER STI

HIV/AIDS infection and other STIs present one of the major health challenges to young people in Ghana. According to the National AIDS Strategic Plan (2011-2015) sexually transmission of HIV and other diseases remain the predominant mode of transmission. It further indicates that the epidemiological and sociological studies provide evidence that on the individual level, STI and HIV

are co-factors for HIV acquisition and transmission especially for specific STIs which cause general ulcer disease.

The above information throws more light on the importance of sexuality information to an individual especially the adolescent. However UNDP, 2002 report indicated that despite the potential advantages, parent-adolescent communication is not the best since most parents worldwide are reported to be uncomfortable talking about sexuality issues especially with their adolescent children. (UNPD, 2002)

COUNTRY PROFILE - GHANA

Ghana is located on the West African coast and has a total land area of 238, 538 square kilometers. It is bordered by three French-speaking countries-Togo to the east, Burkina Faso to the north and northwest and Cote D'Ivoire to the West. To the south is the Gulf of Guinea which has a coastline of 560 kilometers. The country is divided into 10 administrative regions- Western, Central, Greater Accra, Volta, Eastern, Ashanti, Brong Ahafo, Northern, Upper East and Upper West. The regions are further sub-divided into districts which currently stand at 170.

The total population of Ghana is 24.2 million, per the Provisional Results of the 2010 Population and Housing Census. A significant proportion of the population reside in rural areas while the urban population increased to 44 percent in 2010. The distribution of the population across regions

vary with Ashanti region having-20 %; Greater Accra – 18 %; Western, Eastern and Northern regions each having 10 %; Brong Ahafo 9%; Volta and Central Regions each having 8 %; Upper East – 4% and Upper West 3% of the population. Life expectancy was estimated at 58 years, fertility rate at 4.0 and maternal mortality rate of 350 per 100,000 live births and infant mortality rate was 50 per 1000 live births in 2008. Males also constitute 48.5 % and female 51.5% of the population which indicates a sex ratio of 94 males to 100 females.

Children under age 15 account for 40% of the population while older persons (65 years and over) form 4.7% of the population and 24.1% of the total population is estimated to be between age 15-24.

The Ghana Living Standard Survey of 2008 indicates that the mean household size is 4.0 compared to 5.1 in the 2000 population census. Upper West, Northern and Upper East regions have the highest household sizes -6.5, 5.5 and 5.3 respectively. A bigger proportion of households are headed by males (70.5%). National HIV/AIDS Strategic Plan 2011-2012 (2010 p.16)

1.4 STATEMENT OF THE PROBLEM

The Ghana Social Marketing Foundation/ JHU (2000) reported that adolescents and their parents in Ghana have little communication about sexuality. Botchway (2004) in his study revealed that the kind of culture in the country has made children uncomfortable about a sexuality conversation with their parents because the subject is a taboo topic in most homes. It is therefore estimated that sex issues cannot be easily discussed between adolescents and their parents thereby creating a communication gap between them. The problem is that with the upsurge of HIV/AIDS and prevalence of other sexually transmitted diseases, it is crucial to ascertain whether parents engage their children in discussions on sexuality. If parents can be effective in reducing the sexual risk behaviors of their sons and daughters, family-based approaches to the prevention of unplanned pregnancies can complement existing strategies such as sex education in schools and access to family planning clinics aimed at alleviating this significant social problem (Jaccard et al, 1998). Although there are several factors that contribute to these problems, effective sex communication between parents and their adolescents has been identified as a key strategy for reducing teen risk-taking sexual behaviors (Barnes, and Olson, 1985).

1.5 THE RESEARCH OBJECTIVE

1. The study seeks to ascertain which age brackets adolescent in Odumase-Krobo have their first sexual exposure.

1.6 THE RESEARCH QUESTION

The present study will answer the following question.

1. Where do adolescents aged 16-19 in Odumase – Krobo gain information on sexuality issues and can these sources can be trusted?
2. At what age do adolescents in the community get exposed to sex or have their first sexual intercourse?
3. How is sexuality information communicated between parents and their adolescent children?
4. What sexuality information is communicated between children and their parents?
5. What suggestions do adolescents have on how to improve parents-adolescent communication on sexuality?

1.7 Significance of the study

1. This study will help expand the body of knowledge on adolescent-parents communication on sexuality issues.
2. The study findings will again provide some useful data and suggestions for future research into adolescent-parents communication on sexuality.

1.8 Scope of study

The study is limited to Odumase- Krobo in the Lower Manya Krobo Municipality of the Eastern Region of Ghana

1.9 Limitations of the study

This study was carried out when schools were in session. It cannot be ruled out that some eligible families were not captured because their adolescent children were away in boarding schools outside Odumase-Krobo, the study area.

During the interviews some of the young adolescents were reluctant to express their views and therefore were limiting their conversations. It is possible that this could have been their first experience of having an interview on such a sensitive issue. In this case, this could have introduced an element of shyness and an atmosphere of uneasiness particularly when talking to a stranger. The researcher however, used probing questions to get more information from these children. Also since the work is a qualitative work, not many people are needed in the sample.

Definition of terms

Adolescents- Individuals between the ages of 16-19

AIDS – Acquired immune Deficiency Syndrome

GDHS – Ghana Demographics and Health Surveys-

HIV/AIDS – Infection with HIV eventually leads to AIDS, as such the two terms constitute the same disease range

Parental responsiveness – refers to the extent to which a parent responds to the needs of a child in a manner that is accepting and supportive

Parental demandingness – the degree to which parents expect and demand responsible behaviour from the child

Parents – Individuals who have children aged 16-19 who are unmarried and do not have children. These parents must have a minimum of a Junior High School Certificate and aged between 30-50 years.

PPAG – Planned Parenthood Association of Ghana

STI – Sexually Transmitted Infections

SRH –Sexual and Reproductive Health

Sub Saharan Africa – Refers to the region of Africa, South of the Saharan Dessert.

This term excludes the Arab countries of North Africa

UNAIDS – United Nations Programme on HIV/AIDS

UNICEF – United Nations Children Fund

UNFPA – United Nations Fund for Population Activities

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This section reviews previous past studies relevant to parent-adolescent sexuality communication in general. Relevant studies related to the study will also be reviewed. A search for empirical literature using electronic databases will be done to identify relevant articles and books. The review will be based on themes pertinent to the study. Studies from other African countries and the United States would be used as supplement. Studies conducted using both qualitative and quantitative approaches would also be reviewed. This notwithstanding, the studies reviewed would be relevant to the research questions posed by the present study.

2.2 PAST STUDIES

- *Adolescents Sexuality information sources*

Adolescents in Ghana have a myriad of sexuality information sources with those in the urban areas being in the lead. These range from school mates, friends, youth peer educators, television, radio, parents, teachers, and the internet as well as health personnel. However, these sources vary in terms of their credibility and accuracy of information and ease in obtaining information. The Planned Parenthood Association of Ghana (PPAG) has established a few youth counseling

centers under the “young and wise” programme in which the youth themselves are involved as facilitators.

Peers are able to share their personal experiences regarding sexuality and provide an ear to listen to that of others. Adolescents are more comfortable discussing such issues with their peers because they share the same idioms, metaphors and usages which may not be familiar to others (Kwankye, 2007).

A study among Ghanaian adolescents found that those who communicated with peer educators were more likely to protect themselves against contracting HIV (Wolf and Pulerwitz, 2003). The study also reported that interaction with adults including parents on sexuality reduced the chances that an adolescent would engage in unsafe sexual behaviours such as having sex without a condom. At the same time, the study found that adolescents had a greater tendency to embark on protective behaviours when they talked with peer educators about sexuality than when they interacted with parent.

It must be pointed out that the peer educators’ referred to in this study are not ordinary friends. They had undergone specific training to communicate on sexual issues with their age mates. It would thus be inaccurate to suggest that they represent friends with whom adolescents can identify with sexuality information given by their peers rather than parents (UNICEF Ghana 2002). This is the rationale on which the method of youth peer education which is now implemented on all continents, is based (UNAIDS, 1999).

Health personnel are among those with whom adolescents have minimal conversations about sexuality. Medical doctors, community health nurses and general nurses at clinics are a potential source for factual information on sexuality and HIV/AIDs for adolescents. However, communication with them by adolescents is little as compared with that of peers. The Ghana Social Marketing Foundation Survey reported that fewer than 5% of discussions on sexuality by adolescents were held with health personnel (Ghana Social Marketing Foundation/ JHU, 2000). The reasons for this low percentage are stated in another report of reproductive health needs of Ghanaian adolescents. Most health personnel responsible for counseling on pregnancy prevention method was that these services are meant for married couples are not young unmarried teenagers (Nabila et al, 2000). Thus, even though health personnel have the information, adolescents find it difficult to ask questions from them.

The introduction of formal education also puts into prominence the role of schools in sex education. Sexuality education in Ghana's schools was envisaged as a component of the broader educational reforms of 1987. The reform covers all disciplines and levels of the educational sector.

The goals of the reforms were to enable students make well informed decisions and acquire skills for economically active and healthy life which include reproductive health. Since 1987, there has been a lot planning on how to introduce sexuality education in schools. However, the implementation has been slow and tenuous (Ghana Education Service, 1989).

