

UNIVERSITY OF EDUCATION, WINNEBA



**EARLY SEXUAL BEHAVIOURS AND IMPLICATIONS: THE CASE OF
PUBLIC SENIOR HIGH SCHOOLS IN ASSIN SOUTH DISTRICT, GHANA**



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**A thesis submitted to the school of Graduate Studies in
partial fulfilment of the requirements for the award of
the degree of Master of Philosophy
(Counselling Psychology)**

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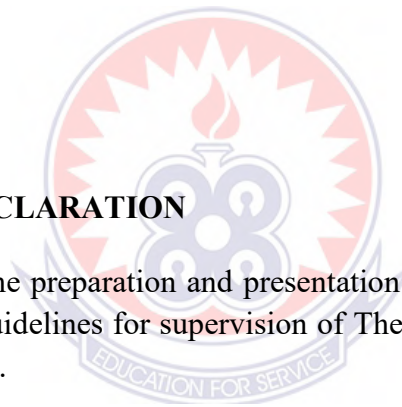
I, Loretta Nkrumah Morrison, declare that this Thesis, with the exception of quotations and references contained in published works which have all been identified and duly acknowledged, is entirely my own original work, and it has not been submitted, either in part or whole, for another degree elsewhere.

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I hereby declare that the preparation and presentation of this work was supervised in accordance with the guidelines for supervision of Thesis laid down by the University of Education, Winneba.



Prof. Paul Kobina EFFRIM, Ph.D

(Supervisor)

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Date :

DEDICATION

To my foster father, Mr Abdul Aziz, Tony Ewusie Wilson, Lily Nkrumah Morrison,
son Jeslord Oware Appianing and daughter Anna Oduraa Appianing.



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I express sincere gratitude to my supervisor, Paul Kobina Effraim (Ph.D). His timely reminders, responses, and guidance who selflessly helped me to see to the realization of the final work.

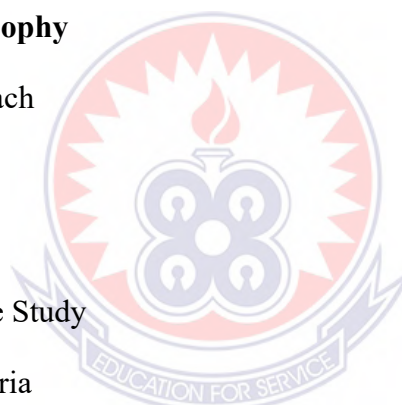


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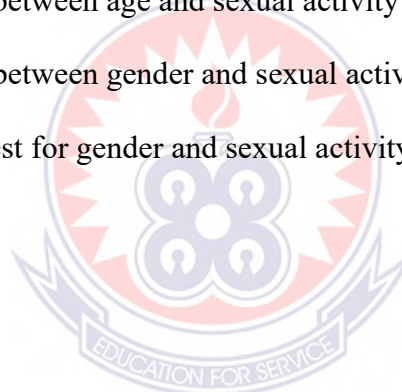
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ABSTRACT

The focus of this study was to explore early sexual behaviours among Senior High School students in Assin South District. The study employed the convergent or concurrent mixed method design. The population of interest in this study comprised Senior High School (SHS) students, teenage parents who dropped out of school at the SHS level, parents of SHS teenagers and school counsellors in Assin South District. Using purposive, proportionate stratified and systematic sampling techniques 318 respondents in the Assin South District were selected for the study. Questionnaire and Interview guide were the main instrument employed in data collection. Expert reviews and the pre-test of instrument were used to ensure validity of the instrument. The reliability of the instrument, in terms of internal consistency, was ascertained using Cronbach's Coefficient Alpha test. The individual scales had coefficients beyond 0.7, suggesting appropriateness. Data collected were analysed descriptively and thematically. The study revealed that the influx of exposure to pornographic pictures and videos in the community arouses the sexual interest of students hence the edge to practice (put into action) the scenes portrayed in the pornographic videos. The issue of poverty, lack of access to education, healthcare, and resources, lack parental support, communication, or supervision and peer influence within the socio-cultural milieu cannot be relegated to the background. In addition, failure to control the excesses from these factors above resulted in some consequences. These include teenage pregnancy, truancy and school dropout as well as contraction of STIs. Factors such as personal values, fear of getting pregnant, fear of contracting STIs as well as the desire for academic achievement were some reasons shared by sexually not active students to help them abstain from sexual activities. It was recommended that teachers and school counsellors should create awareness on sexual behaviours and how to handle such biological instincts when the need be. This will expose students to different ways through which when such tendency and feelings occur, they can adequately manage it to its barest minimum rather than engaging in sexual intercourse and other sexually related activities.

CHAPTER ONE INTRODUCTION

Overview

Adolescence is a critical stage of development characterized by rapid physical, psychological, and social changes that shape beliefs, behaviours, and decision-making (Santrock, 2020). Among the challenges faced by adolescents is early sexual behaviour, which can expose students to risks such as teenage pregnancy, sexually transmitted infections (STIs), school dropout, and unsafe abortion practices (DiClemente et al., 2019; World Health Organization [WHO], 2021). In the Assin South District, anecdotal evidence and reports from schools suggest that students engage in a range of sexual activities, with less intimate behaviours such as kissing being more common, while factors like peer influence, socio-cultural expectations, exposure to media, puberty, and low self-esteem may contribute to these behaviours. Addressing this issue is important because early sexual initiation has long-term consequences for adolescents' health, education, and social development, and can place a burden on families, schools, and the wider community.

Although previous studies have explored factors influencing adolescent sexual behaviour in other contexts, there is limited research specifically examining these dynamics within senior high schools in Assin South District. This study seeks to fill that gap, offering both theoretical insights into adolescent sexual decision-making and practical guidance for teachers, school counsellors, parents, and policymakers. The findings are expected to inform interventions that promote informed, responsible, and healthy sexual behaviours among students, thereby supporting their holistic development.

1.1 Background to the Study

Globally, safeguarding the sexual and reproductive health of adolescents has become a major social, public health, and policy concern. International attention to this issue intensified following the International Conference on Population and Development, which emphasised the need for governments and non-governmental organisations to prioritise the sexual and reproductive health needs of young people (United Nations, 2021). The conference recognised that adolescents face unique vulnerabilities associated with sexual and reproductive health, particularly in developing regions where limited access to information and services often exposes young people to adverse outcomes (United Nations, 2021). These concerns have become more urgent because adolescents account for a substantial proportion of new HIV infections globally, and adolescent childbearing contributes significantly to high fertility rates in many developing countries, especially in sub-Saharan Africa (Glasier et al., 2016). As a result, improving adolescents' reproductive health and addressing early sexual behaviours have become key priorities for policymakers, educators, and health professionals worldwide.

Adolescence is widely recognised as a transitional stage between childhood and adulthood, characterised by significant biological, psychological, and social changes. This developmental stage begins with the onset of puberty and involves physical transformations, hormonal changes, and the development of reproductive capacity (Schofield et al., 2019). In addition to these biological changes, adolescents experience important cognitive and emotional development that influences how they think, reason, and make decisions (Steinberg, 2017). Socially, adolescents also undergo changes in roles, responsibilities, and expectations within their families, schools, and communities (Schofield et al., 2019). These multidimensional transitions make adolescence a critical

developmental period during which individuals begin to explore their identities, relationships, and independence. However, the developmental changes associated with adolescence may also increase the likelihood of engagement in risky behaviours, including early sexual initiation and experimentation (Santrock, 2018). Early sexual behaviours refer to the initiation of sexual activity during preadolescence or early adolescence, often before individuals have developed adequate emotional maturity or access to appropriate sexual health information (Schofield et al., 2019).

The consequences associated with early sexual behaviours among adolescents have become a growing concern for societies across the world. Early sexual activity is closely associated with outcomes such as adolescent pregnancy, sexually transmitted infections (STIs), and increased vulnerability to HIV infection (Santrock, 2018). These outcomes can have long-term implications for adolescents' educational attainment, health, and overall well-being (Kuortti & Kosunen, 2019). Adolescents who experience early pregnancy often face disruptions in their education, reduced employment opportunities, and increased economic dependency later in life (World Health Organization, 2020). In addition, early sexual activity may expose young people to emotional and psychological challenges that can affect their development and social integration. Given that young people represent the future human capital of any nation, protecting their health and development has become a priority for governments and development agencies worldwide (Wampah, 2021).

Despite the growing recognition of these challenges, monitoring adolescent sexual behaviour remains difficult. Adolescents often maintain secrecy about their sexual relationships and behaviours due to cultural norms, fear of social stigma, or lack of open communication with parents and guardians (Kuortti & Kosunen, 2019). As a result, it is often difficult for parents, teachers, and policymakers to accurately determine the

extent to which adolescents engage in sexual activities. Munchi (2018) observed that while many behaviours among young people can easily be monitored by adults, sexual behaviour is often concealed, making it challenging to detect and address early sexual engagement. This secrecy contributes to situations where adolescents become involved in sexual activities without adequate knowledge or support, leading to unintended consequences such as teenage pregnancies and sexually transmitted infections (Lotrean et al., 2020).

At the global level, statistical evidence demonstrates the magnitude of adolescent reproductive health challenges. Approximately 10 million adolescents under the age of 15 give birth each year worldwide, accounting for a substantial proportion of total global births (Dev Raj et al., 2020). In addition, about 529,000 women die annually from complications related to pregnancy and childbirth, with a considerable proportion of these deaths occurring among young mothers (Raj et al., 2020). Furthermore, global statistics indicate that the worldwide teenage pregnancy rate was approximately 52.9 pregnancies per 1,000 adolescent girls in 2011 (Inter-Press Service, 2021). These statistics highlight the persistent challenges associated with adolescent reproductive health globally and emphasise the need for effective interventions aimed at preventing early sexual behaviours and their associated consequences (Glasier et al., 2016).

The prevalence of teenage pregnancy varies significantly across countries and regions. In the United States, for example, teenage pregnancy has historically been a major social issue. Statistics indicate that in 2000, the United States recorded approximately 82,181 teenage pregnancies, translating into about 84 pregnancies per 1,000 adolescents (Chang'ach, 2022). Although various prevention programmes have been implemented over time, teenage pregnancy rates in the United States have remained relatively high compared with many other industrialised countries. Research by

Williams (2020) and Crosson-Tower (2021) suggests that nearly one million teenage pregnancies occur in the United States each year. McWhirter (2021) further notes that the United States continues to record higher teenage pregnancy and birth rates than most other developed countries, with rates that are approximately twice those of Great Britain and significantly higher than those observed in countries such as the Netherlands.

Similarly, other developed countries have also reported notable levels of teenage pregnancy. In Canada, for instance, approximately 38,600 teenage pregnancies were recorded in 2010, representing about 38 pregnancies per 1,000 adolescents (Chang'ach, 2012). In England, teenage pregnancy remains a public health concern despite various national interventions aimed at reducing the phenomenon. Holgate et al. (2015) estimated that around 90,000 teenage pregnancies occur annually in England, including approximately 7,700 pregnancies among girls under the age of 16 and about 2,200 among girls aged 14 or younger. Reports from the United Kingdom Department of Health have also indicated that many young women in their early twenties experience unintended pregnancies, often resulting in abortions in England and Wales (Keod, 2021). Furthermore, the United Kingdom has consistently recorded some of the highest teenage pregnancy rates in Western Europe, with conception rates remaining significantly higher than those reported in countries such as Germany (Lemos, 2015). These patterns highlight that adolescent sexual behaviour and its consequences are not limited to developing regions but constitute a global challenge.

Within Africa, the issue of early sexual behaviours and teenage pregnancy is particularly significant. Many African countries experience high levels of adolescent fertility due to a combination of socio-economic, cultural, and educational factors. Evidence from the United Nations Children's Fund indicates that adolescents in several

African countries exhibit patterns of sexual behaviour similar to those observed among adolescents in Western countries (UNICEF, 2021). However, the consequences are often more severe in African contexts because of limited access to reproductive health services, lower contraceptive use, and socio-economic constraints. For example, data from Nigeria show that approximately 16% of girls aged 15 are either pregnant or already mothers (UNICEF, 2021).

Sub-Saharan Africa bears the greatest burden of adolescent pregnancy worldwide. Chang'ach (2012) emphasised that teenage pregnancy rates in this region are significantly higher than those in many other parts of the world. Research conducted in South Africa by the Human Sciences Research Council revealed that approximately 15% of youth aged 15–19 had experienced unplanned pregnancies, with even higher percentages reported among older adolescents (HSRC, 2020). Other studies have shown that many adolescents in the region engage in unprotected sexual activity, with some becoming parents before reaching adulthood. For instance, Muhunu and Karach (2020) reported that approximately 42% of young women in some African settings have their first child before the age of 19. These findings illustrate the scale of adolescent reproductive health challenges across the African continent and the need for comprehensive educational and health interventions.

In Ghana, adolescent sexual behaviour and teenage pregnancy have increasingly become significant public health and educational concerns (Ghana Statistical Service [GSS], Ghana Health Service [GHS], & ICF, 2018). Evidence from the Education Management Information System indicates that pregnancies among schoolgirls increased steadily between 2014 and 2018, raising concerns among policymakers and education stakeholders about the impact of teenage pregnancy on girls' educational attainment and well-being (Ministry of Education, 2019). Adolescents in Ghana remain

particularly vulnerable to reproductive health risks such as HIV/AIDS, partly due to low perceived risk and inadequate adoption of protective measures (Saaka, 2015). Research suggests that many Ghanaian adolescents may not fully understand the long-term consequences of early sexual behaviours, including the risk of sexually transmitted infections and unintended pregnancies (Awusabo-Asare et al., 2014). Although awareness of family planning methods has increased among young people, a considerable number of adolescents do not use contraceptives during sexual activity, which increases their vulnerability to reproductive health complications.

Data from the Ghana Demographic and Health Survey indicate that approximately 14% of teenage girls in Ghana have begun childbearing, highlighting the magnitude of adolescent pregnancy within the country. The prevalence is particularly higher in rural areas, where about 17% of teenagers have experienced pregnancy compared to lower rates in urban areas (Naziru, 2016). In the Central Region of Ghana alone, approximately 14,000 adolescents became pregnant in 2013, making it one of the regions with the highest teenage pregnancy rates in the country (Baafi, 2015). These statistics illustrate the significant challenges associated with adolescent reproductive health in Ghana and the need for targeted interventions to address the issue.

Another important concern in Ghana is the gap between the age of first sexual intercourse and the age at first marriage. Studies indicate that young women often initiate sexual activity approximately two years before marriage, while young men may begin sexual activity up to five years before marriage (Awusabo-Asare et al., 2014). This gap increases adolescents' exposure to unintended pregnancies and sexually transmitted infections because many young people engage in sexual activities without adequate reproductive health knowledge or access to protective measures.

Consequently, adolescents remain vulnerable to various health and social risks associated with early sexual behaviour.

Although several studies have investigated the prevalence and patterns of early sexual behaviours among adolescents, research examining the underlying factors that shape these behaviours remains limited (Mmari & Blum, 2019; Chandra-Mouli et al., 2023). Wang et al. (2017) observed that there is still insufficient understanding of the determinants of premarital sexual initiation among young people. Understanding why adolescents engage in early sexual activities is essential for designing effective interventions that can reduce risky behaviours and promote healthier outcomes. Awusabo-Asare et al. (2014) emphasised that addressing adolescent reproductive health challenges requires a deeper understanding of the social, cultural, and behavioural factors influencing young people's decisions regarding sexual activity. Without such understanding, policies and programmes aimed at improving adolescent reproductive health may fail to achieve their intended outcomes.

Therefore, there is a need for continued research to explore the factors influencing early sexual behaviours among adolescents and the mechanisms through which these behaviours lead to adverse reproductive health outcomes. Such research will provide valuable insights for policymakers, educators, and health professionals seeking to develop effective programmes that protect adolescents' health and well-being while supporting their successful transition into adulthood.

1.2 Statement of the Problem

Adolescents in senior high schools in the Assin South District are increasingly initiating sexual activity at younger ages, a problem that reflects broader shifts in pubertal timing but is situated within the specific socio-cultural context of this district. Recent research

has documented a declining age of menarche and early pubertal onset globally, trends that are associated with earlier sexual debut among young people (Whitworth et al., 2023; Okumu et al., 2023). In environments where physical maturation occurs earlier, adolescents may experience pressures and expectations to engage in sexual activity before they are cognitively and emotionally prepared, making them more vulnerable to risky sexual behaviours. This situation is of particular concern for senior high school students in Assin South District, where anecdotal reports and regional health statistics indicate high rates of teenage pregnancies and early sexual activity, suggesting an urgent need to understand the patterns, determinants and consequences of early sexual initiation among this population.

The consequences of early sexual debut among adolescents are well documented and profound, affecting both individual health outcomes and broader developmental trajectories. Globally, early initiation of sexual activity has been linked to a heightened likelihood of unintended pregnancies, sexually transmitted infections, inconsistent use of contraception and engagement in multiple sexual partnerships, all of which contribute to long-term health risks and socioeconomic disadvantage (Okumu et al., 2023). For students in senior high schools, these outcomes can disrupt educational attainment, reduce future opportunities and exacerbate social inequities. National data from Ghana further underscore these risks, showing that girls who begin sexual activity before age 15 are more likely to report multiple lifetime partners and experience associated health risks compared with those who delay sexual debut (Ghana Demographic and Health Survey analysis, 2024). The convergence of early biological maturation and socio-behavioural factors thus poses significant challenges to adolescent wellbeing, with implications for both personal development and community progress in Assin South District.

Within the Ghanaian context, research has highlighted substantial spatial variation in early sexual initiation, with some regions exhibiting particularly high prevalence rates and associations with demographic and socioeconomic factors (Amoako Johnson, 2022). These findings align with analyses showing that early sexual debut remains a key predictor of multiple sexual partnerships and heightened vulnerability among adolescent girls, pointing to the need for targeted interventions that address not just behaviours but the underlying drivers of sexual risk (Ghana Demographic and Health Survey analysis, 2024). Specifically focusing on the Central Region of Ghana, official health data reveal that the region recorded 3,198 teenage pregnancies between January and May 2020, underscoring the substantial burden of adolescent childbearing within the area and drawing attention to persistent reproductive health challenges among young people (Ghana News Agency, 2020). In the Assin South District, evidence from district health records indicates that adolescent girls aged 10 to 19 years accounted for approximately 18.5 percent of all pregnancies recorded during the first half of 2020, a figure that exceeds the regional target and highlights how early sexual activity and pregnancy are particularly prevalent among girls in this district (News Ghana, 2020). Local perspectives support these epidemiological findings; stakeholders and community leaders have expressed concern about the coercive nature of early sexual encounters and multiple concurrent relationships involving young adolescents, especially girls aged 13 to 15 years, who often lack sufficient knowledge about contraception and the importance of delaying sexual activity until adulthood, further compounding their vulnerability and risk of early pregnancy (News Ghana, 2020).

These statistics paint a troubling picture of adolescent sexual and reproductive health in Assin South District, where early sexual initiation is not only common but appears to be associated with a range of adverse outcomes including teenage pregnancy,

disrupted schooling, and diminished prospects for future socio-economic advancement. The high incidence of teenage pregnancies in this district reflects broader patterns of sexual risk behaviours and limited access to comprehensive sexuality education and youth-friendly reproductive health services. Moreover, while national statistics confirm that teenage pregnancy remains a significant public health concern across Ghana, with 15 percent of women aged 15 to 19 having ever been pregnant and variability by region, the disproportionate burden observed in parts of the Central Region like Assin South underscores the need for contextually specific research (Ghana Statistical Service, 2024). Despite awareness of these challenges, there remains insufficient empirical research focusing on senior high school students in Assin South District, particularly regarding the determinants of early sexual initiation, the socio-cultural factors that influence adolescents' decisions about sex, and the protective influences that may deter early sexual activity.

Previous studies have documented the prevalence and correlates of early sexual debut and teenage pregnancy in broader Ghanaian settings, yet few have examined these issues within the unique environment of senior high school students in the Assin South District. Understanding why some adolescents in this area remain sexually inactive while others initiate sex early, and how familial, educational and community environments shape these behaviours, is crucial for the development of effective interventions, educational programmes and policy responses aimed at promoting healthy adolescent development. This gap in the literature provides a compelling rationale for conducting the present study in the Assin South District, with the aim of generating evidence that can inform targeted strategies to reduce early sexual activity and its associated consequences among senior high school students in this high-risk locality.

1.3 Purpose of the Study

The purpose of the study was to explore early sexual behaviours among Public Senior High School students in Assin South District, Ghana.

1.4 Research Objectives

The objectives set for the study were to:

1. enquire the early sexual behaviours exhibited by Senior High School students in Assin South District
2. determine the difference in early sexual behaviour of students in terms of age and gender.
3. explore the factors responsible for early sexual behaviours among Senior High School students in Assin South District
4. ascertain the factors that are likely to be responsible for abstinence among SHS students yet to experience sexual debut.
5. find the implications of early sexual behaviours among Senior School Students in the Assin South District.

1.5 Research Questions

The study aimed at answering the following research questions.

1. What are the early sexual activities exhibited by Senior High School students in Assin South District?
2. What factors are responsible for early sexual behaviours among Senior High School students in Assin South District?
3. What factors influence early sexual abstinence among SHS students yet to experience sexual debut?

4. What are the implications of early sexual behaviours among Senior High School students in Assin South District?

Hypothesis

H_0 : There is no statistically significant difference in early sexual risk behaviours among senior high school students in Assin South District based on gender and age.

H_1 : There is a statistically significant difference in early sexual risk behaviours among senior high school students in Assin South District based on gender and age.

1.6 Significance of the Study

Adolescents are key members of society and represent the future, making it essential to address their health, social, and educational needs to foster a more informed and productive generation. Early sexual initiation can have lasting consequences, including teenage pregnancy, sexually transmitted infections, school dropout, and unsafe abortion practices. Understanding the factors that contribute to such behaviours allows for targeted interventions that promote responsible decision-making and healthy development, helping to reduce the social and economic burden on families, schools, and communities.

The findings of this study provide valuable insights for multiple stakeholders. Students benefit by gaining awareness of sexual and reproductive health risks and learning strategies to make safer choices. Teachers and school administrators can use the findings to design age-appropriate sexual education programmes, facilitate school-based abstinence and self-esteem initiatives, and implement mentorship and awareness activities tailored to their students. Parents and caregivers gain understanding of social, cultural, and psychological influences on adolescents, enabling them to offer informed guidance and monitor behaviour effectively. Community leaders and policymakers can

leverage this evidence to develop and implement programmes, policies, and strategies that promote adolescent well-being, delay sexual debut, and reduce associated risks.

Moreover, the study strengthens guidance and counselling practices in senior high schools within the Assin South District. Guidance counsellors can apply data-driven recommendations to provide preventive education, targeted interventions, and personalised support for students at higher risk. By integrating these findings, stakeholders can create a supportive environment that encourages healthy sexual decision-making, reduces risky behaviours, and promotes the holistic development and future prospects of adolescents.

1.7 Delimitation of the Study

The overall scope of the study was to examine early sexual behaviours among adolescents in the Assin South District. The study was delimited to respondents who were directly relevant to understanding adolescent sexual behaviours and their influences, including Senior High School (SHS) students, teenage parents who had dropped out of school at the SHS level, parents of SHS teenagers, and school counsellors. By focusing on these groups, the study aimed to capture multiple perspectives on the factors contributing to early sexual initiation, the associated risks, and the guidance and support available within both the family and school environments. The findings therefore reflected the experiences and insights of adolescents themselves, those who had faced teenage pregnancy, their caregivers, and professionals involved in counselling and adolescent guidance, thereby providing a comprehensive understanding of early sexual behaviours within the SHS context of Assin South District.

1.8 Limitations of the Study

One of the primary limitations of this study relates to the methodological approach, specifically the use of a concurrent triangulation design. While this design allowed for the simultaneous collection of quantitative and qualitative data, it posed challenges in integrating the findings from the two strands, as discrepancies between survey results and interview insights could complicate interpretation. There was also potential for self-report bias, particularly among students discussing sensitive topics such as sexual activity, which could affect the accuracy of the data. To manage these limitations, the study ensured methodological rigor through careful questionnaire design, guaranteeing anonymity to encourage honest responses, and triangulating the findings by comparing survey results with qualitative interviews from students, teenage parents, parents, and school counsellors. This approach enhanced the credibility and validity of the study despite inherent methodological constraints.

1.9 Definition of Terms

Early Sexual Behaviours in the context of this study refer to sexual activities, including sexual intercourse, sexual experimentation, or engagement in intimate sexual acts, initiated by adolescents before the age of 18. The term encompasses behaviours that may expose students to reproductive health risks, unintended pregnancies, and sexually transmitted infections, particularly within the senior high school population in Assin South District.

Adolescents are defined as individuals aged between 10 and 19 years, who are undergoing physical, emotional, and social development. In this study, the focus is primarily on students enrolled in public senior high schools, as well as teenage parents who dropped out of school at the senior high school level.

Senior High School Students refer to adolescents formally enrolled in public senior high schools within the Assin South District. They constitute the primary respondents in this study and represent a critical population for understanding early sexual behaviours in the school setting.

Teenage Pregnancy refers to pregnancies occurring among females aged 10 to 19 years. In this study, it is considered both an outcome and an implication of early sexual behaviours among adolescents in the district.

Sexual Risk Behaviours encompass activities that increase the likelihood of adverse reproductive health outcomes, including early sexual debut, multiple sexual partners, inconsistent or non-use of contraceptives, and engagement in unprotected sex.

Parents and Guardians are defined as caregivers responsible for the upbringing of adolescents, whose perspectives on sexual education, guidance, and monitoring are crucial in understanding the social and familial influences on early sexual behaviours.

School Counsellors are trained educational personnel responsible for providing guidance and counselling services to students. In this study, they play a critical role in offering support, education, and interventions aimed at preventing or mitigating risky sexual behaviours among adolescents.

Implications refer to the short-term and long-term effects of early sexual behaviours on adolescents, including health, educational, social, and psychological consequences, which are explored to inform interventions, policy, and guidance strategies within the senior high school context of Assin South District.

1.10 Organisation of the Study

The study was structured into five main chapters. Chapter One discussed the background of the study, the problem statement, study objectives, research questions

and hypothesis, the significance of the study, the delimitation and limitation of the study, the definition of terms, and the organisation of the study. Chapter Two provided a comprehensive review of theoretical, conceptual, and empirical literature related to the study variables. Chapter Three detailed the research methods, including the research approach, research design, study area, population, sampling procedure, data collection instrument, validity and reliability of the instrument, ethical considerations, data collection procedures, and data analysis procedures. Chapter Four presented the results of the data analysis and discussed the findings in relation to existing literature and the theoretical framework. Chapter Five summarised the key findings, drew conclusions, offered practical recommendations for stakeholders, and identified directions for future research.



CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents review of literature from related studies done by various scholars, which were reviewed in relation to sexual behaviours in adolescents. The discussion of the review has been intertwined with empirical related research works which helped to reveal and offers a better in-depth understanding of the topic under investigation. The review was organised under the following headings; concept of adolescence, concept of sexual behaviour, early sexual behaviour of students in terms of age and gender, reproductive health services available for adolescents in senior high schools in assin south district, early sexual behaviour of students in terms of age and gender, factors influencing early sexual behaviour, implications of early sexual behaviour, abstinence from early sexual behaviour, theoretical framework, empirical review and conceptual framework.

2.1 Theoretical Framework

The theories that underpin this study were Social Learning theory (Holt & Brown, 1931, Miller & Dollard, 1941, Bandura, 1977) and Bowen Family Systems Theory.

2.1.1 Social Learning theory (Holt & Brown, 1931, Miller & Dollard, 1941, Bandura, 1977)

The research study was grounded in Bandura's social learning theory, which posits that a significant amount of behaviour, whether positive or negative, typical or atypical, is acquired through the imitation of others' actions. Bandura (1977) discovered through extensive research that individuals learn behaviours by emulating those around them. As infants, we begin by observing and imitating our parents, gradually adapting to the language, norms, and acceptable behaviours of the society in which we are raised.

The Social Cognitive Theory encompasses a framework comprising three main components: personal factors, environments, and behaviour, all of which interact and influence each other. According to Baranowski et al. (2015), personal factors that are shaped by environmental influences can in turn impact an individual's behaviour, and vice versa.

