Does the Window of Hope training module for Ghanaian teacher trainees meet the requirements of UNESCO's Technical Guidance on Sexuality Education?

Gordon Yakpir &Juliet Atawuula Atuguba
Heart of Worcestershire College , UK
Coventry College, UK

Abstract

The Window of Hope (WoH) training Module was introduced in Ghanaian Colleges of Education (CoE) by the Ministry of Education (MoE) to prepare trainees to teach sexuality education upon completion of their training. Using a document analysis methodology, we compared the processes of developing the WoH module and its content to the international technical guidance framework for teacher training on sexuality education. We found that the WoH module is unlikely to achieve its stated objectives as key components of the technical guidance are not catered to in the module. We recommend a comprehensive review of the content of WoH using the National Teacher Preparation Standards Framework and Ghana's newly developed teacher training standards. We also recommend, broad consultations involving all interest groups in Ghana in the review process.

KEYWORDS: Sex Education, Comprehensive Sex Education, Window of Hope Module, Ghana, Teacher Trainees, Colleges of Education, Technical Guidance.

Introduction

Despite the noted aversion to discussing sex in the Ghanaian culture (Mack, 2011; Van der Geest, 2001), Sexuality Education (SE) has long been part of Ghana's education; albeit in different forms. Before Ghana's independence from British rule in 1957, the major providers of western-style education were missionaries, and thus Religious and Moral Education (RME) were key components of the school system. SE was embedded in RME mainly because sex and sexuality have always been regarded as religious and moral concepts (Acquah, 2011; Anarfi and Owusu, 2010; Fuglesang, 1997; Van der Geest, 2001) by the religiously inclined and the

wider Ghanaian society. Post-independence school-based SE in Ghana has been delivered in various forms including through integration into other curriculum subjects such as Integrated Science, Biology, Social Studies, and Management in Living. SE has also been delivered as a co-curricular subject – such as the School Health Education Program (SHEP) and the HIV ALERT in basic and second cycle schools. The third is as a stand-alone subject. The WoH module for teacher trainees is currently delivered as a stand-alone sexuality education module.

Beyond the form of delivery of SE is the content of what is taught. School-based SE is classified into three forms based on the focus: Abstinence-only, Abstinence-Plus and Comprehensive Sex Education (CSE) (Lesko 2010; Winskell *et al.*, 2011). Abstinence-only programs promote abstinence until marriage and assume that young persons will remain sexually ignorant until marriage (Goodson *et al.*, 2003). Although very common in most jurisdictions especially in Asia and Sub-Saharan Africa (Awusabo-Asare *et al.,* 2008; Boonstra, 2011; Mbonile and Kayombo, 2008; Mbugua, 2007; Pokharel *et al.,* 2006; Sridawruang *et al.,* 2010) and in some high-income countries such as Canada (DiCenso et al., 2001; Santelli *et al.*, 2017; Turnbulla, et al., 2008), nowhere has it gained currency more than the United States of America where federal funding is aimed solely at Abstinence-only programs (Santelli, et al., 2017; SIECUS, 2016). Normally, Abstinence-only programs do not teach about sexuality; contraception; sexual health relating to puberty and reproduction; and pregnancy and disease prevention (Starkman and Rajani, 2002). Thus, beneficiaries are not prepared for the inevitable, becoming sexually active. Although many researchers have concluded that there is insufficient data on Abstinence-only programs to make conclusions about their effectiveness in delaying sexual debut, avoiding pregnancy and STIs (Sexually Transmitted Infections) the obvious lack of discussion of contraception, sexual health, reproduction, and disease prevention places beneficiaries of this kind of education at a disadvantage (Kirby, 2008; Kirby *et al.*, 2006; Stanger-Hall and Hall, 2011; Trenholm *et al.*, 2007). Emerging recently is the Abstinence-plus SE approach which presents abstinence as the preferred option, but has some information about other sexual behaviours, contraception, and disease prevention (Hubbard *et al.,* 1998). CSE is defined as:

"curriculum-based education that aims to equip children and young people with the knowledge, skills, attitudes, and values that will enable them to develop a positive view of their sexuality, in the context of their emotional and social development" (UNFPA, 2014).

CSE operates on the assumption that young persons are or will become sexually active and thus promotes the teaching of STIs and disease prevention; including condom and contraceptive use (Kirby, 2008; Lesko, 2010; Smith-Kuehnel, 2009; Starkman and Rajani, 2002). One obvious benefit is that young persons are given the opportunity to acquire the knowledge and skills needed to make informed and healthy choices regarding sex and sexuality. Unlike Abstinence-only, there is evidence based on reviews of studies conducted in low and middle-income countries about the effectiveness of CSE in increased HIV knowledge; increased self-efficacy related to refusing sex; increased contraception and condom use; reduced number of sexual partners; and later initiation of first sexual intercourse (Fonner *et al.* 2014, Maticka-Tyndale, 2010). A Cochrane's Review of 41 randomized controlled trials in Europe, the United States, Nigeria, and Mexico also reported that CSE prevents unintended adolescent pregnancies (Oringanje *et al.*, 2009).

Ghana has had inconclusive debates about the content of SE programs in schools. Although there is a convergence on ensuring that Ghanaian children get the very best of education, CSE still elicits very strong emotions from the populace be it the religious, civil society, political or conservative media practitioners (Awusabo-Asare *et al.,* 2017, Ngula, 2019).

To sustain school-based sexuality education initiatives in Ghana, there have been several initiatives within the teacher training sector aimed at equipping pre-service teachers with the requisite knowledge and skills to teach SE. In 1976, for instance, Sexual and Reproductive Health Education was introduced into pre-service teacher training programmes (Awusabo-Asare *et al.,* 2017). This was followed by the Life Skills Education programme which was introduced in 1987 as part of the implementation of the New Education Reforms of 1987. In 1998, this was replaced with social studies in CoE. It was not until the early 2003 that the current WoH module was developed as an education sector response to the HIV/AIDs epidemic in Ghana by the Ministry of Education (MoE). The program was dubbed "Window of Hope" as the term referred to young persons aged 5-15 not infected with the AIDS virus. According to William *et al.* (2007), the WoH module was designed to positively affect the HIV/AIDS prevention knowledge, attitudes, and behaviours of trainees (Aged 18+). It was initially delivered within other curriculum subjects and as a co-curricular activity; with CoE encouraged to form and nurture HIV/AIDS Clubs for trainees.

An evaluation of the WoH program by William et al., (2007) revealed that it produced significant teaching and learning. However, some college principals were not supportive of

the program as it was not considered part of the academic requirements of CoE. They also found that tutors often focused on didactic methods instead of the non-formal, interactive methods proposed by the program. The report attributed the above challenges to several factors. First, the WoH module was not a stand-alone subject and thus had no official place on the college timetable. Second, tutors were required to integrate HIV/AIDS Education into their main subjects. Third, the content was too large. Finally, it was not examinable, so trainees were not assessed in any form. These flaws formed the basis for a review of the module in 2008.

