

Sexual consent in sex education curricula: Case studies of Ghana and Kenya

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Abstract

Sexual consent is of fundamental import when teaching young people about how to negotiate their sexual lives. Examining sex education in three regions in Ghana and three counties in Kenya via interviews with teachers (Ghana: N=346, Kenya: N=196), and students (Ghana: N=2,990, Kenya: N=2,484) in 2015 found that one-third of Ghanaian and a quarter of Kenyan teachers reported not teaching sexual consent. Less than a fifth selected “sexual relations should always be consensual” as a priority message, focusing on abstinence messaging instead. Half of the Ghanaian students and two-thirds of the Kenyan students did not learn about recognizing forced sexual contact. Almost half of the Ghanaian students agreed with “most of the time, when girls say ‘no’ to sex, they really mean ‘yes,’” while in Kenya only 7% of boys and 1% of girls agreed. Inadequate education allows harmful social messages about sexual consent to remain prevalent among young people.

Background

Sexual Consent in Ghana and Kenya

Notions of masculinity and gender roles can normalize violence against women [1]. Age gaps and economic inequality increase girls’ vulnerability in sexual negotiation [2]. A large proportion of the population in Ghana and Kenya reported experiencing nonconsensual sexual encounters and violence on a national survey. In 2014, the Kenyan DHS found that 39% of women experience a physical and/or sexual intimate partner violence over their lifetime [3]. In Ghana, the 2008-2009 DHS showed that 24% of women experienced physical or sexual violence in their lifetime [4]. Attempts at assessing culturally constructed meanings of consent and entitlement in in sub-Saharan Africa have identified worrying attitudes. In a cross sectional study of Kenyan youth, a forcible sexual encounter with a woman who was perceived to have “flaunted” herself was considered permissible by young male respondents [5]. In a 2003 literature review of more than 45 studies of adolescent girls in sub-Saharan Africa entering into “sugar daddy” relationships (i.e., sexual relationships with older men in exchange for economic support), girls reported some control in the formation and duration of relationships, but little to no control over condom use and timing of sexual encounters [2]. In the face of this disempowerment, strategies for

sexual negotiation can be creative. In a qualitative study of Ghanaian women 15 years of age and older who lived in Madina, women reported using their own attractiveness and threats to disclose a partners' poor sexual performance to negotiate for safer sex [6].

State of Reproductive Health Education (RHE)

The 1994 International Conference on Population and Development's (ICPD) Programme of Action (the Cairo Agenda) was signed by both Ghana and Kenya and, in doing so, they committed to expanding Sexual and Reproductive Health (SRH) education [7]. The definition of SRH education has grown and developed over time. In 2014, UNFPA published Guidance for Comprehensive Sexuality Education (CSE) which named five main pillars of CSE: sexual and reproductive physiology, HIV/STI prevention, contraception and unintended pregnancy, values and interpersonal skills, and gender and SRH rights [8].

Ghanaian schools integrate topics of sexual and reproductive health and rights into its social studies curricula and many such modules feature strong abstinence messaging. However, social studies is allocated the fewest academic units of any subject and many students report receiving only limited exposure to these topics [9]. In a cross-sectional study of Ghanaian schools, 8% of students reported having learned about all of the five topics of a CSE curricula [9]. Yet the range of coverage of topics reported by students suggests that implementation may vary [9,10].

In Kenya, a historical review of the quality and delivery of the sex education curricula showed that while recent updates in the early 2000s have improved their curricula from earlier iterations, the current curricula still lacks information on reproduction, sexual health, HIV prevention, and gender inequality [11]. The current curricula, "Life Skills Education Series," used for sexual health education lacks information on critical consent and negation topics like emotional and physical abuse, gender stereotypes and social inequalities [11]. In 2015 only 2% of students interviewed reported learning about all of the five topics of a CSE curricula [10].

A study of CSE curricula in Ghana and Kenya found that teachers in these two countries stated that they have a need for more materials, information and resources to be able to teach the curricula given to them [9,10]. Almost a third of Kenyan teachers and close to a quarter of Ghanaian teachers reported that their pre-service training did not cover sexual and reproductive health topics [9,10]. An UNESCO ten-country review of sex education in sub-Saharan Africa cited as needs teacher support with new materials

as well as training in how to approach students who have experienced either physical or emotional abuse [11].