The interplay of personal factors, including cognitive, emotional, and biological aspects, plays a crucial role in influencing an individual's thoughts and actions. Concepts such as self-control, observational learning, reinforcement, self-efficacy, and emotional coping mechanisms all contribute to determining behavioural outcomes. Environmental factors, such as family members, friends, and mass media, also play a significant role in shaping individual behaviour and influencing personal perceptions (Baranowski et al., 2015).

In the context of this study, personal factors referred to adolescents' knowledge, attitudes, relationship status, and behaviours that influenced their decision to engage in premarital sexual intercourse. These individual characteristics functioned as internal determinants that interacted with environmental influences to shape adolescents' sexual behaviours. For instance, adolescents who possessed limited knowledge about sexual and reproductive health or contraception might have been more likely to engage in unprotected sexual activities. Similarly, students who held permissive attitudes toward premarital sex, or who believed that engaging in sexual relationships was a normal way of expressing affection within romantic relationships, might have been more inclined to initiate sexual activity at an early age. Relationship status also played an important role; students who were in steady romantic relationships might have experienced emotional pressure, curiosity, or a desire to maintain intimacy, which could increase the likelihood of engaging in sexual intercourse.

Furthermore, the study implied that adolescents' behaviours were influenced by the interaction between biological and personal factors within their immediate environment, as explained by the principles of the Social Cognitive Theory. According to this perspective, behaviour is shaped through the reciprocal interaction of personal factors, environmental influences, and behavioural patterns. In practical terms, an adolescent who observed peers engaging in sexual relationships, while also possessing favourable attitudes toward such behaviour and lacking adequate parental or school guidance, might be more likely to imitate similar behaviours. Thus, the theory helped explain how adolescents' knowledge, beliefs, and attitudes interacted with social influences such as peers and relationships to affect their early sexual behaviours within the Senior High School context in the Assin South District.

2.1.2 Bowen Family Systems Theory

Murray Bowen's Family Systems Theory was formulated through a systems thinking perspective integrating insights from human evolution and family studies (Nichols & Schwartz, 2018). Goldenberg and Goldenberg (2021) outline Bowen Family Systems Theory as a viewpoint on human behaviour that portrays the family unit as an emotional entity, utilizing systems thinking to portray the complex interactions within this structure. Emerging from sociology, biology, and cybernetics, Bowen's theory presents an emotional-relationship system comprising eight interconnected concepts: differentiation of self, triangles, nuclear family emotional system, family projection process, emotional cut-off, multigenerational transmission process, sibling position, and societal emotional process (Goldenberg & Goldenberg, 2021).

At the core of Bowen's theory is the principle that human relationship systems are governed by an emotional system that has evolved over billions of years (Guerin, 2019). Bowen emphasised the family's function as an emotional unit in shaping individual

dysfunction, illustrating familial connections as regulated by the same equilibrium forces inherent in natural systems (Kerr & Bowen, 2019).

Bowen suggested that family members significantly influence each other's thoughts, emotions, and actions, likening their interconnectedness to sharing a common "emotional skin" (Bowen Theory, n.d.). Changes in one individual's behaviour, such as an adolescent's engagement in risky behaviour, are anticipated to elicit corresponding adaptations in the behaviours of others within the system, such as modifications in parent-adolescent communication dynamics. Effective communication is underscored as a pivotal factor in the family system's capacity for change (Howell, 2021). Within the context of this study, Bowen's Family Systems Theory guided the exploration of how behaviours within the family subsystem, particularly parental relationships and communication patterns, influenced adolescents' sexual behaviours. The theory suggests that family members are interconnected, and the behaviours, values, and interactions of parents can significantly shape the attitudes and decisions of adolescents. In this study, parental dynamics such as the level of supervision, emotional closeness, and the openness of communication about sexual and reproductive health were considered important factors that could influence adolescents' inclination toward risky sexual behaviours.

For example, adolescents who grew up in families where parents openly discussed issues related to relationships, sexual health, and moral expectations might have developed better knowledge and more cautious attitudes toward premarital sexual activities. Such guidance could encourage them to delay sexual initiation or make safer decisions regarding relationships. In contrast, adolescents from homes where communication about sexuality was limited or where parental conflict and weak supervision existed might have been more likely to rely on peers or media for

information about sex, which could increase the likelihood of engaging in early or risky sexual behaviours. Similarly, a lack of parental monitoring or emotional support could lead some adolescents to seek affection and validation through romantic relationships, thereby increasing their vulnerability to early sexual involvement.

Therefore, Bowen's Family Systems Theory helped explain how family interactions, parental attitudes, and communication patterns within the household shaped adolescents' knowledge, attitudes, and behaviours, ultimately influencing their engagement in early sexual behaviours within the Senior High School context of the Assin South District.

2.2 The Concept of Adolescence

Adolescence is commonly regarded as a transitional stage between childhood and adulthood, marked by rapid physical, psychological and social changes associated with puberty (WHO, 2021). Biologically, adolescence generally covers the age range of 10 to 19 years and is characterised by significant physical and emotional transformations, the search for personal identity, and increasing cognitive maturity (WHO, 2021; United Nations Children's Fund, 2019). This stage represents the transition from the development of secondary sexual characteristics to sexual maturity, accompanied by psychological growth and a gradual shift in self-identification from childhood to adulthood (UNPF, 2018). However, the biological understanding of adolescence is not without challenges, as changes such as the declining age of menarche over time have influenced varying interpretations of adolescence across different societies (WHO, 2021).

From a social perspective, adolescence is not a universally uniform concept because its meaning and experiences are shaped by cultural and societal contexts (UNPF, 2018). Although the concept is widely used in sexual and reproductive health literature, the

term “adolescence” may encompass diverse phenomena due to cultural differences in defining the transition from childhood to adulthood (United Nations Children's Fund, 2021). Consequently, the interpretation and experience of adolescence may differ significantly both within and across societies, resulting in varied developmental experiences among young people (WHO, 2021).

Furthermore, adolescents and young people are not a homogeneous group, as their experiences are shaped by factors such as age, gender, marital status, socio-economic background, geographical location and cultural environment (UNPF, 2018; United Nations Children's Fund, 2021). Recognising this diversity is essential when addressing the health, development and wellbeing of adolescents and young people in different contexts (WHO, 2021).

Due to the variability in definitions, adolescence is a period that presents both opportunities and risks. Schlegel (2015) describes adolescence as a stage of life where individuals navigate issues related to sexuality, social interactions within peer groups, and the acquisition of skills for work and daily life. It is a time of exploration and the consideration of new ideas. Consequently, adolescence is a phase characterized by susceptibility to health risks, particularly in relation to unsafe sexual behaviour and its repercussions on reproductive health, such as unintended pregnancies and sexually transmitted infections (STIs), as well as challenges in making informed decisions about reproductive choices (Millstein & Igra, 2015; Munthali et al., 2014).

Moreover, while many societies identify the onset of adolescence with the beginning of puberty biologically, the transition from adolescence to adulthood is largely influenced by social factors and can vary significantly across cultures (Gyepi-Garbrah et al., 2015). In some societies, the period between childhood and adulthood may be relatively brief, with responsibilities like marriage, parenthood, and increased social

roles assumed shortly after puberty or menarche (Schlegel & Barry, 2021). Conversely, in industrialized societies, this transition period may be more prolonged, as young people may delay marriage, parenthood, and other social responsibilities following puberty or menarche (ibid.). Schlegel (2015) also highlights that while the biological aspects of adolescence may remain constant, shifts in cultural and societal conditions can lead to changes in how adolescence is structured socially and experienced across different communities.

As a result, the concept of adolescence is dynamic in various respects. Defining adolescence solely based on biological and chronological age may oversimplify its complexities due to the variations in social norms and cultural contexts. Therefore, understanding adolescence requires a broader perspective that considers physical, psychological, social, and cultural dimensions that are perceived differently across diverse cultures (Van Loon, 2018). Given the variability of the adolescent experience from one society to another, providing a universal definition of adolescence becomes challenging, leading to the common practice of defining adolescents based on age groups (FHI, 2018; 2017b). This reliance on age-based definitions underscores the multifaceted nature of adolescence and the need to consider a range of factors beyond biology when studying and supporting adolescents' development.

2.3 Concept of Early Sexual Behaviour

Sexual behaviours are a means through which individuals express their sexuality, encompassing actions such as kissing, erotic touch, intercourse, oral sex, and manual sexual stimulation (Robinson, 2019). These behaviours are diverse forms of expression and response that seek pleasure. Early sexual behaviour refers to the initiation of sexual activity before marriage or the legal age of responsibility, typically occurring at a young age, often before 18. This behaviour can include a range of activities, from kissing to

intercourse. Early sexual behaviour is a complex issue with both positive and negative implications for individuals (Santelli et al., 2020).

Research indicates that early sexual behaviour can be influenced by various factors, including biological, psychological, and social influences. For instance, hormonal changes during puberty can heighten sexual desire, prompting some individuals to engage in sexual activity at a younger age. Additionally, social factors like peer pressure, media impact, and cultural norms can also shape early sexual behaviour (Halpern et al., 2020).

Early sexual behaviour can have both favorable and unfavorable outcomes for individuals. On the positive side, it can be a natural and healthy aspect of human development, allowing individuals to explore their sexuality and form intimate relationships. However, early sexual behaviour may also heighten the risk of adverse consequences such as unintended pregnancy, sexually transmitted infections (STIs), and emotional distress (Kirby, 2022).

It is crucial for parents, educators, and healthcare providers to offer young people accurate information about sexuality and encourage open dialogue about sexual health and relationships. By promoting comprehensive sex education and providing access to sexual health services, we can assist young people in making well-informed decisions about their sexual behaviour and mitigating the risk of negative outcomes.

2.4 Reproductive health services available for adolescents in Senior High Schools in Assin South District

More than half of the global population is under the age of 25, with 80% residing in developing countries (UNDESA, 2012). The world has undergone significant transformations in recent decades, leading to various social changes that impact the

sexual behaviour and relationships of young individuals. Factors such as rapid urbanization, a shift towards more isolated lifestyles with less emphasis on traditional family structures, early onset of puberty, and increased exposure to and influence of mass media have all contributed to these changes. These shifts in behaviour have given rise to new health challenges stemming from unprotected sexual activity, while longstanding issues like early marriage, pregnancy, and childbirth persist in certain regions of the world. In addition to physical health risks such as illness, injury, and mortality among young mothers, there are also concerns related to unsafe abortions, infertility resulting from sexually transmitted diseases/infections (STDs/STIs), HIV transmission, and the potential for subsequent AIDS-related deaths.

Every day, many adolescents and young people across the world experience various sexual and reproductive health challenges that affect their wellbeing and decision-making (Masonbrink et al., 2023). A considerable number of these adolescents lack access to accurate and comprehensive sexual and reproductive health information needed to make informed choices (Nkrumah, 2024). As a result, many young people experience uncertainty and confusion when making decisions concerning their sexual and reproductive health practices (Westerman et al., 2024). For instance, although many adolescents may have heard about family planning or contraceptive methods, they often lack adequate understanding of how to use them correctly, which methods are appropriate for their circumstances, and the possible consequences associated with their use (Lyimo et al., 2024).

Furthermore, limited access to reliable information and youth-friendly reproductive health services may discourage adolescents from using contraceptive methods or lead them to rely on misinformation and misconceptions (Tisseron et al., 2024). In many cases, the information available to adolescents about contraception and reproductive

health is incomplete or provided too late, leaving them insufficiently prepared to make responsible decisions about their sexual health (Child & Youth Services Review Study, 2024). Additionally, some adolescents remain unaware of available counselling services and other reproductive health support systems, which further limits their ability to seek appropriate guidance and services when necessary (Westerman et al., 2024).

Counselling is widely recognised as a professional helping service that assists individuals in exploring their concerns, identifying personal or social problems, and selecting appropriate solutions from available alternatives (Corey, 2021). Through the counselling process, clients are supported to gain a clearer understanding of the challenges they face and to examine the different options available for addressing those challenges (Gladding, 2020). Counselling also helps individuals, including adolescents, to develop decision-making and problem-solving skills that enable them to take responsibility for their personal choices and life directions (Geldard et al., 2019).

However, in many contexts counselling practices tend to be prescriptive, where counsellors primarily direct or instruct adolescents on what they should or should not do (McLeod, 2018). Such directive approaches may limit the development of independent coping and decision-making skills required to manage future life challenges (Corey, 2021). Moreover, when adolescents perceive counselling as controlling or judgmental, they may feel misunderstood or not taken seriously, which can reduce their willingness to engage in the counselling process and ultimately make the intervention less effective (Geldard et al., 2019).

School based sexual education

The provision and scope of sexual education differ significantly across countries, reflecting variations in policy, culture, and educational priorities (Santelli et al., 2017).

A notable comparison exists between Australia and the United States regarding the predominant approaches to sexual education, particularly the contrast between abstinence-only education and comprehensive sexual education (Kirby, 2020). In the United States, abstinence-only programs are more widely implemented, and research has linked these programs to higher rates of unintended pregnancies and sexually transmitted infections (STIs) among adolescents compared to countries like Australia, which employ more comprehensive sexual education approaches (Lindberg et al., 2022).

A key limitation of abstinence-only education is its narrow focus on abstinence as the sole acceptable behaviour, often excluding essential information on contraception and STI prevention (Santelli et al., 2017). This restricted approach may leave adolescents ill-equipped to make informed decisions, increasing their vulnerability to adverse sexual health outcomes (Kirby, 2020). In contrast, comprehensive sexual education provides a broader curriculum that includes abstinence alongside contraceptive use, STI prevention, healthy relationships, and decision-making skills, thereby better preparing adolescents to navigate sexual health risks (Lindberg et al., 2022).

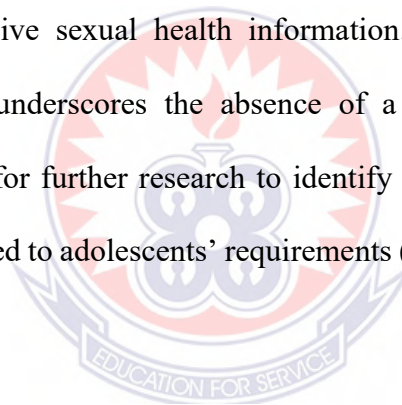
Evidence indicates that abstinence-based programs are often ineffective, as many teenagers do not abstain from sexual activity, rendering the program content irrelevant for a substantial portion of the adolescent population (Stanger-Hall & Hall, 2011). Furthermore, concerns have been raised about the accuracy and completeness of sexual health information in federally funded abstinence-only programs in the US, with some studies reporting deliberate omissions or misrepresentations of facts about STIs and pregnancy (Santelli et al., 2017). Critics argue that such programs not only lack empirical support but also compromise adolescents' right to comprehensive and factual sexual health information, with the emphasis on abstinence-until-marriage being

ethically problematic and potentially harmful to young people's well-being (Kirby, 2020; Stanger-Hall & Hall, 2011). These findings underscore the need for inclusive, evidence-based sexual education that equips adolescents with the knowledge and skills necessary to make informed decisions and maintain their sexual health and safety.

The provision of sexual education to adolescents presents a significant challenge in many countries, including the United Kingdom, with parallels observed in Australia (Henderson et al., 2020). In Australia, formal sexual education in schools generally follows a comprehensive model, beginning in early adolescence and continuing throughout high school (Pound et al., 2016). Similar to the UK, individual schools in Australia have discretion over the depth and scope of sexual education delivery, resulting in disparities in the quality and quantity of information students receive depending on the school and educators responsible for implementation (Foster et al., 2018).

The comprehensive sexual education model in Australia typically covers abstinence as a method to prevent pregnancies and sexually transmitted infections (STIs), education on condom and contraceptive use, and guidance on interpersonal and communication skills (Pound et al., 2016). A national survey conducted by the Australian Youth Affairs Coalition (AYAC) and Youth Empowerment Against HIV/AIDS (YEAH) in 2012, targeting young people aged 15 to 29, highlighted a consensus among adolescents that sexual education should be standardized nationwide (AYAC & YEAH, 2012). While schools were recognized as the primary source of sexual education, respondents also valued informal sources, including the internet, friends, and magazines, with the 18–24 age group being overrepresented in the survey sample (AYAC & YEAH, 2012).

A separate national survey of teachers revealed that sexual education topics were mainly addressed in Years 9 and 10, with earlier years focusing on puberty, reproduction, and body image, and minimal coverage in Years 11 and 12 (Foster et al., 2018). Teachers primarily relied on websites and DVDs as instructional materials, with fewer than half using state curriculum packages. Challenges included the exclusion of sexual education topics from the formal curriculum and time constraints in classroom schedules (Foster et al., 2018). Furthermore, while over 70% of young people expressed interest in learning about the pleasurable aspects of sexual behaviour, half of the teachers did not address this topic (Pound et al., 2016). Overall, the school-based approach to sexual education in Australia appears insufficient to meet adolescents' needs for comprehensive sexual health information. The underutilization of state curriculum materials underscores the absence of a cohesive national curriculum, highlighting the need for further research to identify essential elements for effective sexual education tailored to adolescents' requirements (Foster et al., 2018; Pound et al., 2016).



Government initiatives

Federal Government initiatives encompass a range of projects that aim to tackle nationwide issues. These initiatives provide a framework for individual states to implement sexual education through promotional and preventive campaigns and strategies that are in line with the national approach. For example, in 2019, the Commonwealth Department of Health and Ageing (DoHA) launched a national campaign targeting the escalating rates of sexually transmitted infections (STIs) among young individuals aged 15-29. This campaign utilized advertising across various platforms such as magazines, radio, online, and outdoor mediums to disseminate

information about STI transmission, symptoms, treatment, and prevention (DoHA, 2019).

Similarly, different Australian states and territories have their own sexual health promotion campaigns, predominantly focusing on STIs. Evaluating the effectiveness of these campaigns poses challenges as there has been a noticeable increase in newly reported cases, like chlamydia, which could suggest a rise in new infections or an uptick in STI testing (Kirby, 2022). In addition to promotional and preventive campaigns, Australia has the National Sexually Transmissible Infections Strategy, which identifies young individuals as a high-risk group for STIs within the country (DoHA, 2019).

Internationally, countries such as the UK have comparable government initiatives aimed at addressing the sexual health of adolescents. Particularly, the UK's initiatives place a specific focus on tackling adolescent pregnancy. For instance, the UK's Teenage Pregnancy Strategy, initiated in 1999, and the updated National Sexual Health and HIV Strategy in 2013 prioritize adolescent pregnancy prevention and enhancement of sexual health (Department of Health (UK), 2013). Moreover, the UK's National Health Service established "Sex. Worth Talking About," a national awareness program centered on encouraging discussions about contraception, STIs, STI testing, and sexual health among adolescents (The National Health Service (UK), 2019).

These findings indicate that while there are similarities in the strategies and initiatives of governments in countries like Australia and the UK, evaluating the effectiveness of these initiatives is complex due to variations in STI reporting methodologies. Additionally, there is evidence suggesting that government strategies emphasise the importance of high-quality sexual education for adolescents; however, there exists a

notable gap between the objectives outlined in these strategies and their actual implementation in practice.

2.5 Early sexual behaviour of students in terms of age and gender

2.5.1 Gender and sexual behaviour

Understanding how gender shapes individuals' sexual behaviour and experiences is crucial for promoting healthy relationships and addressing disparities in sexual health outcomes. This review aims to explore current research on gender and sexual behaviour, focusing on themes such as sexual orientation, gender identity, gender roles, and gender-based violence.

A study by Laumann et al. (2019) revealed that men are more likely than women to engage in casual sex and have a higher number of sexual partners, potentially influenced by societal expectations and norms related to masculinity and femininity (Tolman, 2022). Additionally, research has shown that women often prioritize emotional intimacy in sexual relationships, while men may prioritize physical pleasure (Mark et al., 2021).

Studies have also examined the connection between gender identity and sexual orientation, indicating that transgender individuals may face unique challenges related to their sexual behaviour and identity (Bockting et al., 2018). Savin-Williams (2017) suggests that sexual orientation can intersect with gender identity to shape individuals' experiences of desire and attraction.

Traditional gender roles and sexual scripts can impact individuals' sexual behaviour and relationship expectations. Adherence to these roles may affect communication and decision-making in sexual encounters (Simon & Gagnon, 2019). Tolman's research

(2016) underscores the importance of challenging rigid gender norms to promote healthy and equitable sexual relationships.

Gender-based violence, including sexual assault and intimate partner violence, disproportionately affects women and LGBTQ+ individuals. Studies by Breiding et al. (2015) indicate that gender dynamics play a significant role in perpetuating violence in intimate relationships. Interventions addressing power imbalances and promoting consent education are critical for preventing gender-based violence (Jewkes et al., 2015).

2.5.2 Age and Sexual Behaviour

Age plays a significant role in shaping individuals' sexual behaviour and experiences, with age-related factors influencing patterns of sexual activity, risk-taking, and sexual health outcomes across the lifespan (DeLamater & Sill, 2020). Understanding these age-related influences is critical for identifying age-specific challenges and developing interventions that support healthy sexual development at different stages of life (Lehmiller, 2022). Research indicates that sexual behaviour evolves with age, reflecting changes in biological, psychological, and social factors, including hormonal shifts, relationship dynamics, and life course transitions (Laumann et al., 2006; DeLamater & Sill, 2020). Moreover, age-related differences are evident in sexual health outcomes, such as the prevalence of sexually transmitted infections, patterns of contraceptive use, and sexual satisfaction, underscoring the importance of tailoring sexual health education and interventions to specific age groups (Lehmiller, 2022). This review therefore examines current literature on age and sexual behaviour, with particular attention to sexual activity, sexual health outcomes, and developmental changes in sexual behaviour across the lifespan.

Lindau et al. (2017) discovered that sexual activity tends to decrease with age, particularly among older adults. However, studies have also demonstrated that a substantial number of older individuals remain sexually active and continue to engage in intimate relationships (DeLamater & Sill, 2015). Changes in sexual desire and functioning related to age can influence patterns of sexual activity across the lifespan (Laumann et al., 2019).

Age plays a critical role in determining individuals' susceptibility to sexually transmitted infections (STIs) and other sexual health issues. Research by Gindi et al. (2022) has emphasised the significance of interventions tailored to specific age groups, addressing the unique needs of adolescents and older adults to promote sexual health. Age-related factors such as menopause and erectile dysfunction can also impact sexual health outcomes and satisfaction (Lindau et al., 2017).

Studies have investigated how age-related changes in physical health, relationship dynamics, and societal attitudes can influence individuals' sexual behaviour. Waite et al. (2019) found that older adults may prioritize emotional intimacy and companionship in their sexual relationships, while younger individuals may focus more on physical pleasure and experimentation. Age-related norms and expectations can shape individuals' perceptions of sexuality and influence their sexual behaviour (Lindau et al., 2017).

2.6 Factors Influencing Early Sexual Behaviour among Students

2.6.1 Physiological Factors

Breaux (2019) and the WHO (2022) suggest that adolescents may lack the ability to fully grasp complex issues or understand the extent of their power over themselves and others. They may struggle to see the connection between their behaviours and the

outcomes they experience, particularly in decisions involving sexual behaviour, which can put them at risk. Unmarried adolescents may face barriers in accessing reproductive health services and information due to societal restrictions linked to their sexual activities. Many young adults may also hold misconceptions about sex and reproductive health (UNFPA, 2019; Mensch et al., 2019). Breaux (2019) highlights that adolescents' attitudes towards sex and sexual behaviours can influence their actions in this regard.

The human body's physiological needs serve as fundamental drivers of pleasure and energy essential for survival. Sexual feelings are processed through the central nervous system, which regulates the balance between desire, appetite stimulation, and gratification. Researchers from McGill University in Montreal have identified ghrelin as a "sex hormone" that not only stimulates desire in response to caloric needs but also triggers a desire for sex when a suitable partner is present and visually appealing. Ghrelin, produced by the stomach, signals brain receptors to be more responsive to visual cues related to sex, explaining why sexual activity may seem more enticing during periods of abstinence. The study demonstrating ghrelin's influence on responses to visual stimuli of the opposite sex suggests implications that extend beyond mere sexual urges.

Puberty

According to Boamah (2022), as adolescents grow older, they are more likely to have increased decision-making abilities and independence. Rogue's (2012) research indicates a link between early puberty and the onset of sexual activity, suggesting that early physical development in adolescents is associated with an early start to sexual behaviour. While many adolescents engage in sexual activities, the age at which these behaviours begin varies across different communities, societies, regions, and countries (WHO, 2022).

In low and middle-income countries, approximately 10% of young adults become pregnant by the age of 16, with the highest rates of pregnancies occurring in South-Central, South-Eastern Asia, and Sub-Saharan Africa. Specifically, in Sub-Saharan Africa, countries such as Mozambique and Rwanda have reported pregnancy rates of 0.3% and 12.2% respectively among adolescents aged 10-14 (WHO, 2022). Moreover, in Sub-Saharan Africa, young men who impregnate girls and girls who become pregnant between the ages of 15-19 account for 4% to 43% of the population (Khan & Mashra, 2018).

Mensch et al. (2019) suggest that in certain areas of Sub-Saharan Africa, such as Ghana, Zimbabwe, and Kenya, premarital sexual behaviours among adolescents may have decreased before the age of 16 or stabilized. There is a strong association between age and sexual experience (Kuortti & Kosunen, 2019), with the likelihood of engaging in sexual activities increasing as individuals grow older.

Menarche

Adolescent sexual behaviour is influenced by both biological and psychological factors. According to Rogue (2022), hormonal levels are linked to the sexual behaviour of adolescents, and this association is correlated with their age. Boamah (2022) contends that certain hormones within the adolescent girls' system are challenging to control, leading to a high prevalence of sexual activity among them. As they mature, their hormonal levels increase, resulting in a heightened desire for sex.

Mendle et al. (2021) discovered that early menarche was connected to the earlier onset of sexual activity in adolescent girls. The researchers suggested that the hormonal changes associated with menarche could influence girls' sexual behaviour by increasing their interest in romantic relationships and sexual experiences. Similarly, Deardorff et

al. (2015) investigated the link between menarche and sexual debut among Latina girls and found that those who experienced menarche at an earlier age were more likely to engage in sexual activity at a younger age compared to those who experienced menarche later. The authors proposed that early menarche might serve as an indicator for early sexual initiation in this population.

In a review by Ellis et al. (2022), the authors discussed the role of menarche in shaping girls' sexual development. They emphasised that the physical changes associated with menarche, such as breast development and menstruation, may result in increased attention from boys and societal pressure to engage in sexual activities. The authors stressed the importance of providing support and education to girls during this transitional period to promote healthy sexual development.

2.6.2 Psychological Factors

Attitudes and Values

According to Majoribanks (as cited in Mokgaetsi, 2019), independence training involves parents encouraging their child's self-reliance and autonomy in decision-making, while behaviour training focuses on promoting abstinence by setting high standards of excellence and expecting the child to demonstrate competence in tasks. Therefore, the motivation for abstinence is influenced by various factors, including interactions between children and their parents.

Adolescent sexual behaviours are often associated with positive self-concept and self-identity. Research suggests that adolescents from less affluent families may have lower confidence compared to those from more affluent backgrounds (Mokgaetsi, 2019). This can lead to feelings of despair, alienation, and powerlessness. Conversely, when parents set high standards, children tend to work harder and may suppress certain feelings and

temptations to achieve their goals (McNeely & Blanchard, 2019), contributing to positive self-concept and self-identity. Home conditions play a significant role in either fostering or hindering academic success.

Close family relationships can contribute to a positive self-concept, guiding children away from activities deemed morally degrading by their parents. Parental involvement, high expectations for children's education, clear rules and standards for behaviour, and encouragement to avoid negative activities can enhance a child's self-identity (Mokgaetsi, 2019). This can lead to a greater sense of control over their own future (Ekstrom, 2019).

Internal processes such as perception, memory, motivation, attitude, ability, and emotions are crucial considerations when addressing early adolescent sexual behaviours. Orphanhood or having a terminally ill parent can create psychological challenges for adolescents, potentially influencing them toward sexual behaviours, particularly if influenced by friends (Mokgaetsi, 2019).