Following the outcome of the evaluation by William et al., (2007), World Education, Ghana, Teacher Education Division, and Institute of Education of the University of Cape Coast conducted a series of workshops to revise the module. The result was a reduction in the content of the module. There was also an addition of a one-credit component on the methodology of teaching aimed at introducing trainees to adult learning participatory approaches that are more engaging for assessing personal risk, and attitudinal and behavioural change. The module was also made examinable, and it gained an official place on college timetables (one hour weekly for the content and methodology of teaching SE respectively). International standards for teacher training championed by UNESCO have since been developed to guide the development of SE programs aimed at the preparation of pre-service and in-service teachers after the development of the WoH module. Given that there has been no attempt to revise the WoH module since the last revision in 2014 which was not based on international technical guidance, how does this module compare to the recommendations of technical guidance for SE teacher training?

Purpose

The purpose of this study is to compare the processes of developing WoH module and its content to the technical guidance for SE teacher training. The technical guidance developed by UNESCO adopts the National Teacher Preparation Standards Framework drawn up by Future of Sex Education (FoSE 2014). The UNESCO technical guidance programme has been used to guide the development of sex education curriculum for pre-service teacher training in jurisdictions such as Eastern and Southern Africa (see Cheetham, 2015, p.12). The comparison will enable us to identify the strengths and weaknesses of WoH module as compared to the recommendations of technical guidance for sexuality education teacher training regarding knowledge, skills, attitudes and behaviours and teaching competencies they promote. This study will enable us to make recommendations that will contribute to strengthening sexuality education at the teacher training level in CoE in Ghana.

Methods

Documents related to the WoH module were analysed for this study. The document analysis for this study served two purposes. First, it provided the opportunity to illuminate the context of the WoH module by exploring the planning, development and implementation stages, the objectives, the content, and the expected outcomes. Second, we were able to compare the processes of planning, development, and content of WoH module with technical guidance.

Although document analysis can be affected by limitations such as documents having insufficient details, low retrievability and biased selectivity, the cost-effectiveness, time efficiency for analysis, availability of documents, broad coverage, stability, and the exactness of documents make these limitations potential flaws that are manageable (Bowen, 2009). We had personal copies of the WoH syllabus issued by the Institute of Education (IoE), University of Cape Coast (UCC), WoH Trainees Module Handbook and WoH Tutor's Module Handbook. The other documents were sourced from the Websites of World Education, Ghana, UNESCO, and Future of Sex Education respectively. The documents analysed for this paper and the purpose they served in the analysis are shown in Table 1.

Table 1: Documents and Data Analysed

Document and Source	Data analysed from Document
1. WoH Syllabus issued by the IoE, UCC	Objectives, Content, and Assessment criteria of WoH.
2. Strengthening HIV/AIDS Partnership in Education (SHAPE I and II Evaluation Report) by William et al., (2007)	Planning, development, implementation and initial evaluation of WoH and the training and professional development given to tutors before and during the implementation
3. WoH Trainees Module Handbook	Objectives, content and expected outcomes
4. WoH Tutor's Module Handbook	Objectives, content and expected outcomes and suggested teaching techniques and activities
5. Fose (2014). National Teacher Preparation Standards for Sexuality Education: New York **	Sexuality education teacher preparation standards adopted to Ghana and used to compare to WoH.
6. Cheetham, N. (2015). Regional Module for Teacher Training on Comprehensive Sexuality Education for East and Southern Africa. UNESCO, Paris, France	How National Teacher Preparation Standards were applied to the development of a teacher training module

** Retrieved from https://www.advocatesforyouth.org/wp-content/uploads/2019/09/teacher-standards-1.pdf

Thematic analysis was used to analyse the documents. Pre-determined themes are useful when the document analysis is supplementary to other methods (Bowen, 2009). As this study was part of a larger study exploring the experiences of WoH tutors (Yakpir, 2020) , it was supplementary to the interviews we conducted and so we used pre-determined themes; Development process, Content, Duration and Time, Behaviour Modification Theory Guiding WoH, Expected Outcomes, and Teacher Selection, Training and Support. We read through the documents and identified aspects that corresponded to these themes and interpreted them accordingly.

Findings

1. Development Process

A team composed of professionals of varied backgrounds developed the WoH module. The team included representatives of the MoE, National Council for Curriculum and Assessment erstwhile Curriculum Research and Development Division, National AIDS Control Program (NACP), Princof, Tutors, Teacher Trainees, Africa Consultants International (ACI), World Education, Ghana, and USAID. Compared to the technical guidance programme for SE, the composition of the team had some noticeable absences including religious and faith-based organizations, community, and traditional leaders, Persons Living With HIV/AIDS (PLWHA), Lesbians, Gay, Bisexual and Transsexual (LGBT) groups and the media.

2. Content

The technical guidance for sexuality education teacher preparation has seven standards marked by a set of expected outcomes (shown in square parenthesis). They are (1) professional disposition [pre-service teachers demonstrate comfort with, commitment to and self-efficacy in teaching sexuality education]; (2) diversity and equity [pre-service teachers show respect for the individual, family and cultural characteristics and experiences that may influence student learning about sexuality]; (3) content knowledge [pre-service teachers have accurate knowledge of the biological, emotional, social and legal aspects of human sexuality]; (4) legal and professional ethics [pre-service teachers make decisions based on applicable local laws, regulations and policies as well as professional ethics]; (5) planning [pre-service teachers plan age-and developmentally-appropriate sexuality education that is aligned with standards, policies and laws and reflects the diversity of the community]; (6) implementation [pre-service teachers use a variety of effective strategies to teach sexuality education] and (7) assessment [pre-service teachers use effective strategies to assess student knowledge, attitudes, and skills in relation to sexuality]. These standards have been adopted for international usage, therefore,

indicators that do not reflect the local Ghanaian environment have been adapted to reflect the Ghanaian situation. For instance, Ghana is not a federal state and has a centralized education system, so it has only one set of laws governing all, thus reference is made to national laws rather than state laws. In Table 2 we present our analysis of the content using the standards and indicators.

The WoH module does not address the standards for professional disposition, diversity and equity, and legal and professional ethics. Professional disposition stems from trainees gaining confidence in the subject matter and practice, from ability to identify their values, beliefs, biases, and experiences and from being able to appreciate the demands of the curriculum in that regard. To the extent that WoH comprehensively covers HIV/AIDs education, trainees may gain confidence in teaching the subject provided it is well taught, but they cannot reconcile it with their personal beliefs and experiences which are not explored as part of the content. When presented with issues concerning puberty and adolescence, teen pregnancy, LGBT rights, abortion, and many others, trainees may be found wanting. Although the professional disposition also required that trainees appreciate the importance of sexuality education, we found that the module did not provide opportunities to discuss this.