However, teachers are not adequately trained on how to teach sexuality with many teachers approaching the issue in a formal format. As a result, many neither make personal associations with the message nor are they able to build up preventive skills (Botchwey, 2004).

- *Adolescents first sexual exposure*

Adolescents have a lot of misconceptions about sexuality issues (Botchwey, 2004). A study in Southern Ghana reported that 30% of adolescents in peri-urban and rural areas did not know that a girl could get pregnant the first time she has sex. Despite this they claim to have adequate information on reproductive health (Agyei et al, 2000).

Data on first sexual intercourse for both males and females and available in the 1993 and 1998 Ghana Demographic and Health Surveys (GDHS) Prior to that, nationally representative survey Data on first sexual intercourse had been compiled for females only. Among 15-19 year olds in the 1998 GDHS, 38% of females and 19% of males had ever had sexual intercourse. The figure for females in the 1993 GDHS was 59% indicating a substantial decline among adolescent females in the proportion who had sex within that age group among adolescent men, 33% had ever had sex in 1993 and 19% had ever had sex in 1998, indicating a substantial decline during the 1990s.

Nationally, among women aged 20-24, the median age at first intercourse had increased from 16.9 to 17.4 between 1993 and 1998; for males aged 20-24, the

median age increased from 18.4 to 19.5. Thus, on average, females begin sexual intercourse about two years earlier than males.

Awusabo-Asare, Abane and Kumi-Kyereme (2004) indicate that several small scale or sub-national also examine the timing of sexual initiation. Because these studies use a number of different measures and cover particular areas or groups, their findings cannot be directly compare with those of national surveys.

In a study of 1,415 males and females aged 10-19 in Ketu South, Upper Denkyira and Offinso electoral constituencies, Sallar (in Awusabo-Asarer 2004) observed that the median age of first sexual intercourse for males and females aged 10-19 in these three areas in Ghana was 16.

By age 15, 47% of males and 38% of the females had ever had sex. Among adolescents aged 12-20 studied in Kumasi and Accra, it was observed that the median age at first sexual experience was 16 for both boys and girls in the sample.

In a study of 1,782 unmarried young people aged 15-19 in the Greater Accra and Eastern Region. Agyei et al found that 67% of males and 78% of females had ever had sex and the mean age at sexual debut among those who had ever had sexual intercourse was 15.5 for males and 16.2 for females.

In a 1991 study of 400 single females aged 18-25 in Cape Coast, 86% of the respondents had ever had sexual intercourse, and 42% of these had had sex before age 16. Similar studies carried out in 2000 in Accra, Kumasi and Agomanya have

reported median age of 18, 17 and 16 among single female youth and 17 among males in Accra and Kumasi.

In a survey of 1,038 students (471 females and 567 males) aged 13-18 in nine Senior Secondary Schools, 50 % of the adolescents considered chastity as an ideal to attain and thought that it was realistically attainable.

Yet 42% of the male students and 15% of the female students surveyed had had sexual intercourse. The average age at first sexual experience was 15 (the youngest was 8, a case of defilement; the oldest was 23).

Half of the sexually experienced students had their first sexual experience between ages 14 and 17 and 25% had their first sexual experience at age 17 or younger. Reasons given for engaging in sexual intercourse included pressure from peers, deception by partners, experimentation, and satisfaction of sexual desires.

Both national and local area studies show that better educated youth begin sexual activity at a later age than those who are less educated.

Although some inconsistencies are found with respect to gender and urban-rural differences; this is probably due to particularities of specific areas and groups.

- ***Factors hindering adolescent-parents communication on sexuality***

In traditional Ghanaian society, puberty was marked by a variety of rites which include the performance of rituals and ceremonies. This was therefore an

opportunity to educate adolescents on sexuality issues. Ethnic groups like the Ga, Akan and Krobo observed rites like Otofo, Bragro and Dipo.

This involves the tutelage of girls on reproductive health and the duties of a woman in the society (Botchwey, 2004). Sarpong (1977) indicates that a small number of ethnic groups in the northern parts of the country performed such tutelage for boys but was done in secret and was not given enough prominence like that of the girls.

Teaching of sexuality issues were the responsibility of grandparents and elders within the community. Both sexes were educated on societal sanctions for premarital sex and this varied from fines, public ridicule and banishment from the community.

Hagan (2000) indicates that among the Efutu's of Southern Ghana, a male who do not vouch for the for the virginity of his wife on his wedding night, fines are imposed on the bride's family whiles the bride is made to mention all men with which she had had premarital sex with to also suffer the wrath of the ancestors.

However, rapid urbanization today, increased mobility and education has undermined these institutions. This is reflected in families with the gradual demise of the extended family system. Nukunya (2003) notes, there have been a drive towards a more individual lifestyle instead of a communal one. As people move to modern towns and cities, their relationship with their kin is weakened and a nuclear family system is gradually evolving to replace the extended one.

The implication here, therefore, is that, adolescent grow up without guidance of elders, grandparents and other members of the extended family. Consequently, a gap in sexuality information is emerging. Some studies particularly conducted in America, suggest that parent-adolescent communication about sexuality appears to play an important role in reducing the onset of sexuality and among sexually active adolescents increase contraception use (Dutra et al, 1999).

Evidence further suggest that young people who openly communicate about sexual matters with their parents especially their mothers, are less likely to be sexually active or, in the case of girls, to become pregnant before marriage (Obbo, 1993). Yet in almost all societies worldwide, communicating with children about sex is challenging and parents may feel uncomfortable or unprepared for this task.

Communication on sexuality in many African cultures is defined as a taboo, allowing only ceremonial rites or authorized person such as paternal aunts and uncles to discuss the subject with young people (Muyinda et al, 2001, Mullen, 2001). However, in many countries, these traditional ways of communicating sexual matters between generations have broken down due to lifestyle changes (Ndyanabangi and Kipp, 2001). Bohmer et al (2000) further affirmed that female youths were traditionally educated by aunts concerning how to behave sexually in marriage, but aunts are no longer playing that role. A study carried out in Kenya indicated that discussion on sexuality matters among most cultures is rare (Nyamwaya, 1996). The situation is even more difficult at family level. Nonetheless, parents have the responsibility of providing this information to their

children. A study carried out in Uganda revealed that parents do support the idea of providing sexuality information to their adolescent children (Nakkazi, 2001).

- *Sexuality Information communicated between parents and adolescents*

Essah, 2012 asserts that most messages communicated from parents to adolescents, seem to focus more on warnings about the negative outcomes of pre-marital sex and less on what adolescents should know in order to appreciate how they are growing and developing.

This finding is consistent with an observation made in Ethiopia by (Taffa et al 1999) and an exploratory study conducted by (Luwaga, 2004). The messages also include information on what adolescents' should not do for example "not to get involved with bad groups" or "Do not play with children of the opposite sex". The adolescents are expected to understand what comprises a bad group. Furthermore, the parents expect their children even though in mixed (gender) schools not to associate with children of the opposite sex. This message may have both positive and negative connotation to the psychological development of the child in question. It is also worth noting that sexual decisions among adolescents in most cases are not always pre-planned or logical.

Bohmer and Kirumira (2000) pointed out situations where girls were usually forcibly raped or taken against their will into sex. These included, the bush while on their way to collect water or fire wood, or in discotheques and other

community events like funerals. This justifies why parents need to increase the scope of sexuality information they are currently providing, which will enable the adolescent to make wise, healthy decisions regarding their sexuality in all situations.

It is evident that the motivation of parent-adolescent dialogue is fear of HIV/AIDS transmission and unwanted pregnancy among adolescents. Most parents, according to respondents in this study think that they have an obligation to provide more information to their adolescent children particularly to protect them from HIV/AIDS. It is desirable that parents should assume a more active role of providing appropriate information on sexuality to their children as early as possible, particularly in the absence of the traditional channels of socialization.

- *Suggestions on the improvement of parent-adolescent communication on sexuality*

The Planned Parenthood Association of Ghana (PPAG) a Non- Governmental Organization formed in 1967 with objective of instilling responsible parenthood among adults and promoting family planning service delivery in Ghana which now covers Sexual and Reproductive Health (SRH) needs. Its programme now involves a framework dubbed 5As. The 5As are Access, Adolescents, HIV/AIDS, Advocacy and Abortions. Access focuses on improving the ability of the youth, women and the power to exercise their rights to access SRH services. In it, communities are helped to address gender issues. The adolescent project empowers them to access information on SHR choices. This programme caused

the establishment of adolescent support network groups made up of parents and the youth.

HIV/AIDS programme involves educating the youth on life planning skills to provide comprehensive SRH information to the youth. The Abortion programme educates the adolescents on unsafe abortions and post abortion care services.

The above therefore indicate that parents can encourage their adolescent children to join such PPAG networks where they would be educated on such issues and would therefore ask questions where necessary when they get home.

Hayden (1982) in her book “How to Satisfy a man every time” notes that many men and women pay less attention to their spouses who intend fool around outside marriage and causes thousands of marriages to break down. This according to her is so because many married men living together have not been educated on sex life. She therefore advises parents to educate their children to have a bond formed mentally and emotionally when they educate their children.