Research on the development of early sexual behaviours indicates that this is an international concern linked to the low socioeconomic status of adolescents (Adell, 2022), impacting their psychological well-being. The marital status of an adolescent's parents, whether single, married, divorced, or widowed, also affects their psychological state. Stigma related to separation and divorce can contribute to anxiety and emotional distress among adolescents (Adell). Discussing family issues with children can help alleviate uncertainty and facilitate adaptation to the situation. However, in Ghanaian culture, it is considered taboo to discuss the reasons behind parental marital status with children, potentially triggering emotional problems and long-term distress leading to exposure to sexual behaviours.

Academic Achievement

Intelligent and driven teenagers often have lofty aspirations for their future, such as pursuing higher education or professional training. Consequently, they are acutely aware of the potential risks associated with unintended pregnancies or sexually transmitted infections and are more likely to abstain from sexual activity to safeguard their future achievements (Harden & Mendle, 2021). Conversely, students who do not prioritize academic performance may seek alternative avenues for self-improvement, potentially leading to higher instances of unprotected sex due to lower academic achievement and self-esteem (Wittrup, 2014).

Research by Santelli et al. (2014) explored the link between academic success and sexual behaviour in high school students, revealing that those with higher grades were less likely to engage in sexual intercourse compared to their lower-performing peers. This suggests that academic excellence can act as a protective factor against early sexual initiation by fostering positive youth development and sound decision-making skills.

Similarly, a study by Manlove et al. (2018) focused on African American adolescents and found that academically successful students were more inclined to delay their sexual debut in contrast to those with poorer academic records. This underscores how academic achievements can bolster self-esteem and future-oriented thinking, influencing adolescents' choices regarding sexual activity.

In a review by Mueller et al. (2015), the authors discussed the potential pathways through which academic performance can impact adolescent sexual behaviours. They emphasised that academic success fosters self-efficacy, goal-setting abilities, and future orientation, all of which are linked to delayed sexual initiation and reduced risky

behaviours. Promoting academic achievement is therefore crucial in mitigating early sexual behaviours among adolescents.

Educational Aspiration

Research by Kalina et al. (2021) suggests that variables such as levels of educational aspirations and psychological well-being are correlated with risky sexual conduct. Specifically, individuals with lower educational goals were observed to exhibit a higher propensity for engaging in unsafe sexual behaviours. In terms of psychological aspects, a heightened likelihood of participating in risky sexual activities was associated with elevated levels of positive self-esteem, increased anxiety/depression, and lower educational aspirations (Kalina, et al.). Furthermore, findings from Ahimbisibwe (2014) indicated significant connections between peer relations and parental involvement among boys, contributing to early sexual initiation, while for girls, factors such as educational aspirations and family structure were identified as additional predictors.

In a study by Upchurch et al. (2019) that examined the link between educational aspirations and sexual initiation among adolescents, it was found that those with higher educational aspirations were more inclined to delay sexual initiation compared to those with lower aspirations. The authors suggested that having clear educational goals and aspirations may act as a protective factor against early sexual behaviours by promoting future orientation and goal-directed behaviour.

In a study conducted by Crosnoe and McNeely (2018) examining the connection between educational aspirations and risky sexual behaviours in Latino adolescents, it was revealed that individuals with greater educational goals were less inclined to partake in risky sexual behaviours, including unprotected intercourse or involvement

with multiple sexual partners. The authors proposed that educational aspirations could influence adolescents' decisions about sexual behaviour by shaping their attitudes towards risk-taking and future consequences.

In a review by DiClemente et al. (2017), the authors discussed the potential pathways through which educational aspirations may impact sexual behaviours in adolescents. They emphasised that having high educational aspirations can lead to increased self-esteem, future orientation, and a sense of purpose, all of which are factors associated with delayed sexual initiation and reduced risky sexual behaviours. The authors stressed the importance of promoting educational aspirations as a protective factor against early sexual behaviours in adolescents.

Family Factors

Swkinson (2020) argues that a child's home environment plays a crucial role in shaping their personality and influencing their behavioural traits. The home serves as the primary institution for socializing the child, motivating them to engage in activities that fulfill social and religious requirements. Children learn behaviours through observation, communication, and interaction within the family unit. The family structure significantly impacts a child's development, including their sexual behaviours.

Rogue (2022) suggests that various factors such as family income, parental living arrangements, education, occupation, and parental conflicts directly influence adolescents' sexual behaviours in certain societal contexts. The home environment where adolescents grow, play, and learn also plays a pivotal role in shaping their sexual behaviours (Jennings, 2018).

Parents' moral values and lifestyle choices affect how they raise their children, subsequently influencing their children's attitudes toward sexuality (Whitaker, 2014).

Parents engaging in multiple sexual relationships in the presence of their children can impact adolescents' sexual behaviours. Adolescents may struggle to regulate their sexual desires if they witness such behaviours being normalized within the family setting (Moore & Ellison, 2020).

Research indicates that adolescents whose parents engage in extramarital affairs are more likely to partake in secret sexual activities with others. Thus, parental behaviour can serve as a significant predictor of early sexual behaviours among young adolescents (Whitaker, 2014). The influence of parental actions on adolescent sexual behaviours underscores the importance of a supportive and morally grounded family environment in fostering healthy developmental outcomes.

Economic Influences

In society, the family plays a significant role in shaping individuals, with adolescents' sexual behaviour closely linked to their family environment. Various regions around the world, such as Kenya, the Philippines, Uganda, and Thailand, have identified specific family characteristics that can impact adolescents' sexual behaviour. Factors like parents' socio-economic status, parental conflicts, family structure, relationships, interactions, and the attitudes, norms, and values within the family contribute to adolescents' sexual behaviours (Whitaker, 2014).

In Tanzania, it was noted that adolescents' sexual behaviour could be affected in societies where parents are involved in small-scale trading activities and experience shifts in their parental responsibilities. Parents engaged in trading often have limited time to spend at home with their adolescents, compromising their ability to fulfill their roles as effective caregivers and supervisors. These changes result in parents prioritizing their role as breadwinners over their nurturing responsibilities, potentially

leading to shifts in moral values and increased opportunities for young adults to engage in sexual activities (McNeely & Blanchard, 2019).

Research in the Philippines, as cited by Adams (2018), highlighted that adolescents from families with higher economic status were less likely to engage in sexual activities, possibly due to better opportunities, a supportive social environment, and access to positive role models. Conversely, adolescents from low-income families, as researched by Leah (2014), may resort to sexual relationships involving financial exchange, influenced by their parents' limited income. Lower socio-economic status was found to increase the likelihood of females engaging in transactional sex, experiencing coerced sex, and both males and females having multiple sexual partners.

Contrary to these findings, Kamir (2015) discovered in a study of Kenyan adolescents that factors like socio-economic status and religious participation did not appear to correlate with the age of first sexual relationships. Similarly, research conducted by the World Health Organisation (WHO, 2022) and studies from various parts of the world have indicated that there is no significant relationship between family socio-economic status and sexual behaviour.

2.6.3 Behavioural Factors

Studies conducted by van Nieuwenhuijzen et al. in 2019 have brought attention to the connection between engaging in risky sexual behaviour and various other behaviours. These behaviours include delinquency, substance use, and different aspects of sexual activity, as identified by researchers like HalpernFelsher et al (2019), Kotchick et al (2021), Patrick and Maggs (2019), and Cavazos-Rehg et al. (2020).

There is a widely held belief that alcohol serves as a catalyst for sexual behaviour. Many individuals believe that consuming alcohol increases the chances of participating in

sexual activities, enhances the sexual experience, and encourages engaging in riskier sexual behaviours. Some young people attribute their risky sexual encounters to alcohol consumption and may purposely drink alcohol (or offer it to their partner) to take advantage of the perceived disinhibiting effects of alcohol on sexual behaviour, as discussed by Cooper in 2016.

Research generally supports this notion, showing a positive association between alcohol consumption and involvement in high-risk sexual behaviours. These behaviours include decisions to not use condoms and engaging in casual sex, especially when one or both individuals are under the influence of alcohol or drugs, as indicated by studies conducted by Cooper and Parkes et al.

For example, increased alcohol intake has been linked to a higher probability of engaging in high-risk sexual behaviours, with alcohol consumption during sexual activity correlating with more frequent high-risk behaviours and a greater likelihood of engaging in sex on a first date, according to Anderson and Dahlberg (2019) and Leigh (2019).

Additionally, studies by MacDonald revealed that alcohol consumption decreases the likelihood of condom use during casual sex. Binge-drinking adolescents are around three times less likely to use condoms, and recent marijuana users are nearly two times less likely to use condoms, based on research by Tapert et al. (2021).

Moreover, the use of substances like marijuana, cocaine, or other illicit drugs among adolescents has been associated with increased rates of overall sexual encounters, having multiple sexual partners, and lower levels of condom use, especially among users of illicit stimulant drugs, as highlighted in studies by Lowry et al (2019).

2.6.4 Socio-Cultural Factors

Numerous studies have highlighted the profound influence of cultural norms, values, and traditions on shaping the sexual development and behaviours of adolescents. Demarko (2020) underscores the significance of a society's cultural tapestry in either fostering positive moral standards within one community or breeding negative perceptions in another. Norman (2020) further stresses that socio-cultural influences vary across societies and play a major role in shaping the early sexual experiences of adolescents.

Furthermore, Regmi, Simkhada, and Teijlingen's study in 2018 delved into the impact of socio-demographic factors on sexual behaviour in Nepal. The research revealed that variables like age, gender, education, ethnicity, culture, and religion significantly influence sexual behaviours within the Nepalese context. The study identified prevalent behaviours such as early sexual initiation, engagement in multiple sexual partnerships, and inconsistent condom usage. These behaviours not only pose risks for HIV and STI transmission but also underscore the crucial role of cultural and socio-demographic factors in shaping sexual practices within the society.

Research has indicated that establishing strong linkages between sex education and family planning services can both delay sexual debut among sexually inactive individuals and increase contraceptive utilization among sexually active individuals (Blanc et al., 2022). Access to services like family planning, sexually transmitted disease (STD) treatment, and prenatal care is crucial for many young adults who rely on community-based health centers used by individuals of all ages in the community. However, access barriers, such as restrictions limiting services to married youth, those with children, or individuals of a specific age, hinder their ability to utilize these essential services (Hoffman, Freeman & Swann, 2019).

Mandatory consent requirements, which may necessitate parental or spousal presence for adolescent girls to access family planning or legal abortion services, pose a significant obstacle for young people seeking reproductive health care. Such regulations can endanger the lives of young individuals by impeding their access to vital services (Baird et al., 2020). Additionally, challenges for youth include attitudes from service providers, inconvenient service locations, lack of confidentiality, and the belief that health centers do not cater for adolescents. Financial constraints further limit young people's access to reproductive health services, making such services inaccessible if they are not affordable or offered at low or no cost (Baird et al., 2020).

Peer Influence

Adolescents face significant challenges when they interact with their peers, as highlighted by Adams (2018). Being part of a social group can expose young individuals to certain norms and values that might encourage engaging in pre-marital sexual activities. Peer influence plays a crucial role in shaping behaviours, with adolescents often viewing peer attitudes as desirable and aligning their actions accordingly.

The pressure from peers regarding sexual behaviour is particularly strong when it comes to losing one's virginity. For instance, many young boys are encouraged to equate sexual activity with masculinity, while girls may feel pressured to engage in sex early to prove their womanhood and ability to bear children. This societal expectation can push adolescents into pre-marital sexual encounters to fit in and avoid being labeled as outdated.

Research by Adams (2018) indicates that males are more susceptible to peer influence in this regard compared to females. In many cases, young males are given more freedom

to explore and experiment with sex, contributing to their higher risk of engaging in pre-marital sexual activities. Additionally, societal norms sometimes glorify men who boast about having multiple sexual partners, perpetuating a culture that values sexual conquest among young men.

While many societies discourage pre-marital sex, the prevalence of such behaviours among adolescents is a growing concern. Kuortti and Kosunen (2019) point out that despite efforts to address this issue, adolescents in developing countries often rely on information from peers or the media for guidance on sexual matters. Unfortunately, inexperienced peers or misleading media representations can perpetuate harmful attitudes and behaviours related to sex and gender roles.

Studies show a strong correlation between an individual's behaviour and the perceived behaviour of their same-sex best friend, as well as between attitudes and the perceived attitudes of their close friends (WHO, 2022). Peer groups can serve as both a source of social support and a potential risk factor for at-risk adolescents, as highlighted by Porter and Holness (2021). Understanding how peer relationships influence attitudes towards pre-marital sex and pregnancy is crucial for policymakers and practitioners to design effective interventions that leverage the power of peer influence for promoting positive behaviours among adolescents (Crosnoe & McNeely, 2018).

Media Influence

Television often downplays the seriousness of sex and presents distorted views of sexual roles, raising concerns that constant exposure to such images may misinform adolescents' evolving beliefs about sex, as pointed out by Ward and Friedman (2016). During early adolescence, young people become increasingly curious about sex as their bodies undergo sexual maturation. Brown and Engle (2019) suggest that mass media,

including television, can provide a private and comfortable avenue for adolescents to explore and learn about sex and sexual norms. The availability of visually explicit media like pornography and erotica, designed to elicit sexual arousal, has made them potential sources of sexual information and norms for today's youth.

Research indicates that exposure to sexual content on television, both through regular viewing and controlled experiments, is associated with stronger endorsement of casual sex and reinforcement of specific sexual stereotypes. Brown et al. (2016) conducted a study on the impact of media exposure on adolescent sexual behaviour, revealing that exposure to sexual content in various forms of media can lead to earlier initiation of sexual activity and engagement in risky sexual practices among teenagers. They suggested that media representations of sexuality can influence adolescents' perceptions and norms around sex, contributing to increased sexual activity at a younger age.

Another study by L'Engle et al. (2016) examined the relationship between media consumption and sexual behaviour in adolescents. Their findings showed that increased exposure to sexual content in the media was associated with more permissive attitudes towards sex and a higher likelihood of engaging in early sexual behaviours. The researchers emphasised the importance of considering how media influences adolescents' attitudes and behaviours related to sex when designing comprehensive sex education programs.

Likewise, Ward et al. (2015), in a review, explored the mechanisms through which media exposure can impact early sexual behaviours in adolescents. They highlighted that media exposure can shape young people's views on relationships, gender roles, and sexual norms, influencing their attitudes and behaviours towards sex. The authors

underscored the importance of media literacy programs to help adolescents critically assess and interpret sexual messages portrayed in the media.

2.7 Implications of Early Sexual Behaviour

Engaging in sexual activity is a natural aspect of adolescent development, but it can also pose risks if undertaken at a young age or without awareness of potential consequences. Pringle et al. (2017) highlight the potential risks associated with adolescent sexual behaviour, which may encompass the transmission of sexually transmitted infections and unintended pregnancies.

Teenage sexual activity is linked to a myriad of risks, as outlined by Kuzman et al. (2017), including the physical and psychological implications of pregnancy, cervical dysplasia arising from early sexual engagement, and elevated rates of sexually transmitted diseases compared to other age groups. Early initiation of sexual intercourse can predispose young individuals to sexually transmitted infections, unplanned pregnancies, suboptimal reproductive health decision-making, and unsafe abortions, as noted by Leah (2014). Vulnerability to risks such as unwanted pregnancies, early pregnancies, premature births, and sexually transmitted infections among schoolgirls is accentuated by early sexual behaviour, as discussed by Nigatu (2017).

Furthermore, research by Small and Luster (2019) suggests that sexually active females may exhibit behaviours such as running away from home and increased alcohol and drug use in comparison to their non-sexually active counterparts. Additionally, sexually active adolescents tend to demonstrate lower academic performance than their peers who are not sexually active, as indicated by Armour and Haynie (2017). However, Harden and Mendle (2021) found that sexual activity within romantic relationships in

older adolescents was linked to lower levels of delinquency, while non-romantic sexual activity was associated with higher delinquency levels.

Armour and Haynie (2017) suggested that the timing of sexual initiation can influence adolescents' academic drive and propensity for engaging in delinquent behaviours. Their findings revealed a correlation between early sexual initiation and subsequent delinquency, with adolescents who debut sexually earlier than their peers being at higher risk of engaging in delinquent activities. Conversely, delaying sexual debut was associated with a reduced likelihood of delinquency.

Santelli et al. (2017) emphasised that adolescent early sexual activity heightens the risk of contracting sexually transmitted infections and facing unintended pregnancies due to insufficient knowledge about contraception and safe sex practices. Meanwhile, Hallfors et al. (2015) pointed out that early sexual debut is linked to a higher incidence of depression, anxiety, and other mental health challenges among adolescents.

Manlove et al. (2015) found that early initiation of sexual activity is correlated with decreased academic achievement and a higher likelihood of school dropout, influencing the educational outcomes of adolescents. Furthermore, a longitudinal study by Harden et al. (2018) revealed that early sexual behaviour in adolescents is linked to elevated rates of early parenthood and unstable relationship patterns in adulthood.

2.8 Factors are likely to be responsible for abstinence among SHS students yet to experience sexual debut

Personal Values and Beliefs

A study by Regnerus and Uecker (2016) found that individuals who reported higher levels of religiosity and conservative values were more likely to abstain from sexual activity before marriage. In a qualitative study by Manning et al. (2012), participants

cited personal values, such as respect for oneself and others, as a primary reason for choosing abstinence.

Education and Awareness

A meta-analysis by Kirby (2017) demonstrated that comprehensive sex education programs that provide accurate information about sexual health and promote abstinence as a valid option can influence adolescents' attitudes and behaviours.

A study by Jemmott et al. (2020) showed that interventions focusing on increasing knowledge about sexual health and promoting positive attitudes towards abstinence were effective in delaying sexual initiation among young people.

Health Concerns

A systematic review by Satterwhite et al. (2017) highlighted that concerns about STIs, unintended pregnancies, and emotional consequences were significant motivators for individuals to practice abstinence.

A study by DiClemente et al. (2017) revealed that knowledge about the risks of sexual activity, including HIV/AIDS transmission, influenced adolescents' decisions to delay sexual debut.

Emotional Readiness

In a longitudinal study by Zimmer-Gembeck et al. (2016), researchers found that adolescents who reported higher levels of emotional self-regulation and maturity were more likely to delay sexual initiation.

A qualitative study by Markham et al. (2019) identified emotional readiness, including feeling confident and comfortable in one's own skin, as a key factor in adolescents' decisions to abstain from sex.

Cultural and Social Norms

A cross-cultural study by Tolman et al. (2018) examined how cultural norms, values, and societal expectations around sexuality influenced adolescents' decisions to abstain from sexual activity. The study involved participants from multiple cultural contexts and found that young people's choices regarding sexual abstinence were strongly shaped by perceived moral expectations, parental guidance, and community attitudes toward sexuality. Adolescents who reported higher levels of cultural or religious conservatism were more likely to delay sexual initiation, indicating that societal pressures and normative beliefs play a significant role in shaping sexual behaviours. The study further highlighted that internalisation of cultural messages, rather than mere exposure, was a key determinant of abstinence, suggesting that interventions aiming to promote healthy sexual decision-making should consider culturally relevant frameworks and the values held by adolescents in different communities (Tolman et al.).

Similarly, research by Manlove et al. (2015) investigated the influence of peer dynamics and social norms on adolescents' decisions to remain abstinent in certain communities. The study found that adolescents were significantly affected by peer expectations, with those embedded in peer groups that valued delayed sexual activity or emphasised academic achievement being more likely to abstain. Social norms regarding acceptable sexual behaviour, reinforced through peer interactions, family expectations, and local community standards, were found to either encourage or discourage sexual activity. Additionally, the study revealed that adolescents' perceptions of peer behaviour were sometimes more influential than the actual behaviours of peers, demonstrating the critical role of perceived social norms in shaping sexual decision-making (Manlove et al., 2015). These findings underscore the

importance of considering both social and cultural contexts when designing sexual education programs that aim to promote informed and safe sexual behaviours among adolescents.

2.9 Empirical Review

This section focused on the review of related empirical literature to the stated objectives of the study. The section focused on the following area; factors contributing to adolescent risky sexual behaviours; factors hindering parents-adolescents sexuality communication; social and cultural norms influence adolescent sexual behaviours; the correlation between self-efficacy, self-esteem, and religiosity on risky sexual behaviour of adolescent and the sexual and reproductive health services available for adolescents in Senior High Schools in Assin South District.

2.9.1 Early sexual behaviours exhibited by Senior High School students

Sexual behaviour encompasses an individual's preferences, perspectives, relationships, and orientations concerning sexuality (Okigbo et al., 2015; Olugbenga-Bello et al., 2014). The sexual behaviours of adolescents substantially increase the risk of unintended pregnancies. Researchers have extensively explored the relationship between adolescent sexual behaviour and various demographic factors and societal norms (Kraft et al., 2017). Multiple studies have identified a connection between the sexual behaviours of Jamaican adolescent girls and unplanned pregnancies. For example, in a Jamaican study conducted by Longman-Mills and Carpenter (2018), risky sexual behaviours among adolescents were acknowledged despite ongoing educational efforts targeting teenage girls. These behaviours included engaging in multiple sexual partnerships, experiencing coerced sexual encounters, and initiating sexual activity at a young age (Ishida et al., 2021).

Longman-Mills and Carpenter (2018) proposed that teenagers are less likely to openly discuss their sexual experiences and more prone to minimal or no condom use, engaging in multiple partnerships, and other risky sexual behaviours. A survey among Jamaican adolescents revealed that having multiple sexual partners was the most commonly reported risky sexual behaviour (McFarlane et al., 2014). Approximately one-third of the participants admitted to not using condoms and engaging in sexual activities with two or more partners. Despite knowledge of the effectiveness of condoms in prevention, various age groups demonstrated inconsistent or nonexistent condom usage (Goldenberg et al., 2018; Longman-Mills & Carpenter, 2018). Okigbo et al. (2015) associated adolescents' risky sexual behaviours with early sexual initiation. Conversely, Goldenberg et al. (2018) highlighted a connection between adolescents' sexual behaviours and emotional impulsivity characterized by a lack of self-restraint.

In a study involving 377 in-school adolescents in rural areas of southwestern Nigeria, Olugbenga-Bello et al. (2014) found that 14.1% of respondents reported initiating sexual activity before or at the age of 15. Similarly, Ishida et al. (2021) reported a mean age of first sexual encounter at 16 years among adolescents. Research has shown that many of the sexual behaviours preceding adolescent sexual initiation occur without a full understanding of the potential consequences involved (Olugbenga-Bello et al.).

Zhang, Bi, Maddock, and Li (2020) observed a trend in developed countries where early sexual maturity, delayed marriage, rapid modernization, economic growth, and increased media exposure have influenced adolescents to adopt more liberal attitudes towards sexuality. Research by Zhang et al. (2020) also indicates a rise in premarital sexual activity among adolescents and a decrease in the age of sexual debut, leading to a significant increase in unplanned pregnancies and induced abortions among

unmarried youth. Furthermore, there has been a surge in the incidence of Sexually Transmitted Infections (STIs) and HIV infections among this demographic.

Ugoji (2013) conducted a study on tertiary students and found that half of the respondents exhibited a low level of reproductive health knowledge. Female students in tertiary institutions appeared to possess more reproductive health knowledge compared to their male counterparts. A study by Gebremichael and Chaka (2015) revealed that a majority of students expressed an interest in utilizing reproductive health services in the future and advocated for the establishment of such services within educational institutions. Many students reported initiating sexual activity before the age of 18, with only a small percentage engaging in contraceptive use during the study period.

In contrast, findings from a study by Simbar, Tehrani, and Hashemi (2015) on university students' reproductive health behaviours revealed that less than one-tenth of the participants disclosed engaging in sexual activity before marriage, with approximately half of them reporting condom usage. The majority of students perceived the risk of AIDS and other sexually transmitted infections as moderate, yet they believed that young people had limited capabilities in adopting healthy behaviours. Additionally, most students recognized the value of reproductive health education for youth but expressed concerns about the inadequacy of available services.

Mengistu and Melku (2018) reported that a significant proportion of surveyed adolescents lacked sufficient awareness of sexual and reproductive health risks and displayed behaviours associated with high-risk reproductive health practices. Highlighting the prevalence of sexual and reproductive health issues among students, nearly all participants in focus group discussions and in-depth interviews in Mengistu

and Melku's study acknowledged the seriousness of the problem. The identified risky behaviours included substance abuse, excessive alcohol consumption, engaging in multiple sexual relationships, and early sexual initiation, coupled with a lack of knowledge and awareness of HIV/STI prevention, unplanned pregnancies, abortions, and incidents of gender-based violence and sexual harassment within the university student population (Mengistu & Melku, 2018).

2.9.2 Difference in early sexual behaviour of students in terms of age and sex

Zimmer-Gembeck et al. (2016) conducted a study that investigated the variations in sexual behaviour among adolescents based on age. Their research revealed that older adolescents exhibited a higher tendency to participate in sexual activities compared to their younger counterparts. This inclination was attributed to factors such as increased independence, peer pressure, and the natural developmental changes that occur during adolescence.

Santelli et al. (2018) also underscored the significance of age in influencing the initiation of sexual behaviour among adolescents. They noted that older adolescents were more predisposed to initiate sexual activity. The scholars emphasised the importance of recognizing the various developmental stages and age-related elements when addressing sexual health issues in adolescents.

In a study by Kaestle et al. (2015) focusing on gender disparities in early sexual behaviour among adolescents, it was revealed that boys tended to report earlier initiation of sexual activity compared to girls. The researchers identified societal norms, peer influences, and individual attitudes towards sexuality as contributing factors to this gender-based contrast.

Vasilenko et al. (2015) conducted a longitudinal study examining gender variances in adolescent sexual behaviour. Their findings indicated that boys tended to have a

younger age of sexual debut than girls. The study highlighted the influence of gender expectations and cultural norms in shaping these distinctions between boys and girls regarding sexual behaviour.

Manlove et al. (2015) explored the intersectionality of age and gender in the context of early sexual behaviour among adolescents. Their research demonstrated that older boys were more inclined to engage in sexual activities in comparison to both younger boys and girls. The study illuminated the intricate interplay between age and gender in molding the sexual behaviour of adolescents.

Ajuwon et al. (2020) emphasised the impact of cultural and contextual factors on the age and gender differentials in early sexual behaviour among adolescents. The researchers identified societal norms, family dynamics, and the availability of sexual health education as critical components in comprehending these variations.

2.9.3 Factors responsible for early sexual behaviours among Senior High School students

On average, approximately 25% of 15-year-olds who participated in a survey conducted by Chen, Wen, Fleming, Demissie, Rhoads, and Walker (2017) disclosed engaging in sexual intercourse, with a higher prevalence observed among boys compared to girls (29% versus 23%). Early initiation of sexual activity not only heightens the risk of contracting sexually transmitted infections (STIs) but also increases the likelihood of having multiple sexual partners over a lifetime (Chen et al., 2017).

In Sweden, the proportion of 16-17-year-old females admitting to having had three or more sexual partners rose from 8% in 2000 to 17% in 2007, while for males, it increased from 11% to 17% during the same timeframe (UNESCO, 2018). This data suggests a notable shift in sexual behaviours among Swedish adolescents over the years.

Regmi, Simkhada, and Teijlingen's (2018) research emphasised how socio-demographic variables like age, gender, education, ethnicity, culture, and religion impact sexual behaviour in Nepal. The study revealed that factors such as early sexual exploration, engaging in multiple partnerships, and irregular condom usage, which are significantly influenced by sociodemographic traits, are prevalent in Nepali society. These unsafe sexual behaviours play a critical role in the transmission of HIV and sexually transmitted infections (STIs) in Nepal.

Accessibility to sexual health services can pose challenges for young individuals, with factors like lack of privacy, inconvenient clinic locations, high costs, limited contraceptive options, and judgmental attitudes from healthcare providers potentially deterring adolescents from seeking care. Legal restrictions, such as requiring parental consent for services, can further hinder adolescents' access to vital sexual health information and resources.

Peer pressure and societal norms play significant roles in influencing adolescents' decisions to engage in early sexual activity, as noted in research by DiIorio, Kelley, and Hockenberry-Eaton (1999). Peers serve as influential figures shaping attitudes towards sex and guiding behaviour choices among young individuals.