Table 2 Evaluation of WoH Module Content using Technical Guidance for Sexuality Education Teacher Preparation

STANDARDS	INDICATORS	HOW WoH ADDRESSES THE STANDARDS	REMARKS
1. Professional Disposition	Teacher confidence.	Addresses teacher confidence in terms of the potential knowledge to be acquired.	Trainees may acquire knowledge about HIV and STI if these are appropriately taught to their understanding. However other sexuality issues not addressed by WoH may pose a challenge and affect confidence. As personal values, beliefs, biases and experiences are not part of WoH, trainees' professional disposition may not be appropriately developed.
	Appreciation of the importance of SE.	Not addressed in the true sense of sex education. The emphasis is on knowledge of HIV/AIDS.	
	Personal values, beliefs, biases and experiences.	Not addressed.	
	Appreciation of the need for CPD (continuous professional development).	Does not identify avenues for CPD and does not present SE as an evolving subject.	
2. Diversity and Equity	Recognise individual differences.	Not addressed.	Trainees are not trained to identify individual differences concerning sexuality beliefs, values, and knowledge. Thus, they may be able to create a safe classroom in a homogenous class. Heterogeneous classrooms may pose a challenge.
	Ability to create a safe and inclusive teaching and learning environment.	The methodology component addresses classroom management, motivation and appropriate pedagogy for sex education.	

3. Content Knowledge	Knowledge of biological, emotional, social and legal aspects of human sexuality.	WoH content addresses knowledge of HIV and STIs comprehensively and addresses the social and emotional implications of HIV/AIDS rather than sexuality. All the others are not addressed.	Whilst knowledge of HIV/AIDs and STIs is comprehensively addressed, trainees will find it challenging with other sexuality issues such as Healthy relationships, communication, LGBT, behaviour change approaches and legal aspects of sexuality.
	Ability to identify accurate and reliable sources of knowledge.	Assumed with competence.	
	Familiar with state laws relating to sexuality.	State laws are not addressed in WoH.	
	Familiar with health behaviour theories and models.	Not addressed.	
	Aware of sources of valid and reliable sexuality information, health products and services.	WoH provides sources of accurate sexual health information, products and services (VCT, PPAG, contraception).	
4. Legal and professional ethics	Ghana Education Service regulations and policies regarding sex education.	Not addressed.	Legal and professional ethics concerning sexuality education are not addressed during training.
	State laws and safeguarding practices.	Not addressed.	
	Confidentiality and safeguarding practices and procedures.	Not addressed.	

5. &6. Planning and implementation	Ability to plan and implement sex education lessons.	Addressed in Part 2 of WoH (experiential learning cycle and techniques, learning objectives, TLMs and lesson plan formats and evaluation techniques).	WoH Part 2 addresses the preparation of trainees to be able to plan and implement sex education in classrooms although behaviour theories are not taught.
	Ability to apply behaviour theories to SE.	Behaviour theories are not taught.	
	Ability to identify and use appropriate resources to guide lessons.	Addressed as part of lesson planning.	
	Effective strategies to teach SE.	Addressed in Part 2 of WoH (experiential learning techniques, peer learning techniques and motivation).	
7. Assessment	Ability to assess students' knowledge, attitudes, skills, and behaviour using diverse strategies.	Addressed in Part 2 of WoH though the focus is on the cognitive domain.	More needs to be done to develop appropriate assessment techniques even for the assessment of trainees. The current assessment trend is cognitively centred.
	Analyse assessment results and use to plan future lessons.	Not addressed.	

Note: Standards 5 and 6 were put together and the indicators harmonised because the implementation (6) involves putting the plan into action.

Regarding diversity and equity which is defined as respect for the individual, family and cultural characteristics and experiences that may influence student learning about sexuality (FoSE, 2014), trainees are taught only classroom management skills. However, the sensitive nature of sexuality and related issues will require an in-depth discussion of individual, religious, and cultural differences in the context of sexuality. From the comparison in Table 2, the content of WoH is comprehensive in terms of HIV/AIDS and STIs. However, significant sexuality education topics covering the emotional, social, legal and policy aspects of sexuality were absent.

The indicators for achieving legal and professional ethics are not addressed at all. The sensitive nature of sexuality, and the fact that teachers have the responsibility to ensure a safe classroom and school environment means that teachers need to be aware of their professional responsibilities and avenues for the redress of infractions. We found this was not peculiar to the WoH module in Ghana. For instance, UNESCO/UNFPA (2012) in a review of sexuality education curricular in ten Eastern and Southern African countries concluded that the curricular did not mention "reporting requirements for teachers who encountered disclosure of sexual abuse during delivery of sexuality education programmes" (p.25).

The content of WoH part 2, including topics such as experiential learning cycle and techniques; learning objectives; Teacher – Learner Materials and lesson plan formats and evaluation techniques satisfies the indicators (see Table 2) for planning, implementation and assessment outlined, except for behaviour change theories and how to use assessment results. Therefore, if well taught and understood, trainees might be able to plan, teach and evaluate sexuality education lessons using the cognitive assessment techniques they have been exposed to through their training.

3. Duration/Time

The original content of WoH module was designed to be taught over 65-hour sessions. However, a follow-up review discovered that most colleges allocated two hours a week for the module and with a 16-week semester, it was determined that only about half of the sessions were taught (William *et al.,* 2007). The content was reduced to 18 hours in 2005 and a one-hour a week session on the methodology of teaching WoH was introduced. The latest review by the Institute of Education, University of Cape Coast in 2014 reduced the 18-hour sessions to 13-hour sessions and assigned it a one-credit value (IoE, UCC, 2014). The methodology component has also been reduced to 11-hour sessions.

4. Behaviour Modification Theory Guiding WoH module

Behaviour modification theories have long guided the development of public health intervention programs and many studies have reported the success of theory-driven interventions (Darnton, 2008). Behaviour modification theories support interventions by describing how behaviours develop and change over time and therefore help us understand behaviour and identify the underlying factors that influence it and subsequently the approaches that are likely to bring about the desired change. Our analysis looked out for the theory guiding the development of the module as well as the teaching of behaviour modification theories as part of the content. We found that the WoH module did not have an explicitly stated behaviour modification theory as the guiding principle. In addition to this, the content did not include behaviour modification theories as a topic.

Trainees should at least be familiar with behaviour modification theories. However, many activities and case studies in the module could be linked to certain theories. Activities such as 'Alone and Frightened', a musical recording by Philly Lutaaya, the Risk game which dwells on the risk of contracting HIV/AIDS, the movie, 'Uncut: Playing with Life', respectively portrayed the brutality of the AIDS virus in Africa and will suggest there was a desire to expose beneficiaries to materials that put fear into them about sexual behaviours. In addition to these media, the trainee's manual copiously quotes statistics from Botswana, South Africa and Ivory Coast and avoids providing statistics about Ghana presumably because this will be very low and will not contribute to the fear such statistics are intended to create. These statistics have remained a central part of the module despite changes that have occurred over time. For instance, the Trainees Manual quotes a prevalence rate of 35.5 to 43.7% for pregnant women in Botswana contrary to the current prevalence rate of 21% (WHO, 2017). We concluded that the module relies on the fear arousal approach.