Kwame (2008) has a word of caution to adolescents. He states that adolescents should understand that they should avoid acts that lead to the abuse of their reproductive organs.

He further advises parent to be responsible to their adolescents since their irresponsibility can make the adolescents develop sexual misbehaviour like pre-marital sex, sexual promiscuity, prostitution and teenage pregnancy that leads to criminal abortions.

Ako-Abebrese (2010) states that a study undertaken in the Kassena-Nankana District of Ghana, it came to light that majority of the adolescents and young people lacked relevant knowledge on their sexual and reproductive health and that unprotected sex placed them at the risk of sexually transmitted diseases (STD) and unintended pregnancy.

In view of this she observes that adolescent reproductive health was beyond a health issue in the area but encompasses social, cultural and religious dimension. She advised that providing sexual and reproductive health information for adolescents and young women is a key to a healthy lifestyle.

Tetty (2002) in her book “Motherhood an experience in the Ghanaian context” encourages mothers (women) to take up the responsibility of building a very good communication relationship with their children. As Tetty puts it, women can communicate to their children because they have softer voice for the kids. Children and adolescent like softness and relate well to their mothers than their father. Even though men can equally raise children, biological differences between men and women and the domestic ideology favour the women communicating with their children.

Pensanti (2001) indicates in her book “Better sex for you” that partners fail to discover why they don’t have good relationships because they do not understand how their bodies work. She encourages parents to educate their youth about how their bodies function right from adolescents to avoid problems in their marriages.

2.3 THEORITICAL FRAMEWORK

The framework guiding this study combines perspectives from interpersonal communication and parenting. A communication view is necessary in this study because it is the medium through which children are socialized into adulthood (Botchway, 2002). Littlejohn (1992) acknowledges that communication is a persuasive important and complex cluster of behavior. Therefore to understand communication, the contextual perspective should be applied. Earlier studies used the Shannon's and Weaver Communication model (1948) which assumes a unidirectional perception of communication and does not specify attributes of the source, message, channel and receiver that might be important in the total process of communication (Deaux et al, 1993).

Adjorlolo (2008) made use of the self disclosure theory propounded by Sidney Jourard (1974). This theory indicated that honest communication relies upon openness and transparency. According to Jourard (1974) personnel growth (change) is direct result of openness and that self disclosure increases with intimacy.

The relational perception theory by L C Laing (2002) has also been used. In this theory how one communicates with another is determined by how one perceives the relationship between them. He further argues that any relationship is defined by the direct perspective and Meta perspectives.

The Rommetveit and Blakar communication model (1992) which represents a dialogical perspective of communication will be adopted for this study (Blakar, 1992). This will not only provide a framework for understanding the nature of sexuality communication between parents and their adolescent children but would in addition provide an insight of the strengths and weaknesses in the communication process and thereby give an idea about what should be done to improve the communication.

The Rommetveit and Blakar model is appropriate for this study because it describes communication as a two way process, whereby the sender and the receiver are concurrently playing both roles of the receiver and the sender. It encompasses the social and situational aspects of the act of communication as well as the individual communicants processing for example the encoding and decoding of message; Essah (in Luwaga 2004). The main elements are illustrated in the figure below.

communication process namely the source, message, channel, or receiver. Lack of confidence or distrust for instance may seriously hinder communication.

Parents and children in this study should have some degree of mutual trust and confidence in each other in order to communicate effectively. Despite the fact that the study will not focus on observing communication in the setting it occurs. The model will be used to understand the parents and adolescents perception on communication about sexuality as a process and will therefore be used as a guide to data generation and analysis.

2.4 THEORETICAL PERSPECTIVE ON PARENTING

The nature of parenting styles associated with “Parents-Adolescent” communication on sexuality among the study participants would be reviewed. Parenting as Luwaga puts it is a complex activity that comprises many specific behaviours and tasks that interact to influence child outcome. Earlier researchers relied on Baumrind’s concept of parenting styles. Baumrind (1991) assumes that normal parenting resolves around issues of control.

Several activities come together to shape the outcomes of parenting on children. Research has however explained that specific parental practices cannot be used to determine child outcomes. Rather, an interest in the construct of parenting style’, is a set of related parental practice. This term was introduced by (Baumrind 1967, 1971 & 1991). The work of Baumrind and others (Maccoby and Martin 1983) has

established two important dimensions of parenting: parental responsiveness and parental demands.

Parental responsiveness refers to the extent to which a parent responds to the needs of a child in a manner that is accepting and supportive. Parental demands is the degree to which parents expect and demand responsible behaviour from the child. (Baumrind, 1971), Maccoby and Martin (1983) used these two dimensions to determine four styles of parenting: authoritative, authoritarian, indulgent and indifferent.

These four styles are combination of two dimensions. An authoritative parent is demanding of the child as well as responsive to the child's needs. It is a rational democratic approach in which parent and child rights are respected. Authoritarian style parents are demanding but low in responsiveness to children's rights and needs.

Conformity and obedience are valued over open communication with the child. The indulgent style of parenting is responsive but undemanding. That is an overly tolerant approach to child upbringing.

Indifferent parents neither place demands on the child nor are they responsive to the child's needs. Their style of parenting can be viewed as neglectful. When investigated in Western and non-Western countries, there was mixed results. In a Chinese study, it was found that Baumrind's parenting styles are deficient in explaining Chinese parenting (Chao, 1994). Indigenous Chinese parenting of

“chiao shum” (training) is pointed out as being different. This concept of training is based on a type of parental control that is distinct from the more “domineering” control that characterises the authoritarian parenting style.

Levine and White (1999) have come up with an alternative model called parental adaptive strategies that explains variations in parent and children’s relationship around the world. Levine and White postulate that parenting is based on general values held in these societies.

According to this model, agrarian societies are associated with scripts such as interdependence, obedience and conformity. On the other hand, industrial societies have the scripts of independence, individual freedom and autonomy (Levine & White, 1986, Levine, 1988).

Researchers have sought to validate this model. A study investigated Moroccan and Dutch mothers’ goal and expectations on their children’s growth and development (Pels, 1991). It was found that Moroccan mothers expected obedience and compliance from their children whereas, Dutch mother’s valued independence and the development of initiatives. Thus, a difference was observed between western mothers and non-western mothers on what values were considered important in child upbringing.

Although the Levine model could assist in understanding parental practices in Ghana because of the emphasis on filial piety where children are trained from an early age to recognize obligations to their parents and other care givers which

becomes a strong motive for individual conduct (Botchwey 2004), it can be argued that parenting is highly influenced by culture and that parents may differ in how they try to control or socialize their children and the extent to which they do so. Notwithstanding however, it is assumed that the primary role of all parents, irrespective of their cultural differences, is to influence, teach and control their children for a positive outcome. Therefore, Baumrind's parenting model mentioned earlier in which the parenting styles have been classified into responsiveness and demandingness would be adopted to understand parents in the study. These parenting classifications are relevant to the study because they will help the researcher to understand whether the nature of parent-adolescent communication has any bearing on the parenting styles.

SUMMARY

Issues in this chapter can be summarized at this point. Adolescents gain information on sexuality from friends, parents and teachers. Ghanaian parenting style is that of an authoritarian. Therefore, parental communication appears as giving instructions rather than communicating. Content and frequency of sexuality communication at home then depends on when the parents decide to talk about it. This is due to the fact that sexuality communication has traditionally not been from parents. As a result, adolescents have insufficient information about sexuality communication in general thereby putting them at risk of HIV and other sexuality diseases. Previous studies did not include what information is

exchanged within the family regarding sexuality and experience of adolescents and their parents. These issues are addressed by the research questions.

CHAPTER THREE

METHODOLOGY

3.1 Introduction: This chapter deals with the study design, population, sample and sampling procedure, data collection methods and instruments and data handling and analysis.

3.2 STUDY DESIGN

The study adopted a qualitative research methodology to ensure that it brings out real experience of individuals as gathered on the field. The choice was imperative since it has been established that where little has been written on a subject, qualitative research is a useful way to proceed due to its exploratory nature (Denzin & Lincoln, 1994; Kvale, 1996). The study needed to also gather a detailed view on adolescent parent communication on sexuality through personal encounters instead of quantifiable data collected through statistical survey method.

A qualitative approach takes into account the insiders' perspective by trying to understand a studied phenomenon in the light of the perceptions and explanations of the persons involved and in their natural setting. It will enable the researcher and participants to interactively negotiate to produce collaborative data that keeps on reflecting and unfolding realities represented (Morse & Richards, 2002).

According to Kvale (1996) a researcher using qualitative research method can be likened to a traveler who holds conversations with the people he encounters on his

way. This interaction is guided by the need to understand the participants' life. The information obtained is described, interpreted and told to people upon return from the journey. This metaphor represents the social constructivist approach to social research. It uses text, not figures to present findings and explains behaviour not in terms of variance but through an explication of underlying processes responsible for it.