The Context Surrounding the Teaching of Sexual Consent in Ghana and Kenya

When fellow students and teachers are sources of sexual violence, teaching of consent and sexual negotiation subject matter can become more complicated because the messenger may be simultaneously undermining the message through his own actions [12]. A 2003 study found that female students were vulnerable to the advances of older students and teachers and fear social humiliation or beatings if they do not engage in sexual activities with them [1]. In an investigative study of the experiences girls have in African schools, sexual aggression between students was not punished, and that education authorities largely did not take action when teachers were found to be in relationships with students [12]. Additionally, the fear of reporting and inadequate support systems perpetuate the acceptance and normalizing of abuses against female students [1]. In a review of abuses of girls in schools, Leach et al. found that if topics of consent and negotiation are discussed in schools, the context is rife with stereotypical masculine dominant behavior, and the message becomes clouded [12].

There is a lack of research on how messages of sexual consent are taught and learned in school-based sex education curricula in low- and middle-income countries (LMICs). This study aims to address this by presenting evidence from two case studies which explored how sexual consent was taught as well as learned in Ghana and Kenya from the perspectives of the teachers and the students.

Methods

The data for this study came from the Guttmacher Institute's project, "From Paper to Practice: Sexuality Education Policies and Their Implementation in Ghana/Kenya/Guatemala/Peru," a multicounty, cross-sectional study of sexual and reproductive health education in four countries conducted in 2015. Data were collected through in-depth interviews with key informants, and surveys of principals, teachers and students. The surveys examined the content of sexual and reproductive health education curricula, methods of teaching, training and support, perceptions of content, and attitudes towards the subject of sexual and reproductive health. To study implementation stages of sex education curricula, two countries that more recently implemented national sex education curricula (Peru and Kenya) and two later-stage countries (Ghana and Guatemala) were chosen. Detailed information on survey design, sampling, and methodology has been documented elsewhere ([Link Link](#)) [9,10].

To ensure geographic diversity, random sampling techniques were used. In Ghana, the country was divided into three regions and schools were then randomly selected within each region. Greater Accra was purposefully selected to ensure that the most politically influential area of the country was included. In total, 82 schools were selected for inclusion. In Kenya, 78 schools were selected from three counties. A minimum sample of 2,500 students aged 15-17 were taken from each country. In both Kenya and Ghana, this meant that at least 35 students were interviewed per school.

Surveys were conducted via face to face interviews with the interviewer recording the respondent's answer on paper. Data were entered into CSPro, cleaned and checked for inconsistencies, and transferred into Stata 14.0 (College Station, Texas, USA) for analysis. Sample weights were applied to ensure that probability estimates reflect a nationally representative sample. Teachers were selected from the same sampled schools as the students: Ghana (N=346) and Kenya (N=196). The results which follow show weighted frequencies for subpopulation characteristics, reports of coverage, attitudes about if topics should be covered, training in subjects, importance of coverage, and comfort level teaching consent and negotiation subject matter. All teachers included in the analysis taught reproductive health education (RHE). Chi-Square tests of independence were conducted to examine the relationship between the gender of teachers and their reports of experiencing difficulties teaching sexual health in schools.

Using the student surveys in Ghana (N=2,990) and Kenya (N=2,484), we analyzed the weighted frequencies of reports of coverage (i.e. students reported that they had learned about a given topic in class), attitudes surrounding sexual consent, sexual behavior by gender, reports of forced first sexual encounters, and age gaps between students and their first sexual partners. Chi-Square tests of independence were conducted to examine the relationship between reports of learning four critical empowerment and negotiation topics in school and attitudes around empowerment messaging.