5. Expected Outcomes

The notable absence of key topics outlined in the previous sections suggests the WoH is not comprehensive and may not be able to deliver the expected outcomes of a sexuality education teacher training program including gaining knowledge about HIV/AIDs and STIs, acquiring HIV/AIDS and STI prevention skills, using the knowledge and skills acquired to modify sexual behaviour, and creating a supportive environment for PLWHA as well as pupils (William *et al.,* 2007; IoE, UCC, 2014). There is no reported national evaluation of the impact of WoH since the evaluation of the pilot program by William *et al.* (2007). However, the Institute of Education, University of Cape Coast has subsequently reviewed the content on two separate

occasions, the first in 2011 which augmented the content to include the ALERT module which had been introduced earlier in basic schools; and the second, in 2014 which did not change the material content but brought forward WoH to the first of the then six-semester pre-service teacher training program. In their evaluation of a similar module applying the integration model for Initial Teacher Training (ITT) in Zambia, Oki and Phiri, (2009) using qualitative methods (focus group discussions, in-depth interviews and classroom observations) noted the limited nature of the module and reported that although the WoH program was effective in promoting college-wide dialogue on culturally sensitive issues of sexual behaviour including harmful practices, gender and sexuality, both tutors and trainees were nervous when cross-generational and transactional sex topics were mentioned.

The Ghanaian government has long recognised that high-quality, CSE is essential for the healthy development of adolescents and their transition to adulthood (Awusabo-Asare *et al.*, 2017). In recent times, public discourse in Ghana has been dominated by calls for the implementation of a school based CSE due to the numerous media reports of rape, defilement, and high incidence of teenage pregnancy (UNFPA, 2017; Brew, 2016). Consequently, the Ghanaian government through the National Population Council (NPC), Ghana Health Service, Ghana Education Service and Development Partners led by UNFPA have tasked a consultant to develop a national guideline for CSE in Ghana to address the shortcomings of the current sexuality education modules taught in schools (UNFPA, 2017). Hopefully, the proposed guidelines together with Ghana's new National Teachers' Standards and Teacher Education Curriculum Framework will trigger a review of the sexuality education for pre-service teachers.

6. Teacher Selection, Training and Support

Though not documented, selection of college tutors to train for the teaching of WoH module was probably not based on a clearly defined criteria of the skills and competences needed. In their evaluation report, William et al., (2007) observed,

> The test of this commitment will come primarily from assigning a competent tutor to the subject, rather than assigning it to the tutor who is newest or has the least influence over scheduling decisions and reconciling the assigned tutor's instructional load so that it is not an extra burden but is a part of their normal teaching load (p.26).

The above will suggests that the review discovered that tutors were selected using criteria other than competence.

As recommended by World Education, Ghana, training programmes based on the

content of the curriculum and participatory methods of teaching were offered to selected college tutors at the inception of the programme and regular follow-up training was recommended to ensure consistency and quality in content delivery (William *et al*., 2007). The main methods of delivery recommended to tutors were non-formal participatory approaches which included games, discussions, dramatisation, debates, seminars, lectures and lecturettes, film shows, simulations and role play. It was also recommended that resource persons from the local communities be used to share ideas and challenges encountered in HIV/AIDS/sex education (William *et al.,* 2007). The ITGSE (2009) recognized the importance of specialised training for teachers to cope with the new concepts and methods associated with sexuality education. It also advocates that training programs be driven by clear goals and objectives and provide practice in participatory learning methods. As well, it should provide a good balance between learning content and skills and be based on the curriculum that is to be implemented. Finally, it should provide opportunities to rehearse key lessons in the curriculum. All of these can increase the confidence and capability of the educators.

The initial training offered to tutors in preparation for WoH addressed the content of WoH and teaching methods (pedagogy). However, the duration of training raises concerns about the quality of training. Doubts have been raised about the potential of such short-term or one-time training activities to affect teacher competence and confidence over the long term (UNESCO, 2015). In addition, effective sexuality educators need to have interest in teaching the curriculum, a personal comfort discussing sexuality and the ability to communicate with trainees. The initial training given to tutors did not address their own attitudes and personal comfort in discussing and communicating about sexuality with trainees. An effective teacher training program should "have an impact on teachers themselves at a personal level, helping them examine their own attitudes towards sexuality and behaviours regarding HIV, STIs and early and unintended pregnancy prevention, understand the content they are teaching, learn participatory teaching skills, and gain confidence to discuss sensitive and controversial topics" (UNESCO, 2015, p. 25).

In their review of the WoH program, William *et al.* (2007) recommended continuous professional development (CPD) programs to sustain the quality of teaching as well as motivate the teachers. However, there is little evidence of opportunities available for tutors to access CPD. No literature can be offered detailing CPD for tutors since the implementation of the revised WoH module in 2007.

As part of the implementation of the WoH, some teaching-learning materials were supplied

to facilitate the module delivery. However, in their evaluation of the WoH program, William *et al.* (2007) raised concerns about the ability of CoE to sustain the availability and use of the materials due to funding challenges and changing demands of technology.

Discussion of Findings

The aim of our study is to compare the processes of developing WoH module and its content to sexuality education technical guidance so as to identify the strengths and weaknesses of the knowledge, skills, attitudes and behaviours and teaching competencies of the WoH module. We also sought to make recommendations aimed at improving sexuality education teacher training in Ghanaian CoE.

The results of our analysis were reported in six themes: Development process, Content, Duration and Time, Behaviour Modification Theory Guiding WoH, Expected Outcomes, and Teacher Selection, Training and Support.

First, we found that although many stakeholders were involved in the module development, some very significant groups were not consulted. These included religious leaders, traditional leaders (Chiefs and Queen mothers), LGBT groups and the media. These constituents are important social units and make significant contributions to the socialisation of their members. Christianity, Islam, and African Traditional Religion are rooted in every aspect of the Ghanaian's life and culture, therefore, the absence of these socially influential groups that have well-defined positions on sex and sexuality raises concerns about broad consensus especially as sexuality education has a reputation for raising tensions in many communities. Although Ghana has largely been spared of such tensions in the past, members of the media, religious groups, civil society organizations, traditional leaders, politicians, influential individuals, as well as the public in Ghana overwhelmingly disapproved recent attempts by UNFPA and Ghana Education Service to introduce CSE in Ghanaian schools (See Ngula, 2019) because they believed the proposed content would corrupt young people. This highlights the importance of carrying out broad consultations when developing sexuality education programmes. There are emerging good practices in how to engage the most conservative social groups to accept the content of CSE. In an intervention study in East and South Africa, religious groups have been engaged positively in the development and teaching of CSE through appealing to the leadership of identifiable religious faiths in a training program led by members of the International Network of Religious Leaders Living with or Personally affected by HIV/AIDS [INERELA+] (Save the Children International, 2015). The involvement of this network of religious leaders was credited as the key to the success of the intervention as

local religious leaders demonstrated appreciable levels of recognition and trust when INERELA+ was mentioned.