Parental communication quality regarding sexuality and levels of parental supervision are highlighted as critical factors impacting the likelihood of early sexual debut among high school students, according to Hutchinson's study (2019). Effective parent-child communication can play a crucial role in guiding adolescents towards informed decisions regarding sexual activity.

Exposure to sexual content in media, such as movies and television, can impact adolescents' perceptions of sex and influence their sexual behaviours, as indicated in

research by Bleakley, Hennessy, Fishbein, and Jordan (2018). Media influences can contribute to shaping attitudes and behaviours related to sex among young people.

Individual factors like self-esteem, body image, and mental health are identified as significant influencers of adolescents' choices concerning sexual activity, as highlighted in a study by Zimmer-Gembeck and Helfand (2018). These internal factors can play a pivotal role in shaping adolescents' sexual decision-making processes.

Peer influence emerges as a key factor in shaping adolescents' sexual behaviours, with friends and peers impacting attitudes towards sex, norms surrounding sexual activities, and decision-making related to sexual behaviours, according to research by Sneed et al. (2018).

Family communication is underscored as a crucial element in influencing adolescent sexual risk behaviour by Sieving et al. (2021). Open and supportive family discussions about sex can equip adolescents with valuable guidance, information, and values that shape their perceptions and decisions regarding sexual activities.

Psychosocial factors like self-esteem, risk-taking tendencies, and emotional well-being are pointed out as significant influences on early sexual behaviour among adolescents by Jessor et al. (2018). These factors can contribute to adolescents' choices concerning sexual activity and risk-taking behaviours.

DiClemente et al. (2021) highlighted the crucial role of adolescents' risk perceptions in shaping their sexual behaviour. They indicated that factors such as understanding of sexually transmitted infections, awareness of pregnancy risks, and knowledge about the potential outcomes of engaging in early sexual activities can significantly influence the decision-making process of adolescents.

Ott et al. (2016) brought attention to the impact of socioeconomic status on the early initiation of sexual activity among urban adolescents. The researchers pointed out that disparities in economic status can affect adolescents' access to essential resources, educational opportunities, and overall life prospects, which in turn can have a substantial influence on their sexual behaviours.

Halpern-Felsher et al. (2015) stressed the significance of cultural norms and media representations of sexuality in shaping the attitudes and behaviours of adolescents. They highlighted how media messages and societal expectations regarding sex can mould adolescents' views on sexuality and impact the timing of their sexual debut.

A study conducted by Afenyadu and Goparaju (2018) in Dodowa, Ghana, shed light on the various economic, social, and cultural factors contributing to the high-risk sexual behaviour exhibited by adolescents in that community. The research identified a range of influences such as poverty, limited educational and vocational opportunities, unemployment, cultural practices like the dipo puberty rites, high marriage costs, lack of positive role models, absence of effective mentorship and counselling programs, insufficient HIV/AIDS communication, deficiencies in school regulations, and challenges in parenting within a rapidly evolving socioeconomic and cultural setting. These findings underscore the importance of addressing multifaceted issues to tackle risky sexual behaviours among adolescents comprehensively.

Connectedness to family, school, and community is identified as a protective factor against early sexual initiation by Markham et al. (2019). Strong bonds with supportive individuals and institutions can aid adolescents in making healthier decisions and navigating potential risks associated with early sexual activity.

2.9.4 Implication of sexual behaviours among Senior School Students

Adolescents who partake in risky health behaviours, such as early sexual activity and substance misuse, often face adverse health outcomes later in life, achieve lower levels of education, and demonstrate diminished economic productivity compared to their peers. Engaging in these behaviours at a young age is associated with prolonged periods of risk-taking during later adolescence and early adulthood and can act as an indicator of propensity for risk-taking behaviour in adulthood. Premature involvement in these behaviours, notably early sexual intercourse, can lead to significant repercussions, including unintended pregnancies, sexually transmitted infections (STIs), and psychological distress (Youth Risk Behaviour Surveillance, 2019).

Adolescents are at an increased risk of contracting sexually transmitted diseases (STDs) due to various factors, including a higher likelihood of engaging in unprotected sex with multiple partners, selecting partners with higher risk profiles, and the biological susceptibility of younger women to infections in comparison to older women. While the physical implications of early sexual engagement pose substantial health risks, the emotional consequences of such interactions must not be overlooked (Miller & Moore, 2019). The Allan Guttmacher Institute highlights that involvement in sexual activity can evoke feelings of shame or guilt, strain relationships, foster unrealistic expectations of commitment or marriage, and may even constitute a form of abuse.

Studies suggest that adolescent sexual behaviour can serve as a marker for broader patterns of unhealthy risk behaviours, encompassing tobacco, alcohol, and drug use, as well as engagement in violent activities. As per the 1997 YRBS report, 7.2% of students nationwide had initiated sexual intercourse before the age of 13. Research demonstrates a direct correlation between the number of lifetime sexual partners and the age of first sexual encounter. Adolescents who commence sexual activity before turning 14 are

notably more likely to have multiple sexual partners. For example, 57% of girls who start sex before age 14 report having six or more lifetime partners, compared to only 10% of girls who delay sexual initiation until age 17 or older. Similarly, 74% of boys who initiate sex before age 14 report having six or more lifetime partners, in contrast to 10% of boys who start sexual activity at age 17 or beyond. These statistics are worrisome, as individuals with a higher number of sexual partners are at an escalated risk of acquiring STDs, including STIs or HIV.

Kirby et al. (2017) conducted an extensive analysis of multiple studies examining adolescent sexual behaviour and its repercussions on health outcomes. Their research highlighted that teenagers who commence sexual activity early during their high school years are at a heightened risk of adverse outcomes such as sexually transmitted infections (STIs), unintended pregnancies, and mental health issues. This highlights the crucial necessity of implementing comprehensive sexual health education programs and ensuring accessible reproductive health services for young individuals.

Santelli et al. (2017) delved into the educational consequences linked to early sexual activity among high school seniors. Their findings indicated that students who engage in sexual behaviour at an early stage are more prone to encountering academic challenges, including lower academic performance, increased absenteeism, and elevated dropout rates. Factors like emotional distractions impeding study focus and societal pressures were identified as contributors to these academic difficulties.

Pulerwitz et al. (2020) explored the social and emotional impacts of premature sexual behaviour on senior high school students. Their study underscored that adolescents who engage in early sexual activity often grapple with relationship conflicts, peer pressure, and emotional distress. The research emphasised the importance of promoting healthy

relationship dynamics and effective communication skills among adolescents to navigate these challenges successfully.

In a study carried out by Markham et al. (2019), the gender and cultural dimensions of sexual behaviours among high school seniors were scrutinized. The research revealed that cultural norms, gender expectations, and societal beliefs significantly shape how adolescents perceive sex and relationships. The researchers emphasised the critical need for culturally sensitive sexual health education initiatives to address the complex implications stemming from these societal influences.

Transitioning to factors influencing early sexual abstinence among Senior High School (SHS) students who have not yet engaged in sexual activity, various studies shed light on the multifaceted determinants influencing their decisions. Aninanya et al. (2019) identified parental monitoring, religious beliefs, peer interactions, and knowledge about sexual health as crucial factors predicting early sexual abstinence among students in Ghana. The study underscored the essential role of family and community support in fostering abstinence among adolescents.

Similarly, Asante et al. (2017) investigated how social norms and cultural values guide the decisions of SHS students in abstaining from early sexual activity in Ghana. Their research illuminated that traditional values, cultural norms, and community expectations all influence adolescents' attitudes towards sex and their decision to abstain. Cultural considerations were highlighted as pivotal in tailoring interventions aimed at promoting abstinence among young individuals.

A review by Adu-Mireku (2018) discussed the influence of peer pressure, media impacts, and the availability of sexual health services on early sexual abstinence among adolescents. The review elucidated that peer pressure and media portrayals endorsing

premature sexual behaviour can impede efforts to encourage abstinence in youth. Conversely, offering comprehensive sexual health education and services can empower adolescents to make well-informed decisions regarding their sexual well-being.

2.10 Conceptual Framework

The conceptual framework for this study explains the relationship between factors influencing early sexual behaviours, the behaviours themselves, and their associated implications among Senior High School students in the Assin South District. The framework assumes that several social, environmental and personal factors such as peer influence, parental supervision, media exposure, socio-economic background, knowledge of sexual and reproductive health, cultural and religious values, and school-based sexuality education contribute to students' engagement in early sexual risk behaviours. These behaviours may include early sexual debut, having multiple sexual partners, and engaging in unprotected sexual intercourse. Such behaviours may subsequently lead to several implications, including teenage pregnancy, sexually transmitted infections, school dropout, poor academic performance, and psychological challenges. The framework further recognises the moderating role of demographic variables, particularly age and gender. These variables may influence the extent to which students engage in early sexual behaviours. In other words, differences in age and gender may alter the strength or pattern of early sexual risk behaviours exhibited by students.

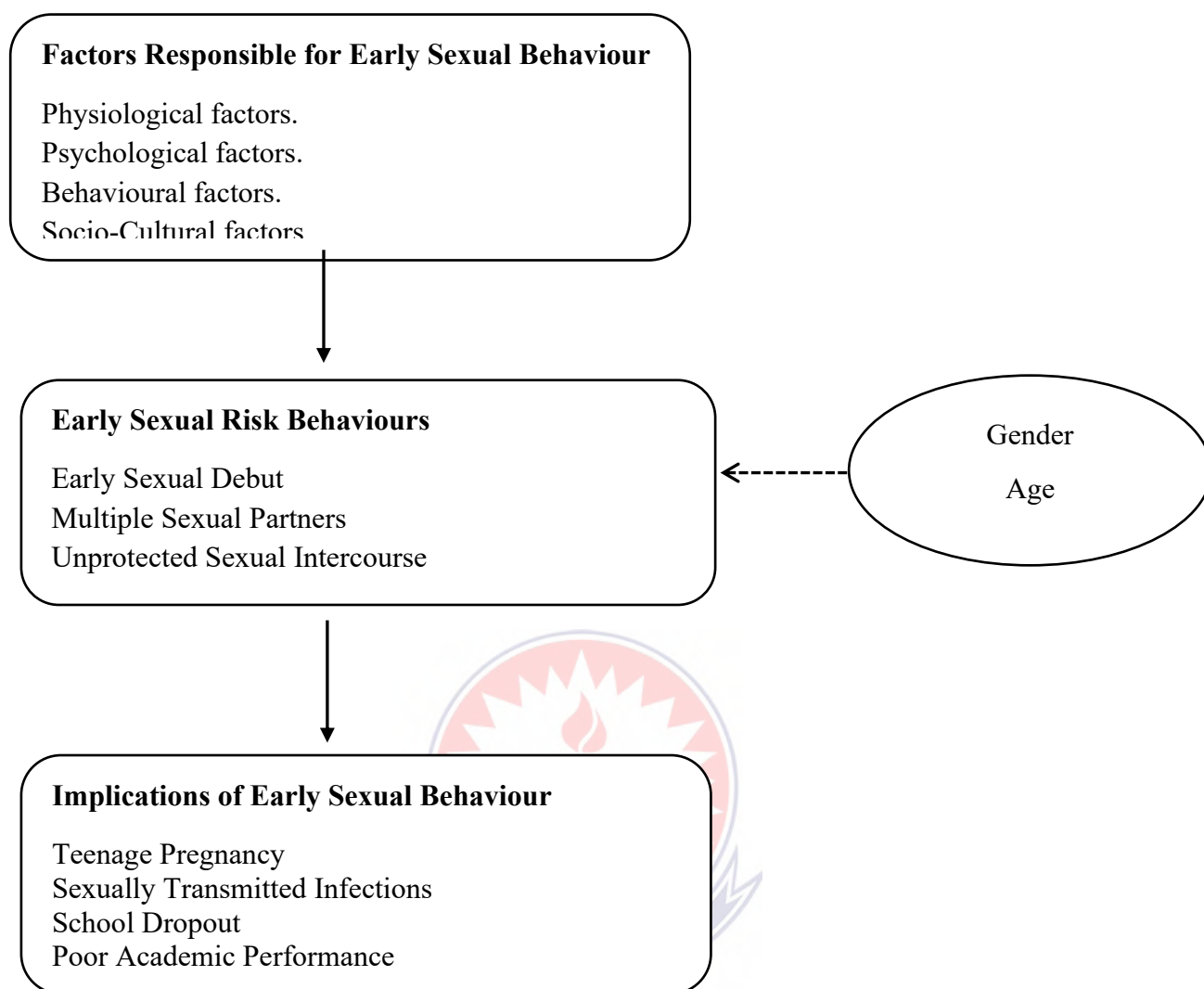


Figure 1: Conceptual framework

Source: Researcher's construct (2024)

Summary of Reviewed Literature

From the comprehensive review of empirical studies, it is evident that numerous studies, both at international and local levels, have investigated the factors influencing adolescent risky sexual behaviours and their consequences. However, from the empirical analysis conducted, it is apparent that there is limited local information on this subject concerning Senior High School (SHS) students.

Relatively few researchers have explored this correlation specifically among Ghanaian youth, as indicated by the literature review. Understanding the sexual behaviour of adolescents in Ghana entails acknowledging the intricacies surrounding their knowledge of, beliefs in, and attitudes towards contraceptive usage within this cultural context. Research suggests a link between sex education and reduced rates of adolescent pregnancy and sexual activity. Nonetheless, the majority of studies addressing this topic have primarily focused on Junior High School students and tertiary education students, neglecting Senior High School students. Hence, there is a pressing need for further investigation to assess the prevalence of sexual behaviours, determinants of early sexual behaviours, and their impact on Senior High School students in the Assin South District.



CHAPTER THREE

RESEARCH METHODS

3.1 Introduction

This chapter was dedicated to outlining the methodological approach employed in this study. It articulates the philosophical foundation, research approach, and research design chosen for this current study. The chapter highlighted aspects such as the population, sample selection, sampling technique, instrumentation, validity and reliability measures, data collection procedure, data analysis methods, and ethical considerations.

3.2 Research Philosophy

Research philosophy refers to the set of beliefs and assumptions that guide how research is conducted, including how knowledge is generated, interpreted, and understood within a particular field of study (Bryman, 2014). It provides the underlying framework that shapes the research design, methodological choices, and interpretation of findings (Tashakkori & Teddlie, 2018). In social science research, different philosophical paradigms influence how researchers approach the investigation of social phenomena. This study adopted the pragmatism research philosophy. Pragmatism is a philosophical stance that focuses on practical solutions to research problems and emphasises the use of methods that best address the research questions rather than rigidly adhering to a single methodological tradition (Creswell & Creswell, 2018). Pragmatism assumes that reality is not fixed but can be understood through multiple perspectives, and therefore researchers can combine both quantitative and qualitative approaches where necessary to gain a more comprehensive understanding of a phenomenon (Tashakkori & Teddlie, 2018). The philosophy is often described as a “what works” approach, where the choice of research methods is determined by their usefulness in answering the research questions and achieving the objectives of the study (Klu, 2019).

The adoption of pragmatism in this study is justified because the research seeks to explore the patterns, determinants, and implications of early sexual behaviours among senior high school students. Addressing such a complex social issue requires flexibility in selecting methods that can effectively capture both measurable patterns of behaviour and contextual factors influencing those behaviours. Pragmatism therefore provides a suitable philosophical foundation for the study because it allows the researcher to employ appropriate methods that best explain the phenomenon under investigation and generate practical insights for policy and educational interventions.

3.3 Research Approach

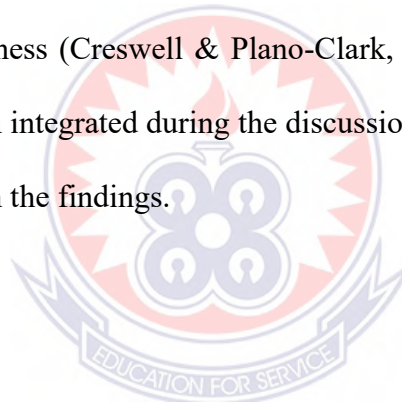
Considering the ontological and epistemological stances of the research philosophy applied in this study, a mixed-method approach was utilized as the research methodology. This approach facilitated the utilization of diverse data sources to offer a comprehensive depiction of early sexual behaviour among students in the Assin-South District. Furthermore, it enabled the researcher to integrate the advantages of both positivist and interpretivist philosophies in a manner that aligned with the research objectives. Through the incorporation of multiple data sources, this mixed-method approach enhanced methodological robustness and bolstered the credibility of the study (Tashakkori & Teddlie, 2018).

3.4 Research Design

There are various types of mixed methods designs, such as triangulation, explanatory, and exploratory designs (Creswell, 2018). The distinguishing characteristics that determine the type of mixed methods design include the rationale behind the design, the collection of quantitative and qualitative data forms, the prioritization of each method, the sequence of methods, how data analysis aligns with the design, and the procedural diagram followed by the researcher (Creswell, 2018).

In this study, the Concurrent Triangulation design was employed. Concurrent mixed methods design involve merging quantitative and qualitative data to offer a comprehensive analysis of the research issue (Creswell, 2018). In this design, both qualitative and quantitative data are collected simultaneously and analyzed separately. The findings are then either combined or compared in the discussion section (Tashakkori & Teddlie, 2018). Typically, the qualitative and quantitative aspects are given equal weight. In this study, as depicted in Figure 3.1, the design facilitated the separate collection of qualitative and quantitative data.

The concurrent triangulation design offers several strengths, including its time efficiency (simultaneous data collection), independent data analysis (unlike sequential designs), and intuitiveness (Creswell & Plano-Clark, 2018). The data were analyzed independently and then integrated during the discussion phase of the study to validate, corroborate, or confirm the findings.



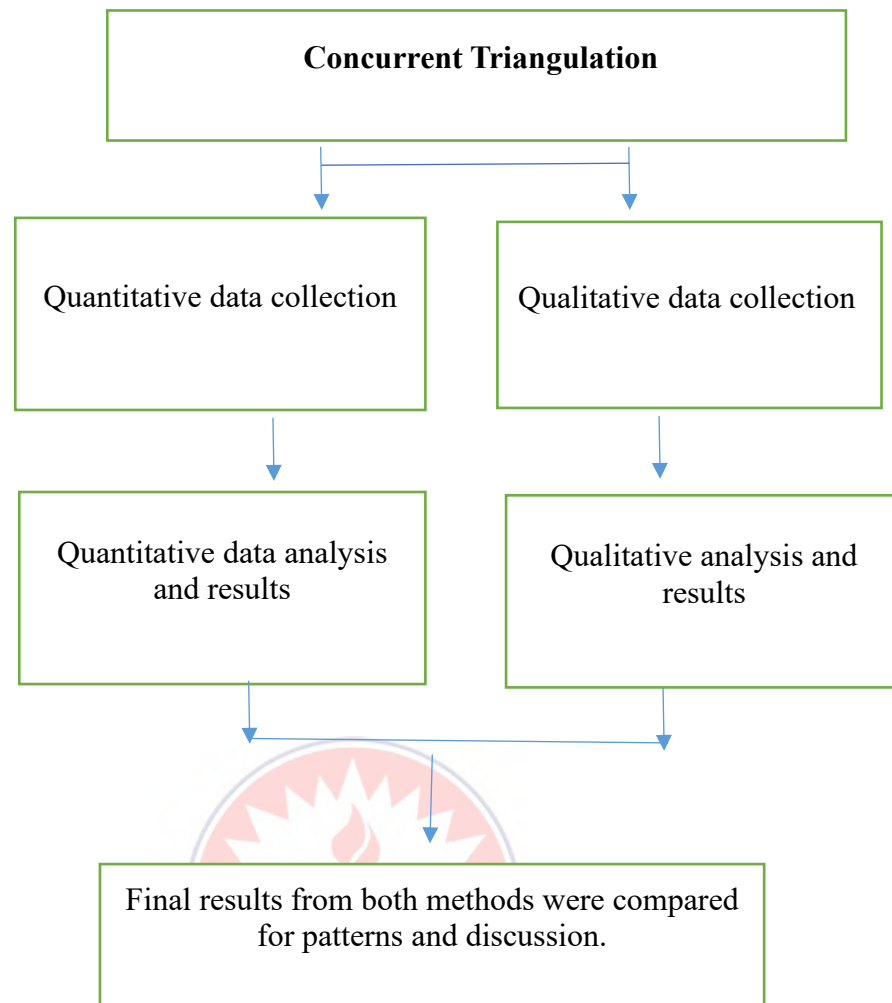


Figure 2: A chart of the Concurrent Triangulation design for the study.

Source: Author's Construct, 2024.

3.5 Study Area

The Assin-South District is one of the 22 districts in the Central Region of Ghana and its capital is Nsuaem Kyekyewere. The Assin South District is located in Central Region of Ghana. The district covers a total land area of 1,187 square kilometres representing 12% of the total land area of the Central Region. The population of the district is 104,244 comprising 50,936 males and 53,308 females (2021 PHC).

3.6 Population of the Study

The population of interest in this study comprised Senior High School (SHS) students, teenage parents who dropped out of school at the SHS level, parents of SHS teenagers and school counsellors. The SHS level teenage parents were involved in the study in order to obtain their experiences regarding factors responsible for early sexual life. This was based on the assumption that they were more likely to give rich information through interview in their setting than their colleagues who are currently in school. Parents and school counsellors were also involved as key informants. The population of the study involved all Senior High School (SHS) students, teenage mothers who dropped out of school at the SHS level, parents of SHS teenagers and school counsellors in the Assin South district. However, the accessible population for the study was 5,729 SHS students for the 2023/2024 academic year in the Assin South district (Education Office, Assin South District, 2024/2025).

3.6.1 Inclusion Criteria

The study included participants who were considered relevant to providing information on early sexual behaviours among adolescents in the Assin South District. First, all Senior High School (SHS) students enrolled in public SHSs within the Assin South District during the 2023/2024 academic year were eligible to participate in the study. These students were included because they were within the adolescent age group and could provide first-hand information regarding factors influencing early sexual behaviours among students in school.

Second, teenage parents who had dropped out of school at the SHS level within the Assin South District were included in the study. These individuals were considered important participants because their experiences could provide deeper insights into the

circumstances and factors that contributed to early sexual initiation and teenage pregnancy.

Third, parents or guardians who had teenagers currently enrolled in SHS in the Assin South District were included in the study. Their inclusion allowed the study to obtain parental perspectives on adolescent sexual behaviour, parental supervision, communication, and family influences that might affect adolescents' sexual decisions. Finally, school counsellors working in SHSs within the Assin South District were included as key informants. Their professional experience in guiding and counselling students positioned them to provide valuable information on students' behavioural patterns, challenges related to adolescent sexuality, and the support systems available within the school environment.

3.6.2 Exclusion Criteria

Students who were not enrolled in Senior High Schools within the Assin South District during the 2023/2024 academic year were excluded from the study. In addition, students who were outside the adolescent age range or who declined to give consent or assent to participate in the study were not included.

Teenage parents who had not attended SHS or who had dropped out at educational levels other than SHS were excluded from the study because they did not fall within the target group of interest. Similarly, parents who did not have teenagers currently attending SHS in the Assin South District were excluded.

Furthermore, school staff who were not serving as school counsellors, as well as counsellors working outside the Assin South District, were excluded from the study. Participants who were unwilling to participate or who did not complete the required data collection procedures were also excluded from the final sample.

3.7 Sample and Sampling Technique

A sample is a subset of the overall population chosen for observation and analysis (Owu-Ewie, 2021). The primary aim of sampling is to ensure representation; thus, the sample should be constructed to accurately reflect the population from which it is drawn (Jennings, 2021).

The sample size for the quantitative part of the study was determined using the Yamane's (1973) formula. This formula was expressed as:

$$n = \frac{N}{1 + N(e)^2}$$

Where:

n represents the sample size,

N is the accessible population (5,729) SHS students.

e is the margin of error (0.05 for a 95% confidence level).

$$n = \frac{5729}{1 + 5729 (0.05)^2}$$

$$n = 373.9 = 374$$

For the qualitative part of the study, 12 people were selected for the study, consisting of 4 teenage parents, 4 counsellors and 4 parents.

In general, 386 sample size was used for the study.

For the qualitative component of the study, purposive sampling was employed to select participants who could provide rich and relevant information regarding the phenomenon under investigation. Specifically, four teenage parents, four school counsellors, and four parents were selected for the study. Purposive sampling was considered appropriate because these participants possess unique experiences, knowledge, and perspectives related to early sexual behaviours among adolescents. Their direct involvement and familiarity with the issue enabled the researcher to obtain

detailed insights and in-depth understanding necessary to complement the quantitative findings.

For the quantitative part, the study employed a stratified sampling technique to ensure that students from all the selected Senior High Schools in the Assin South District were adequately represented. Stratified sampling involves dividing a population into homogeneous subgroups known as strata and then selecting samples from each stratum to ensure fair representation of the entire population (Creswell & Creswell, 2018). In this study, the four public Senior High Schools in the district constituted the strata. These schools were Assin Manso Senior High School, Adankwaman Senior High School, Assin Nyankomasi Senior High School, and Assin Nsuta Senior High School. Following the identification of the strata, the proportionate stratified sampling method was used to determine the number of respondents to be selected from each school. Proportionate stratified sampling ensures that the sample selected from each stratum reflects the proportion of the population that the stratum contributes to the overall population (Etikan & Bala, 2017). Using the total student population of the four schools (5729) and the overall sample size of 384, the proportion of students in each school was calculated and used to determine the number of respondents to be selected from each school. This process resulted in the selection of 199 students from Assin Manso Senior High School, 73 from Adankwaman Senior High School, 53 from Assin Nyankomasi Senior High School, and 49 from Assin Nsuta Senior High School.

After determining the sample size for each school, simple random sampling was used to select the individual students who participated in the study. Simple random sampling gives every member of the population an equal chance of being selected, thereby reducing selection bias and improving the representativeness of the sample (Bryman, 2016). In each school, a list of students was obtained from the school administration

and used as the sampling frame. Each student on the list was assigned a unique number, and the required number of respondents was selected using a random selection process such as the lottery method. In this method, the assigned numbers were written on pieces of paper, mixed thoroughly, and randomly drawn until the required number of students for each school was obtained.

The use of stratified sampling combined with simple random sampling ensured that students from all the schools were fairly represented in the study while maintaining the randomness necessary to enhance the reliability and generalizability of the findings.

To get the sample for Assin Manso SHS for example, the calculation was done as follows:

$$\text{Assin Manso SHS} = \frac{3052}{5729} \times 374 = 199.2 \approx 199$$

The above procedure was followed to get the sample size for the rest of the SHS used for the study as shown in Table 1.

To get the male and female for Assin Manso SHS, the calculation was done as follows:

$$\text{Male} = \frac{1618}{3052} \times 199 = 105.5 \approx 106$$

$$\text{Female} = \frac{1434}{3052} \times 199 = 93.5 \approx 93$$

The above procedure was followed to get the sample size for the rest of the SHS

Table 1: Distribution of Respondents by Senior High School

Name of School	Pop	Male	Female	Sample Selected	Male	Female
Assin Manso Senior High School	3052	1618	1434	199	106	93
Adankwaman Senior High School	1118	593	525	73	39	34
Assin Nyankomasi Senior High School	806	429	377	53	28	25
Assin Nsuta Senior High School	753	399	354	49	26	23
Total	5729	3039	2690	374	199	175

3.8 Data Collection Instruments

Two instruments for data collection were used. These were structured questionnaire and semi-structured interview guide. Questionnaire for this was designed from the available literature and guided by the objectives of the study. The structured questionnaire was made up of four sections: A, B, C and D see Appendix A. Section A of the questionnaire measured the socio-demographic background of respondents involved in the study. Variables considered included sex, age, level of education, as well as their guardian. Section B elicited information on sexual behaviours exhibited by Senior High School students. Section C items measured factors responsible for early sexual behaviour. These factors were measured on a five-point Likert scale from strongly disagree to strongly agree.

Section D items measured factors that are likely to be responsible for abstinence among SHS students.

Section B focused on sexual activities and was adapted from the Youth Risk Behavior Surveillance Survey (YRBSS) developed by the Centers for Disease Control and Prevention (2019). The original YRBSS questionnaire, which contained 9 items assessing various adolescent risk behaviours and demonstrated strong internal consistency with a Cronbach alpha coefficient of 0.79 across its behavioural domains (CDC, 2019), served as the foundation for this section.