There are different approaches to qualitative research. Creswell (1998) identified five main approaches. There are the Phenomenological, Ethnographic, Grounded theory; Case study and Biographic approaches to use in primarily based on the survey objective and research questions. The decision on which of the five approaches to use is primarily based on the study objective and research questions. The study does not claim to follow any particular qualitative method but uses the steps of qualitative interview investigation identified by (Kvale, 1996). Kvale conceptualizes the qualitative research interview into seven stages of thematising, designing, interviewing, transcribing, interpreting, verifying and reporting. These steps are commonly followed by most qualitative studies.

3.3 POPULATION

In this study, the population comprised of a total of four (4) participants. These include one (1) father; one (1) mother; one adolescent (girl) in school.

The following inclusions and exclusions criteria were set for individuals interviewed:

- Age range of adolescents who took part in this study was set at 16-19 years who were not yet mothers or fathers and are not married. Adolescents selected were living with either one of the parents or both.
- Parents of adolescents, this do not necessary mean the biological parents of the adolescents participating in the study. However, selected parents should have an adolescent child between the ages of 16-19 years
- Participants, both parents and adolescents, should be willing to talk about their experiences with sexuality communication. This could be either reporting on their conversations or lack of conversations.
- Participants must be resident in the community.

3.4 SAMPLING PROCEDURE

The study adopted purposive sampling to identify the research participants. This non-probability sampling procedure as described by Descombe (1998) enabled the researcher to select participants with the requirements relevant to the study. Here, the main feature was adolescents aged between 16 and 19. Participants' selection was based on their perceived richness as a source of information, consent to participate and age of adolescent. Participants sampling was conducted in two (2) schools in Odumase – Krobo in the Lower Manya Krobo Constituency. A girl and a boy were selected from the Yilo Krobo Senior High Secondary

School. Parents from the Sra Presbyterian Junior High School and the Yilo Krobo Secondary School were selected to participate in the study respectively. Selected parents were just used to replace the real parents since efforts to reach the real parents proved futile.

The process began by the identification of adolescents' both males and females who fell within the specified age group in each school after they were briefed about the purpose to participate in the study. They were then briefly interviewed to determine their information richness. This concept enabled the researcher to briefly talk to the would-be participants about their experiences with getting information about sexuality from their parents and how their parents could be contacted. Adolescents considered information rich were selected. Those disqualified only gave mono-syllabic answers or indicated that they did not have enough time for an interview that would last about an hour. The researcher therefore sought parental approval for the participants of children in the study as well as their own consent to be interviewed. Children of parents whose consent were given were finally interviewed. Adolescents whose parents refused however were dropped. All these were made possible with the assistance of the head teachers and other staff members. This was however based on their availability and willingness to participate, but adolescents concern was sought before enrolling them.

3.5 ETHICAL CONSIDERATIONS

Research work on sexuality with pairs of parents and adolescents poses a number of ethical challenges even though interviews were separately conducted, it was envisaged that parents may want to know the information given by their adolescent children. Therefore children may be apprehensive about giving information that could come to their parents. Based on these considerations, a number of legal as well as ethical standards were maintained. The UN convention on the Rights of the child states that the best interests of the child should always be put first. However, the interest of the child does not necessarily have to be in conflict with those of their parents. In this study, all participants were provided with written information explaining the project and their right to anonymity and confidentiality.

3.6 DATA COLLECTION/ INSTRUMENTS

Field work and data collection was carried out in June to August, 2015. In this study, data collection involved the semi-structured in-depth interviews in English with a thematic guide which served as a reference during the interviews. The thematic guide would contain an outline of themes or topics and sub themes to be explored during the interviews.

Data obtained from the interviews was transcribed. This was done with care to preserve the core content of the dialogue.

The preliminary thematic guide developed by the researcher was subjected to a peer review to validate its contents and was pilot-tested before being used. A modification was done where possible.

Separate interview guides were drawn up for individual interview with parents and adolescents. This exercise was done by reviewing the existing literature on the subject to find what had been published. The interview guide was pilot tested on the field prior to data collection. The pilot test enabled the researcher to obtain detailed information on each of the previously identified themes. The interviews were semi-structured in nature and involved open-ended questions. This allowed the researcher to ask questions of interest to him while at the same time providing the opportunity for the participant to expand on his thoughts and to introduce new ideas not conceived by the researcher. The interview guide covered the following issues:

- Adolescents sexuality information sources
- Adolescents first sexual exposure
- Factors hindering adolescents-parents communication on sexuality issues
- Information communicated between parents and adolescents
- Suggestions on the improvement of parent – adolescent communication on sexuality

3.7 Rationale for the parent-child sets

Parents and adolescents sets (boy and girl) for the interview in order to obtain an understanding of discussion within families. This study was interested in the dynamics of interaction within a family setting. Alternatively, the study could have interviewed a set of adolescents and their own parents. This could have allowed for the comparison of responses across families with the aim of finding similarities and differences.

3.8 VENUE FOR THE INTERVIEW

Participants (students) were interviewed in an empty classroom where the environment was non-threatening and permissive (Krueger, 1988). They were however allowed to choose specific venues to reduce inconvenience. Each interview lasted approximately one hour. Permission was obtained from individual participant at the time of the interview after establishing the rapport. After this, the interviews were coded. Field notes were also taken even though the interviews were recorded.

3.9 DATA ANALYSIS

The uses of open ended questions tend to produce a large volume of data. The task of data analysis is to reduce data into meaningful units (Giorgi, 1985). Data obtained from the interview will therefore be coded with those in the local dialect being translated. The study would apply some principles drawn from the framework analysis approach (Ritchie & Spencer, 1994) to analyze the data. This

involves a content analysis method made up of summarizing and classifying data into thematic framework.

The process involves the following:

1. Identifying central issues through careful reading.
2. Identifying themes and sub-themes
3. Identifying key themes from the data

3.10 Verification of results

Verification is the process of checking, confirming, making sure and being certain of the study findings. In qualitative research, verification refers to the mechanisms used during the process of research to incrementally contribute to ensuring reliability and validity and thus the rigor of the study (Morse, Barret, Mayan, Olson & Spiers 2002).

Kvale (1996) recommends that validity and reliability should be assessed in all the steps of the qualitative investigations. Validity in the broader concept pertains to the extent to which our observation indeed reflects the phenomena or variables of interests to us (Pervin, 1984)

In this study, measures employed to ensure rigor included constant guidance and scrutiny by my supervisor throughout the whole process. Secondly, the interview guides were pilot tested to refine the data collection strategy. This involved holding interview with four adolescents (two boys and two girls) at the Ghanatta

Senior High School to determine whether the questions were reflecting the intended inquiry. Two other adolescents (one boy and a girl) not in school were also interviewed. Teachers representing parents in the study were also interviewed. Prior to that, the guides were subjected to a peer review by fellow colleagues and scrutinized by my supervisor.

Again, the selection of the respondents were restricted only to adolescent children aged 16-19. This was a measure to ensure that the study sample was best represented. Conversely, reliability refers to how consistent the research findings are. Despite the flexibility inherent in qualitative inquiry, in this study, interview guides were used to grant consistency in the data collection. During the data collection exercise, feedback to the participants was provided immediately to crosscheck and clarify whether the researcher's understanding of a particular response was in line with the original thinking of the respondent.

In qualitative data analysis the researcher accounts for most of the variability (Strauss & Orbin, 1998). Taking of field notes also increased the reliability of this study

CHAPTER FOUR

RESULTS

4.1 Introduction

Six participants from the Odumase-Krobo in the Lower Manya Krobo Municipality, a town in the Eastern Region of Ghana were used in the present research. The research was aimed at examining parent-adolescent communication of sexuality in the context of HIV/AIDS.

4.2 INTERVIEW WITH ADOLESCENT (GIRL) IN SCHOOL

1. Sexuality Information Sources

Q. Where do you get information on sexuality issues?

A. In school; on the internet and at home.

Q. Do you hold sex education in your school? Have you ever attended such lessons? What issues do you often discuss?

A. Yes, in some subjects like Social Studies and Science. Issues often discussed include adolescent reproductive health in general; growth from childhood to adolescents; changes going through feelings and emotions.

Q. Have you gone through the Dipo initiation? Do you get educated on sexuality issues during the initiation?

A. No! [Can't be too sure] my mum insists I have done it and my dad said I have not done it. [Smiling], even if it's done, there would not have been sex education since its done these days at an early age unlike before [still smiling].

Q. What are your sexuality sources? Do you think these sources can be trusted?

A. School with peers and sometimes my parents and grandparents [Probing further], what do they tell you? At about age 12, I was told to know how to walk. Be careful the dresses I wear not to attract these guys [laughs]

Q. Where would you prefer to get information on sexuality issues?

A. At school from friends [sighs].

2. Information Communicated between parents and adolescents

Q. Have you ever had any discussion with your parents on sexuality related issues? Can you share with me your experience?

A. Yes [Nodding]. Yeah, my parents tell me to take care of myself. I was told that once I am menstruating, I could get pregnant. My parents told me about rape too so I can be careful not to fall into such things. They [parents] taught me how to talk when a man proposes to me; I need to humbly turn it down. My parents insist that when such things happen, I should tell them so they can discipline the culprits or report to an elderly person or the police

Q. What is your opinion about providing sex education to children?

A. I think it's the best. When you don't tell them they might damage themselves. If they know about sex things, no other person can deceive your child because "my mum tells me". The child is now confident [repeats] then you can be confident as a child.