Results

Teachers

Among the 346 Ghanaian teachers who participated in the survey, more than three-quarters had received pre-service training in reproductive health education (RHE) as compared to about two-thirds of the 196 Kenyan teachers (Table 1). While the sex ratios of teachers in Kenya was the same, only about a third of the teachers interviewed in Ghana were female (Table 1). Almost all of the teachers in Ghana and over 80% of the teachers in Kenya had been teaching RHE for over a year (Table 1). Teachers reported receiving training in teaching equality between men and women, dangers of exchanging sex for money or

gifts, communicating within relationships, decision-making skills, prevention of violence/sexual abuse, and sexual and reproductive rights. In Ghana, sexual and reproductive rights was the most common topic on which teachers received training (80%) whereas in Kenya, the most common topic on which teachers received training was in decision-making skills. In both countries, teachers were least likely to receive training on the dangers of exchanging sex for money or gifts (58% in Ghana and 48% in Kenya received training on these topics).

Coverage and training in RHE

The survey asked teachers whether they taught the following subjects in class: equality between men and women, dangers of exchanging sex for money or gifts, communicating within relationships, decision-making skills, prevention of violence/sexual abuse, sexual and reproductive rights, making positive decisions and sticking to them, and recognizing forced sexual contact. In Ghana, the most commonly taught subject was sexual and reproductive rights (75% of teachers reported teaching about it) and the least commonly taught subject was communicating within relationship (58% of teachers reported teaching about it) (Table 2). A higher proportion of Kenyan teachers reported teaching all of these topics as compared to their Ghanaian colleagues. The most commonly taught topics were making positive decisions and sticking to them (82% of teachers reported teaching about it and 81% of teachers taught about the prevention of violence/sexual abuse) and the least commonly taught subject was recognizing forced sexual contact (69% of teachers reported teaching about it) (Table 2).

Most teachers in both Ghana and Kenya reported that they were comfortable teaching RHE topics to students and believed that topics related to reproductive health education (85% of teachers in Ghana and 70% of teachers in Kenya reported that they felt very comfortable teaching RHE) (Table 2). About a third of Ghanaian and a quarter of Kenyan teachers reported a need for more assistance teaching these important topics. Interestingly, even though sexual education and rights was one of the topics that teachers received the most training in and which was most commonly covered in class, it's also the topic most commonly cited by Ghanaian teachers as a topic in which they needed more training (40% reported a need for more training on the topic). In Kenya, teachers most commonly cited prevention of violence/sexual abuse as the topic that they needed the greater assistance teaching (33% cited a need for more assistance teaching it, even though it was one of the most commonly taught topics).

When asked to select the top three messages they wished to convey in their RHE classes, the message which was most often emphasized by 76% of Ghanaian teachers and 66% of Kenyan teachers was “abstinence is the best way to prevent pregnancy, and STIs/HIV.” The second most-important message according to Ghanaian teachers was “information about HIV/STI transmission and where to access services” and in Kenya, it was “everyone deserves respect-no matter what gender, race or social status.” Less than a fifth of teachers selected “sexual relations should always be consensual” as a priority message (Table 2).

Difficulties Teaching RHE

The majority of teachers interviewed in both countries identified lack of teaching materials and time were the greatest hindrance to teaching RHE (Table 3). This was followed by lack of time. Women teachers in Ghana were more likely to report that as a difficulty related to teaching RHE than male teachers. A little over a third of male teachers said that Women teachers were less likely to say that certain topics/content contradicted their religious, traditional and personal beliefs or values; women teachers were less likely to say that was a difficulty. Women teachers in Kenya were like likely to cite lack of teacher training or sufficient knowledge than male teachers and they were also less likely to cite pushback from the community than male teachers (Table 3).

Students

The sample of students consisted of a 2:3 ratio of male to female students in both Ghana and Kenya (Table 4). The majority of the sample was ages 15-17 and most were in Form 2 (Table 4). While almost half of the Ghanaian sample agreed with the statement, “most of the time, when girls say ‘no’ to sex, they really mean ‘yes,’” very few Kenyans agreed with that statement (7% of males and 1% of females). Over a half of male Kenyans agreed that it is “acceptable for a man to beat his partner if she refuses to have sex with him.” Those percents were very low in Ghana (Table 4). 25% of male students in Ghana had had

sexual intercourse compared to 23% of Ghanaian girls in the sample as compared to 42% of Kenyan male students and 15% of Kenyan female students (Table 4). The proportion who had sex who reported that it was forced was 8% of Ghanaian boys, 25% of Ghanaian girls, 2% of Kenyan boys and 17% of Kenyan girls. Of the Ghanaian (n=122) and Kenyan (n=50) students who reported having a forced first sexual experience, the majority reported that their partners were much older than themselves (Table 4).

