

## **FAMILY LIFE EDUCATION NEEDS OF SCHOOL CHILDREN: A STUDY IN AKWAPIM AKROPONG**

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### **Abstract**

Research on children's Family Life Education needs has resulted in changes in the structure and contents of Ghana's basic education for children and the development of policies for youth on their sexual and reproductive health. Since the 1990s there has been a growing amount of information and education from various sources—homes, schools, social clubs, and the media. The quality of information pupils gain equips them with knowledge and tools with which they can plan their future, even while they protect themselves from debilitating and fatal conditions, such as too early and unwanted pregnancies and sexually transmitted infections including HIV/AIDS. Adolescence is such a relatively short and transitional stage, when a child develops into and takes on the roles of an adult, that it is necessary to continually study and discuss current groups of young people's mundane life experiences. This paper presents the daily life experiences, constraints and aspirations of Junior School pupils in Akwapim Akropong, where education for both boys and girls has been encouraged for over 150 years, and residents experience the influences of both urban and rural life.

### **Introduction**

Young boys and girls' socio-cultural experiences influence their knowledge, skills and values, especially concerning the age at which they initiate sexual relationships. Too often, early initiation of relationships results in complications of sexually transmitted diseases, unwanted pregnancies, abortions or early parenthood and curtailment of educational and therefore (job) aspirations—as pregnant girls are made to drop out of school. I once taught at a school of languages where there were three main categories of students studying English: Francophone students, Ghanaian school leavers, and Ghanaian school drop-outs. The last group of students who captured my attention had dropped out of school often because their parents or guardians could not meet the monetary demands of school. However, many girls had also been expelled from their schools because they got pregnant. My interactions with the latter group revealed that they had lacked access to Family Life Education (FLE), which focuses on improving people's quality of life in terms of their relationships with their families and their society and develops them to take up responsibility for their behaviour, including their sexual and reproductive behaviour. Detailed and consistent FLE could have guided these students to postpone initiation of sexual relationships, or to use scientifically proven contraceptive methods when they chose to be sexually active. Unfortunately, they also never developed language and study skills and so had to put in more effort to complete the course. For those who never completed Ghana's compulsory basic education, of what use would this sole certificate for a language be in the formal job sector? Would they ever be able to do the jobs they hoped to be able to do?

A year later, for my graduate thesis, I decided to focus on the early warning signals and preventive care for healthy young people. I looked for a town where schooling is part and parcel of community life, and children have additional avenues for Family Life Education and to develop skills for meeting their aspirations. I chose Akropong.

## Akropong

Akwapim Akropong, a small town on a mountain ridge of the Eastern Region of Ghana, functions as the administrative capital of the traditional Akwapim State and the more recent Akwapim North District. It is barely 45 minutes drive from Accra, the nation's capital, which has constant communication links with other regions of the country and with other countries. Akropong therefore embodies a blend of cultures—and a study of its origin, culture, administration, religion and education shows that it has the capacity for and often serves as guide for fellow communities to build upon their experiences, and so develop. Its ancestors organised neighbouring ethnic groups, the Guan, to fight for and develop their lands during the early 18<sup>th</sup> century, and in 1828 Akropong welcomed the Basel Missionaries, who spread Christianity and also set up a tiered system of schools from primary to the tertiary, teacher training college. Schools generally emphasised the acquisition of practical and vocational skills so that cash crop farming (cocoa) was encouraged, and school children earned pocket money and provided funds for the schools by, for example, plaiting and selling straw hats and mats. The quest for education and jobs caused much migration to and from Akropong but the swollen shoot disease of cocoa in the 1940s destroyed the economy in Akropong and caused many adults to leave and earn their livelihood elsewhere. Yet many parents still send their children to acquire elementary education in Akropong.

### Living Arrangements<sup>1</sup>

Today most pupils' parents are married but pupils do not experience the perceived benefits of living with both parents (cf. Adomako 1991; Nabila et al. 1997). In the study although four out of five pupils' parents were married only two out of five pupils lived with both parents and this same proportion lived with only their mothers. More girls than boys lived with only their mother, while a minority of pupils lived with only their father.<sup>2</sup> The types of living arrangements pupils had were reflected in their financial situations and affected the quality of life they had and the values and skills with which they were growing into adulthood.