In this study, the instrument was adapted to capture respondents' involvement in specific sexual activities, including kissing, fondling, sexual intercourse, and mutual masturbation, as well as their age of first engagement, frequency of participation, and the recency of such behaviours. To ensure cultural appropriateness for Senior High School students, explicit items referring to oral and anal sex were removed. In addition, frequency and timing scales were simplified to categories such as "once, two times,

three times, four times or more than five times” to enhance clarity and age-appropriateness.

Section C focused on factors responsible for early sexual behaviour among students and was adapted from the Adolescent Sexual Behaviour Determinants Scale (ASBDS) developed by Kirby et al. (2005). The original instrument was designed to measure key psychosocial and environmental factors that influence adolescents’ engagement in early sexual behaviours, including peer pressure, parental monitoring, exposure to sexual content in the media, attitudes toward sexual activity, and perceived social norms. The scale contains 15 items measured on a Likert-type response format ranging from strongly disagree to strongly agree. The instrument has been widely used in adolescent sexual health studies and has demonstrated acceptable internal consistency, with reported Cronbach’s alpha reliability coefficient of 0.84 (Kirby et al., 2005). For the purpose of this study, minor contextual modifications were made to adapt some items to the Ghanaian senior high school environment by replacing references to western adolescent contexts with situations relevant to Ghanaian students, while maintaining the original meaning of the items. Evidence of validity has been reported in several studies examining determinants of adolescent sexual behaviour, where the scale demonstrated good construct validity and predictive validity in explaining early sexual initiation among adolescents (Kirby et al., 2005; Buhi & Goodson, 2017).

Section D focused on factors that are likely to be responsible for abstinence among adolescents and was adapted from the Abstinence Self-Efficacy Scale (ASES) developed by Kirby and Jessor (2005). The original instrument was designed to assess adolescents’ confidence in their ability to abstain from sexual intercourse in situations involving peer pressure, romantic relationships, and exposure to sexual opportunities. The scale consists of 15 items measured on a Likert-type response format and has been

widely used in adolescent reproductive health studies. The original developers reported an internal consistency reliability coefficient of Cronbach's $\alpha = 0.86$, indicating strong reliability (Kirby & Jessor, 2005).

For the purpose of the present study, minor contextual modifications were made to ensure relevance to senior high school students in Ghana, including simplifying some wording and adapting examples of peer influence and social situations common among Ghanaian adolescents. The scale was also contextualised to reflect school and community environments within the Assin South District. Evidence supporting the validity of the scale has been documented in studies conducted among adolescents in sub-Saharan Africa. For example, research applying factor analytic procedures reported that the underlying dimensions of abstinence related self-efficacy and intentions to engage in protective sexual behaviour were clearly represented in the measurement model. The findings indicated satisfactory construct validity and internal consistency, with reliability coefficients exceeding 0.80, which supports the appropriateness of the scale for use with adolescent populations (Babalola, 2004; Akinwale, 2016).

The semi-structured interview schedule for the qualitative aspect of the study was divided into two thematic areas relating to objectives of the study. The first thematic area related to items on factors responsible for early sexual life and the second thematic area centered on the factors related to why some students abstain from early sexual life. The semi-structured interview schedule consisted of guiding and probing questions about the general views of participants on survivors' identification and use of coping strategies. Though some of the items were designed in some form of predetermined order, there was room for flexibility for the researcher to address emerging issues (Clifford, Holloway, Rice & Valentine, 2018).

3.10 Pre-Testing of Instrument

To ensure the reliability and clarity of the research instrument (questionnaire), a pilot test was conducted as a form of “dress rehearsal” for the main survey, consistent with the description provided by Blažev et al. (2021). The purpose of the pilot testing was to assess the internal consistency of the questionnaire items and to identify any potential ambiguities or challenges before the full-scale administration of the instrument.

The pilot testing of the research instrument was conducted at Aggrey Memorial A.M.E Zion Senior High School using a sample of 37 students. The sample size was considered adequate because Teresi et al. (2022) suggested that five to ten percent of the main study sample is sufficient for pilot testing. Their work indicated that such a proportion allows researchers to identify possible problems that may occur during the main study. The school was selected because it possessed characteristics similar to those of the schools included in the actual study. The pilot test sought to determine whether respondents were able to clearly understand the questions and whether the instrument measured the constructs as intended. According to Wadood et al. (2021), piloting improves the reliability and validity of research instruments. The pilot exercise also helped to verify the clarity of items, correctness of instructions, logical arrangement of questions, and provided feedback that was used to improve the questionnaire. Consequently, the pilot test assisted in identifying and correcting ambiguities, unclear statements, and poorly worded items that could have produced inaccurate responses. The questionnaires obtained from the pilot test were analysed to establish the reliability of the instrument using Cronbach’s coefficient alpha (α). Cronbach’s alpha reliability values range between 0 and 1, with values closer to 1 indicating higher internal consistency. A reliability coefficient of 0.70 or higher was considered acceptable for this study, consistent with the recommendation by Schrepp (2020).

3.11 Validity of the Instruments

Research validity refers to the extent to which the study accurately measured what it intended to measure rather than capturing unrelated constructs (Clark & Watson, 2019). According to Lim (2024), validity in research instruments can be examined through several forms, including face validity, content validity, criterion validity, and construct validity. In this study, content validity and construct validity were emphasised to ensure that the questionnaire adequately measured the constructs related to early sexual behaviours and their associated factors among Senior High School students.

Content validity was established by ensuring that the questionnaire items adequately covered the key dimensions of the study variables, including early sexual behaviours, factors responsible for early sexual behaviour, and factors responsible for abstinence. The items used in the questionnaire were adapted from previously validated scales used in adolescent sexual and reproductive health studies and were modified to suit the context of Senior High School students in the Assin South District. To further ensure content validity, the instrument was submitted to the researcher's supervisor and selected lecturers in the Department of Educational Foundations at the University of Education, Winneba for expert review. Their suggestions and feedback were incorporated to improve the clarity, relevance, and appropriateness of the items.

Construct validity was also ensured by structuring the questionnaire items to reflect the theoretical constructs identified in the literature on adolescent sexual behaviour. The pilot testing of the instrument further helped to determine whether the items appropriately measured the intended constructs and whether respondents clearly understood the questions. Feedback obtained during the pilot testing was used to refine the instrument by revising ambiguous or unclear items. This process helped to

strengthen the ability of the instrument to accurately measure the constructs under investigation.

3.12 Reliability of Instruments

To ensure reliable of the results, validation method was used to check for variation in the information obtained. The reliability of the questionnaire, in terms of internal consistency, was ascertained using Cronbach's Coefficient Alpha test. The individual scales had coefficients beyond 0.7, suggesting appropriateness (Hair et al., 2020) as shown in Table 2.

Table 2: Reliability Coefficients of the Items on Questionnaire

Sub-scale	No. of Items	Co-efficient
Physiological factors	8	0.81
Psychological factors	8	0.86
Behavioural factors	8	0.89
Socia-Cultural factors	8	0.92
Factors responsible for abstinence	10	0.96

3.13 Trustworthiness

Series of measures, which bordered on reliability and validity of the data gathering and analysis were adopted to ensure trustworthiness of the results from the qualitative data. First, unsolicited on-line qualitative data were drawn to corroborate, enrich and reduce the bias associated with field-based qualitative data (Powell et al., 2016). This was envisaged to enhance the credibility of the data collected. The exhaustiveness of the Boolean terms used for the on-line data mining was also reviewed by the supervisors of the thesis and two additional faculty members with expertise in qualitative research. Similarly, the Intercultural Development Inventory (IDI) guide for collection of the field interviews was assessed by them. This was meant for them to assess the extent to

which the questions measured what they intend to, and whether the instrument comprehensively addresses the questions required for measuring the phenomenon.

3.14 Data Collection Procedures

The researcher, with an introductory letter from the Head, Department of Psychology and Education of University of Education, Winneba sought for permission from the authorities of the Senior High Schools selected for the study, so as to engage the students for the study. The researcher met the students explained the objectives of the study to them, concerns raised were addressed and a time frame scheduled for data collection was agreed upon. Before the commencement of fieldwork, a briefing was held with the research team, which included three trained research assistants, to review the research protocols, questionnaire items, and ethical procedures. For the questionnaire survey, data were collected in classrooms under exam-like conditions. On the assigned days, the researcher visited each school and worked with the selected classes. Students were first briefed on the purpose of the study and were assured of the confidentiality of their responses. They were then given informed consent forms for themselves and, where necessary, for their parents or guardians to review and sign before participating in the study. Once consent was obtained, the paper questionnaires were distributed. Students completed the surveys in about 30 minutes while being supervised. The researcher read the instructions aloud to ensure uniform understanding. Completed questionnaires were collected immediately to prevent information sharing among respondents. In total, the survey was administered for a period of three weeks across the selected schools.

For the qualitative data collection, consent was obtained from the twelve participants prior to the interviews. Since the interviews were conducted on a one-to-one, face-to-face basis, mutually agreed and convenient locations were arranged with each

participant to ensure privacy and comfort. Before the interviews began, participants were briefed on the purpose of the study, assured of confidentiality and anonymity, and informed of their right to withdraw from the interview at any time without any consequences. With the participants' permission, the interviews were recorded, and notes were taken to ensure accuracy of the information provided. All ethical protocols and standard procedures for conducting interviews were strictly followed throughout the data collection process. I engaged in interviews with participants over a two-week timeframe, utilizing a semi-structured interview guide. These interviews were characterized by an informal and conversational approach, allowing the researcher to delve deeper into responses that necessitated probing. Each interview session, conducted using the interview guide, ranged from 30 minutes to an hour per participant. English language was employed during the interviews to accommodate participants proficient in either language. Furthermore, all interviews were recorded with the participants' explicit consent and authorization. The utilization of semi-structured interviews facilitated the collection of information rooted in the real-life experiences of the research participants, as noted by Creswell (2018).

3.15 Data Analysis

To analyze the quantitative data, the collected information underwent processing and examination through SPSS. Initially, data cleaning procedures were implemented, which involved eliminating questionnaires of subpar quality, such as those containing excessive missing values or biased ratings. Descriptive statistics, including frequencies, percentages, mean, standard deviation, were utilized to address the research questions. Subsequently, Chi-square tests of association and Pearson's correlation analyses were performed at a 95% confidence interval and a 5% confidence level (2-tailed) to

ascertain the relationships between variables concerning early sexual behaviours among Senior High School (SHS) students. The analysis of the data was guided by the research questions and hypothesis of the study. Specifically, research question one, which sought to identify the early sexual activities exhibited by Senior High School students in the Assin South District, was analysed using a pie chart. The use of a pie chart was considered appropriate because it provides a clear visual representation of the distribution and proportion of the various sexual activities reported by the students.

Research question two, which examined the factors responsible for early sexual behaviours among Senior High School students in the Assin South District, was analysed using means and standard deviations as well as thematic analysis. The means and standard deviations were used to determine the average responses and the level of variability in students' perceptions of the factors influencing early sexual behaviour. Thematic analysis was employed to systematically identify and interpret recurring themes from the qualitative responses provided by participants.

Research question three, which explored the factors that are likely to influence early sexual abstinence among Senior High School students who had not yet experienced sexual debut, was analysed using means and standard deviations. These statistical measures were used to summarise the central tendency and dispersion of the responses regarding the factors that encourage sexual abstinence among the students.

Research question four, which investigated the implications of early sexual behaviours among Senior High School students in the Assin South District, was analysed using thematic analysis. This method was used because it allows for an in depth interpretation of participants' views and experiences, enabling the identification of key patterns and meanings within the qualitative data.

Finally, the hypothesis, which examined whether there is a statistically significant difference in early sexual risk behaviours among Senior High School students in the Assin South District based on gender and age, was analysed using the chi square test. The chi square test was considered appropriate because it determines whether there is a significant association or difference between categorical variables such as gender, age groups, and early sexual risk behaviours.

Concerning the qualitative data, audio recordings of field interviews were securely stored on a password-protected computer, with additional copies safeguarded on an external hard drive to mitigate any risk of data loss. For the data analysis process, the researcher adopted a thematic analysis technique following the guidelines proposed by Braun and Clarke (2016), which delineated a structured six-phase approach for qualitative data analysis. These guidelines provided a systematic framework for each stage of the analysis.

The data analysis commenced with an attentive review through transcription to familiarize with and identify initial ideas. Subsequently, NVivo software was employed for data coding. Following coding, themes were identified by grouping related codes into potential themes and consolidating all data pertinent to each theme. The themes were then meticulously reviewed to ensure alignment with the coded data. Each theme was assigned descriptive names that best encapsulated the underlying data. Ultimately, a comprehensive report derived from the data analysis was compiled.

3.16 Data Management

Data management procedures were carefully implemented to ensure the accuracy, confidentiality, and integrity of the data collected for the study. After data collection, all completed questionnaires were checked for completeness and consistency before coding. Quantitative responses were coded and entered into a statistical software package for

analysis. Descriptive statistics, including means, standard deviations, and graphical representations such as pie charts, were used to analyse relevant research questions, while the chi square test was employed to test the stated hypothesis. Qualitative responses obtained from open ended items were organised and analysed through thematic analysis to identify recurring patterns and themes related to early sexual behaviours and abstinence among the students.

To maintain confidentiality, respondents were not required to provide personal identifiers such as names or student identification numbers. All completed questionnaires and qualitative responses were securely stored. Hard copies were kept in a locked cabinet, while electronic data files were protected with passwords and accessible only to the researcher. The information gathered was used solely for academic purposes and handled in accordance with accepted research ethics.

3.17 Ethical Considerations

Throughout the study, ethical considerations concerning human subjects were meticulously addressed. These considerations encompassed key principles such as (a) obtaining informed consent, (b) ensuring confidentiality, (c) preserving anonymity, and (d) preventing plagiarism. Participants willingly volunteered to take part in the study without facing any coercion or undue influence. Prior to their involvement, a comprehensive explanation was provided regarding the study's purpose and the roles participants would undertake.

Interviews were conducted in locations convenient for the participants to enhance their comfort and facilitate open communication. To safeguard audio-taped information, stringent measures were implemented, including encryption with a password to prevent unauthorized access. Furthermore, the identities of research participants were shielded to grant them anonymity. Real names and any potentially identifiable information were

withheld by the researcher. Additionally, to uphold research integrity, measures were taken to address plagiarism. Proper citation and crediting of all sources, including articles and books from which information was derived, were diligently carried out. This ensured that all borrowed material utilized in the study was appropriately referenced.

Chapter Summary

This chapter presents the methodological guidance used for the study. It specifically details the research philosophy, design research design, the population of the study, the sampling procedure and sample size, the instrument used in the collection of the data and the means by which data were analysed for this study.



CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

The results section of the study is segmented into two parts: the quantitative and qualitative phases. In the quantitative segment, findings encompass socio-demographic characteristics of participants alongside outcomes relevant to the study's objectives. Data analysis involved the utilization of chart, frequencies, percentages, means, standard deviations and chi square test. The analysis was conducted using the Software Package for Social Sciences (SPSS).

Transitioning to the qualitative phase, an overview of participants engaged in semi-structured interviews is presented, followed by an exploration of themes concerning factors influencing early sexual behaviour.

4.2 Socio-demographics Characteristics of respondents (Sexually active sample)

The purpose of the study is to explore early sexual behaviours among Senior High School students in Assin South District. Three hundred and seventy-four (374) students were recruited for the study, however only 318 questionnaires were retrieved. Out of the 318 students who responded to the questions, 218 had been involved in sexual activity before whiles 100 of them had never been involved in any form of sexual activity before. Table 3 presents the demographic and other characteristics of the sexually active respondents.

Table 3: Socio-demographic characteristics of students (sexually active sample)

Socio-demographics	Frequency	Percentage
Gender		
Male	94	43.1
Female	124	56.9
Total	218	100
Age categories		
12-14yrs	56	25.7
15-17yrs	123	56.4
18+	39	17.9
Total	218	100
Level of Education		
SHS 1	113	51.8
SHS 2	97	44.5
SHS 3	8	3.7
Total	218	100
Who do you stay with?		
Both parents	126	57.8
Single parent	71	32.6
Other relative	21	9.6
Total	218	100

Fieldwork, 2024

Table 3 presents the socio-demographic characteristics of the sexually active students who participated in the study. With respect to gender, the results indicate that 94 (43.1%) of the respondents were male while 124 (56.9%) were female. This suggests that a slightly higher proportion of the sexually active respondents in the sample were females.

Regarding age categories, the findings show that 56 (25.7%) of the students were within the age range of 12–14 years, 123 (56.4%) were between 15–17 years, and 39 (17.9%) were aged 18 years and above. This indicates that the majority of the sexually active respondents were within the mid-adolescent age group of 15–17 years.

In terms of educational level, 113 (51.8%) of the respondents were in SHS 1, 97 (44.5%) were in SHS 2, and 8 (3.7%) were in SHS 3. This implies that most of the sexually active students captured in the study were in the lower levels of senior high school.

Concerning living arrangements, 126 (57.8%) of the respondents indicated that they stayed with both parents, 71 (32.6%) reported staying with a single parent, while 21 (9.6%) indicated that they stayed with other relatives. This suggests that although the majority of the students lived with both parents, a considerable proportion lived in single-parent or extended family settings.

4.3 Research Question

4.3.1 Research Question 1: What are the early sexual activities exhibited by Senior High School students in Assin South District?

This question assessed the early sexual activities exhibited by Senior High School students in Assin South District. Data obtained from the respondents were analysed using the Statistical Package for the Social Sciences (SPSS), employing chart (pie chart). The findings are presented in this section.

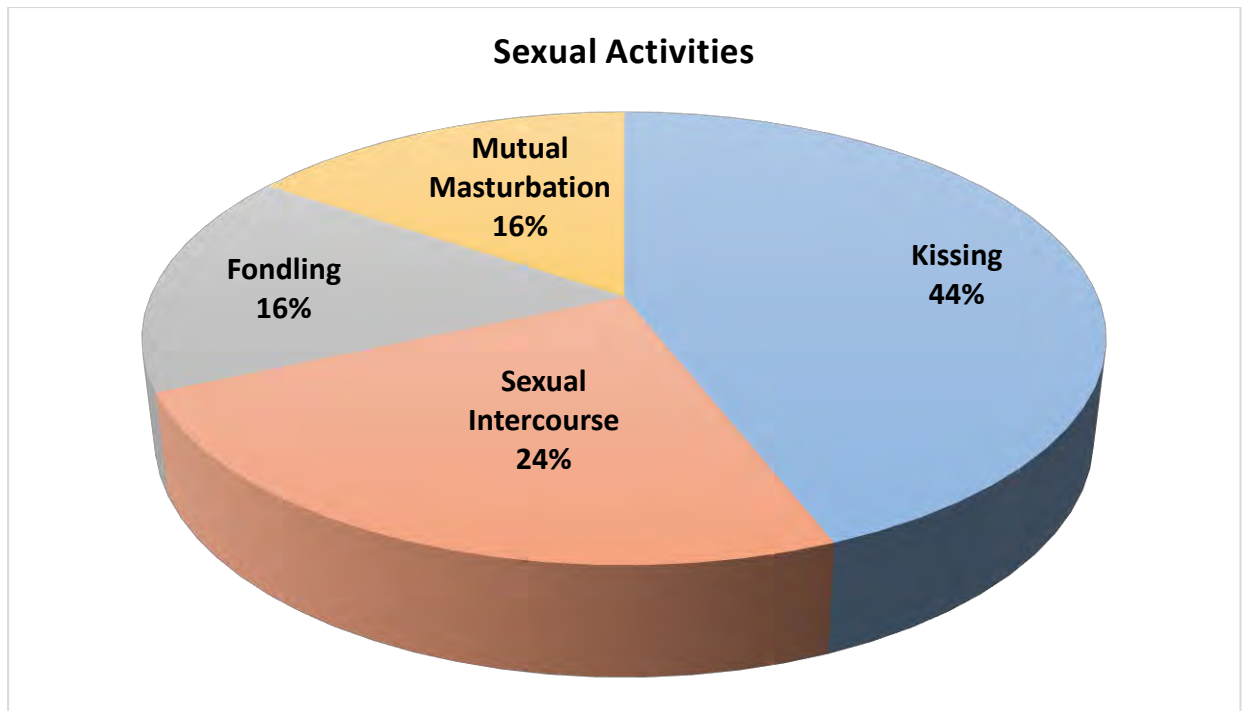


Figure 3: Common Sexual activities of respondents

The figure presents the distribution of early sexual activities exhibited by Senior High School students in the Assin South District. The results show that kissing was the most commonly reported activity, with 96 (44%) of the students indicating that they had engaged in this behaviour. This suggests that kissing represents the most prevalent form of early intimate activity among the respondents. The figure also indicates that sexual intercourse was reported by 52 (24%) of the students. Although this proportion is lower than that of kissing, it demonstrates that a considerable number of the respondents had progressed to more advanced sexual behaviour. In addition, fondling was reported by 35 (16%) of the students, while mutual masturbation was also reported by 34 (16%) of the respondents. These activities represent moderate levels of sexual intimacy among the students.

Overall, the distribution suggests that less intimate behaviours such as kissing are more common among the students, whereas fewer respondents reported engaging in more

advanced sexual activities. The pattern reflects varying levels of sexual experience among the respondents.

4.3.2 Research Question 2: What factors are responsible for early sexual behaviours among Senior High School students in Assin South District?

This question assessed the factors responsible for early sexual behaviours among Senior High School students in Assin South District. Data obtained from the respondents were analysed using the Statistical Package for the Social Sciences (SPSS), employing descriptive statistical tools such as mean and standard deviation to determine the general trends and variability of students' knowledge. The findings are presented in this section.

The following criteria were used.

1.00-1.79=Strongly Disagree, 1.80-2.60= Disagree, 2.61-3.41 = Neutral, 3.42-4.22 = Agree and 4.23-5.00 = Strongly Agree.

Table 4: Physiological Factors influencing early sexual behaviour among students

Statement	Mean	Std. Dev.	Decision
Hormonal changes during adolescence can increase sexual desire among students	3.65	0.889	Agree
Physical changes during puberty can make students curious about sexual behaviour	3.79	0.925	Agree
Some students feel pressure from friends to have sex	3.31	0.952	Neutral
Higher levels of sex hormones in students can increase sexual desire	3.38	1.089	Neutral
Physical sexual feelings can influence students to engage in sexual behaviour	3.30	0.981	Neutral
Some students may engage in sexual behaviour while trying to understand their sexual orientation.	3.71	0.933	Agree
Lack of proper sexual health education can lead students to engage in early sexual behaviour.	3.69	0.962	Agree
Watching sexual content in movies or on the internet can influence students to engage in sexual behaviour	3.84	0.828	Agree
Mean of Means/Std. Dev.	3.58	0.945	Agree

Source: Field Survey (2024)

Table 4 presents the results on physiological factors influencing early sexual behaviour among students. The majority of respondents indicated that physiological factors play an important role in influencing early sexual behaviour. Specifically, respondents agreed that hormonal changes during adolescence can increase sexual desire among students ($M = 3.65$, $SD = 0.889$) and that physical changes during puberty can make students curious about sexual behaviour ($M = 3.79$, $SD = 0.925$). Respondents also agreed that some students may engage in sexual behaviour while trying to understand their sexual orientation ($M = 3.71$, $SD = 0.933$), that lack of proper sexual health education can lead students to engage in early sexual behaviour ($M = 3.69$, $SD = 0.962$), and that watching sexual content in movies or on the internet can influence students to engage in sexual behaviour ($M = 3.84$, $SD = 0.828$).

However, respondents were neutral regarding whether peer pressure influences students to have sex ($M = 3.31$, $SD = 0.952$), whether higher levels of sex hormones increase sexual desire ($M = 3.38$, $SD = 1.089$), and whether physical sexual feelings influence students to engage in sexual behaviour ($M = 3.30$, $SD = 0.981$).

Overall, the results show a mean of means of 3.58 and a standard deviation of 0.945, indicating that respondents generally agreed that physiological factors influence early sexual behaviour among students. The relatively moderate standard deviation suggests that the responses were fairly homogeneous, indicating a reasonable level of agreement among the respondents.

Table 5: Psychological factors influencing early sexual behaviour among students

Statement	Mean	Std. Dev.	Decision
Curiosity	3.91	1.035	Agree
Some students may engage in early sexual behavior as a way to seek excitement or new experiences.	3.19	0.924	Neutral
Peer influence	3.94	0.924	Agree
Students who struggle with regulating their emotions may turn to early sexual behavior as a way to cope with stress or negative emotions	3.13	1.070	Neutral
Students may use early sexual behavior as a way to cope with issues such as trauma, anxiety, or depression	3.90	0.962	Agree
Media and Technology influence	3.94	0.924	Agree
Students who lack parental support, communication, or supervision may seek validation and intimacy through sexual relationships with peers.	3.84	0.968	Agree
Students exploring their sexual orientation or gender identity may be more likely to engage in early sexual behavior as a way to understand and express their sexuality.	3.31	0.981	Neutral
Mean of Means/Std. Dev.	3.65	0.974	Agree

Source: Field Survey (2024)

Table 5 presents the results on psychological factors influencing early sexual behaviour among students. The majority of respondents indicated that psychological factors significantly influence early sexual behaviour among students. Specifically, respondents agreed that curiosity ($M = 3.91$, $SD = 1.035$), peer influence ($M = 3.94$, $SD = 0.924$), engaging in sexual behaviour as a way to cope with issues such as trauma, anxiety, or depression ($M = 3.90$, $SD = 0.962$), media and technology influence ($M = 3.94$, $SD = 0.924$), and lack of parental support, communication, or supervision ($M = 3.84$, $SD = 0.968$) contribute to early sexual behaviour among students.

However, respondents were neutral on whether some students engage in early sexual behaviour as a way to seek excitement or new experiences ($M = 3.19$, $SD = 0.924$), whether students who struggle with regulating their emotions may turn to early sexual behaviour as a way to cope with stress or negative emotions ($M = 3.13$, $SD = 1.070$), and whether students exploring their sexual orientation or gender identity are more

likely to engage in early sexual behaviour as a way to understand and express their sexuality ($M = 3.31$, $SD = 0.981$).

Overall, the results show a mean of means of 3.65 and a standard deviation of 0.974, indicating that respondents generally agreed that psychological factors influence early sexual behaviour among students. The relatively moderate standard deviation suggests that most responses were fairly homogeneous, indicating a reasonable level of agreement among the respondents.

Table 6: Behavioural factors influencing early sexual behaviour among students

Statement	Mean	Std. Dev.	Decision
Not having enough sex education in school can leave students unaware of safe sex, birth control, consent, and healthy relationships.	3.06	1.055	Neutral
Teenagers in relationships may feel pressure to have sex to show love or commitment.	3.91	1.035	Agree
Unresolved emotional problems can lead to risky sexual behaviour	3.13	1.070	Neutral
Some students may start sexual activity early to feel close or connected to someone	3.94	0.924	Agree
Wanting to explore sexuality can lead students to engage in sexual activity early	3.84	0.968	Agree
Students with little parental guidance may be more likely to have early sexual experiences without support.	3.90	0.962	Agree
Peer pressure can make students engage in early sexual behaviour.	3.18	1.040	Neutral
Seeing sexual content in movies, TV shows, or music can affect how students think about sex and relationships and influence their actions	3.72	0.985	Agree
Mean of Means/Std. Dev.	3.59	1.005	Agree

Source: Field Survey (2024)

Table 6 presents the results on behavioural factors influencing early sexual behaviour among students. The majority of respondents indicated that behavioural factors have a significant influence on early sexual behaviour among students. Specifically, respondents agreed that teenagers in relationships may feel pressure to have sex to show love or commitment ($M = 3.91$, $SD = 1.035$), that some students may start sexual

activity early to feel close or connected to someone ($M = 3.94$, $SD = 0.924$), that wanting to explore sexuality can lead students to engage in sexual activity early ($M = 3.84$, $SD = 0.968$), that students with little parental guidance may be more likely to have early sexual experiences without support ($M = 3.90$, $SD = 0.962$), and that exposure to sexual content in movies, television shows, or music can influence students' perceptions of sex and relationships ($M = 3.72$, $SD = 0.985$).