- Do you know of any family in your community that discusses sex education with their children? If yes, what issues?

A. No. [maintains a straight face]

Q. If there is a sexuality discussion, then what role do you play? Who starts the discussion?

A. [smiles] I only listen and answer when I need to reply to a question or in agreement. As a child I am not supposed to talk back at my parents. Sometimes, I ask questions.

Q. Why do you think parents talk to their children about sexuality?

A. Because they don't want them to get into trouble and end up with HIV and others

Q. What do you think encourage parents to discuss sexuality issues with their children?

A. [Hmmm] Their own life experience. My mum uses her own life experience for me to learn from anytime she needed to advise me on sexuality issues.

Q. Do you think what you discuss with your parents is sufficient / appropriate?

A. No. Not sufficient [laughs]. [Probes further] I want my parents to tell me all there is to sexuality. If they start early, I think I can get more information. Although I don't know what they want to say, I think there is more to be said.

Not appropriate either, I think sexuality information should be discussed more openly and in a relaxed environment.

3. Factors hindering Adolescent –Parents communication on sexuality

Q. Are there sexuality issues you find easy to discuss? Why?

A. No. Because my mum doesn't have time. She is a business woman and my father is a driver. They are both busy and so finds little time to educate me on sexuality since a house boy once tried to molest me. My mother reported it to my dad who got the boy sacked and disciplined. The way sexuality issues are discussed, it can't be easy whichever way I try.[frowns and bows the head, shaking head]

Q. Which sexuality issues do you find difficult easy to discuss? Why?

A. General sexuality issues. [maintains a straight face] I just can't start it.

Q. How do you think difficulties in discussing topics on sexuality can be overcome?

A. When parents do not feel shy about talking to their adolescent children on sexuality issues. When issues of sexuality are raised they think you are spoilt. When that attitude is changed [smiles]

Q. What advice would you give adolescents on how to deal with sexuality issues with their parents?

A. I think adolescents should tell their parents about everything

Q. Do you have any advice to parents on how to deal with sexuality issues?

A. When adolescents talk to them they should be able to listen to them without judging them

4. Adolescents first Sexual Exposure

Q. Are you sexually active? (Have you had sex before?) At what age did you first have sex?

A. No. [straight face] {Probes further} Do you have a boyfriend? Yeah. [Smiles] but we don't have sex.

Q. Do you know about HIV and its transmission?

A. Yes. It's transmitted through sexual intercourse with an infected person

Q. If yes to Q1, Did you use condom? Consistent use of condom. 100%;
75%;50%

A. Not applicable

Q. Did you have sex willingly for the first time or forced?

A. Not applicable

**4 Suggestions on the improvement of parent- adolescent communication on
sexuality**

Q. How can parent- adolescent communication on sexuality be improved?

A. I think parents should have confidence first in telling their children about
sexuality issues so that their adolescent would also trust them enough to
tell them issues on sexuality disturbing them or where they need help.

4.3 INTERVIEW WITH ADOLESCENT (BOY) IN SCHOOL

1. Sexuality Information Sources

Q. Where do you get information on sexuality issues?

A. Sometimes, I go to the “net” and browse these web sites. Also in the school, I go to the library to pick the books to read.

Q. Is there sex education in your school? Have you ever attended such lessons? What issues do you often discuss?

A. No. Not really. But I remember some doctors came to discuss sex education with us. Once in a while, there is a discussion on teenage pregnancy. How the girl gets pregnant and how the boys force the girls to have sex with them. Effect that you get contrary to advice you get like not getting the strength for sex again in the future since they are lost in the past or in having sex with too many girls at a younger age.

Q. Have you gone through the Dipo initiation? Do you get educated on sexuality issues during the initiation?

A. Not applicable

Q. What are your sexuality sources? Do you think these sources can be trusted?

A. Internet and Books [straight face]. Yes. My sources can be trusted. Because sometimes the research I do on the net, when I follow them or obey the rules; like not getting into such relationships and not doing things like having sex. I search for the effect of certain behaviours so I try to avoid such problems. [Bowed head]

Q. Where would you prefer to get information on sexuality issues?

A. On the internet

✓ Additional question for boys

Q. Is there any initiation ceremony for boys in this community? Where do you get sexuality information (if they don't) Probe further

A. No. None at all that I know of. I get my sexuality information mostly from the internet.

2. Information Communicated between parents and adolescents

Q. Have you ever had any discussion with your parents on sexuality related issues? Can you share with me your experience?

A. No.

Q. What issues did you discuss?

A. I don't discuss anything at all with anybody. They talk to me about sexuality but I don't go to them with anything. How to get HIV in general and the need to stay away from early sex.

Q. What is your opinion about providing sex education to children?

A. It is better because they will not go into that relationship and they will know the effect that would be gained.

Q. What do you think parents should discuss with their children about sexuality and why?

A. Tell them in the future they can do the things but not now. Like because of these diseases like gonorrhoea and others. This will let them avoid problems in the future.

Q. Do you know of any family in your community that discusses sex education with their children? If yes, what issues?

A. No.

Q. If there is sexuality discussion, then what role do you play? Who starts the discussion?

A. I just listen. It's often starts with the girls in the class about how their friends are having sex and the effects. Others advise them not to do it.

Q. Why do you think parents talk to their children about sexuality?

A. To prevent them from infecting themselves with sexuality diseases. Sexuality issues starts if adolescents bring girls and others home; they [parents] often call their adolescents and advise them. Otherwise for my parents its out [maintains a straight face]

Q. What do you think encourage parents to discuss sexuality issues with their children?

A. Fear [smiles]. Fear, that they might impregnate a girl and get an infectious disease

Q. Do you think what you discuss with your parents is sufficient/appropriate?

A. No.

3. Factors hindering Adolescent –Parents communication on sexuality

Q. Are there sexuality issues you find easy to discuss? Why?

A. No. Because I just don't feel comfortable. Once you talk about it, they think you are having sexual intercourse.

Q. Which sexuality issues do you not find easy to discuss? Why?

A. Talking about sexual intercourse [probing further] do you have a girlfriend? [Smiling] yes. But we don't have sex. [explaining] I don't sleep with her. [Questioning] what happens if your girlfriend wants sex? I just advise her to wait. But if she gets it from somewhere else, then if there is pregnancy, it will not be my headache.

Q. How do you think difficulties in discussing topics on sexuality can be overcome?

A. Radio stations should open up and discuss sexuality issues openly. There's a radio station in the school but it just gives announcements.

Q. What advice would you give adolescents on how to deal with sexuality issues with their parents?

A. They should learn to trust their parents with their sexuality issues.

Q. Do you have any advice to parents on how to deal with sexuality issues?

A. They should be able to discuss sexuality with their adolescents at least from ages earlier than 10 years

4. Adolescents first Sexual Exposure

Q. Are you sexually active? (Have you had sex before?) At what age did you first have sex?

A. No. Not at all.

Q. Do you know about HIV and its transmission?

A. Yes. It's transmitted through sex with an infected person.

Q. If yes to Q1, Did you use condom?

A. Not applicable

Q. Did you have sex willingly for the first time or forced?

A. Not applicable

3 Suggestions on the improvement of parent- adolescent communication on sexuality

Q. How can parent- adolescent communication on sexuality be improved?

A. By starting sexuality conversations early enough so it doesn't get embarrassing when introducing it. Parents should also desist from judging adolescent children just because they have information or ask for clarification.

4.4 INTERVIEW WITH PARENT (MOTHER)

1. Sexuality information Sources

Q. Have you heard about the introduction of sex education in schools? What in your opinion is the subject covering?

A. I think it covers everything. From taking care of themselves physically and sexually.

Q. What is your opinion on the provision of sex education to children?

B. It's good to teach them so they can know what sex is and what it can bring to them. If they knew its better. Because if you don't tell he or she and someone does, the idea would be taken. So it's good to let them know what sex is. [smiling broadly]

Q. Do you think issues on sexuality should be discussed? Why?

A. Yes. [Continues] they should not have sex. If it's not about all, there are diseases. They should continue. It's good because they will know their left from their right.

Q. How do young people in this community get information (Those in school and those out of school?)

A. From school (teachers); churches (youth service/meetings); visitors; members from NGO'S and Parents



4.4 INTERVIEW WITH PARENT (MOTHER)

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Q. What is your opinion on the provision of sex education to children?

B. It's good to teach them so they can know what sex is and what it can bring to them. If they knew its better. Because if you don't tell he or she and someone does, the idea would be taken. So it's good you let them know what sex is. [smiling broadly]

Q. Do you think issues on sexuality should be discussed? Probe for reasons.

A. Yes. [Continues] they should not have sex. If it's not about pregnancy at all, there are diseases. They should continue. It's good because it helps them. They will know their left from their right.