Pupils did not often aspire for jobs that their parents did, but for stereotyped and gendered occupations. Most boys wanted to be doctors or engineers while girls wanted to be teachers or doctors. The jobs they have chosen require more years of formal education and school expenses, yet they have no avenue for earning pocket money while still in school and in effect, build up their skills on how to plan for, work for and achieve an aspired for profession.

Already, many pupils doubt that they will be able to achieve their aspired for professions, since they know that their parents or guardians will not have money for them. When they have financial problems boys would more readily ask their fathers, or both parents, while more girls ask both parents, or their fathers. Hardly any boy said he asked his mother for funds, although for girls mothers were the third most frequent source of support. Boys would rather ask their grandparents, pray or ask an aunt. Pupils said they ask these particular people for aid, either because they are their confidants, or because as children pupils are generally expected to do so. It is therefore not surprising that boys said they face financial problems much more often than girls, since the latter demonstrated more skills in acquiring what they need. Unfortunately, the skill to make money is a double-edged sword. In cases where children are not equipped with FLF they are more likely to eventually experience the negative consequences of this skill. Both boys and girls said that financial reasons, together with curiosity and naughtiness cause early adolescent sexual experience and pregnancy. Already, boys stated that girls accept men's proposals and even chase men for financial reward. They are stating the normal, culturally acknowledged pattern for young females to meet their needs by taking on older men (Dinan 1983; Akuffo 1987; Nabila and Fayorsey 1995). Neither boys nor girls

mentioned the less known and hardly written about pattern of boys taking older women (as recorded by Nabila and Fayorsey 1995).

### **Peers and Friends**

Peers and friends create problems for pupils since parents often chastise pupils on the number of friends who visit them at home. Parents felt that friends make pupils too playful, so they do not finish their house-chores and homework on time. Peers also make pupils stay out so late that they do not go to bed early or wake up on time. They rather focus on romance. Pupils sent and received romantic letters from the various educational institutions and even from within a school. A headmaster remarked that letters were not the means through which pupils in other neighbouring towns expressed their love. The long established literacy in Akropong appears to have an influence on the way young people express their sexuality in Akropong. In the past, when there were single sex schools, a boy's popularity depended on the number of letters he received from girls. The frequent exchange of letters buttresses parents' fears that peers influence their adolescent children negatively, especially when the adolescents are not at home. Boys felt that girls are more influenced by peer pressure, and that conversation between peers about sex led them to dwell on it, and curiosity led to adventure. Girls seemed to agree with these boys' views.

Pupils, teachers and parents agreed that peer pressure ultimately affects adolescent reproductive health since it can lead to pregnancy and early childbirth. Yet often pupils do not think that they depend on their friends as a source of information on their sexual and reproductive health. Of the hundred pupils surveyed, only two girls and three boys said that they learnt about sex from their friends, and only two girls and one boy said that when they have sexual problems they talk to friends. This finding differs from that of researchs done by Nabila and Fayorsey (1995) and Mziray et al. (1998), in which the adolescents, most of whom are sexually experienced, gain source information on sexual matters form friends. The difference may be either because most of the pupils studied said that they had never had any sexual relationship, or because the conservative attitude of the community towards unmarried, sexually active, and in particular, pregnant pupils, scares pupils from narrating their sexual behaviour even to friends. Peers and friends do have an important role to play in meeting the FLE needs of young people; they are a priceless tool of the PPAG outreach programmes.

### **Social Clubs and the PPAG**

Social clubs were the second most frequent source of information for pupils who had knowledge about sex—one pupil had learnt from the Young Women's Christian Association, YWCA, but the rest from the Planned Parenthood Association of Ghana, PPAG. The YWCA stationed at Akropong does not deal directly with school pupils, but equips girls who have dropped-out of school with vocational skills. The PPAG has been doing a lot to help adolescents in Akropong and the Akwapem North District. In 1991 it began the Family Life Education (FLE) Clubs in most schools, especially in Akropong. The PPAG has had to vacate its office at Akropong, and operates mainly from Abiriw. Pupils who go there from Akropong are mainly boys. They go there to use the library facilities, and to listen to talks about sexuality and reproductive health needs. The PPAG's activities are also widespread and not targeted at junior secondary school adolescents in particular. Teachers who volunteer also tend to be either overloaded with other duties, nurturing their own young children, or away from Akropong for further studies. Conversation with teachers in one school further revealed that they (teachers of the school) are not eager to have the club in the school because:

Madam Bernice: (About five years ago,) the man who used to lead the school children started befriending the (pupil)s. They also started befriending each other. Any time they had meetings you would see the club members in pairs.