Coverage of Topics

Generally the coverage of key selected sexual consent-related topics was high in both Ghana and Kenya. However, over half of the Ghanaian students and about two thirds of the Kenyan students did not report learning about recognizing forced sexual contact (Table 5). Almost half of both the Ghanaian and Kenyan sample reported that they did not learn about the dangers of sex in exchange for money or gifts or equality between men and women (Table 5).

Attitudes of students

According to students, the most commonly covered topics/concepts that they reported learning about in RHE were sexual and reproductive rights in Ghana, and making positive decisions and sticking with them in Kenya. Prevention of violence/sexual abuse was the next most commonly reported topic that students learned about in Ghana whereas in Kenya students were more likely to learn about decision-making skills. Recognizing forced sexual contact was the least-reported topic that students learned about (32-43% of students reported learning about it) (Table 5). Prevention of violence/sexual abuse, decision-making skills, communicating within relationships, and recognizing forced sexual contact were determined to be the aspects of RHE most relevant to being able exercise sexual consent. Only 15% of students in Ghana and 10% of students in Kenya reported learning about all four topics (Table 5). Having learned these four concepts significantly decreased the proportion of students who agreed with statements, “Most of the

time, when girls say 'no' to sex, they really mean 'yes'" and "It is acceptable for a man to beat his partner if she refuses to have sex with him."

Future analysis will include:

- among those who reported first sex, separating the young men and women, and looking at the age difference between them and their partner
- including students who received none of the RHE lessons
- looking at how learning about the five pillars of CSE are related to experiencing forced sex and attitudes about sexual consent

Sources:

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- [12] Leach F, Fiscian V, Kadzamira E, et al. An investigative study of the abuse of girls in African schools. Department for International Development (DFID)(UK); 2003.

And from the Excel Tables:

Asare KB, Nti SK. Teacher Education in Ghana: A Contemporary Synopsis and Matters Arising. *SAGE Open* 2014;4:8.

Table 1. Characteristics of teachers who teach reproductive health education, by country in 2015

	Ghana (N= 338)	Kenya (N=189)
Sex		
Male	66%	50%
Female	34%	50%
Number of years teaching		
<5 years	20%	36%
5-9 years	16%	34%
10-19 years	41%	14%
20+ years	20%	16%
Received pre-service training in reproductive health education*	80%	68%
No. of years teaching reproductive health education topics at current school		
<1 year	3%	18%
1-2 years	28%	39%
3-4 years	30%	19%
5+ years	39%	23%
Reported prior training in the following topics		
Equality between men and women	75%	65%
Dangers of exchanging sex for money or gifts	58%	48%
Communicating within relationships	69%	64%
Decision-making skills	76%	70%
Prevention of violence/sexual abuse	75%	64%
Sexual and reproductive rights	80%	63%

*While the range and scope of pre-service training is expansive, the term refers to education/preparation programs that aspiring teachers may receive prior to beginning their teaching career (Asare & Nti, 2014).

Table 2: Teacher reports of coverage of sexual consent subject matter, comfort level, reported need for more assistance, and self-reported assistance needed in topical areas, by country in 2015

	Ghana (N= 338)	Kenya (N=189)
Reported covering the following topics in class		
Equality between men and women	65%	78%
Dangers of exchanging sex for money or gifts	63%	68%
Communicating within relationships	58%	69%
Decision-making skills	65%	78%
Prevention of violence/sexual abuse	72%	81%
Sexual and reproductive rights	75%	68%
Making positive decisions and sticking to them	70%	82%
Recognizing forced sexual contact	67%	69%
Comfort level teaching topics related to reproductive health education		
Very comfortable	85%	70%
Comfortable	12%	29%
Uncomfortable	3%	1%
Reported a need for more assistance teaching the following topics		
Equality between men and women	30%	18%
Dangers of exchanging sex for money or gifts	25%	22%
Communicating within relationships	31%	23%
Decision-making skills	37%	26%
Prevention of violence/sexual abuse	37%	33%
Sexual and reproductive rights	40%	18%
Identified topic as one of the 3 most important to cover in reproductive health education*		
"Abstinence is the best way to prevent pregnancy and STIS/HIV"	76%	66%
"Avoiding unintended pregnancy, accurate information about contraceptives and how to access them"	34%	21%
"Everyone deserves respect- no matter what gender, race or social status"	30%	63%
"Information about HIV/STI transmission and where to access services"	51%	47%
"Sexual relations should always be consensual"	18%	18%
"Sexuality is a natural, healthy and positive part of life"	32%	35%
"Young people should not have sex prior to marriage"	44%	34%

*Teachers were asked to select the three messages they thought were most important to convey in teaching reproductive health education.