Second, our analysis revealed that the content of WoH did not meet many of the criteria set out by the SE technical guidance. Even for criteria that were addressed by the WoH, we found that the content was inadequate and therefore had the potential to not support the overall goals of the module. For instance, we found that the content knowledge was comprehensively achieved only to the extent that it addressed the knowledge of HIV/AIDS and Sexually Transmitted Infections (STIs) but not the broad subject of sexuality. Thus, key sexuality topics such as Healthy relationships, communication, LGBT, behaviour change approaches and legal aspects of sexuality are not addressed by the module. Trainees will thus be inadequate in terms of their capacity to support a CSE module. Notably, key ITGSE criteria including diversity and equity, professional disposition and legal and professional ethics are not addressed by the module at all. For trainees to be effective as sex educators, they need to be equipped with the knowledge and skills about sexuality concepts such as sexual diversity, heteronormativity, personal safety, social and cultural definitions of sexuality as well as other sexuality topics (Carman et al. 2011; UNESCO, 2018). The lack of diversity and equity material in the module content means that trainees are not getting the requisite knowledge and training to address issues of diversity in their sexuality education lessons. Studies (Mcquarrie 1998; Tatar *et al.*, 1994; Taylor and Sobel, 2001; Wood, 1993), including some conducted in Sub-Saharan Africa (Wedekind, 2001) but not Ghana, have reported teachers and pre-service teachers' limited knowledge, the experience of, or in some cases dispositions to, addressing diversities in the classroom.

In the absence of training about the legal and professional dimensions of sexuality education, there are implications for the ability of trainees to offer and uphold safeguarding responsibilities in schools. Legal and professional ethics must form an integral part of any sexuality education program so that beneficiaries can be taught to exercise and demand their rights.

We also found that the assessment methods are cognitive centred as trainees are required to write and pass a sit-down examination. Many studies have reported the influence of examination on the attitudes, conduct and behaviour of both teachers and students towards a subject or course (Alderson and Wall, 1993; Biggs, 1998; Crooks, 1998; Havnes 2004; Posner, 2004; Shepard, 2000; Yaratan and Firat, 2013). These studies found that teachers and students often focus on areas most likely to be examined to the neglect of other areas of the

subject. It should be noted that examinations were introduced after a review of the first three years of WoH, which found that although teaching was going on in most colleges, the programme lacked support from college managers as it was not considered an academic requirement for trainees (see William *et al.,* 2007). Teaching to enable students to pass an examination and to also modify behaviour are not necessarily antithetical. In a study by Yakpir (2020) involving WoH tutors, concerns were expressed about the influence of examination with respect to behaviour modification, which is the objective of the module, although a few participants in that study recognised that without examination, trainees and even tutors were not likely to attach any seriousness to the module. There is an increasing concern across low – middle - and high-income countries about the capacity of examinations to assess values and skills which is the main objective of sexuality education programs (see Cheetham, 2015; Keogh *et al.*, 2018; Meier, 2012; UNESCO, 2010; UNICEF, 2012). Practitioners are therefore beginning to explore assessment methods that place emphasis on students' views, beliefs, attitudes, and values towards sexuality topics. For instance, Oerton and Bowen (2014) developed and taught a sexuality education program to students at the School of Social Sciences, University of South Wales, United Kingdom that did not involve a sit-down examination as assessment. Instead, they adopted and implemented an assessment system that involved students identifying sex and sexuality issues of interest to them and making a presentation in which both sides of the issue were argued out and the student took a position which articulated a personal view, belief, and attitude towards the subject of interest. These views, beliefs and attitudes towards the subject matter were then subjected to discourse in the classroom and students encouraged to incorporate the accepted changes into the second part of the assessment. This second part of the assessment required students to develop a 'manifesto or position paper (students expanded on their earlier presentation to make posters, leaflets or flyers targeting a wider audience and suitable for public display). Student presentations were then assessed on five equally weighted criteria: "clarity and development of standpoint; knowledge and understanding; supporting evidence; links to broader cultural, social and historical factors; and presentational style" (Oerton and Bowen, 2014, p.684). This method of assessment enabled students to develop their opinions; express them within an environment where there was regard for diversity and dissenting views and empowered them with knowledge and the confidence of speaking up and reaching out to a wider audience. The criteria for assessment used by Oerton and Bowen (2014) was comprehensive as it covered the indices of knowledge, attitudes and behaviour also recommended by UNICEF (2010) for sexuality education programs which typically aim at modifying behaviour.

Third, the original version of WoH was designed to cover 65- hour-long sessions though the colleges allocated only 30 hours for it on their timetables. Although subsequent revisions have reduced the content, recommended activities such as Video shows, Role-plays, Games etc remain a part of the module and these can hardly be covered within the current one hour a week schedule for a 16-week semester as practised in CoE. Although there is no fixed duration for effective sex education programs, it is generally reported that programs that last just a few hours are unlikely to cover much-needed content in a comprehensive way, appeal to young people or increase the likelihood of beneficiaries learning and practising the skills and attitudes the programs intend changing (Pound *et al.,* 2017; Kirby *et al.,* 2007b). Others (Fisher and Fisher, 1998; McKay and Bissell, 2010; Jewkes, *et al.,* 2010) in both high- and low-income countries have reported that effective programmes provide sufficient time in the classroom to achieve program objectives. A 16-hour duration, part of which is used for preparation towards examination in the form of quizzes and revision tutorials, is unlikely to provide sufficient time for activities that can enhance or support behaviour modification which requires repeated activities, skill practice and opportunities to engage in discussions about the challenges of beneficiaries. Indeed, tutors have cited inadequate time as one of the challenges of teaching the WoH module (citation to be provided after peer-review due to anonymity requirements).

Fourth, we found that the WoH was not guided by a clear theory of behaviour modification. Instead, many activities in the module handbook were aimed at highlighting the effects of pre-marital or multiple sexual relations and HIV/ AIDS as a way of putting fear into trainees. As such, statistics from countries that had high prevalence rates of STIs, such as HIV/AIDS were heavily relied on to the neglect of reporting the situation in Ghana which has relatively low prevalence rates. The promotion of fear is common to many sexuality education programs, especially in Sub-Saharan Africa. A recent review of sex education curriculums in 10 countries (Botswana, Lesotho, Kenya, Malawi, Namibia, South Africa, Swaziland, Uganda, Zambia, and Zimbabwe) by UNESCO/UNFPA (2012) supports this conclusion. The fear approach has proven not to support young people to understand risks associated with pre- and multiple or intergenerational sex and similarly does not help in developing young people's sexual decision-making skills (Kirby *et al.,* 2007a; Sani *et al.,* 2016; UNESCO, 2009; UNESCO/UNFPA, 2012). If trainees are trained with this approach, they are likely to implement the same in basic schools when they begin their practice. This approach is therefore inimical to the success of sexuality education in Ghana. Yet, the module has activities such as negotiation skills, role play, condom use skills, games and video media linked to the social

cognitive theory that could support behaviour change. Although interventions based on social cognitive theory have been reported to be effective (Kirby *et al*, 1994; Kalichman *et al.,* 1996), the fidelity of implementation of these activities is uncertain as teacher educators could very well choose the fear-driven activities given that their training did not include behaviour modification theories and the appropriate activities that could lead to the attainment of the desirable change. Many reviews of sexuality education programs from across the globe have identified that clearly defined theory-based sexuality education programs are effective in comparison to those that do not identify specific theories as their guiding principles (Kirby *et al.,* 2007a; Sani *et al.,* 2016; UNESCO, 2009). As a teacher training module, the content should not only have been hinged on a defined theory, but also address behaviour modification theories as a topic to prepare trainees to be able to identify and choose appropriate activities concerning the modification, they want their sexuality education lessons to address.