The teachers' statements could not be verified because the male teacher they referred to was on transfer, and all of the pupils who belonged to the club had completed the school. During focus group discussions, only one girl gave accurate responses to questions on sexually transmitted diseases, so I asked her for the source of her knowledge. She said that she belonged to her primary school's PPAG/FLE club. Further enquiries in the school revealed that the teacher had to stop because pupils' parents protested that their children were too young to learn sex education.

Also, pupils felt that the PPAG would not meet their demands for contraceptive methods, condoms, because they are very young. One girl said that friends who are sexually active could not buy contraceptives from the centre because the PPAG sells only to people aged 18 and above. The researcher discussed these pupils' views with officials of the PPAG who said that:

Lisa: We do not have an age limit for people who can buy contraceptives. Adolescents who are sexually active can buy contraceptives here. It is they (pupils) who do not come to the centre to buy contraceptives ... Maybe the friends who said so went to one of the chemists ... I have heard cases where people send their young brothers and sister, a child of about seven to buy the contraceptives, and the chemist refuses to sell it. Maybe that is what they are referring to.

The chemists said that the pupils do not buy contraceptives from them. Students who buy contraceptives are usually from the Senior Secondary Schools and the Presbyterian Teacher Training College. Definitely, it is controversial to sell contraception to very young people, especially because any one who has intercourse with a child 14 years or younger commits a crime. He or she defiles the child. What should providers of contraceptive products do in cases where couples of sexually active children who are both younger than 14 years request to purchase contraceptives?

### **The Electronic Media**

Television and radio programmes designed for adolescents and programmes that use the local languages are very important, yet subtle sources of information on sexuality and reproductive health for pupils. It is worth noting that pupils hardly mentioned the media as their source of reproductive health knowledge, to the extent that the boy who mentioned the television as his source of information had to defend himself by calling out the programme, "Concert Party", broadcast by *Ghana Television*. Boys in the gathering burst into laughter. Yet when he started narrating the play, all the boys helped to recall the story line. Girls linked their sexuality with "The Growing Child", a programme for adolescents, sponsored by the PPAG and shown on TV3.

### **School**

The Social Studies, English and Science course books have chapters that educate children on adolescence and reproduction. However, pupils did not refer to these as their sources of knowledge on FLE. In fact, most boys exclaimed and laughed at the first boy who mentioned school as his source of knowledge, so that he had to defend himself by recalling topics that his teacher had discussed with pupils. Yet, pupils may have good reasons for feeling that they are not receiving FLE in school. Science Course Book 3 for example has the human reproductive system as the last topic to be treated in school. Depending on a Science teacher's discretion, the class may not complete the book or discuss pupils' reproductive health needs at all. Also, as a moderator of those discussions, I realised that even where different courses handle the same subject matter, pupils made a distinction between the content of each course. The discussion we were having on FLE related more to what is taught in the Life Skills Course. They complained that they are not taught Life Skills because it has been removed from their syllabus.

Apparently, Ghana's council on education has found that too many courses are offered at the Junior Secondary School level, so certain courses including Life Skills are no longer studied. Relevant topics that were included in these courses are being merged into a new course, the Population Family Life Education (POP/FLE) ancillary course. Life Skills is still a part of pupils' syllabus but as in the case of Physical Education in the previous educational system, Life Skills is not examinable.<sup>3</sup> Pupils usually read the chapters of textbooks, even when these chapters are not being treated immediately as a subject in class. It is therefore a disservice to pupils when their schools' textbooks are locked in the cupboard until the timetable indicates that it is to be studied. Even though pupils also depend on the books that older siblings and relatives used, or that their parents buy for them, the majority of pupils are not receiving FLE from their schools and textbooks.