Q. How do young people in this community get information on sexuality? (Those in school and those out of school?)

A. From school (teachers); churches (youth service/meetings); visiting members from NGO'S and Parents

Q. What is your opinion on the accuracy of the information children are getting on sexuality? Is it appropriate?

A. Yes. It is appropriate.

Q. Are you aware of any one in this family providing the information on sexuality to your children?

A. Yes. I know some of them.

2. Factors hindering parents-adolescent sexuality communication

Q. Are there any beliefs in your community affecting the discussion on sexuality? Can you tell me any you know?

A. [HmMMM] In krobo land it's difficult to talk about sex because it is accepted after you are taken through the Dipo because you will be taught how to take care of yourself when you are with a man. [Stressing] but you see, there is a problem now, [hmmm] now, the Dipo is performed at an early age like six (6) years and seven (7). At such an age, how can you talk to them about sex? The Grandmothers used to do it when before the Dipo, grandmothers are no longer doing it [like I said] at that early age.

Q. Do you encounter any challenges in the discussion of sexuality issues with your adolescent children?

A. [smiles] Yes. I don't know how to start it. The most I ask is are you still a virgin?

Q. How do you go about discussing issues that you find difficult?

A. I bring it up immediately I see similar scenes in African movies, then I take advantage and tell them to prevent such things.

Q. Are there issues you find easy to discuss? What are they?

A. [Serious] Describing the sexual act itself. Like describing to them that the 'penis' can enter the 'vagina' and that is sex. [Laughs] its difficult. For an adult, for instance a thirty year old who is getting married, you might consider it but for an adolescent child, you wonder what to say which would not imply your promoting pre-marital sex. [sighs]

Q. Are there issues you find not difficult to discuss? What are they?

A. No. Sexuality issues are difficult.

Q. In your opinion how can difficult issues being discussed be made easier?

A. I think making them know early. Just discussing it whichever wa

3. Suggestions on the improvement of parents- adolescent communication on sexuality

Q. How can parents-adolescent communication on sexuality be improved?

A. By telling them more. Starting the education at a very early age to avoid confusion in their minds and be given wrong advice.

Q. If you were given a chance to advise other parents regarding discussions or sexuality issues with their children, what would you tell them?

A. Take care of them first. Talking about sexuality is important. Tell them how important information from school is.

Q. Do you think parents are ignorant on issues regarding sexuality?

A. Some of them. About 40% of them; they know but they can't advise.

4. Information communicated between parents and their adolescent children

Q. What issues are normally discussed with your children?

A. I advise them not to involve themselves in sex. I often start during a television movie like a scene in the African movie. Most of the time, the result then I explain to them. The end result now gives me the opportunity for sexuality discussion.

Q. What determines which issues to discuss

A. Everyday happening.

Q. How much information do you think would be appropriate for your adolescent child?

A. Information on pregnancy; diseases and the need to avoid becoming a useless person in future.

5. Adolescents first exposure

Q. At what age do you think adolescents in this community get exposed to sex?

A. [Smiles] oh, as early as age 10; sometimes earlier.

Q. Do you know if they are aware of HIV/AIDs?

A. [Laughs] yes, they are aware.

Q. Is it possible that they use condoms?

A. [Being emphatic] No. They don't because over 50% get pregnant.

4.5 INTERVIEW WITH PARENT (FATHER)

Welcome parents and introduce the purpose of the discussion

1. Sexuality information Sources

Q. Have you heard about the introduction of sex education in schools? What in your opinion is the subject covering?

A. [Smiling] Sex education? [Hmmm] I know it covers things on sexuality and its implication.

Q. What is your opinion on the provision of sex education to children?

A. [Nodding] I think it's a good idea. At least it will give them more information they need.

Q. Do you think issues on sexuality should be discussed? Probe for reasons.

A. Yes, sexuality issues are serious issues. It's unfortunate that discussing it is such a problem.

Q. How do young people in this community get information on sexuality? (Those in school and those out of school?)

A. I think from the internet and friends. Those out of school, I believe they get information from peers and other dropouts like them.

Q. What is your opinion on the accuracy of the information children are getting on sexuality? Is it appropriate?

A. I think the ones from the internet can be described as accurate but from peers [sighs] you can't be sure

Q. Are you aware of any one in this family providing the information on sexuality to your children?

A. No. Haven't been discussing the issue of sexuality with other families

2. Factors hindering parents-adolescent sexuality communication

Q. Are there any beliefs in your community affecting the discussion on sexuality? Can you tell me any you know?

A. No. I don't think any beliefs exist. After the Dipo rites which initiates them into adulthood, they are permitted to get married therefore they are sort of permitted to have sex.

Q. Do you encounter any challenges in the discussion of sexuality issues with your adolescent children?

A. Yes. The children (adolescent) know too many these days. They say things that are amazing and you wonder where they get such information. Sometimes you wonder what to add.

Q. How do you go about discussing issues that you find difficult?

A. I don't discuss issues I think are too difficult. Once they are in school I know they will be taught somehow.

Q. Are there issues you find easy to discuss? What are they?

A. Issues like getting women pregnant and also contracting HIV are important to me. I try sending the message across.

Q. Are there issues you find difficult to discuss? What are they?

A. The realities of sexuality issues. The real issues of sex [I mean telling them about it].

Q. In your opinion how can difficult issues being discussed be made easier?

A. Maybe parents should form a club of a sort and educate each other on how to deal with the adolescents and then they do it on their home themselves.

3. Suggestions on the improvement of parents- adolescent communication on sexuality

Q. How can parents-adolescent communication on sexuality be improved?

A. By doing open discussion on sex. Or maybe adolescent clubs should be formed and monitored and guided.

Q. If you were given a chance to advise other parents regarding discussions or sexuality issues with their children, what would you tell them?

A. I will advise them to help solve the problem and bridge this sexuality gap.
[smiles] we are all part of the situation

Q. Do you think parents are ignorant on issues regarding sexuality?

A. No. I think they don't know what to say and how to go about the education. They themselves need education.[head bowed]

4. Information communicated between parents and their adolescent children

Q. What issues are normally discussed with your children?

A. Teenage Pregnancy and HIV/AIDS

Q. What determines which issues to discuss?

A. General Issues. Issues from other people's experience which have resulted in school dropout.

Q. How much information do you think would be appropriate for your adolescent child?

A. Just advise on how to conduct their lives and how to take care of them generally.

5. Adolescents first sexual exposure

Q. At what age do you think adolescents in this community get exposed to sex?

A. [hmmm] Early. I think around nine (9) years since their rites are performed early. After the rites, nothing really stops them from indulging in sex.

Q. Do you know if they are aware of HIV/AIDs?

A. Yes. I think they are. They are taught in school. Doctors are invited to schools and churches for talks. [Nodding emphatically]

Q. Is it possible that they use condoms?

A. Even if they do, I think they don't use it often. Maybe am sure they use it once a while.

CHAPTER FIVE

DISCUSSION

5.1 INTRODUCTION

In this chapter the results of the study will be discussed in line with the objectives, the research questions and the theoretical basis. Some methodological issues will also be addressed.

5.2 SUMMARY OF FINDINGS

This study examines communication between parents and adolescents in the context of HIV/AIDS in Odumase-Krobo in the Eastern Region of Ghana. It involved four (4) participants. They were chosen through purposive sampling. The study reveals that there is communication between adolescents and their parents though it is very minimal. Reasons for this include shame, traditional norms, traditions (rites), fear of directing their children to engage into sexual activities, feelings that their children are young, that children already know the facts, and nature of the work parents do, tend to be the barriers that make communication difficult.

5.3 DISCUSSION

Communication within the family appears to be particularly important during the adolescent years especially concerning sexual and reproductive health issues.

Family communication affects adolescent identity formation and role-taking

ability (Nundwe in Cooper et al., 1982). Cooper et al. suggest that adolescents who experience the support of their families may feel freer to explore identity issues.

The research findings indicate that some communication takes place on particular reproductive health issues but not others. In particular parents fail to communicate with their adolescent children on sensitive issues of sexuality like condom use, puberty, STIs, and physical development, but concentrates on less sensitive ones such as the effects of HIV. This implies that communication between parents is not comprehensive and informative when it comes to preparing their growing children to handle the emerging sexual needs they feel responsibly, so that they can minimize the risks for early pregnancy, STIs and HIV infection.

Furthermore the study found that even when communication takes place, it is inadequate as the process does not always involve direct conversation between parents and their adolescents. Parents prefer using indirect communication methods like providing reading materials to their children. This implies that the children do not get direct assistance and clarification of complex information they come across as they read the material. It can be concluded that the children do not benefit fully from such communication.

Hence the barriers revealed by the study tend to relate to communication about sexuality issues like STIs, puberty, physical development, early pregnancy and condom use than other reproductive health issues.

5.3.1 Adolescents Sexuality Information Sources

The study sought the sexuality information sources of adolescents aged 16-19 years in Odumase-Krobo. Answers indicated both where information are gained and those who does the education. Generally, the major sources of information indicated by adolescents include teachers, internet, library books and mothers. Other sources were church, friends and father. It was quiet obvious that adolescents trusted these sources thereby holding it in high esteem.

School: teachers

Adolescents mentioned teachers especially science and social studies teachers as where sexuality information is obtained. The discussion usually takes place in the classrooms which reveals that the information is contained in the syllabus. Although adolescents indicated their trust in their teachers, there wasn't any evidence of interaction on sexuality with teachers outside the classroom setting.

School: Extra-Curricular Activities

Adolescents also had sexuality information from extra-curricular activities with Non-Governmental Organization who give talks on the subject outside school hours even though on campus.