Fifth, we concluded based on the notable absence of key topics outlined in this report, the WoH module is not comprehensive and may not be able to deliver the expected outcomes of gaining knowledge about HIV/AIDs and STIs, acquiring HIV/AIDS and STI prevention skills, using the knowledge and skills acquired to modify sexual behaviour, and creating a supportive environment for trainees and their potential pupils (William *et al.,* 2007; IoE, UCC, 2014).

Finally, literature available from Ghana suggests CPD is generally lacking across the teaching profession (Awusabo-Asare *et al.*, 2017; Essel *et al.*, 2009). Awusabo-Asare *et al.* (2017) cited a national level policymaker to illustrate official acknowledgement of non-sustainable funding for continuous professional development of sexuality educators: *"We do in-service training for those who are teaching. But this [occurs] in bits and pieces. It is done when funds are available..." (p.34)*. Although CPD is acknowledged as important in ensuring the sustained quality teaching of WoH (William *et al.,* 2007), no sustainable plan was put in place to guarantee it for WoH tutors. In addition, the absence of a mandatory requirement for CPD (as practised in many jurisdictions such as Singapore; Sweden; and China; see Kempton, 2013) within the Ghanaian education sector has contributed to participants viewing CPD as the sole responsibility of the employer and their partners. Although current developments within the education sector in Ghana is changing the narrative around CPD and making it a requirement for renewing teacher licenses, the structures and support systems required to make this effective may not yet be available.

Recommendations

Based on our findings we make the following recommendations for teacher training in Ghanaian CoE.

Any future revisions of the WoH module should be based on broad consultations including members of religious groups, the media, civil society organizations, traditional leaders, special interest groups such as the LGTB community, politicians, and influential individuals. Apart from ensuring a broad acceptance, this will enable the development of a module with acceptable content to support the socialisation and education of members of all these groups. The approach used in Eastern and Southern Africa by Save the Children International (2015) could be a model approach and leaders of these identifiable groups could be exposed to sexuality education materials using members from those groups already involved in sexuality education. For instance, many media houses in Ghana have sexuality education programmes broadcast through their media. These members could become the point of engagement of other media practitioners. Similarly, there are Civil Society Organisations (CSOs) and Non-governmental Organisations such as Planned Parenthood International already involved in sexuality related education campaigns. They could be the intermediaries with other CSOs.

The WoH content needs to be reviewed and this review needs to be based on International technical guidelines and Ghana's proposed teacher training standards. Using these two guidelines will ensure the WoH is comprehensive and meets the needs of trainees as well as prepares them to teach sexuality education to younger people when they complete their training.

Concerning time, we propose three solutions. First, although WoH module is identified as a one-credit hour course, there is no requirement that the colleges should assign strictly one hour to it. College authorities can assign more than the one hour they currently do. Second, WoH is currently studied for two semesters out of the eight (8) semesters. As trainees will spend six out of the eight semesters on campus, the module can be spread over six semesters. This will automatically guarantee more than 60 hours of teaching, close to the original plan of WoH. Third, (Name deleted for blind review purpose) (2018) found that HIV/AIDS clubs which were part of the original implementation plan of WoH in colleges have not been functional in most colleges. Tutors, with the support of college authorities, could re-organise these clubs and use the meetings to address sex and sexuality issues not addressed in the main curriculum.

Finally, we propose that any future revisions of WoH module should be based on a clearly defined theory, preferably the social cognitive theory which many studies (Kirby *et al*, 1994; Kalichman *et al.,* 1996) have reported to be effective. We also propose the adoption of assessment methods focused on attitudes and behaviour towards sexuality issues rather than the cognitive assessment methods currently in place. Being a teacher preparation module, behaviour modification theories should form a part of the content so that trainees are familiar with them to guide their future practice.

References

Acquah, F. (2011). *The Impact of African Traditional Religious Beliefs and Cultural Values on Christian-Muslim Relations in Ghana from 1920 through the Present: A Case study of Nkusukum-Ekumfi-Enyan area of the Central Region* [Unpublished Doctoral Thesis]. Exeter: The University of Exeter.

Alderson, J. C., and Wall, D. (1993). Does Washback Exist? *Applied Linguistics,* 14(2), 115-129.

Anarfi, J. K., and Owusu, A. Y. (2010). The Making of a Sexual Being in Ghana: The State, Religion, and the Influence of Society as Agents of Sexual Socialisation. *Sexuality & Culture*, 15(1), 1-18.

Awusabo-Asare, K., Bankole A. and Kumi-kyereme, A. (2008). Views of Adults on Adolescent Sexual and Reproductive Health: Qualitative Evidence from Ghana. New York: Guttmacher Institute

Awusabo-Asare, K., Stillman, M., Keogh, S., Doku, D. T., Kumi-Kyereme, A., Esia-Donkoh, K., Leong, E., Amo-Adjei, J. and Bankole, A. (2017). *From Paper to Practice: Sexuality Education Policies and their Implementation in Ghana.* Retrieved from: https://www.guttmacher.org/report/ sexuality-education-ghana

Biggs, J. (1998). Assessment and Classroom Learning. A Role for Summative Assessment? *Assessment in Education*, 5(1), 103-110.

Boonstra, D. H (2011). Advancing Sexuality Education in Developing Countries: Evidence and Implications. *Guttmacher Policy Review*, 14(3), 17-23.

Bowen G. A. (2009), "Document Analysis as a Qualitative Research Method", *Qualitative Research Journal*, 9 (2), 27-40.

Brew, J. (24th September 2016). The Need for Comprehensive Sexuality Education in Schools with Emphasis on Ghana. Retrieved from, www.modernghana.com/news/721814/the-needfor-comprehensive-sexuality-education-in-schools

Carman, M., A. Mitchell, M. Schlichthorst, and A. Smith. 2011. "Teacher Training in Sexuality Education in Australia: How Well are Teachers Prepared for the Job?" *Sexual Health*, 8 (3), 269–271.