### **Knowledge on Menstruation and the Menstrual Cycle**

Menstruation proved to be a taboo topic that both books and adults shied away from discussing with adolescents. When girls attain menarche and boys spermarche, they are given a meal of *oto* (mashed yam with palm oil) and boiled eggs. They are then advised that the blood/sperm indicates that they are now capable of having children, so that they should be very careful about the company they move with. They should not initiate sexual intercourse until they are capable of parenting. Pupils described this as their puberty rite but said that most boys do not go through these rites because members of their family do not get to know the time that spermarche occurs. The adults who took part in this study did not think of the advice given to adolescents at the onset of menarche or spermarche as a rite.

Pupils did not gain their knowledge on menstruation from anybody who teaches sex education. Only one-tenth of pupils knew the time during the menstrual cycle that a female is most likely to get pregnant – during ovulation or the 'unsafe period'. It is interesting that more boys knew this than did girls, because during the field work, two boys asked me why I had let them answer questions on menstruation, puberty rites and abortion that have to do with girls, after all boys don't experience them. Other boys nearby laughed and seemed to agree with these boys. Girls even complained that adults are not prepared to talk to them about menstruation, and then narrated a story about Pokua who asked her mother if a woman washing blood soaked undergarments at a riverside was hurt, and why there was so much blood. The mother reprimanded her to stop being a bad girl, and mind her own business. Girls often linked menstruation with initiation of sexual activity and parenthood and cultural pressure to have children.

### **Knowledge of Sexually Transmitted Diseases**

All junior secondary school pupils can mention at least one sexually transmitted disease, most often the disease that is topical. Boys had variations in knowledge, while girls showed extremes in their knowledge. Most pupils know that AIDS is a sexually transmitted disease, while only one out of every two pupils could mention gonorrhoea. More girls than boys stated that people can get infected with AIDS through sexual intercourse, syringes, infected blood and/or that an infected pregnant female could pass on the disease to her unborn baby. However, one-fifth of the pupils thought, wrongly, that mosquito bites or evil spirit attacks cause AIDS, while others did not know HIV, and that it leads to AIDS. Some pupils also knew that a rash appears around the genitals of a person with gonorrhoea, that the male passed painful urine, and that people had discharges. One-third of pupils knew that using hospital prescribed drugs could cure some sexually transmitted diseases. It is not clear what depth of knowledge pupils have about this looming disease, as they enter the modal age at which AIDS is infecting most Ghanaians. Is it that these boys do not believe that AIDS still has no cure? Pupils had little knowledge of contraceptive methods, except the condom. Girls also mentioned traditional methods (whose efficacies has not been proven) such as having an enema with herbs, which pupils could not mention, before and/or after intercourse.

## Sexually Active Adolescents

Five boys and six girls aged between 14 and 16 years had initiated sexual intercourse. Boys initiated between 10 and 16 years, and girls, between 10 and 14 years. All the boys had had only one partner, but girls' partners ranged from one person to five people (the latter was gang raped by boys she thought of as her friends—it was not clear if they were school mates). They had various living arrangements, participated in church activities, and said that they loved school, and performed well in class. Boys had more financial worries. They also did not have an in-depth knowledge of sex and family life education – only one girl and two boys knew about ovulation, and three males and two females had ever used a method of contraception. They said that they always use contraceptives, yet contradicted themselves by stating that they sometimes did not think of using it, or they felt it was their partners' responsibility. One girl used the pill, two girls wanted to use the condom but felt embarrassed to try obtaining any, while two others did not think of contraception at all. In the absence of a uniform sex education this lack of a common attitude for initiating sexual activity confirms views on the varied ways through which young people initiate or are pressurised to initiate sexual intercourse (Nabila and Fayorsey 1995, 1997; Ankamah and Ford 1993; Akuffa 1987; Vellenga 1969).

Like the many other pupils who said that they were not yet sexually active, sexually active pupils could mention so many unscientific methods of aborting pregnancies (see Box). Some of these sexually experienced adolescents even said that they had used herbs or saccharine to effect abortions, but they did not face any apparent negative consequence. They all lacked the counselling necessary to help them tackle their reproductive health need for condoms to avoid experiencing sexually transmitted diseases, pregnancies and the possibility of dropping out of school, as one girl, Joanna, was facing.