Home (mothers)

Adolescents also identified mothers as a source of sexuality information. Adolescents noted that although mothers did not have time, they made time to give them talks on sexuality. Although messages were not straight forward, they gave an idea of sexuality communication.

Home (Fathers)

Although fathers were not mentioned as direct participants of sexuality information source, they ensure that perpetrators who want to violate their female adolescents are punished according to the laws of the land.

Church: Christian Leaders

An interview with the parent (mother) indicated that sexuality information are given in the church during general lessons. She stressed on the fact that adolescents in Odumase-Krobo also get sexuality information form the church.

Friends

Adolescents interviewed indicated that they hear sexuality information /discussion from their friends in school. The adolescent boy indicated that sometimes he hears his friends talk about the girls they slept with when they were on vacation. Left to the adolescent girl alone, although her parents talk to her about sexuality issues, she would prefer to receive information from her friends because her parents do not have time.

Health Personnel

Adolescents agreed that once a while, health personnel's together with doctors come to the school for sexuality talks.

5.3.2 Adolescent first sexual exposure

The adolescent interviewed noted that they were not sexually active. However, interview with parent (mother) indicated that adolescents in the community get exposed to sex very early since their initiation (Dipo) give them the permission to have sex after the rites has been performed. It was obvious that since modernity has affected the rites performance, children as early as six (6), seven (7) are taken through the rites. Both representatives of parents were certain that children in the community get exposed to sex by age nine (9) or 10 (ten) respectively.

Condom Use

The interview revealed that most adolescent children in Odumase-Krobo who are sexually active do not use condoms. Interview with parent (mother) indicated that most of the children get pregnant which indicate that they do not use condoms.

5.3.3 Factors hindering adolescents –parents' communication on sexuality

If communication is to be effective, barriers must be taken into consideration. In this study, culture has been expressed as a barrier to parent-adolescent communication on sexuality. This is because traditionally sex education was a responsibility of the elderly women who do the initiation for the Dipo rites for

adolescent girls whilst boys are left to learn on their own since there is no initiation for them. Therefore many parents today may be ill prepared to take on this responsibility of sexuality education.

This study realizes that Adolescents in Odumase-Krobo are living in a time of social cultural transition where traditional methods of communication might be difficult to comprehend. Therefore basing on this generational difference, it could be interpreted that some parents are facing a dilemma of learning how to carry out 'straight talks' on sexuality contrary to how it was expressed to them when they were young.

Conversations which involve direct reference to sexual organs seem to occur very seldom, if at all. These are regarded as 'hard words' which parents in this study said they felt embarrassed to mention during their conversations on sexuality-related issues with their children. For example in this study it was interesting to observe the different phrases used to refer to sexual intercourse such as 'bad behaviour', 'the problem'. Bad behaviour can also be used to refer to any other undesirable behaviour. This, besides limiting the vocabulary, introduces an element of vagueness of messages.

Another limiting factor, particularly common among the working class parents, is the time available for them to talk about sexuality with their children. Since one of the main triggers to holding talks on sexuality is late home coming from school, such parents who may also be returning home late might not have time to observe this behaviour among their adolescent children and therefore not able to

point out issues at the time they happen. Therefore programmes targeting promotion of parent-adolescent communication should help such parents to plan their talks based on other factors and not only on non-compliance to rules.

5.3.4 Sexuality Information Communicated between parents and adolescents

How it occurs

Generally, parents initiated conversations when they observe behaviours and events which they felt could be detrimental to the well-being of their adolescent children.

Using Puberty Changes

Parents often used pubertal changes to initiate conversations. Adolescents indicate that their parents brought the issue of sexuality up when they turned age 12 onwards.

Discussion based on television programmes

Television stations in Ghana broadcast a number of African movies and relationship programmes. The airing of these programmes in living rooms leads to discussions on sexuality. There are occasions where the whole family is present thereby giving room for sexuality discussions.

Other Peoples Experience

Parents use the experience of neighbors in the community as opportunities to talk about sexuality. The example cited were all negative events such as death of a neighbour due to AIDS, sexually transmitted infections, and teenage pregnancy. Adolescents are cautioned so that they can avoid such problems of untoward events.

Content of sexuality communication between adolescents and their parents (what is talked about)

Parents discuss teenage pregnancies; HIV/AIDS; School dropout, fear of death

Physical changes when they occur.

Generally, parents educate their adolescent children on the negative aspects of falling victims to any of the above. Thus they instill fear in them in order to avoid such things or lifestyles.

5.3.5 Suggestions on the improvement of parent-adolescent communication on sexuality

Both parents and adolescents did express the need for sexuality communication to start at an early age to take away the issue of discomfort. An adolescent (girl) commented that she believed that if sex education started early, parents would be able to educate them more. It can be argued that this approach has potential for fostering a two way communication between parents and their adolescent children

especially if mutual trust is established. The idea of a dialogue (two way communication), which is a prerequisite to effective communication, can still be advanced and such barriers consequently addressed. In this respect the adolescent children need to be assured that if they do engage in discussions on sexuality with their parents, they will not be misinterpreted or punished.

5.4 Methodological considerations

Data collection method: The main method used to generate the primary data was in-depth interviews. In-depth interviews are particularly useful when revelation of personal experience is the aim of the study. Although consent was obtained before tape recording the interviews, some respondents were still skeptical thinking that the recorded information might be used on radio programmes. In this situation the researcher re-emphasized the purpose of the information being collected, dispelling such fears.

5.5 Sampling

As pointed out earlier, sampling strategies depend on the kind of data collection strategy selected and the research question. The purpose of sampling in a qualitative research is not for representativeness but to gain insight of the issue being explored (Luwaga 2004). Therefore, it was useful to use purposive sampling method in this study to identify information rich parents and their adolescent children for the in-depth interviews.

Although community leaders were helpful in identifying adolescents who fell within the age brackets for the interviews but were not in school, they turned down the request to participate in this interview at the very last minute. Future researchers would therefore need to reach adolescents out of school.

5.6 Relevance of the theoretical framework

The Rommetveit and Blakar communication model (Blakar, 1992) provides a useful framework for discussing the nature of the parent-adolescent communication in this study. According to this model, communication can best be understood as a two way process with a continuous change in the roles as sender and receiver. Although the model itself is not a prescriptive one, but simply meant to be a tool for description and analysis of interpersonal communication, it constitutes a valuable point of departure for throwing light on parent-adolescent communication on sexuality. An obvious weakness with the communication as described by parents and offspring is lack of real and meaningful two-way communication. A second challenge is the vagueness of information and advice provided by parents. The combination of vagueness of the messages and lack of real two-way interaction is particularly critical, since the vagueness of the information provided by parents is unlikely to be challenged. If the adolescent children are not given an opportunity to give a feedback to their parents, then the appropriateness of the messages will not be determined. Therefore, the parents will continue providing the same messages, hoping that their children understand.

The Rommetveit and Blakar model also emphasizes the social and cultural context of the communication. Differences in contexts of adolescents and parents may contribute to less effective communication, and contextual constraints as well as cultural and social factors may contribute to complicating and producing barriers which effectively hinder effective and meaningful information exchange.

5.7 Implications of the study

The principal aim of this study was to find out if parents and their adolescents' children aged 16-19 have sexuality communication in the context of HIV/ AIDS. The findings provide a representation of opinions on sexuality communication from both adolescents and parents. First, messages from parents are vague, and mainly focused on warnings about the negative outcomes of pre-marital sex. Many topics on the broader aspects of sexuality, including adolescents' sexuality, relationships and reproductive health needs are clearly not being discussed by parents. Failure to provide adolescents with accurate information on these specific topics may place the adolescents at risk for negative outcomes, particularly if they seek such information from peers.

In addition, not only do many different topics need to be discussed, parents need to adopt an open and receptive approach when initiating conversations or encouraging questions and responding to adolescents questions. An open process of sexuality communication involves both parents having adequate knowledge, being willing to listen, talking openly and freely, and understanding the feelings

behind any questions posed by adolescents. This approach to communication might not be widely accepted across cultures. However, parents should be made to understand that, having open discussions with their children will not deprive them of imposing restrictions, like not returning home from school late.

5.8 Suggestions on the improvement of adolescent-parents communication on sexuality (Recommendations)

1. Adolescent (Girl): I think parents should have confidence first in telling their children about sexuality issues so that their adolescent would also trust them enough to tell them issues on sexuality disturbing them or where they need help.
2. Adolescent (Boy): By starting sexuality conversations early enough so it doesn't get embarrassing when introducing it. Parents should also desist from judging adolescent children just because they have information or ask for clarification.
3. Parent (mother): By telling them more. Starting the education at a very early age to avoid confusion in their minds and be given wrong advice. Take care of them first. Talking about sexuality is important. Tell them how important information from school is.
4. Parent (Father): By doing open discussion on sex. Or maybe adolescent clubs should be formed and monitored and guided. "I will advise them to

help solve the problem and bridge this sexuality gap. We are all part of the situation”

5.9 Suggestions for further studies

It would be inappropriate to conclude this study report without making reference to the question of “what next”. It is envisaged that the finding of this study will contribute in informing the development of health promotion interventions and to add to the already researches on this issue.