However, respondents were neutral on whether not having enough sex education in school leaves students unaware of safe sex, birth control, consent, and healthy relationships ($M = 3.06$, $SD = 1.055$), whether unresolved emotional problems lead to risky sexual behaviour ($M = 3.13$, $SD = 1.070$), and whether peer pressure makes students engage in early sexual behaviour ($M = 3.18$, $SD = 1.040$).

Overall, the results show a mean of means of 3.59 and a standard deviation of 1.005, indicating that respondents generally agreed that behavioural factors influence early sexual behaviour among students. The relatively moderate standard deviation suggests that the responses were fairly homogeneous, indicating a reasonable level of agreement among the respondents.

Table 7: Socia-Cultural factors influencing early sexual behaviour among students

Statement	Mean	Std. Dev.	Decision
Social factors such as poverty, lack of access to education, healthcare, other resources can influence students' decisions about early sexual activity.	3.94	0.924	Agree
Watching pornographic pictures or videos can make students curious and want to try what they see.	3.84	0.968	Agree
A family's financial situation can affect students' access to guidance, support, and opportunities that influence decisions about sex	3.9	0.962	Agree
Social media, television, and the internet can shape how students think about sex and relationships	3.91	1.035	Agree
Cultural beliefs and practices in the community can affect students' behaviour	3.19	1.028	Neutral
Gender expectations, like pressuring boys to be sexually active or girls to be modest, can influence sexual decisions	3.94	0.924	Agree
The school environment, including rules and peer culture, can shape students' attitudes towards sex.	3.02	1.092	Neutral
Family values and the way parents teach about sex can strongly affect students' beliefs and behaviours	3.90	0.962	Agree
Mean of Means/Std. Dev.	3.71	0.987	Agree

Source: Field Survey (2024)

Table 7 presents the results on socio-cultural factors influencing early sexual behaviour among students. The majority of respondents indicated that socio-cultural factors significantly influence early sexual behaviour among students. Specifically, respondents agreed that social factors such as poverty, lack of access to education, healthcare, and other resources can influence students' decisions about early sexual activity ($M = 3.94$, $SD = 0.924$). Respondents also agreed that watching pornographic pictures or videos can make students curious and encourage them to experiment with what they see ($M = 3.84$, $SD = 0.968$). Additionally, a family's financial situation can affect students' access to guidance, support, and opportunities that influence decisions about sex ($M = 3.90$, $SD = 0.962$).

Furthermore, respondents agreed that social media, television, and the internet can shape how students think about sex and relationships ($M = 3.91$, $SD = 1.035$), that

gender expectations such as pressuring boys to be sexually active or girls to be modest can influence sexual decisions ($M = 3.94$, $SD = 0.924$), and that family values and parental teachings about sex can strongly affect students' beliefs and behaviours ($M = 3.90$, $SD = 0.962$). However, respondents were neutral on whether cultural beliefs and practices in the community affect students' behaviour ($M = 3.19$, $SD = 1.028$) and whether the school environment, including rules and peer culture, shapes students' attitudes towards sex ($M = 3.02$, $SD = 1.092$).

Overall, the results show a mean of means of 3.71 and a standard deviation of 0.987, indicating that respondents generally agreed that socio-cultural factors influence early sexual behaviour among students. The relatively moderate standard deviation suggests that most responses were fairly homogeneous, indicating a reasonable level of agreement among the respondents.

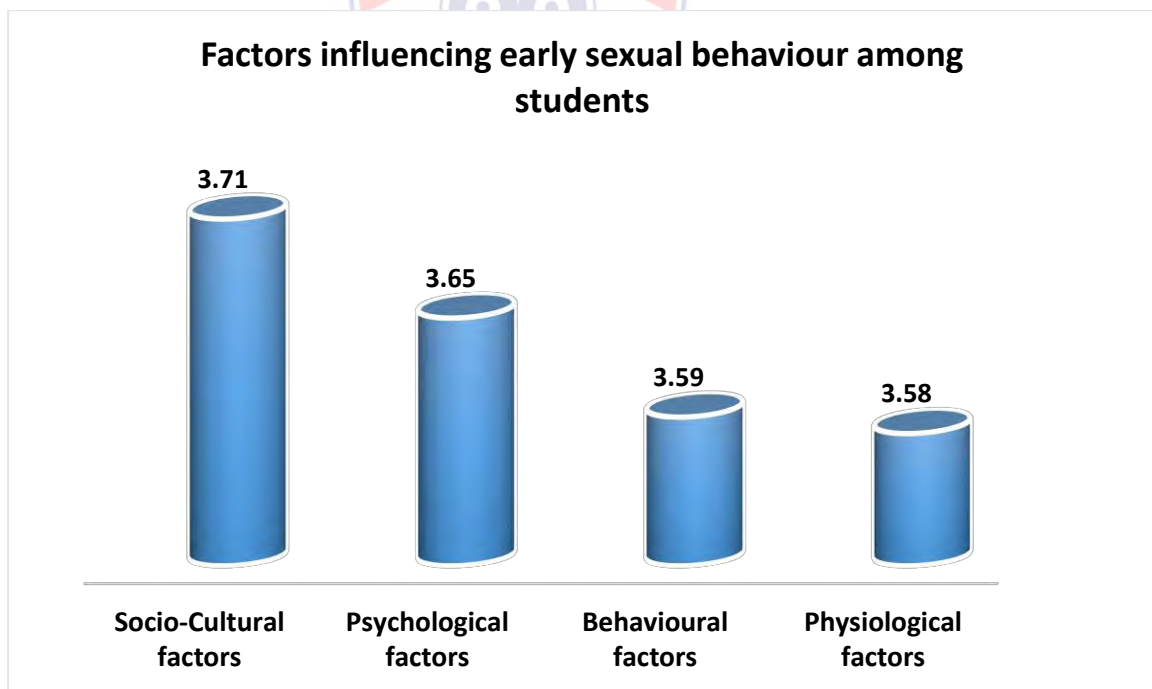


Figure 4: Factors influencing early sexual behaviour among students

Figure 4 presents the various factors responsible for early sexual behaviour among the students in Assin-South District. The most prevalent factors are Socio-Cultural factors

with mean value of 3.71 followed by physiological factors with mean value of 3.65, behavioural factors with mean value of 3.59 and finally psychological factors with mean value of 3.58.

4.3.2.2 Thematic Analysis of Qualitative Interview Data

The information obtained from the interview is presented below. This section provides the experiences of some respondents used for the survey. The interview results aimed at presenting the voice of the participants in the study, to add strength to the quantitative data, and to ensure a thorough exploration of factors responsible for early sexual behaviour among the students in Assin-South District. Four teenage mothers, 4 counsellors and 4 parents participated in the interview. In the course of the presentation, the narratives of the participants are supported with relevant quotations to further explain their personal views regarding their behaviour. The data sought not only to explore and explain the qualitative findings but added depth and richness to the study. It is worthy of note that only vital responses are provided for the analysis. The data had been analysed based on themes (thematic analysis). There was absolute unanimity in the responses to several of the questions or items, and this degree of unanimity gave much power to the results. Influential factors of early sexual behaviours as revealed by the qualitative data relates to five themes. These include peer influence, puberty phase exploration, social media, poverty, and lack of parental control.

Peer influence

Peer influence emerged as an important theme in the accounts of participants when discussing the factors that contribute to early sexual behaviour among adolescents. During the senior high school period, students often spend more time with friends and classmates, which increases the influence peers have on their attitudes and actions. Friends can introduce new behaviours, shape beliefs about relationships, and create pressure to conform in order to gain acceptance. As a result, adolescents may begin to

adopt behaviours that they had little knowledge of or had previously avoided. The views expressed by parents, school counsellors, and students highlight how peer relationships can sometimes expose young people to risky sexual experiences.

“My daughter did not know men until she started making some friends when she got to SHS1, I kept telling her to avoid those friends because bad company corrupts good behaviour but she wouldn’t listen to me. Those girls were bad girls and I warned her several time against her but she wouldn’t listen until she finally got pregnant” (Parent 3).

“One thing I have realised is that most teenage girls get to pick up sexual behaviours from their peers. It is basically peer influence. From all the children that I had to counsel, they were quick to mention that friends either introduced and or forced them into the act” (School counsellor 3).

“I did not know anything about it until I became friends with a friend called (name withheld). She was such a bad girl. She one day asked me to come spend the night with her. At that time, my parents travelled to the village. She took me to some boys’ house and they were watching pornographic films. Then the boys started to touch the other girls like they were trying what the people in the movie were doing. Then one of the boys forced me to kiss me and touching me” (Teenage mother 4).

These findings suggest that peer groups can strongly affect adolescents’ choices and experiences. Addressing peer influence through guidance, counselling, and positive peer support within schools may therefore help reduce risky behaviours among students.

Puberty exploration

Puberty exploration emerged as another important theme in participants’ accounts of factors that contribute to early sexual behaviour among adolescents. Puberty is a stage marked by physical, emotional, and psychological changes that may increase curiosity about sexuality and relationships. During this period, many young people begin to

experience new feelings and a growing sense of maturity, which may influence how they relate with others, particularly members of the opposite sex. Without adequate guidance from parents, teachers, or counsellors, adolescents may struggle to understand these changes and may attempt to explore them on their own. The perspectives shared by teenage parents, parents, and school counsellors highlight how the experience of puberty can shape adolescents' behaviour and decisions.

"...From the time I began puberty I have been prone to sexual behaviour. This is something that has somehow taken me by surprise. It is like I am in the sexual developmental and maturation time frame and my sexual drive tends to be high. To me this experience is worsened by the fact that on campus we do not have our parents to guide us through what we are experiencing" (Teenage mother 1)

"...I don't know but at some point, especially she was in her puberty, she felt matured and started telling me she can make decisions on her own about her life. She kept exploring the puberty until she finally got pregnant" (Parent of student 4).

"...Some of the girls who are worried about the changes they are experiencing, sometimes confide in me to share their stories. Usually most of them approach puberty here in SHS. One of them told me she felt happy when she is around boys to play around her when those moments arouse" (School Counsellor 1).

These accounts suggest that puberty can increase curiosity and emotional vulnerability among adolescents. Providing proper education, parental guidance, and counselling

support during this developmental stage may help students better understand these changes and make informed decisions.

Social Media

Social media was identified as an important factor influencing adolescents' exposure to sexual information and behaviours. With the increasing use of smartphones and internet access among young people, students are able to interact with a wide range of online content and platforms. While social media can provide useful information and opportunities for communication, it can also expose adolescents to inappropriate materials and messages about sexuality. In many cases, parents and guardians find it difficult to monitor or control the type of information their children access online. The views shared by school counsellors and parents highlight growing concerns about the influence of social media on students' attitudes and behaviours.

"I would say that the social media access and the fact that young people easily get hold of information that even parents are unable to monitor is one major problem. They are learning all kinds of things from there"
(School Counsellor 2).

"...Nowadays, our children are on the internet. Me I don't know anything about that. Sometimes she teaches me how to use my phone. The share information including pornographic materials. I had to force him to delete those materials when I saw it. Yes, I told him I will report him to the headmaster" (Parent 3).

These experiences indicate that unrestricted access to social media may contribute to the development of risky behaviours among adolescents. Strengthening parental

monitoring, digital literacy, and school based guidance may therefore help students use social media in a more responsible and informed manner.

Poverty

Poverty emerged as an important theme in explaining the circumstances that lead some adolescents to engage in early sexual relationships. In many communities where economic resources are limited, young people may face difficulties in meeting their basic needs, including school related expenses and personal necessities. These financial challenges can make adolescents vulnerable to individuals who offer money, gifts, or other forms of support in exchange for sexual relationships. The accounts shared by teenage mothers, parents, and counsellors illustrate how economic hardship can create situations in which young girls feel pressured or persuaded to engage in such relationships.

“...Hmmm my sister, sometimes I say that if my parents had money, I would not have ended up this way. I was deceived and also because he helps me with money to school. I saw it as a way to appreciate his efforts. That is the only thing I have that I can give him back as well” (Teenage mother 3).

“Men just take advantage of the fact that we are poor, especially the young men who are working here doing national service. They promise you a lot of things and the moment they sleep with you, they won't even fulfill their promises” (Teenage mother 2).

“...I believe poverty is also a major factor. You see, these areas are mostly rural with main occupation being farmers. So sometimes when the going gets tough the children have not many options. They usually fall prey to

young boys especially the young teachers and government workers at council” (Parent 1).

These findings suggest that addressing poverty through economic support, educational assistance, and community awareness may help reduce the risks that lead to early pregnancy among adolescents.

Lack of parental control

Lack of parental control was identified as a key theme influencing adolescents’ engagement in risky sexual behaviour. Parents and guardians play an important role in guiding, supervising, and supporting their children during their developmental years. However, in some families, economic hardship, work demands, or other challenges may limit the ability of parents to closely monitor their children’s activities. When parental supervision is weak, adolescents may spend more time outside the home without proper guidance, which can increase their exposure to risky situations. The perspectives shared by school counsellors and parents highlight concerns about the limited involvement of some parents in monitoring their children’s behaviour.

“...Hmm, sometimes the hardship forces some parents to even encourage or overlook it when their children are becoming sexually exploitative. Although I am not one of them and won’t support it, I think they see it as the only option (School Counsellor 1).

“...In this town, it is as if the parents do not care about their children. You get out in the evenings and the children are all around chatting and doing all kinds of things. You can imagine what these children would be doing around such times. It is an environment that is a breeding ground” (Parent 4).

4.3.3 Research Question 3: What factors influence early sexual abstinence among SHS students yet to experience sexual debut in Assin South District?

This question ascertained the factors are likely to be responsible for abstinence among SHS students yet to experience sexual debut in Assin South District. Data obtained from the respondents were analysed using the Statistical Package for the Social Sciences (SPSS), employing descriptive statistical tools such as mean and standard deviation to determine the general trends and variability of students' knowledge. The findings are presented in this section.

Table 8: Factors responsible for abstinence from early sexual behaviour

Statement	Mean	Std. Dev.	Decision
I choose not to have sex because of my personal values	3.96	0.973	Agree
My parents talk to me about the importance of waiting before having sex	4.93	0.528	Agree
My friends respect and support my decision not to have sex	4.17	0.912	Agree
I avoid sex because I know it can lead to pregnancy or sexually transmitted infections.	3.79	1.024	Agree
I do not have sex because due to limited information about sexual health	3.16	1.061	Neutral
y cultural beliefs encourage me to wait before having sex	4.05	0.732	Agree
I avoid sex because I want to focus on my education and future career	4.87	0.702	Agree
I do not have sex because I feel I am not emotionally ready	3.08	1.048	Neutral
The sex education I receive in school encourages me to wait before having sex.	3.68	1.011	Agree
I abstain from sex because I want to protect my physical and emotional health	3.55	1.053	Agree
Mean of Means/Std. Dev.	3.92	0.904	Agree

Source: Field Survey (2024)

Table 8 presents the results on the factors responsible for abstinence from early sexual behaviour among the respondents. The findings show that most respondents agreed that parental communication plays a major role in encouraging abstinence, as reflected in the statement that parents talk to them about the importance of waiting before having sex ($M = 4.93$, $SD = 0.528$). This was followed by the desire to focus on education and

future career goals ($M = 4.87$, $SD = 0.702$). Respondents also agreed that support from friends who respect their decision not to have sex influences their choice to abstain ($M = 4.17$, $SD = 0.912$). Cultural beliefs that encourage waiting before engaging in sexual activity also received agreement from respondents ($M = 4.05$, $SD = 0.732$).

In addition, respondents agreed that personal values influence their decision not to have sex ($M = 3.96$, $SD = 0.973$). Awareness that sexual activity can lead to pregnancy or sexually transmitted infections also encourages abstinence ($M = 3.79$, $SD = 1.024$). The results further show agreement that sex education received in school encourages students to wait before engaging in sexual activity ($M = 3.68$, $SD = 1.011$). Respondents also agreed that the desire to protect their physical and emotional health motivates them to abstain from sex ($M = 3.55$, $SD = 1.053$). However, respondents were neutral on whether they abstain because of limited information about sexual health ($M = 3.16$, $SD = 1.061$) and whether they feel emotionally unprepared for sexual activity ($M = 3.08$, $SD = 1.048$).

Overall, the results show a mean of means of 3.92 and a standard deviation of 0.904, indicating general agreement among respondents on the factors responsible for abstinence from early sexual behaviour. This suggests that most respondents recognise several personal, social, and educational factors that encourage them to abstain from early sexual activity. The standard deviation value of 0.904 further indicates that the responses of the respondents are relatively consistent.

4.3.4 Research Question 4: What are the implications of early sexual behaviours among Senior High School students in Assin South District?

This question sought to find the implications of early sexual behaviours among Senior School Students in the Assin South District. The result was analysed using thematic

analysis. The findings are presented in this section. Themes that emerged were teenage pregnancy, sexually transmitted infections, delinquency/drop-out, illicit abortion practices.

Teenage pregnancy

Teenage pregnancy emerged as one of the major outcomes associated with early sexual behaviours among students in the study area. Participants indicated that pregnancy among school-going adolescents has become increasingly common in some senior high schools. The narratives from the school counsellor, student, and parent reveal different perspectives on how teenage pregnancy occurs and how it is perceived by stakeholders. While school authorities acknowledge the growing number of such cases and the need to support affected students within the educational system, parents often view it as the consequence of adolescents disregarding guidance and advice. For the students involved, teenage pregnancy may be linked to limited knowledge, ignorance, or inability to foresee the consequences of their actions.

“...Obviously, teenage pregnancy is one of the results they get from their sexual behaviour. We have a lot of such cases here on campus. It is no longer news to be pregnant while in school. We also do our best to accommodate them. Schools are no longer allowed to expel students who get pregnant while in school (School counsellor 3).

“...Hmm as you can see, I am pregnant out of ignorance. I wish I had listened but it has already happened. I won't say it is waste because I am going to give birth to another human being. No one can tell what the future holds. That is how I look at my situation (Teenage mother 1).

“...Before I realize it, my daughter got pregnant oo. She will not listen to any advice. Of course this is the ultimate result anyone can get and she has it (Parent 4).

The experiences shared by participants demonstrate that the issue affects not only the students involved but also their families and the school system. Although educational policies now discourage the expulsion of pregnant students and encourage schools to accommodate them, the findings highlight the need for stronger parental guidance, comprehensive sexuality education, and effective counselling services to help adolescents make informed decisions and reduce the incidence of teenage pregnancy in schools.

Sexually transmitted infections

Sexually transmitted infections (STIs) also emerged as an important implication of early sexual behaviours among adolescents. Participants indicated that some students who engage in sexual activities at an early age are exposed to various reproductive health risks, including infections. According to the school counsellor, the prevalence of promiscuous behaviour and lack of faithfulness among some adolescents increases their vulnerability to infections such as syphilis and gonorrhoea. The narratives from the participants further highlight that many young people lack adequate knowledge about the symptoms and consequences of these infections, which often leads to confusion, fear, and delayed treatment when symptoms begin to appear.

“...Yeah, another thing we’ve observed at least as per the results from follow-up, is that they sometimes get infections. As young as they are, they sometimes tend to be promiscuous and not faithful to their partners. Infections like syphilis, gonorrhoea, and survival cancer have been reported so far” (School counsellor 4).

“...Hmmm, at some point, I was having some funny itches and pains down there, I did know what was happening. I confided in my school mum and she said it could be infections. She said may be my boyfriend has given it to me because that was my first time. When I asked him about it he was just insulting me”
(Teenage mother 1).

These findings underscore the need for intensified sexual and reproductive health education, counselling services, and awareness programmes in schools to equip adolescents with the knowledge and skills necessary to protect themselves from sexually transmitted infections.

Delinquency/school drop out

Delinquency and school dropout also emerged as important implications associated with early sexual behaviours and teenage pregnancy among students. Participants indicated that some adolescents who experience pregnancy or related challenges during their schooling often find it difficult to continue their education. In many cases, the situation becomes overwhelming for the students, leading them to withdraw from school.

“...Yeah, not all of them continue the school especially when their news is in town or on campus about the pregnancy is known to their colleagues. AS counsellors it is our job to make sure they are encouraged to stay but not all of them are able to stand it” (School counsellor 4).

“...Yes! I had to stop the school because sometimes I was having so much complications from the 3rd month. I would sometimes stay home for a week or two without stepping in school so I had to end it completely” (Teenage mother 2).

These findings highlight the need for stronger institutional support systems, counselling services, and policies that create a more supportive and non-stigmatizing environment for pregnant students to enable them to continue and complete their education.

Illicit abortion

Illicit abortion emerged as another implication associated with early sexual behaviours and unintended pregnancies among adolescents. Participants indicated that some students who become pregnant while in school sometimes resort to abortion in an attempt to avoid the stigma, family disappointment, or disruption to their education. In many instances, these decisions are taken secretly without proper medical guidance, which exposes the adolescents to serious health risks.

“...I have not committed abortion before but I know about two of my colleagues who did it. I was advised by them including the medicine to use or the places to go but I was scared. I may not be lucky especially looking at the home I am coming from. So, I had to keep it. Even my baby’s father was not happy. It is my life” (Teenage mother 3).

“...Abortion cases among them are rive. The strange thing is how they use inappropriate means rather than going through the right processes. I have one student with blood oozing out from her private part intermittently and we were suspecting illegal abortion (School counsellor 1).

The narratives highlight that some adolescents rely on unsafe and inappropriate methods due to fear, misinformation, or lack of access to proper reproductive health services. This situation not only endangers their health but also underscores the need for comprehensive sexual and reproductive health education, effective counselling services, and improved access to appropriate health care support to help adolescents make safer and informed decisions.

4.3.5 Research Hypothesis: Difference in early sexual risk behaviours among senior high school students in Assin South District based on gender and age

This hypothesis sought to determine whether there is statistically significant difference in early sexual risk behaviours among senior high school students in Assin South District based on gender and age.

H₀: There is no statistically significant difference in early sexual risk behaviours among senior high school students in Assin South District based on gender and age.

H₁: There is a statistically significant difference in early sexual risk behaviours among senior high school students in Assin South District based on gender and age.

Data obtained from the respondents were analysed using the Statistical Package for the Social Sciences (SPSS), employing Chi-square analysis (*p*-value set at 0.05). The findings are presented in this section.

sexual activity in this sample.

Table 9: Association between age and sexual activity

		Kissing	Sexual Intercourse	Fondling	Mutual Masturbation	Total
Age	12-14	28	6	8	14	56
	15-17	48	39	22	14	123
	18-19	20	8	5	6	39
Total		96	53	35	34	218

Source: Field Survey (2024)

Table 9 shows the relationship between age and sexual activity among students. Sexual behaviours were reported across all age groups but varied in prevalence. Students aged 15–17 recorded the highest involvement in all forms of sexual activity, indicating that mid-adolescence is the most active stage. Younger adolescents (12–14) reported fewer cases of sexual intercourse compared to other behaviours. Overall, kissing was the most

common activity, followed by sexual intercourse, fondling, and mutual masturbation, suggesting increasing engagement in sexual behaviours as age advances.

Table 10: Association between age and sexual activity

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.073 ^a	6	.029
Likelihood Ratio	14.630	6	.023
Linear-by-Linear Association	.949	1	.330
N of Valid Cases	218		

Source: Field Survey (2024)

Table 10 presents the Chi-square test results examining the association between age and sexual activity among the respondents. The Pearson Chi-square value of 14.073 with 6 degrees of freedom and a significance level of 0.029 indicates that there is a statistically significant relationship between age and sexual activity at the 0.05 level. Similarly, the Likelihood Ratio (14.630, $p = 0.023$) also confirms this significant association. However, the Linear-by-Linear Association ($p = 0.330$) suggests that the relationship does not follow a consistent linear trend across age groups. Therefore, it can be concluded that age has a significant association with sexual activity among the respondents.

Table 11: Association between gender and sexual activity

		Kissin g	Sexual Intercourse	Fondling	Mutual Masturbation	Total
Gender	Male	40	24	14	16	94
	Female	56	29	21	18	124
Total		96	53	35	34	218

Source: Field Survey (2024)

Table 11 shows the association between gender and sexual activity among the respondents. Out of the 94 male students, 40 reported kissing, 24 reported sexual intercourse, 14 reported fondling, and 16 reported mutual masturbation. Among the 124

female students, 56 reported kissing, 29 reported sexual intercourse, 21 reported fondling, and 18 reported mutual masturbation. Overall, females reported slightly higher involvement in most of the sexual activities. However, kissing remained the most common behaviour among both males and females.

Table 12: Chi square test for gender and sexual activity

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.538 ^a	3	.911
Likelihood Ratio	.537	3	.911
Linear-by-Linear Association	.135	1	.713
N of Valid Cases	218		

Source: Field Survey (2024)

Table 12 presents the Chi-square test results examining the association between gender and sexual activity among the respondents. The Pearson Chi-square value of 0.538 with 3 degrees of freedom and a significance level of 0.911 indicates that there is no statistically significant relationship between gender and sexual activity. Similarly, the Likelihood Ratio (0.537, $p = 0.911$) and the Linear-by-Linear Association ($p = 0.713$) also suggest no significant association. Thus, gender does not significantly influence the sexual activity of the respondents.

4.4 Discussion of key findings

The purpose of the study was to explore early sexual behaviours among Public Senior High School students in Assin South District, Ghana. Data analysis involved the utilization of chart, frequencies, percentages, means, standard deviations and chi square test.

4.4.1 Early sexual activities exhibited by Senior High School students in Assin South District

The first objective of the study was to examine the early sexual behaviours exhibited by Senior High School students in Assin South District. The study found that kissing was the most common activity (44%), followed by sexual intercourse (24%). Fondling and mutual masturbation were each reported by 16% of students. Overall, less intimate behaviours were more prevalent than advanced sexual activities.

The findings are consistent with several empirical studies that indicate that adolescent sexual behaviour often develops progressively from less intimate acts to more advanced forms of sexual engagement. Olugbenga Bello et al. (2014) reported that only a relatively small proportion of adolescents in southwestern Nigeria had initiated sexual intercourse before the age of fifteen, suggesting that many adolescents remain in the exploratory stages of sexual behaviour rather than engaging in penetrative sex. Similarly, Simbar et al. (2015) found that less than one tenth of university students reported engaging in premarital sexual intercourse, which reflects a relatively low prevalence of advanced sexual behaviour compared with other forms of intimacy. The results also align with the findings of Ishida et al. (2021), who observed that many adolescents experience different forms of sexual interaction prior to the first sexual encounter, often without fully understanding the consequences involved. In addition, Chen et al. (2017) reported that about one quarter of adolescents disclosed engaging in sexual intercourse, a proportion that closely reflects the 24 percent recorded in the present study. This similarity suggests that the pattern observed in the current research corresponds with trends reported in other contexts. Furthermore, Zhang et al. (2020) noted that modernisation and increased media exposure have contributed to changing attitudes towards sexuality among adolescents, often leading to experimentation with

different forms of intimacy before full sexual initiation. However, the present findings contrast with studies such as McFarlane et al. (2014), which reported higher levels of risky sexual behaviours including multiple sexual partnerships among adolescents. The difference may reflect contextual variations in cultural norms, family supervision, and the level of sexual health education available to young people.

The findings of this study also provide support for the assumptions of Social Learning Theory. According to this theory, adolescents learn behaviours through observation, imitation, and interaction with peers and their social environment. Exposure to peers, media content, and social norms may therefore influence adolescents to experiment with different forms of intimacy before engaging in sexual intercourse. The results also corroborate the Bowen Family Systems Theory, which emphasises the role of family relationships and parental guidance in shaping behaviour. The relatively higher prevalence of less intimate behaviours may indicate the moderating influence of family values, supervision, and communication, which can delay the transition to more advanced sexual activities.

The implications of these findings are important for policy and practice. Educational authorities and health practitioners should strengthen comprehensive sexuality education that emphasises both abstinence and informed decision making. Schools should also provide counselling services that support adolescents in understanding healthy relationships and the consequences of risky sexual behaviour. In addition, parents and community leaders should be encouraged to engage in open and supportive communication with adolescents about sexuality. Such collaborative efforts between families, schools, and policymakers may help reduce risky sexual behaviours and promote healthier developmental outcomes among adolescents.