Cheetham, N. (2015). *Regional Module for Teacher Training on Comprehensive Sexuality Education for East and Southern Africa*. UNESCO, Paris, France

Crooks, T. J. (1998). The Impact of Classroom Evaluation Practices on Students. *Review of Educational Research,* 58, 438-481.

Darnton, A. (2008). *Reference report: An Overview of Behaviour Change Models and their Uses*. London: GSR.

DiCenso, A., Borthwick, V. W., Busca, C. A., Creatura, C., Holmes, J. A., Kalagian, W. F. and Partington, B.M. (2001). Completing the Picture: Adolescents Talk about what's missing in Sexual Health Services. *Canadian Journal of Public Health,* 92(1)*,* 35-38.

Fereday, J. and Muir-Cochrane, E. (2006). Demonstrating Rigor Using Thematic Analysis: A Hybrid Approach of Inductive and Deductive Coding and Theme Development. *International Journal of Qualitative Methods*, 5 (1), 80–92.

Fisher, W. A., and Fisher, J. D. (1998). Understanding and Promoting Sexual and Reproductive Health Behaviour: Theory and Method. *Annual Review of Sex Research,* 9, 39-76.

FoSE (2014). National Teacher Preparation Standards for Sexuality Education. New York: Retrieved from, www.futureofsexed.org/documents/teacher-standards.pdf.

Fuglesang, M. (1997). Lessons for Life-past and Present modes of Sexuality Education in Tanzanian Society. *Social Science Medicine,* 44(8), 1245–54.

Goodson, P., Sandy, S., Buzz, P. and Kelly, W. (2003). Defining Abstinence: Views of Directors, Instructors, and Participants in Abstinence-only-Until-marriage Programs in Texas." *Journal of School Health,* 73 (3), 91–96.

Havnes, A. (2004). Examination and Learning: An Activity-theoretical Analysis of the Relationship between Assessment and Educational Practice. *Assessment and Evaluation in Higher Education,* 29(2), 159-176.

https://www.unfpa.org/sites/default/files/pubpdf/UNFPA%20Operational%20Guidance%20for%20CSE%20-Final%20WEB%20Version.pdf

Hubbard, B. M., Giese, M. L. and Rainey, J. (1998). A Replication Study of Reducing the Risk, a Theory-based Sexuality Curriculum for Adolescents. *Journal of School Health,* 68(6), 243-247.

IoE, UCC (2014). *Three-year Diploma in Basic Education; Five-semester Revised Syllabus* [Unpublished Syllabus for Colleges of Education]. Cape Coast: University of Cape Coast.

Jewkes, R., Wood, K., and Duvvury, N. (2010). 'I Woke up after I joined Steppingstone': Meanings of an HIV Behavioural Intervention in Rural South African Young People's Lives. *Health Education Research*, *25*(6), 1074–1084.

Kalichman, S. C., Rompa, D., Coley, B. (1996). Experimental Component Analysis of a Behavioural HIV-AIDS Prevention Intervention for Inner-city Women. *Journal of Consulting and Clinical Psychology*, 64, 687–693.

Kempton, J. (2013). To Teach, To Learn: More Effective Continuous Professional Development for Teachers. Centreforum. Retrieved from, www.centreforum.org/assets/pubs/teacher-cpdweb.pdf

Keogh, S. C., Stillman, M., Awusabo-Asare, K. Sidze, E., Monzon, A. S. and Motta, A. (2018). Challenges to Implementing National Comprehensive Sexuality Education Curricula in Low- and Middle-income Countries: Case studies of Ghana, Kenya, Peru and Guatemala. *PLoS ONE* 13 (7), 1-18.

Kirby, D, Rolleri, L., and Wilson, M. M. (2007a). *A Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs.* Washington, DC: Healthy Teen Network.

Kirby, D. (2008). The Impact of Abstinence and Comprehensive Sex and STD/HIV Education Programs on Adolescent Sexual Behavior. *Sexuality Research and Social Policy* 5(3), 18 – 27.

Kirby, D. B., Laris, B., & Rolleri, L. A. (2007b). Sex and HIV Education Programs: Their Impact on Sexual Behaviours of Young people throughout the World. *Journal of Adolescent Health,* 40(3), 206-217.

Kirby, D., Obasi, A. and Laris, B. A (2006). "The Effectiveness of Sex Education and HIV Education Interventions in Schools in Developing Countries." In: D. Ross, B. Dick, & J. Ferguson (Eds). *Preventing HIV/AIDS in Young People: A Systematic Review of the Evidence from Developing Countries*. Geneva: WHO, pp.103–142.

Kirby, D., Short, L., Collins, J., Rugg, D., Kolbe, L., Howard, M., Miller, B., Sonenstein, F. and Zabin, L. (1994). School-based Programs to Reduce Sexual-risk Behaviours: A Review of Effectiveness. *Public Health Reports*,109, 339–360.

Lesko, N. (2010). "Feeling Abstinent? Feeling Comprehensive? Touching the Affects of Sexuality curricula." *Sex Education* 10(3), 281–297.

Mack, J. (2011). Institutionalized Stigma in Ghana: Stigma, Shame and Sexuality: Gender Across Borders. Retrieved from, www.rhrealitycheck.org/blog/2011/09/21/institutionalized-stigma-ghana

Maticka-Tyndale, E. (2010). A Multi-level Model of Condom uses among Male and Female Upper Primary School Students in Nyanza, Kenya. *Social Science Medicine,* 71 (3), 616–25.

Mbonile, L. and Kayombo E. J. (2008). Assessing Acceptability of Parents/Guardians of Adolescents towards Introduction of Sex and Reproductive Health Education in

Schools at Kinondoni Municipal in Dar es Salaam City. *East African Journal of Public Health,* 5, 26-31.

Mbugua, N. (2007). Factors inhibiting Educated Mothers in Kenya from giving Meaningful Sex-education to their Daughters. *Social Science Medicine*, 64, 1079-1089.

McKay, A., and Bissel, M. (2010). Sexual Health Education in the Schools: Questions and Answers (3rd ed.). Toronto, ON Sex Information and Education Council of Canada (SIECCAN). Retrieved from http://www.sieccan.org/pdf/she_q&a_3rd.pdf.

Mcquarrie, F. A. E. (1998). Expanding the Concept of Diversity: Discussing Sexual Orientation in the Management Classroom. *Journal of Management Education*, 22(2), 162-172.

Meier, S. (2012). Standardized Testing Gets Even More Controversial with New Sex Education Test. Available at: https://mic.com/articles/20698/standardized-testing-gets-even-more-controversial-with-new-sex-ed-test#.5hoxjD8eP

MoE/GES, USAID and World Education/Ghana (2006). *The window of Hope: Revised Trainee Manual*. Ghana: World Education.

Ngula, R. S. (13th October 2019). Comprehensive Sexuality Education in Ghana: The Truths beyond the Misconceptions. Available,
https://www.myjoyonline.com/opinion/2019/October-13th.