The following are some recommendations.

- i. Parent –adolescent communications on sexuality should be promoted through various mechanisms. Among these is promoting school sex education homework assignments designed to be completed by both parents and adolescent to enhance parent-adolescent communication.
- ii. Parents and adolescents should be provided with information and skills to enable them overcome the communication barriers related to talking about sexuality issues. This can be done through involving parents in “straight talk” programmes and seminars
- iii. Established institutions such as Parent-Teacher Associations (PTA’s) can be utilized to target parents for the promotion of parent adolescent communication on sexuality. In Ghana, most PTA’s are used for developmental purposes in the schools.
- iv. The mass media should continue to be used to solicit involvement of parent in providing sex education to their children and hence

minimizing the cultural bottlenecks related to sexuality
communication.

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- What issues did you discuss?
- What is your opinion about providing sex education to children?
- What do you think parents should discuss with their children about sexuality and why?
- Do you know of any family in your community that discusses sex education with their children? If yes, what issues?
- In a typical sexuality discussion, what role do you play? Who starts the discussion?
- Why do you think parents talk to their children about sexuality?
- What do you think encourage parents to discuss sexuality issues with their children?
- Do you think what you discuss with your parents is sufficient/appropriate?

3. Factors hindering Adolescent –Parents communication on sexuality

- Are there sexuality issues you find easy to discuss? Why?
- Which sexuality issues do you find easy to discuss? Why?
- How do you think difficulties in discussing topics on sexuality can be overcome?

- What advice would you give adolescents on how to deal with sexuality issues with their parents?
- Do you have any advice to parents on how to deal with sexuality issues?

4. Adolescents first Sexual Exposure

- Are you sexually active? (Have you had sex before?) At what age did you first have sex?
- Do you know about HIV and its transmission?
- If yes to Q1, Did you use condom?
- Did you have sex willingly for the first time or forced?

5. Suggestions on the improvement of parent- adolescent communication on sexuality

- How can parent- adolescent communication on sexuality be improved?

Thank you

Background Information

Age

Gender

Date of Birth

School (where applicable)

Number of siblings

Order of birth

Living with parents?

Appendix 2

Interview Guide for Parents

Welcome parents and introduce the purpose of the discussion

1. Sexuality information Sources

- Have you heard about the introduction of sex education in schools? What in your opinion is the subject covering?
- What is your opinion on the provision of sex education to children?
- Do you think issues on sexuality should be discussed? Probe for reasons.
- How do young people in this community get information on sexuality? (Those in school and those out of school?)
- What is your opinion on the accuracy of the information children are getting on sexuality? Is it appropriate?
- Are you aware of any one in this family providing the information on sexuality to your children?

2. Factors hindering parents-adolescent sexuality communication

- Are there any beliefs in your community affecting the discussion on sexuality? Can you tell me any you know?

- Do you encounter any challenges in the discussion of sexuality issues with your adolescent children?
- How do you go about discussing issues that you find difficult?
- Are there issues you find easy to discuss? What are they?
- Are there issues you find difficult to discuss? What are they?
- In your opinion how can difficult issues being discussed be made easier?

3. Suggestions on the improvement of parents- adolescent communication on sexuality

- How can parents-adolescent communication on sexuality be improved?
- If you were given a chance to advise other parents regarding discussions or sexuality issues with their children, what would you tell them?
- Do you think parents are ignorant on issues regarding sexuality?

4. Information communicated between parents and their adolescent children

- What issues are normally discussed with your children?
- What determines which issues to discuss
- How much information do you think would be appropriate for your adolescent child

5. Adolescents first exposure

- At what age do you think adolescents in this community get exposed to sex?
- Do you know if they are aware of HIV/AIDs?
- Is it possible that they use condoms?

Thank you Background Information

Age

Gender

Date of Birth

Place of work (where applicable)

Number of children

Living with adolescents?

Appendix 3

INFORMED CONSENT (PARENTS)

Informed consent of parents/ guardian concerning adolescents' participation in the study of adolescent-parents communication on sexuality in the context of HIV/AIDs at Odumase- Krobo

This study explores views about discussions about sexuality within a family setting. It has been observed that discussions regarding sexuality between parents and their adolescent children are limited due to the sensitivity of the subject. Yet sex education is important in the prevention of HIV/AIDS. Interviews will be held among some parents and their adolescent children aged between 16- 19 years. This study will help us to understand more about discussions on sexuality at household level.

The interviews will be held for approximately one hour each. The interviews will be tape recorded and notes taken at the same time but without revealing the name of the informant. The information will be analyzed and used to write a Master's Degree thesis which will be submitted to the Graduate School of the Ghana Institute of Journalism. All the information will be handled with confidentiality. Mrs Naa Korkoi Essah and co-researchers will be the only ones who will have access to all the information collected. During the interview your child will be free to respond or decline answering any question. They can also withdraw from

the interview at any time without giving any explanation. We do not expect you to demand for details about the interview from your child.

Your child's participation in this study will help me to get valuable information on issues about discussions on sexuality in Odumase -Krobo. This information will also be important for researchers, health and education development workers, adolescents, parents as well as the international community. I am therefore very grateful if could permit your child to take part in this study. If you agree, read carefully through the attached consent form and sign it. This is to make sure that the information your child gives will not be misused.

Thank you for your support and best wishes.

WRITTEN CONSENT

Written consent from Parent/guardian for adolescents participation in the study.

I/we have been informed that this study is collecting information on both parents and adolescent children's' views regarding discussions on sexuality. All information from the interviews will be handled with utmost anonymity and confidentiality. Only Mrs. NAA KORKOI ESSAH and co-researchers will have access to this information. I have also been informed that during the interview, our child is free not to answer questions without a need to explain. Our child is also free to with draw from the interview at any time.

The audiotapes will be deleted and transcripts destroyed when the Graduate School of the Ghana Institute of Journalism, has accepted the final report. At no time during and after this study shall I/we demand to know the details of the interview from our child or the researcher.

Date: _____

_____ Signature _____

_____ Signature _____

Thank you for your time and support.

Appendix 5

INFORMED CONSENT:

Parents/guardian participation in the study of the parents and adolescents communication on sexuality related issues in odumase -krobo

This study explores the perceptions on parent-adolescent communication on sexuality. Interviews will be held among some parents and adolescent children aged between 16- 19 years and are unmarried. Sex education is important in the prevention of HIV/AIDS. This study will help us to understand more about interactions on sexuality at household level.

The interviews will be held for approximately one hour each. The interviews will be audio taped and notes taken at the same time. The information will be analysed and a report written. All the information will be handled with confidentiality and Mrs Essah and co-researchers will have access to all the data collected.

Your participation in this study will help me to obtain valuable information regarding communication on sexuality in Odumase -Krobo. This information will be important for both the government and other NGOs dealing with adolescent reproductive health and HIV prevention. I will be very grateful if you decide to be part of this study. If you decide to participate, I request you to read carefully through statement attached before signing it. This is to make sure that the information you share with me will not be misused.

Thank you for you cooperation.

Appendix 6

WRITTEN CONSENT

Parent/guardian's participation in the study

I have been informed that this study is collecting information on both parents and adolescent children's' views on sexuality communication. All information from the interviews will be handled with utmost anonymity and confidentiality. Only Mrs Essah and co-researchers will have access to this information. I have also been informed that during the interview, I am free not to answer questions without a need to explain. I am also free to withdraw from the interview at any time.

The audiotapes will be deleted and transcripts destroyed when the Graduate School of the Ghana Institute of Journalism has accepted the final report.

Date: _____

Signature _____

Thank you for your time and support.

Appendix 7

INFORMED CONSENT:

Adolescent's participation in the study of parents and adolescents communication on sexuality related issues in Odumase-Krobo

This study explores the perceptions on parent-adolescent communication on sexuality. Interviews will be held among some parents and their adolescent children aged between 16- 19 years. Sex education is important in the prevention of HIV/AIDS. This study will help us to understand more about interactions on sexuality at household level.

The interviews will be held for approximately one hour each. The interviews will be audio taped and notes taken at the same time. The information will be analysed and a report written. All the information will be handled with confidentiality and Mrs Essah and co-researchers will have access to all the data collected.

Your participation in this study will help me to obtain valuable information regarding communication on sexuality in odumase- krobo. This information will be important for both the government and other NGOs dealing with adolescent reproductive health and HIV prevention. I will be very grateful if you decide to be part of this study. If you decide to participate, I request you to read carefully through statement attached before signing it. This is to make sure that the information your share with me will not be misused.

Thank you for you cooperation.

Appendix 8

WRITTEN CONSENT

Adolescent's participation in the study.

I have been informed that this study is collecting information on both parents and adolescent children's' views on sexuality communication. All information from the interviews will be handled with utmost anonymity and confidentiality. Only Mrs Essah and co-researchers will have access to this information. I have also been informed that during the interview, I am free to answer questions without a need to explain. I am also free to withdraw from the interview at anytime

The audiotapes will be deleted and transcripts destroyed after the Graduate School of the Ghana Institute of Journalism accepts the final report.

Date: _____

Signature _____

Thank you for your time and support.