4.4.2 Factors are responsible for early sexual behaviours among Senior High School students in Assin South District

The second research question of the study was to explore the factors responsible for early sexual behaviours among Senior High School students in Assin South District. The study found that several factors contribute to early sexual behaviour among students in the Assin South District. The most prominent were socio-cultural factors such as peer pressure, cultural expectations, and societal influences that encourage early relationships. Physiological factors, including puberty and hormonal changes, were also identified as important influences. Behavioural factors such as exposure to pornography and substance use further contributed to the behaviour. In addition, psychological factors including curiosity, emotional needs, and low self-esteem were found to influence students' involvement in early sexual activities. Influential factors of early sexual behaviours as revealed by the qualitative data relates to five themes. These include peer influence, puberty phase exploration, social media, poverty, and lack of parental control.

The results of this study are consistent with several previous empirical studies. The strong role of peer influence found in the present study supports the findings of Sneed et al. (2018), who reported that peers significantly shape adolescents' attitudes and decisions regarding sexual behaviour. Similarly, DiIorio et al. (1999) noted that peer pressure and social norms influence adolescents' willingness to engage in early sexual activity. The influence of puberty and physiological development identified in this study also aligns with the work of Zimmer Gembeck et al. (2016), who observed that sexual behaviour tends to increase as adolescents progress through developmental stages characterised by greater independence and biological maturation. Santelli et al.

(2018) further emphasised that age and developmental changes play an important role in shaping adolescents' readiness and exposure to sexual experiences.

The behavioural factors identified in this study, particularly exposure to pornography and other media content, correspond with the findings of Bleakley et al. (2018), who reported that exposure to sexual content in the media can shape adolescents' perceptions of sex and influence their behaviour. Similarly, Halpern Felsher et al. (2015) highlighted that media representations of sexuality contribute to shaping young people's attitudes and behaviours towards sexual relationships. The role of psychological factors such as curiosity and emotional needs also supports the findings of Zimmer Gembeck and Helfand (2018), who identified internal factors including self-esteem, emotional wellbeing, and risk taking tendencies as key determinants of adolescent sexual behaviour. In addition, the influence of poverty and limited opportunities identified in the qualitative data corroborates the findings of Afenyadu and Goparaju (2018), who found that economic hardship and limited educational and social opportunities increase adolescents' vulnerability to risky sexual behaviour. The importance of parental supervision observed in this study is also consistent with Hutchinson (2019), who emphasised that parental communication and monitoring are important protective factors that can reduce the likelihood of early sexual initiation.

The findings of the present study provide considerable support for Social Learning Theory. This theory proposes that behaviour is learned through observation, imitation, and interaction within the social environment. The strong influence of peers, social media, and societal expectations observed in the findings demonstrates that adolescents often learn sexual attitudes and behaviours from their surrounding environment. In addition, the results also corroborate Bowen Family Systems Theory, which emphasises the importance of family relationships and parental guidance in shaping behaviour. The

identification of lack of parental control as a contributing factor indicates that weak family supervision and limited communication may increase adolescents' vulnerability to early sexual involvement.

These findings have important implications for policy and practice. Educational authorities should strengthen comprehensive sexuality education programmes in schools to equip students with accurate knowledge about sexual and reproductive health. Schools should also enhance counselling services that address emotional and psychological needs of adolescents. In addition, parents should be encouraged to maintain open communication and provide appropriate supervision to guide their children during adolescence. Community based interventions aimed at addressing poverty, improving youth opportunities, and promoting responsible media use may also help reduce risky sexual behaviours among students. Such coordinated efforts between schools, families, and community institutions are essential for promoting healthy adolescent development and reducing the incidence of early sexual behaviour.

4.4.3 Factors that influence early sexual abstinence among SHS students yet to experience sexual debut

The third research question of the study was to examine the factors are likely influence early sexual abstinence among SHS students yet to experience sexual debut in Assin South District. The findings indicate that several factors influence students' abstinence from early sexual behaviour. Parental communication about the importance of delaying sexual activity plays a significant role. Students are also motivated by the desire to focus on their education and future careers. Support from friends who respect their decisions, cultural beliefs encouraging delayed sexual activity, and personal values also contribute to abstinence. Additionally, awareness of the risks of pregnancy and sexually

transmitted infections, as well as sex education in schools and the desire to protect physical and emotional health, further encourage students to abstain.

These findings are consistent with several previous studies that highlight the importance of family and social influences in shaping adolescent sexual behaviour. For instance, Aninanya et al. (2019) identified parental monitoring and communication as key predictors of sexual abstinence among adolescents in Ghana. Their findings emphasised that adolescents who maintain open communication with parents about sexuality are more likely to delay sexual activity. Similarly, Hutchinson (2019) reported that supportive parent child communication and parental supervision play an important role in reducing the likelihood of early sexual initiation. The importance of cultural values and community expectations observed in the present study also aligns with the work of Asante et al. (2017), who found that traditional norms and cultural beliefs significantly shape adolescents' attitudes towards abstinence and sexual behaviour.

The influence of peers in supporting abstinence found in this study corresponds with the findings of Adu Mireku (2018), who reported that peer interactions can either encourage or discourage early sexual involvement depending on the prevailing group norms. Positive peer support was identified as a protective factor that strengthens adolescents' ability to maintain abstinent behaviour. Furthermore, the role of knowledge and awareness of sexual health risks identified in this study is supported by the work of DiClemente et al. (2021), who noted that adolescents who possess greater awareness of pregnancy and sexually transmitted infection risks are more likely to adopt protective behaviours such as delaying sexual activity. In addition, Markham et al. (2019) emphasised that strong connections with family, school, and community institutions serve as protective factors that encourage healthier behavioural choices among adolescents. These findings collectively reinforce the argument that abstinence

is influenced by a combination of personal values, social relationships, and educational experiences.

The findings of the present study also provide support for the assumptions of Social Learning Theory. According to this theory, behaviour is shaped through observation, interaction, and reinforcement within the social environment. The role of parents, peers, and cultural expectations in encouraging abstinence suggests that adolescents learn and internalise norms that promote responsible sexual behaviour through their social interactions. The results also corroborate Bowen Family Systems Theory, which emphasises the central role of family relationships and communication in shaping individual behaviour. The strong influence of parental guidance identified in the study highlights the importance of family structures and supportive relationships in guiding adolescents towards healthy decisions.

These findings have important implications for policy and practice. Educational authorities should strengthen comprehensive sexuality education programmes that emphasise both the risks of early sexual activity and the benefits of delaying sexual involvement. Schools should also provide counselling services that support students in making informed decisions about relationships and personal development. In addition, programmes that encourage parent adolescent communication about sexual and reproductive health should be promoted within communities. Strengthening family support systems and peer education initiatives may further enhance adolescents' ability to make responsible choices regarding their sexual behaviour. Such integrated interventions involving families, schools, and community institutions are essential for promoting healthy development and preventing early sexual activity among students.

4.4.4 Implications of early sexual behaviours among Senior High School students in Assin South District

The fourth question of the study was to examine the implications of early sexual behaviours among Senior High School students in Assin South District. The findings revealed key outcomes including teenage pregnancy, sexually transmitted infections, school dropout or delinquency, and illicit abortion practices, indicating significant health, educational, and social consequences for adolescents involved in early sexual activities.

The present findings are consistent with several previous empirical studies. For instance, Kirby et al. (2017) reported that adolescents who initiate sexual activity during their early school years face increased risks of unintended pregnancy and sexually transmitted infections. Their study emphasised that early sexual debut often exposes adolescents to serious reproductive health challenges. Similarly, Miller and Moore (2019) noted that adolescents who engage in sexual activity at a young age are more vulnerable to sexually transmitted infections because they are more likely to engage in unprotected sexual intercourse and may have limited knowledge about reproductive health protection. The association between early sexual behaviour and teenage pregnancy found in this study also supports the findings of Okigbo et al. (2015), who linked adolescent sexual behaviour with increased risk of unintended pregnancy and other reproductive health problems.

The educational consequences identified in this study, particularly school dropout and academic disruption, correspond with the findings of Santelli et al. (2017). Their research showed that students who engage in early sexual behaviour are more likely to experience lower academic performance, increased absenteeism, and higher dropout rates. These academic challenges are often linked to emotional stress, pregnancy related

responsibilities, and social stigma experienced by adolescent mothers. In addition, the social and emotional difficulties identified in the present study align with the findings of Pulerwitz et al. (2020), who reported that adolescents who engage in early sexual behaviour often experience relationship conflicts, emotional distress, and peer related pressures. Furthermore, Mengistu and Melku (2018) reported that risky sexual behaviours among students are associated with several reproductive health challenges, including sexually transmitted infections and other social problems within the student population. These studies collectively reinforce the argument that early sexual activity can lead to a wide range of adverse outcomes for adolescents.

The findings of this study also provide support for Social Learning Theory. This theory proposes that behaviours are acquired through observation, imitation, and interaction within the social environment. Adolescents who observe or learn risky sexual behaviours from peers, media, or their social surroundings may adopt similar behaviours, which may subsequently expose them to the negative outcomes identified in this study. The results also corroborate Bowen Family Systems Theory, which emphasises the influence of family relationships and parental guidance on individual behaviour. Weak family communication and limited parental supervision may contribute to adolescents engaging in risky sexual behaviours, thereby increasing their vulnerability to outcomes such as teenage pregnancy, sexually transmitted infections, and educational disruption.

The implications of these findings for policy and practice are significant. Educational institutions should strengthen comprehensive sexuality education programmes that provide adolescents with accurate information about reproductive health, the risks associated with early sexual activity, and strategies for responsible decision making. Schools should also expand counselling services that address both the emotional and

social challenges faced by adolescents. In addition, policies that encourage parental involvement and effective parent adolescent communication should be promoted to strengthen family support systems. Community based interventions that provide reproductive health services and awareness programmes may further help reduce the prevalence of early sexual behaviour and its associated consequences among adolescents. These coordinated efforts are essential in promoting healthier developmental outcomes and protecting the wellbeing of young people.

4.4.5 Difference in early sexual risk behaviours among senior high school students in Assin South District based on gender and age

Finally, the sought to determine whether there is a statistically significant difference in early sexual risk behaviours among senior high school students in Assin South District based on gender and age. The study found that There is a statistically significant relationship between age of students and sexual activity. However, there is no statistically significant relationship between gender of students and sexual activity.

The finding that age is significantly associated with sexual activity supports the results of several earlier studies. Zimmer Gembeck et al. (2016) found that older adolescents are more likely to participate in sexual activities compared with younger adolescents, largely due to developmental changes, increased independence, and exposure to peer influence. Similarly, Santelli et al. (2018) reported that age is a key determinant of sexual initiation, noting that adolescents in the later stages of secondary education tend to report higher levels of sexual activity than younger students. These studies support the present finding that sexual behaviour tends to increase with age as adolescents progress through different developmental stages. The findings also correspond with the work of Chen et al. (2017), who observed that a considerable proportion of adolescents around the age of fifteen reported engaging in sexual intercourse, indicating that sexual

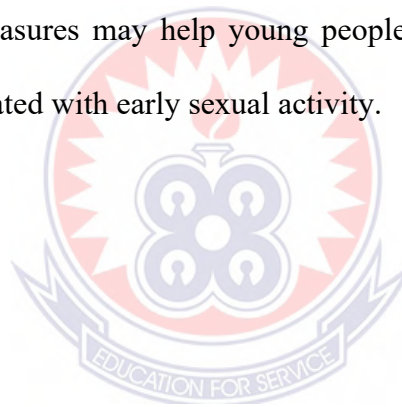
activity becomes more common as young people grow older. Furthermore, Olugbenga Bello et al. (2014) reported that a notable proportion of adolescents in southwestern Nigeria had initiated sexual activity by mid adolescence, suggesting that age related developmental changes play an important role in shaping sexual behaviour.

In contrast, the finding that gender does not have a statistically significant relationship with sexual activity differs from some earlier studies that have reported gender based differences in sexual behaviour. For example, Kaestle et al. (2015) found that boys tended to report earlier sexual initiation than girls, attributing this difference to social expectations and gender norms. Similarly, Vasilenko et al. (2015) reported that male adolescents were more likely to engage in sexual activity at an earlier age compared with females. However, the present finding suggests that such gender differences may be narrowing in certain contexts. This outcome may reflect changing social norms, increased access to sexual information, and similar exposure to social influences among both male and female students. The finding therefore indicates that age rather than gender may be a more consistent predictor of adolescent sexual activity within the study setting.

The results of this study provide support for the assumptions of Social Learning Theory. The theory proposes that behaviour is influenced by observation and interaction within the social environment. As adolescents grow older, they gain greater exposure to peers, media influences, and social expectations that may shape their attitudes towards sexual behaviour. This increasing exposure may explain why age is significantly related to sexual activity. The findings also provide partial support for Bowen Family Systems Theory, which emphasises the role of family relationships and guidance in shaping behaviour. Although gender differences were not observed, family dynamics and

parental communication may still influence how adolescents manage developmental changes associated with age.

The findings have important implications for policy and practice. Sexual and reproductive health education programmes should be introduced early in the school system so that students receive appropriate guidance before they reach stages of increased vulnerability. Schools should strengthen counselling services that address developmental and emotional challenges faced by adolescents as they grow older. Parents should also be encouraged to maintain open communication with their children about sexuality and responsible behaviour. In addition, community-based interventions should focus on providing accurate sexual health information and life skills training to adolescents. These measures may help young people make informed decisions and reduce the risks associated with early sexual activity.



CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This section outlines the study's key conclusions and offers recommendations derived from the research. It summarizes the thesis, major findings, and draws conclusions from the outcomes. Subsequently, practical recommendations are provided for application and guidance for future research endeavors.

5.2 Summary

The study was set out to explore early sexual behaviour amongst SHS students in the Assin-South District. Specifically, the study sought to;

1. Sexual behaviours exhibited by Senior High School students in Assin South District
2. Determine the difference in early sexual behaviour of students in terms of age and gender.
3. Explore the factors responsible for early sexual behaviours among Senior High School students in Assin South District
4. Ascertain the factors are likely to be responsible for abstinence among SHS students yet to experience sexual debut.
5. Implications of early sexual behaviours among Senior School Students in Assin South District

To achieve these objectives, the study employed a mixed method approach for the study. The quantitative data recruited 318 respondents, and the qualitative data consisted; 4 interviews with teenage mothers and 8 key informant interviews (4 school counsellors and 4 parents). Both quantitative and qualitative data sets were processed using SPSS and Nvivo respectively for data analysis and presentation. Data analysis

involved the utilization of chart, frequencies, percentages, means, standard deviations and chi square test. The analysis was conducted using the Software Package for Social Sciences (SPSS).

5.3 Major Findings of the study

The key findings of the study were:

1. The results of the study indicate that kissing was the most commonly reported activity among the students. This was followed by sexual intercourse; while fondling and mutual masturbation were reported by fewer students. The findings indicate that less intimate behaviours were more prevalent among the respondents compared to more advanced sexual activities.
2. The study found that several factors contribute to early sexual behaviour among students in the Assin South District. Prominent influences included socio-cultural factors such as peer pressure and societal expectations that encourage early relationships. Physiological factors like puberty and hormonal changes were also significant. Behavioural influences, including exposure to pornography and substance use, further contributed. Psychological factors such as curiosity, emotional needs, and low self-esteem also played roles. Qualitative findings further revealed themes including peer influence, puberty exploration, social media exposure, poverty, and lack of parental control.
3. Moreover, the findings show that that several factors influence students' abstinence from early sexual behaviour. Parental communication about the importance of delaying sexual activity plays a significant role. Students are also motivated by the desire to focus on their education and future careers. Support from friends who respect their decisions, cultural beliefs encouraging delayed sexual activity, and personal values also contribute to abstinence. Additionally,

awareness of the risks of pregnancy and sexually transmitted infections, as well as sex education in schools and the desire to protect physical and emotional health, further encourage students to abstain.

4. The findings revealed key outcomes of early sexual activities including teenage pregnancy, sexually transmitted infections, school dropout or delinquency, and illicit abortion practices, indicating significant health, educational, and social consequences for adolescents involved in early sexual activities.
5. Finally, the study found that there is a statistically significant relationship between age of students and sexual activity. However, there is no statistically significant relationship between gender of students and sexual activity.

5.4 Conclusions

The findings of the study suggest that early sexual behaviour among Senior High School students is influenced by a complex interaction of social, biological, psychological, and environmental factors. Adolescents are exposed to various pressures and experiences during this stage of development, which can shape their attitudes and decisions regarding sexual relationships. At the same time, the study highlights the important role of protective influences in guiding young people towards responsible behaviour. Factors such as open parental communication, supportive peer relationships, cultural values that encourage delayed sexual activity, and effective school-based sex education contribute significantly to students' decisions to abstain from early sexual involvement.

Furthermore, the study underscores that early sexual behaviour may lead to serious health, educational, and social consequences that can affect the future wellbeing of adolescents. These outcomes emphasize the need for coordinated efforts among parents, teachers, school counsellors, health professionals, and community leaders to

provide appropriate guidance and support. Strengthening counselling services, promoting comprehensive sexuality education, and encouraging active parental involvement can help adolescents make informed decisions and adopt healthier lifestyles.

5.5 Recommendations

Based on the research findings, the study makes the following recommendations.

1. Kissing and other less intimate sexual behaviours were the most common among students. To address this, school management should implement comprehensive sexuality education programmes covering all forms of sexual behaviour, emphasizing boundaries, consent, and healthy relationships, while stakeholders provide resources, support, and community awareness campaigns to reinforce responsible decision-making.
2. Early sexual behaviour is influenced by social, physiological, behavioural, and psychological factors, including peer pressure, puberty, media exposure, and low self-esteem. Stakeholders should develop community-based interventions targeting risky behaviours, while schools offer mentorship, awareness campaigns, and recreational activities to support adolescents' emotional, social, and moral development.
3. Additionally, abstinence is encouraged by parental guidance, focus on education, supportive peers, cultural values, and awareness of health risks. Teachers should facilitate school-based sessions promoting abstinence, self-esteem, goal-setting, and informed decision-making, supported by peer mentorship programmes, while schools and stakeholders ensure consistent guidance and access to accurate information.

4. Early sexual activity leads to teenage pregnancy, STIs, school dropout, and unsafe abortion practices. Parents should engage in age-appropriate discussions on sexual health, monitor social interactions, and provide guidance, while schools and stakeholders collaborate to provide counselling, healthcare support, and educational programmes to safeguard health and encourage continued education.
5. Age, but not gender, is associated with sexual activity. School management and teachers should design age-appropriate sexual education programmes for younger adolescents, ensuring all students receive consistent guidance that promotes healthy sexual decision-making and responsible behaviour.

5.6 Implications for Counselling

The findings of this study have significant implications for counselling practices in senior high schools. Early sexual behaviours among students, including kissing, sexual intercourse, and other intimate activities, highlight the need for proactive and comprehensive guidance interventions. Counsellors must address the complex factors influencing these behaviours, including socio-cultural pressures, peer influence, media exposure, puberty, curiosity, and low self-esteem, by providing tailored counselling that fosters self-awareness, decision-making skills, and healthy coping strategies. The study also emphasizes the importance of promoting abstinence and reinforcing protective factors, such as parental communication, personal values, supportive peers, and awareness of sexual health risks. Counsellors should develop age-appropriate programmes that educate students on the consequences of early sexual activity, including teenage pregnancy, sexually transmitted infections, school dropout, and unsafe abortion practices. By integrating these findings into counselling services,

school counsellors can create supportive environments that encourage informed choices, reduce risky behaviours, and promote the holistic well-being of adolescents.

5.7 Suggestion for Future Research

Acknowledging the constraints of time and financial resources, it is worth noting that the current study has limitations in its scope. This research represents an initial endeavor in exploring the sexual behaviour of early in-school adolescents in the Assin South District. To expand the understanding of this subject, it is recommended that similar studies be replicated in various regions and districts across the country. Furthermore, future research efforts could benefit from the inclusion of parents to provide a more comprehensive perspective on this topic.



REFERENCES

- Adams, R. (2018). *Family economic status and adolescent sexual behaviour in the Philippines*. Ateneo de Manila University Press.
- Adams, R. (2018). *Family, peers, and adolescent development: Understanding peer influence on sexual behaviour*. Ateneo de Manila University Press.
- Adell, J. (2022). *Psychological factors influencing adolescent sexual behaviour in low socioeconomic contexts*. Routledge.
- Ahimbisibwe, F. (2014). Peer relations, parental involvement, and early sexual initiation among adolescents. *Journal of Adolescent Research*, 29(5), 523–540.
- Akinwale, O. (2016). *Adolescent sexual and reproductive health in sub-Saharan Africa: Perspectives and interventions*. Lagos: African Academic Press.
- Anderson, K., & Dahlberg, M. (2019). Alcohol consumption and sexual risk-taking among adolescents. *Journal of Youth Studies*, 22(5), 619–636.
- Armour, S., & Haynie, D. (2017). Timing of sexual initiation and adolescent delinquency. *Journal of Youth and Adolescence*, 46(7), 1453–1468.
- Awusabo-Asare, K., Biddlecom, A., & Osei-Akoto, I. (2014). *Adolescent sexual and reproductive health in Ghana: Evidence from the 2010 Ghana Demographic and Health Survey*. Population Council.
- AYAC & YEAH. (2012). *National youth survey on sexual education in Australia*. Australian Youth Affairs Coalition & Youth Empowerment Against HIV/AIDS.
- Baafi, E. (2015). Teenage pregnancy in the Central Region of Ghana: Trends and implications. *Journal of Social Development Studies*, 12(3), 45–59.
- Babalola, S. (2004). *Influences on adolescent sexual behaviour in sub-Saharan Africa: Evidence from Nigeria*. New York: Guttmacher Institute.
- Baird, S., Hicks, J., & Marshall, L. (2020). Barriers to adolescent reproductive health services: Legal, financial, and social factors. *International Journal of Adolescent Health*, 28(3), 155–167.
- Bandura, A. (1977). *Social learning theory*. Prentice Hall.
- Baranowski, T., Perry, C. L., & Parcel, G. S. (2015). How individuals, environments, and health behavior interact: Social cognitive theory. In K. Glanz, B. K. Rimer, & K. Viswanath (Eds.), *Health behavior: Theory, research, and practice* (5th ed., pp. 75–93). Jossey-Bass.
- Blanc, A., Tsui, A., & Croft, T. (2022). Family planning services and adolescent sexual behaviour: Evidence from global surveys. *Population Studies*, 76(2), 203–220.
- Blažev, M., Kos, K., & Trunk Širca, N. (2021). Piloting research instruments: Methods and applications. *Journal of Educational Research*, 114(3), 233–245.
- Boamah, E. (2022). *Adolescent development and decision-making in Ghanaian youth*. University of Ghana Press.

- Bockting, W., Miner, M., Swinburne Romine, R., Hamilton, A., & Coleman, E. (2018). Stigma, mental health, and resilience in transgender individuals. *Annual Review of Clinical Psychology, 14*, 355–378.
- Bowen Theory. (n.d.). Key concepts in Bowen family systems theory. Retrieved from <https://www.bowentheory.com>
- Breaux, R. (2019). Adolescent decision-making and sexual health: Cognitive and developmental considerations. *Youth and Society, 51*(6), 777–794.
- Breiding, M. J., Smith, S. G., Basile, K. C., Walters, M. L., Chen, J., & Merrick, M. T. (2015). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization—National Intimate Partner and Sexual Violence Survey, United States, 2011. Centers for Disease Control and Prevention.
- Brown, J., & Engle, R. (2019). Mass media as a source of sexual information for adolescents. *Adolescent Research Review, 4*(2), 123–135.
- Brown, J., L'Engle, K., Pardun, C., Guo, G., & Kenneavy, K. (2016). Exposure to sexual content in media and adolescent sexual behaviour. *Pediatrics, 118*(5), 1345–1356.
- Buhi, E. R., & Goodson, P. (2017). Predictors of early sexual initiation among adolescents: A systematic review. *Journal of Adolescent Health, 60*(2), 127–135.
- Cavazos-Rehg, P., Krauss, M., Spitznagel, E., & Bierut, L. (2020). Risky sexual behaviour, delinquency, and substance use among adolescents. *Journal of Adolescent Health, 66*(4), 400–408.
- Centers for Disease Control and Prevention. (2019). *Youth Risk Behavior Surveillance System (YRBSS) questionnaire*. Atlanta, GA: CDC.
- Chandra-Mouli, V., Lane, C., & Wong, S. (2023). Understanding adolescent sexual and reproductive health: Determinants and interventions. *The Lancet Child & Adolescent Health, 7*(2), 100–110.
- Chang'ach, J. K. (2012). Teenage pregnancy in Africa: Social and health implications. *African Journal of Reproductive Health, 16*(2), 123–133.
- Chang'ach, J. K. (2022). Trends in teenage pregnancy in the United States: Challenges and interventions. *International Journal of Adolescent Health, 10*(1), 15–25.
- Child & Youth Services Review Study. (2024). Access to adolescent reproductive health services: Global perspectives. *Child & Youth Services Review*.
- Clark, L. A., & Watson, D. (2019). Constructing validity in psychological research. *Psychological Assessment, 31*(12), 1427–1446.
- Clifford, N., Holloway, S., Rice, S., & Valentine, G. (2018). *Key methods in geography* (3rd ed.). Sage Publications.
- Cooper, M. (2016). Alcohol use and sexual behaviour: Cognitive and social mechanisms. *Addiction Research & Theory, 24*(2), 125–135.
- Corey, G. (2021). *Theory and practice of counseling and psychotherapy* (10th ed.). Cengage Learning.

- Creswell, J. W. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). Sage Publications.
- Creswell, J. W., & Plano Clark, V. L. (2018). *Designing and conducting mixed methods research* (3rd ed.). Sage Publications.
- Crosnoe, R., & McNeely, C. (2018). Educational aspirations and risky sexual behaviour among Latino adolescents. *Journal of Youth and Adolescence*, 47(7), 1505–1519.
- Deardorff, J., Gonzales, N. A., Sandler, I. N., & Barr, A. (2015). The association of pubertal timing with sexual debut in Latina adolescents. *Journal of Youth and Adolescence*, 44(3), 1–12.
- DeLamater, J., & Sill, M. (2015). Sexual desire in later life. *Journal of Sex Research*, 52(4), 390–412.
- DeLamater, J., & Sill, M. (2020). *Sexual development across the lifespan*. Routledge.
- Demarko, J. (2020). Cultural norms and adolescent sexual development: A global perspective. *International Journal of Adolescence*, 15(3), 221–237.
- DiClemente, R. J., Salazar, L. F., & Crosby, R. A. (2017). *Adolescent health: Pathways to sexual behaviour*. Springer.
- DiClemente, R. J., Salazar, L. F., & Crosby, R. A. (2017). *Health behavior theory for public health: Principles, foundations, and applications*. Jossey-Bass.
- DiClemente, R. J., Salazar, L. F., & Crosby, R. A. (2019). *Adolescent health: Understanding and preventing risk behaviours*. Jones & Bartlett Learning.
- Ekstrom, P. (2019). Family influence and adolescent self-concept: A developmental perspective. Springer.
- Ellis, B. J., Del Giudice, M., & Shirtcliff, E. A. (2022). Menarche and adolescent sexual development: Biological and social pathways. *Developmental Review*, 62, 100–118.
- Etikan, I., & Bala, K. (2017). Sampling and sampling methods. *Biometrics & Biostatistics International Journal*, 5(6), 00149.
- FHI. (2017b). *Adolescent sexual and reproductive health: Global overview*. Family Health International. <https://www.fhi360.org>
- FHI. (2018). *Adolescence and youth health: A comprehensive review*. Family Health International. <https://www.fhi360.org>
- Foster, J., Brown, L., & Smith, K. (2018). Delivery of sexual education in Australian secondary schools: Teacher perspectives. *Sex Education*, 18(4), 456–470.
- Gebremichael, M., & Chaka, T. E. (2015). Factors associated with reproductive health service utilisation among secondary school students in Ethiopia. *African Journal of Reproductive Health*, 19(4), 34–42.
- Geldard, K., Geldard, D., & Yin Foo, R. (2019). *Counselling children: A practical introduction* (5th ed.). SAGE Publications.