Oerton, S. and Bowen, H. (2014). Key Issues in Sex Education: Reflecting on Teaching, Learning and Assessment. Sex Education, 14(6), 679-691.

Oki, J. and Phiri, S. W. (2009). Teaching in the Window of Hope: Evaluation Report. Retrieved from http://pdf.usaid.gov/pdf_docs/Pdacn682.pdf

Oringanje, C., Meremikwu, M. M., Eko, H., Esu, E., Meremikwu, A. and Ehiri, J. E. (2009). Interventions for Preventing Unintended Pregnancies among Adolescents. *Cochrane Database of Systematic Reviews,* 4, 1-4.

Pokharel, S., Kulczycki, A. and Shakya, S. (2006). School-based Sex Education in Western Nepal: Uncomfortable for both Teachers and Students. *Reproductive Health Matters*, 14, 156-161.

Posner, D. (2004). 'What's Wrong with Teaching to the Test?' *Phi Delta Kappan,* 85 (10),749-751.

Pound, P., Denford, S., Shucksmith, J., Tanton, C., Johnson, A. M., Owen, J., Hutten, R., Mohan, L., Bonnel, C., Abraham, C. and Campbell, R. (2017). What is Best Practice in Sex and Relationship Education? A Synthesis of Evidence, including Stakeholders' Views. *BMJ* Open.

Sani, A. S., Abraham, C., Denford, S. and Ball, S. (2016). School-based Sexual Health Education Interventions to Prevent STI/HIV in Sub-Saharan Africa: A Systematic Review and Meta-analysis. *BMC Public Health*, 16, 1069

Santelli, J. S., Kantor, L. M., Grilo, S. A., Speizer, I. S, et al., (2017). Abstinence-Only-Until-Marriage: An Updated Review of U.S. Policies and Programs and Their Impact. *Journal of Adolescent Health,* 61, 273-280.

Save the Children International (2015). RELIGION & SEXUALITY: A Report on Faith-based responses to Children's Comprehensive Sexuality Education and Information, Pretoria: Save the Children International. Retrieved from, https://resourcecentre.savethechildren.net/library/religion-sexuality-report-faith-based-responses-childrens-comprehensive-sexuality-education

SEICUS (2016). What's New? Available at: http://www.siecus.org/

Shepard, L. A. (2000). The Role of Assessment in a Learning Culture. *Teaching and Learning,* 229-253.

Smith-Kuehnel, S. (2009). "Abstinence-only Education Fails African American Youth." *Washington University Law Review* 86(5), 1241-1271. Retrieved from, http://digitalcommons.law.wustl.edu/ lawreview/vol86/iss5/5

Sridawruang, C., Pfeil, M. and Krozier, K. (2010). Why Thai Parents do not Discuss Sex with their Children: A Qualitative Study. *Nurses Health Science*, 12, 437-443.

Stanger-Hall, K. F. and Hall, D. W. (2011). "Abstinence-only Education and Teen Pregnancy Rates: Why we need Comprehensive Sex Education in the US." *PLoS ONE*, 6 (10), 1–11.

Starkman, N. and Rajani, N. (2002). "The Case for Comprehensive Sex Education." *AIDS Patient Care and STDs,* 16 (7), 313–318.

Tatar, M., Kfir, D., Sever, R., Adler, C. and Regev, H. (1994). *Integration of Immigrant Students into Israeli Elementary and Secondary Schools: A Pilot Study*. Jerusalem: The NCJW Institute for Innovation in Education, School of Education, The Hebrew University

Taylor, S. B. and Sobel, D. M. (2001). Addressing the Discontinuity of Students' and Teachers' Diversity: A preliminary Study of Pre-service Teachers' Beliefs and Perceived Skills. *Teaching and Teacher Education,* 17(4), 487-503

Trenholm, C., Devaney, B., Forston, K., Quay, L. and Clark, M. (2007). Mathematica Policy Research. Impacts of Four Title V, Section 510 Abstinence Programs. 8549110.

Washington, DC: US Department of Health and Human Services

Turnbulla, T., Werscha, A. and Schaika, P. (2008). A Review of Parental involvement in Sex Education: The Role for Effective Communication in British Families. Health Education Journal, 67, 182-195.

UNESCO (2009). *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach for Schools, Teachers and Health Educators*. Paris, France: UNESCO

UNESCO (2018). International Technical Guidance on Sexuality Education: An Evidence-informed Approach. Paris: UNESCO.

UNESCO. (2010). *Levers of Success: Case Studies of National Sexuality Education Programmes* Paris: UNESCO. Retrieved from http://unesdoc.unesco.org/images/0018/001884/188495e.pdf

UNESCO/UNFPA. (2012). *Sexuality Education: A Ten-country Review of School Curricula in East and Southern Africa*. Paris: UNESCO. Retrieved from, http://unesdoc.unesco.org/images/0022/002211/221121e.pdf

UNFPA (2014). *Operational Guidance for Comprehensive Sexuality Education.* New York: Retrieved from,

UNICEF (2012). *Global Evaluation of Life Skills Education Programmes*. New York: UNICEF

Van der Geest, S. (2001). "No Strength": Sex and Old age in a Rural town in Ghana. *Social Science & Medicine,* 53(10), 1383-1396.

Wedekind, V.R. (2001). Teachers, the South African State, and the Desegregation of Schools in the 1990s. In N. K. Shimahara, I., Holowinsky, and C. Tomlinson (Ed), (2002). *Ethnicity, Race, and Nationality in Education*. Lawrence Erlbaum, Mahwa, NJ., pp. 131-164.

WHO (2017). Botswana HIV Country Profile – 2016. Available @ https://www.who.int/hiv/data/Country_profile_Botswana.pdf?ua=1

William, C. H., Amuah, I. R., Etsey, K., Abagrey, G., Agotse, F. and Kennin, E. N. (2007). *Strengthening HIV/AIDS Partnerships in Education*. (SHAPE I and II Evaluation report). Retrieved from, http://ghana.worlded.org/past_projects.htm

Winskell, K., Obyerodhyambo, O. and Stephenson, R. (2011). Making Sense of Condoms: Social Representations in Young people's HIV-related Narratives from Six African Countries. *Social Science & Medicine,* 72(6), 953-961.

Wood, J. (1993). *The Corporate Closet: The Professional Lives of Gay men in America*. New

Yorke: Free Press.

Yaratan, H. and Fırat, H. B. (2013). The Impact of External Examinations on High School Curricula: Perceptions of Science Teachers. *Procedia - Social and Behavioural Sciences,* 106, 2838-2843.

Yakpir, G. M. (2020). Sex Education: A Qualitative Study of the Experiences of Window of Hope tutors in Ghanaian colleges of Education. Doctor of Philosophy, School of Education, University of Birmingham, Birmingham, United Kingdom. Available @ https://etheses.bham.ac.uk/id/eprint/10329/7/Yakpir2020PhD_Redacted.pdf