Joanna would not talk much, but she communicated that fear gripped her when she first found out that she was pregnant. She did not want to be dismissed from school, so she sought to abort her pregnancy at the nearest hospital, at Mampong. However, the doctor told her that the pregnancy was too far advanced and inducing an abortion for her was illegal. The only local method she knew was drinking *akpeteshi* (a local liquor) with Hack's toffees or causing an enema with a solution of water and smoothly ground bottles, but she was afraid to drink it to induce an abortion. So, Joanna kept the pregnancy, and the school dismissed her. Fortunately, as a final year pupil who had registered for the national exams, she would be able to graduate with her mates. What comes out clearly is that Joanna has always had financial support from her family, but she lacked sex education. She sought information from love stories and her friend, and became pregnant. There is no indication that she has now gained knowledge on how to protect herself from such complications. In fact, the pregnancy made her lose emotional support from her boyfriend, foster family and friends.

Difference in the consequences of a pregnancy for girls and boys reflect the gender dynamics of societies. In Akropong, boys are rarely reprimanded. There are myths that they are dismissed or caned but no pupil knew of any male who had received such punishment before. The general attitude as stated by one boy is that: "Whichever way you look at it, the situation has already occurred so the boy should be advised never to repeat his mistake." School girls who got pregnant were however viewed by pupils in a totally different light –that they were mainly responsible for the pregnancy.

### Methods of abortion that adolescents mentioned

Go to the hospital

Drink alcohol

Drink *akpeteshi*, (local liquor) with Hack's toffee (cough drops)

Drink a bottle of Guinness mixed with a lot of sugar

Drink a bottle of Malta Guinness with a lot of sugar

Drink coffee with a lot of sugar

Take in sugary foods

An enema of water and smoothly ground bottles

An enema of water and smoothly ground dry pawpaw leaves

An enema of water and "blue" (washing blue)

Insert into vagina a paste of smoothly ground bottles

Insert in vagina a paste of *abrototo*<sup>4</sup>

### Conclusions

This study of junior secondary school children's reproductive health needs emphasised a number of measures that should be taken so that the period of adolescence will be safer and more fruitful. Pupils' interest in reading and in Ghanaian products needs to be fed with Ghanaian literature and art forms. Literature that is suitable for young people should be available as children study and build a reading culture. Textbooks should be accessible to pupils even in rural areas. In most cases schools lack libraries. Moreover head-teachers fear that pupils will tatter and tear the few books available. Yet reading materials need to be made more accessible.

While it is necessary to periodically review contents of syllabuses, care needs to be taken in dropping courses. Also, vocational and technical courses need to place emphasis on equipping pupils with practical skills. Pupils, like their ancestors, can then try their hands at earning pocket money even while in school.

The law on defilement and the implications of Ghana's age of consent should be made explicit, especially to providers of FLE and providers of contraceptive products. Social organisations championing the FLE needs of adolescents should also distinguish between the sexual and reproductive health needs of pupils at the basic level of education and that of other students, and so work to address the specific needs of pupils at the basic level of education separately. Also, it is crucial that friendly myths are created concerning the clinics and providers, so that all adolescents experiencing different stages of the spectrum of their needs would have their specific needs met. The rising rate of HIV infection through heterosexual intercourse among people aged 20-30 demands a holistic study of the early gendered behaviours, attitudes, aspirations and constraints of very young people that affect their development.

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## Notes

<sup>1</sup> The research conducted in 1999 involved a survey on one hundred pupils (45 boys and 55 girls aged 11-19 years) and two focus group discussions with 16 pupils (eight boys and eight girls aged 12-15 years). It also involved interaction with members of the community

<sup>2</sup> Similarly, the 1998 GDHS found that in the Eastern Region, one half of all children aged 10-14 do not live with both parents.

<sup>3</sup> An official of the Curriculum Research Development Division of the Ministry of Education gave this information.

<sup>4</sup> The botanical name for *abrototo* is *Jatropha Curcas*. It grows as a fence for many houses in Akwapim Akropong. Pupils in the study said *abrototo* serves as an abortifacient when a pregnant girl or woman inserts its inner seed or a paste of its crushed leaves into her vagina.