- Gindi, R. M., Dillon, S., & Daugherty, J. (2022). Age-specific sexual health interventions: Evidence and practice. *Sexual Health, 19*(2), 99–110.
- Gladding, S. T. (2020). *Counseling: A comprehensive profession* (8th ed.). Pearson Education.
- Glasier, A., Gülmezoglu, A. M., Schmid, G. P., Moreno, C. G., & Van Look, P. F. (2016). Sexual and reproductive health: A matter of life and death. *The Lancet, 368*(9547), 1595–1607.
- Goldenberg, S. M., Shoveller, J., Koehoorn, M., & Ostry, A. (2018). And they call this progress? Consequences for young people of living and working in resource extraction communities. *Critical Public Health, 20*(2), 157–168.
- Guerin, P. (2019). *Bowen theory's secrets: Revealing the hidden life of families*. Routledge.
- Gyepi-Garbrah, T., Osei, J., & Boateng, K. (2015). *Adolescent development and social transitions in Ghanaian communities*. University of Ghana Press.
- Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2020). *Multivariate data analysis* (8th ed.). Cengage Learning
- Hallfors, D., Waller, M., Ford, C., Halpern, C., Brodish, P., & Iritani, B. (2015). Early sexual debut and mental health outcomes among adolescents. *Journal of Adolescent Health, 56*(1), 40–46.
- Halpern, C. T., Joyner, K., Udry, J. R., & Suchindran, C. (2020). Biological and social influences on adolescent sexual behaviour. *Journal of Adolescent Health, 66*(3), 243–250.
- Halpern-Felsher, B., Cornell, J., & Kropp, R. (2019). Adolescent decision-making and sexual risk behaviours. *Journal of Adolescent Health, 64*(1), 45–52.
- Harden, K. P., & Mendle, J. (2021). Romantic and non-romantic sexual activity in adolescence and delinquency. *Developmental Psychology, 57*(6), 967–980.
- Harden, K., Mendle, J., & Hill, J. (2018). Early sexual behaviour and adult outcomes: A longitudinal study. *Journal of Research on Adolescence, 28*(2), 277–292.
- Henderson, S., Kelly, M., & Black, R. (2020). Adolescent sexual education: Global comparisons and lessons learned. *International Journal of Adolescent Health, 12*(2), 112–125.
- Holgate, A., Redshaw, M., & Smith, L. (2015). Teenage pregnancy in England: Trends and interventions. *Health Policy Journal, 118*(4), 410–417.
- Holt, C. A., & Brown, J. D. (1931). *Social learning in early psychology*. Macmillan.
- Howell, E. (2021). Family communication and system dynamics in adolescent development. *Journal of Family Studies, 27*(2), 105–121.
- Human Sciences Research Council [HSRC]. (2020). *Youth sexual and reproductive health in South Africa: National survey report*. HSRC Press.
- Inter-Press Service. (2021). Global statistics on teenage pregnancy. <https://www.ipsnews.net>

- Ishida, K., Stupp, P., Turcios Ruiz, R. M., & Williams, S. (2021). Early sexual initiation and its association with adolescent reproductive health outcomes. *Journal of Adolescent Health, 69*(3), 403–410.
- Jemmott, J. B., Jemmott, L. S., & O’Leary, A. (2020). Interventions to increase sexual health knowledge and promote abstinence among adolescents. *Journal of Adolescent Health, 66*(1), 35–42.
- Jennings, C. (2018). *Family environment and adolescent development: A global perspective*. Routledge.
- Jennings, C. (2021). *Research methods in social sciences: Sampling and data collection*. Routledge.
- Jewkes, R., Flood, M., & Lang, J. (2015). From work with men and boys to changes of social norms and reduction of inequities in gender relations: A conceptual shift in prevention of violence against women and girls. *The Lancet, 385*(9977), 1580–1589.
- Kalina, C., Roberts, M., & Singh, A. (2021). Educational aspirations, psychological well-being, and risky sexual behaviour. *Youth & Society, 53*(8), 1250–1273.
- Kamir, P. (2015). Socio-economic status, religious participation, and age of sexual debut among Kenyan adolescents. *African Journal of Reproductive Health, 19*(3), 75–85.
- Kerr, M. E., & Bowen, M. (2019). *Family evaluation: An approach based on Bowen theory* (2nd ed.). W. W. Norton & Company.
- Khan, S., & Mashra, P. (2018). Early pregnancy among adolescents in Sub-Saharan Africa: Prevalence and determinants. *African Journal of Reproductive Health, 22*(2), 34–46.
- Kirby, D. (2017). Comprehensive sex education and adolescent sexual behavior: A meta-analysis. *Journal of Adolescent Health, 61*(3), 3–20.
- Kirby, D. (2020). *Abstinence and sexual risk: Evidence from US programs*. Routledge.
- Kirby, D. (2022). *Emerging research on adolescent sexual behaviour and health outcomes*. Springer.
- Kirby, D. (2022). Evaluating STI prevention strategies in youth populations. *Journal of Adolescent Health, 71*(6), 763–770.
- Kirby, D., & Jessor, R. (2005). *Abstinence and self-efficacy scales: Measuring confidence to abstain from sexual activity*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
- Kirby, D., Laris, B. A., & Roller, L. (2005). *Sex and HIV education programs for adolescents: Effects on sexual behaviors*. New York: The National Campaign to Prevent Teen and Unplanned Pregnancy.
- Klu, J. (2019). Pragmatism in educational research: Theory and practice. *International Journal of Education Research, 94*, 101–112.

- Kotchick, B., Shaffer, A., & Forehand, R. (2021). Risk behaviours in adolescence: Sexual activity and delinquency. *Journal of Child Psychology and Psychiatry*, 62(5), 574–583.
- Kraft, J. M., Wilkins, K. G., Morales, G. J., Widyono, M., & Middlestadt, S. E. (2017). An evidence review of gender integrated interventions in reproductive and sexual health. *Journal of Adolescent Health*, 46(3), S31–S55.
- Kuortti, M., & Kosunen, E. (2019). Adolescents’ sexual behaviour and peer influence in developing countries. *Sexuality Research & Social Policy*, 16(2), 145–159.
- Kuortti, M., & Kosunen, E. (2019). Age and sexual experience: Patterns and correlates among adolescents. *Journal of Adolescent Research*, 34(4), 395–416.
- Kuortti, M., & Kosunen, E. (2019). Early sexual behaviour among adolescents: Implications for health and education. *Journal of Adolescent Health*, 64(5), 562–569.
- Kuzman, M., Bilić, L., & Kocijan, M. (2017). Risks associated with teenage sexual activity. *European Journal of Pediatrics*, 176(11), 1493–1503.
- Laumann, E. O., Das, A., & Waite, L. J. (2006). *Sexual activity and sexual health among older adults in the United States*. University of Chicago Press.
- Laumann, E. O., Paik, A., & Rosen, R. C. (2019). Sexual dysfunction in the United States: Prevalence and predictors. *JAMA*, 281(6), 537–544.
- Leah, J. (2014). Early sexual behaviour among schoolgirls: Implications for reproductive health. *Journal of Adolescent Health Studies*, 6(3), 45–56.
- Leah, M. (2014). Low-income families and transactional sexual relationships among adolescents. *Journal of Adolescent Health*, 54(2), 134–140.
- Lehmiller, J. J. (2022). *The psychology of human sexuality*. Wiley.
- Leigh, B. (2019). Alcohol and high-risk sexual behaviour: An adolescent perspective. *Journal of Substance Use*, 24(2), 123–130.
- Lemos, G. (2015). Teenage pregnancy in Western Europe: A comparative analysis. *European Journal of Public Health*, 25(6), 970–976.
- Lim, C. (2024). *Validity in educational and social science research: Methods and applications*. Singapore: Springer.
- Lindau, S. T., Schumm, L. P., Laumann, E. O., Levinson, W., O’Muircheartaigh, C. A., & Waite, L. J. (2017). A study of sexuality and health among older adults in the United States. *New England Journal of Medicine*, 357, 762–774.
- Lindberg, L., Santelli, J., & Singh, S. (2022). Effects of comprehensive sexual education on adolescent sexual outcomes. *Journal of Adolescent Research*, 37(1), 3–21.
- Longman Mills, S., & Carpenter, C. (2018). Adolescents’ sexual behaviour and reproductive health risks in Jamaica. *International Journal of Adolescence and Youth*, 23(2), 214–227.

- Lowry, R., Kann, L., & Collins, J. (2019). Substance use and sexual risk behaviours among US adolescents. *Journal of Adolescent Health, 64*(3), 287–295.
- Lyimo, R., Komba, P., & Msuya, S. (2024). Knowledge and use of contraceptive methods among adolescents. *African Journal of Reproductive Health, 28*(1), 101–114.
- MacDonald, T. (2019). Alcohol, marijuana, and condom use among adolescents. *Journal of Adolescent Health, 64*(4), 420–427.
- Manlove, J., Logan, C., & Moore, K. (2018). Academic achievement and delayed sexual debut among African American adolescents. *Journal of Adolescent Health, 63*(3), 300–307.
- Manlove, J., Ryan, S., & Franzetta, K. (2015). Early sexual initiation and educational outcomes. *Journal of Adolescent Health, 56*(1), 71–78.
- Manlove, J., Ryan, S., & Franzetta, K. (2015). Social norms and peer influence on adolescent sexual abstinence. *Journal of Adolescent Health, 56*(1), 62–70.
- Manning, W. D., Longmore, M. A., & Giordano, P. C. (2012). Adolescents' reasons for abstaining from sex. *Journal of Marriage and Family, 74*(3), 556–571.
- Mark, K. P., Janssen, E., & Milhausen, R. R. (2021). Gender differences in sexual motivation: An exploration of intimacy and pleasure. *Archives of Sexual Behavior, 50*(3), 981–994.
- Markham, C., Lantos, H., & Jones, K. (2019). Emotional readiness and adolescents' decisions to delay sexual initiation. *Journal of Adolescent Research, 34*(5), 623–641.
- Masonbrink, A. J., Lawson, E., & Ricks, D. (2023). Adolescent sexual and reproductive health: Current challenges. *Global Health Review, 15*(2), 45–62.
- McFarlane, C., Beharie, N., & Walcott McQuigg, J. (2014). Risky sexual behaviour among adolescents in the Caribbean. *West Indian Medical Journal, 63*(2), 135–140.
- McLeod, J. (2018). *Counselling skills* (4th ed.). Open University Press.
- McNeely, C., & Blanchard, J. (2019). Family, school, and community influences on adolescent development. Routledge.
- Mendle, J., Turkheimer, E., & Emery, R. E. (2021). Detrimental outcomes associated with early menarche: Sexual behaviour and psychosocial adjustment. *Developmental Psychology, 57*(4), 620–632.
- Mensch, B. S., Grant, M. J., & Blanc, A. K. (2019). Adolescent sexual and reproductive health in Sub-Saharan Africa: Trends and patterns. *Population and Development Review, 45*(1), 1–40.
- Mensch, B. S., Grant, M. J., & Blanc, A. K. (2019). The changing context of adolescent sexual and reproductive health. *Population and Development Review, 45*(1), 1–40.
- Millstein, S., & Igra, V. (2015). Adolescent development and risk behaviour: Implications for sexual health. *Journal of Adolescent Health, 57*(6), 571–578.

- Ministry of Education. (2019). *Education sector performance report: Adolescent pregnancy in Ghana*. Accra, Ghana: Ministry of Education.
- Mmari, K., & Blum, R. W. (2019). Risk and protective factors affecting adolescent sexual behaviour: A global review. *Journal of Adolescent Health, 64*(5), S14–S21.
- Mokgaetsi, T. (2019). Parental influence on adolescent behaviour and self-concept development. *African Journal of Education and Development, 5*(2), 45–61.
- Moore, D., & Ellison, C. (2020). Parental behaviour and adolescent sexual decision-making. *Journal of Family Studies, 26*(1), 87–102.
- Mueller, C., Harwood, R., & Phelps, E. (2015). Academic performance and adolescent sexual behaviour: Pathways and protective factors. *Journal of Youth Studies, 18*(7), 844–860.
- Muhunu, J., & Karach, M. (2020). Adolescent fertility and early parenthood in Africa: Trends and implications. *African Population Studies, 34*(2), 305–318.
- Munchi, P. (2018). Challenges in monitoring adolescent sexual behaviour: Secrecy and stigma. *Journal of Youth Studies, 21*(7), 895–910.
- Munthali, A., Zulu, E., & Moore, A. (2014). The dynamics of adolescent sexual behaviour in sub-Saharan Africa. *African Population Studies, 28*(2), 482–498.
- Naziru, M. (2016). Adolescent childbearing in Ghana: Patterns and implications. *Ghana Journal of Development Studies, 13*(2), 35–50.
- Nigatu, T. (2017). Teenage pregnancy and sexual health risks among adolescents. *African Journal of Reproductive Health, 21*(2), 45–56.
- Nkrumah, E. (2024). Access to adolescent sexual and reproductive health information in Ghana. *Ghana Journal of Public Health, 18*(1), 23–36.
- Norman, R. (2020). Socio-cultural influences on adolescent sexual behaviour: A review. *International Journal of Adolescent Health, 27*(2), 110–125.
- Okigbo, C. C., McCarraher, D. R., Chen, M., & Pack, A. (2015). Risk factors for sexual activity and early sexual debut among adolescents in Nigeria. *BMC Public Health, 15*, 136.
- Okumu, M., Whitworth, M., & Amenga-Etego, S. (2023). Pubertal timing and early sexual initiation: A global perspective. *International Journal of Adolescent Medicine and Health, 35*(4), 20190065.
- Oluwaseun Bello, A. I., Asekun Olarinmoye, E. O., Adeomi, A. A., & Olarewaju, S. O. (2014). Sexual behaviour and contraceptive use among secondary school students in Nigeria. *International Journal of Adolescent Medicine and Health, 26*(4), 495–502.
- Owu-Ewie, C. (2021). *Research methods for education and social sciences in Ghana*. Accra: University of Ghana Press.
- Patrick, M., & Maggs, J. (2019). Alcohol use and adolescent sexual behaviour: Daily-level associations. *Journal of Adolescent Health, 64*(6), 786–794.

- Porter, L., & Holness, C. (2021). Peer influence and adolescent sexual attitudes: Implications for interventions. *Youth & Society*, 53(7), 1023–1041.
- Powell, R., Single, H., & Lloyd, K. (2016). Online qualitative data collection: Techniques and considerations. *Qualitative Research Journal*, 16(3), 208–224.
- Pringle, J., Mills, K., McAteer, J., Jepson, R., Hogg, E., Anand, N., & Patterson, C. (2017). Adolescent sexual behaviour and associated risks: A systematic review. *Public Health*, 150, 1–14.
- Regmi, P., Simkhada, P., & van Teijlingen, E. (2018). Socio-demographic factors and sexual behaviour in Nepal. *BMC Public Health*, 18(1), 1024–1036.
- Regnerus, M., & Uecker, J. (2016). Religiosity, values, and sexual abstinence among adolescents. *Journal of Marriage and Family*, 78(2), 355–370.
- Robinson, L. (2019). *Human sexuality: Perspectives and issues* (10th ed.). McGraw-Hill Education.
- Santelli, J., Kantor, L. M., Grilo, S. A., Speizer, I., Lindberg, L., Heitel, J., Schalet, A., & Lyon, M. (2020). Explaining adolescent sexual behaviour: A research synthesis. *Journal of Adolescent Health*, 66(6), S1–S12.
- Santelli, J., Lowry, R., Brener, N., & Robin, L. (2014). The relationship of academic achievement to sexual behaviour among adolescents. *Journal of Adolescent Health*, 55(6), 735–741.
- Santelli, J., Ott, M., Lyon, M., Rogers, J., Summers, D., & Schleifer, R. (2017). Abstinence and comprehensive sexual education and adolescent sexual risk. *Journal of Adolescent Health*, 61(2), 151–157.
- Satterwhite, C. L., Torrone, E., Meites, E., Dunne, E. F., Mahajan, R., Ocfemia, M. C., Su, J., & Weinstock, H. (2017). Sexually transmitted infections among adolescents: Systematic review. *Sexually Transmitted Diseases*, 44(11), 662–670.
- Schrepp, M. (2020). Measuring reliability with Cronbach’s alpha: Guidelines and best practices. *Journal of Usability Studies*, 15(1), 1–10.
- Simbar, M., Tehrani, F. R., & Hashemi, Z. (2015). Reproductive health knowledge, attitudes and practices of university students. *Eastern Mediterranean Health Journal*, 21(7), 478–485.
- Small, S., & Luster, T. (2019). Early sexual activity and adolescent risk behaviours. *Journal of Youth and Adolescence*, 48(5), 905–918.
- Stanger-Hall, K., & Hall, D. (2011). Abstinence-only education and teen pregnancy rates: Why we need comprehensive sexual education in the US. *PLoS ONE*, 6(10), e24658.
- Steinberg, L. (2014). *Age of opportunity: Lessons from the new science of adolescence*. Houghton Mifflin Harcourt.
- Steinberg, L. (2017). *Adolescence* (11th ed.). McGraw-Hill Education.
- Tapert, S., Brown, S., & Granholm, E. (2021). Alcohol, marijuana, and sexual risk-taking among adolescents. *Journal of Adolescent Health*, 68(5), 873–881.

- Tashakkori, A., & Teddlie, C. (2018). *Mixed methods research: Contemporary issues in an emerging field* (2nd ed.). Sage Publications.
- Teresi, J. A., Fleishman, J. A., & Ramírez, M. (2022). Pilot testing and instrument validation in health research. *Journal of Applied Measurement*, 23(1), 15–30.
- The National Health Service (UK). (2019). *Sex. Worth talking about: National sexual health awareness campaign*. UK Government.
- Tolman, D. L. (2016). *The science of sexual socialization*. Routledge.
- Tolman, D. L. (2022). *Gender and sexuality in adolescence: Research perspectives*. Springer.
- Tolman, D. L., Impett, E. A., & Schooler, D. (2018). Cultural norms, values, and adolescent sexual abstinence. *Sex Roles*, 78(11–12), 717–732.
- Ugoji, F. N. (2013). Determinants of risky sexual behaviours among secondary school students in Nigeria. *International Journal of Adolescence and Youth*, 19(3), 408–418.
- Upchurch, D. M., Aneshensel, C. S., Mudgal, J., & McNeely, C. (2019). Educational aspirations and adolescent sexual initiation. *Journal of Adolescent Health*, 64(3), 350–358.
- Van Loon, L. (2018). *Adolescence in context: Social and cultural dimensions*. Routledge.
- Wadood, M., Shahid, A., & Riaz, H. (2021). The role of pilot testing in questionnaire design: Improving clarity and reliability. *Journal of Educational and Social Research*, 11(4), 45–53.
- Ward, L. M., & Friedman, K. (2016). Using TV and media in adolescent sexual socialisation. *Sex Roles*, 75(7–8), 490–502.
- Ward, L. M., Seabrook, R., Manago, A., & Reed, L. (2015). The impact of media on adolescent sexual behaviour. *Journal of Adolescent Research*, 30(1), 3–27.
- Wittrup, I. (2014). Academic achievement and adolescent sexual risk: Implications for intervention. *Youth & Society*, 46(4), 553–570.
- World Health Organization. (2021). *Adolescent health and development*. WHO.
- World Health Organization. (2022). *Adolescent sexual and reproductive health: Key facts and global statistics*. WHO.
- Yamane, T. (1973). *Statistics: An introductory analysis* (2nd ed.). Harper and Row.
- Zhang, L., Bi, Z., Maddock, J. E., & Li, S. (2020). Sexual behaviour and reproductive health among adolescents in rapidly developing societies. *International Journal of Environmental Research and Public Health*, 17(3), 1–12.
- Zimmer-Gembeck, M. J., Skinner, E. A., & Zimmer-Gembeck, M. (2016). Emotional readiness, self-regulation, and delayed sexual initiation. *Journal of Adolescence*, 53, 134–145.

APPENDIX A

UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF PSYCHOLOGY AND EDUCATION

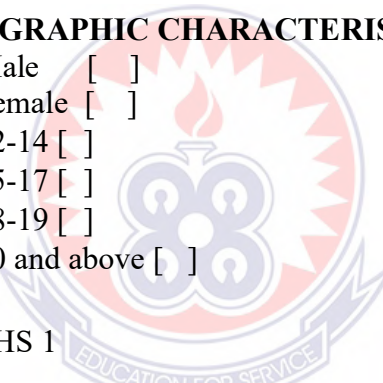
QUESTIONNAIRE FOR STUDENTS

Dear Student,

This questionnaire intends to investigate factors influencing early sexual behaviour among SHS students in the Assin South District. Every piece of information collected will be strictly used for academic purpose hence you are advised to provide your honest responses to the following questions, noting that your responses will be treated secretly and will not in any way be used to harm you.

Please tick [] the correct option

SECTION A: DEMOGRAPHIC CHARACTERISTICS

1. Gender: Male []
 Female [
2. Age 12-14 []
 15-17 []
 18-19 []
 20 and above [
3. Form of study:
- SHS 1
 []
- SH
 S 2 []
 SH
 S 3 [
4. Who do you stay with?
- Both parents []
- Single parent []
- Other relative []
- Other, specify.....
- 
- The logo of the University of Education, Winneba, is a circular emblem. It features a central sunburst with a flame-like top, surrounded by a blue and red border. Below the emblem is a banner with the motto "EDUCATION FOR SERVICE".

SECTION B: SEXUAL ACTIVITIES BY THE STUDENTS

5. Which of the following activities have you engaged yourself in?

Kissing []

Sexual intercourse []

Fondling []

Mutual masturbation []

Other, specify.....

6. At which age were you attracted or involved in the activities above?

12-14 []

15-17 []

18-19 []

20 and above []

7. How many times have you been involved in the sexual activity above?

Once []

2 times []

2 times []

2 times []

More than 5 times []

8. How long ago did you last engaged in sexual activities with your sexual partner?

Less than 2 week ago []

2 weeks ago []

1 month ago []

2-5 months ago []

More than 5 months ago []

9. What is the primary reason for engaging in sexual activities?

Peer pressure []

Desire for intimacy []

Experimentation []

Not sure []

SECTION C: FACTORS INFLUENCING EARLY SEXUAL BEHAVIOUR**10. Kindly indicate how these statements reflect your view on factors influencing early sexual behaviour**

Please use the following scales.

Strongly disagree (SD)=1; Disagree (D)= 2; Neutral (N) = 3; Agree (A); Strongly Agree (SA) = 5

FACTORS INFLUENCING EARLY SEXUAL BEHAVIOUR	PLEASE TICK THE APPROPRIATE OPTION				
	SD	D	N	A	SA
Physiological factors					
P1: Hormonal changes during adolescence can increase sexual desire among students					
P2: Physical changes during puberty can make students curious about sexual behaviour					
P3: Some students feel pressure from friends to have sex					
P4: Higher levels of sex hormones in students can increase sexual desire					
P5: Physical sexual feelings can influence students to engage in sexual behaviour					
P6: Some students may engage in sexual behaviour while trying to understand their sexual orientation.					
P7: Lack of proper sexual health education can lead students to engage in early sexual behaviour.					
P8: Watching sexual content in movies or on the internet can influence students to engage in sexual behaviour					
Psychological factors					
S1: Curiosity					
S2: Some students may engage in early sexual behaviour as a way to seek excitement or new experiences.					
S3: Peer influence					
S4: Students who struggle with regulating their emotions may turn to early sexual behaviour as a way to cope with stress or negative emotions					

S5: Students may use early sexual behaviour as a way to cope with issues such as trauma, anxiety, or depression					
S6: Media and Technology influence					
S7: Students who lack parental support, communication, or supervision may seek validation and intimacy through sexual relationships with peers.					
S8: Students exploring their sexual orientation or gender identity may be more likely to engage in early sexual behaviour as a way to understand and express their sexuality.					
Behavioural factors					
B1: Not having enough sex education in school can leave students unaware of safe sex, birth control, consent, and healthy relationships.					
B2: Teenagers in relationships may feel pressure to have sex to show love or commitment.					
B3: Unresolved emotional problems can lead to risky sexual behaviour					
B4: Some students may start sexual activity early to feel close or connected to someone					
B5: Wanting to explore sexuality can lead students to engage in sexual activity early					
B6: Students with little parental guidance may be more likely to have early sexual experiences without support.					
B7: Peer pressure can make students engage in early sexual behaviour.					
B8: Seeing sexual content in movies, TV shows, or music can affect how students think about sex and relationships and influence their actions					
Socia-Cultural factors					
C1: Social factors such as poverty, lack of access to education, healthcare, other resources can influence students' decisions about early sexual activity.					
C2: Watching pornographic pictures or videos can make students curious and want to try what they see.					
C3: A family's financial situation can affect students' access to guidance, support, and opportunities that influence decisions about sex					

C4: Social media, television, and the internet can shape how students think about sex and relationships					
C5: Cultural beliefs and practices in the community can affect students' behaviour					
C6: Gender expectations, like pressuring boys to be sexually active or girls to be modest, can influence sexual decisions					
C7: The school environment, including rules and peer culture, can shape students' attitudes towards sex.					
C8: Family values and the way parents teach about sex can strongly affect students' beliefs and behaviours					

SECTION D: FACTORS RESPONSIBLE FOR ABSTINENCE AMONG SHS STUDENTS

11. Kindly indicate how these statements reflect your view on factors responsible for abstinence among SHS students yet to experience sexual debut.

Please use the following scales.

Strongly disagree (SD)=1; Disagree (D)= 2; Neutral (N) = 3; Agree (A); Strongly Agree (SA) = 5

FACTORS RESPONSIBLE FOR ABSTINENCE AMONG SHS STUDENTS	PLEASE TICK THE APPROPRIATE OPTION				
	SD	D	N	A	SA
I choose not to have sex because of my personal values					
My parents talk to me about the importance of waiting before having sex					
My friends respect and support my decision not to have sex					
I avoid sex because I know it can lead to pregnancy or sexually transmitted infections.					
I do not have sex because due to limited information about sexual health					
My cultural beliefs encourage me to wait before having sex					
I avoid sex because I want to focus on my education and future career					

I do not have sex because I feel I am not emotionally ready					
The sex education I receive in school encourages me to wait before having sex.					
I abstain from sex because I want to protect my physical and emotional health					



APPENDIX B

Semi-interview Guide for Parents

The purpose of the study is introduced to participants. They should be made to understand that they can withdraw at any time of the study.

1. How old is your adolescent ward?
2. Sex of adolescent ward?

Biological Factors (Explain to participant)

3. Does the parent know about the adolescent developmental changes in their ward?
4. Does the parent know about the first time the adolescent daughter menstruated and when she menstruates every month?
5. Does the parent know about the adolescent sons first time of having wet dreams and morning ejaculations?
6. Does the ward discuss with the parent any physical developmental changes?

Home/Family Factors (Explain to participant)

7. Does the parent initiate discussions with the ward on sex and its consequences?
8. Is the child controlled from watching PG rated movies?
9. Does the parent know about the friends of the ward?
10. How are friends of the ward entertained at home?
 - Alone with your ward in his/her room?
 - In the living room/corridor in the view of others at home?
11. Does the parent have older children who bring their sexual partners home?
12. Does the parent know the whereabouts of the ward when not at home?

Socio-cultural Factors (Explain to participant)

13. What is the perception of the parent on early sexual behavior in the community?

APPENDIX C

COUNSELLORS INTERVIEW GUIDE

GENDER:

PROGRAMME READ AT THE UNIVERSITY; G/C

NUMBER OF YEARS IN THE SCHOOL;

Do the students know about Guidance and Counselling Coordinator and center in the school?

Do they visit the center?

BIOLOGICAL FACTORS

1. Do the students inform you about signs of ovulation and early ejaculation?

EDUCATIONAL FACTORS.

1. Are some of your programs educational which touches on early sexual behaviours and its implication?
2. How often do you organize?

FAMILY FACTORS

1. DO you receive reports from parents about their wards being in sexual relationship?

SOCIO-CULTURAL FACTORS

1. Does the community organize any sex educational program for their adolescent?
2. Do they have any ceremony performed when their children reach the adolescent stage?

PSYCHOLOGICAL FACTORS

1. Do students whom you have heard engaging in early sexual behaviour perform better and take their studies seriously?