Table 3: Teacher reports of difficulties teaching sex education curricula, by gender and country in 2015

Reasons for difficulty teaching reproductive health topics	Ghana (N=338)*		Kenya (N=189)	
	Male (ref)	Female	Male (ref)	Female
Lack of resources or teaching materials	80%	83%	63%	42%
Lack of time	50%	64%	56%	37%
Topics/content contradict my religious, traditional and personal beliefs or values	35%	23%	37%	17%
Embarrassment about topics or terms	33%	17%	39%	35%
Lack of teacher training or sufficient knowledge	29%	30%	50%	26%
Pushback from students	28%	22%	37%	26%
Lack of participation from students	9%	7%	28%	23%
Pushback from the community	3%	3%	22%	6%
Restriction or bans on teaching certain topics	4%	1%	25%	13%

ref = reference group; **bold** indicates significantly different at a level of $p < .05$ when compared to reference group.

*In Ghana, response categories were "yes, often", "yes, sometimes", "yes rarely", and "no, never." The data were recoded to represent dichotomous yes ("yes, often", "yes, sometimes", "yes rarely") or no ("no, never") outcomes to

**Boded results are statistically significant at the $p=0.05$ level

Table 4. Characteristics of students by country, 2015

		Ghana (N=2,990)		Kenya (N=2,484)	
Gender					
	Male	40%		39%	
	Female	60%		61%	
Age					
	<15	0%		5%	
	15	8%		26%	
	16	35%		41%	
	17	57%		23%	
	≥18	1%		5%	
Year in school					
	Form 2	80%		51%	
	Form 3	20%		49%	
Proportion of all students who agree with the following		Male	Female	Male	Female
	"It is acceptable for a man to beat his partner if she refuses to have sex with him"	13%	5%	53%	35%
	"Most of the time, when girls say 'no' to sex, they really mean 'yes'"	47%	40%	7%	1%
	"Having consensual and protected sex with someone you love is a good thing"	59%	47%	69%	46%
Ever had sex		25%	23%	42%	15%
Forced first sex		8%	25%	2%	17%
Of those who reported having forced first sex, percent distribution of age gaps between student and partner		(n=122)		(n=50)	
	Much older than me	71%		53%	
	About the same age as me	25%		35%	
	Much younger than me	5%		12%	

Table 5: Student reports of learning about reproductive health topics and related attitudes in school by country, 2015

	Ghana		Kenya	
	Male (N=1,162)	Female (N=1,820)	Male (N= 1,101)	Female (N=1,374)
Percent who reported learning about the following				
Sexual and reproductive rights	88%	86%	37%	36%
Prevention of violence/sexual abuse	69%	72%	58%	56%
Making positive decision and sticking to them	61%	59%	70%	80%
Dangers of sex in exchange for money or gifts	51%	54%	44%	48%
Equality between men and women	46%	47%	45%	42%
Decision-making skills	46%	55%	64%	68%
Communicating within relationships	41%	47%	38%	36%
Recognizing forced sexual contact	35%	43%	32%	38%
Proportion of students who reported learning all four consent topics**				
	Ghana (N=2,990)		Kenya (N=2,484)	
	15%		10%	
Proportion who agree with the following statements ***				
	Did not learn (ref)	Learned**	Did not learn (ref)	Learned **
"Most of the time, when girls say 'no' to sex, they really mean 'yes'"	83%	17%	87%	13%
"It is acceptable for a man to beat his partner if she refuses to have sex with him"	79%	21%	94%	6%

ref = reference group; **bold** indicates significantly different at a level of $p < .05$ when compared to reference group.

*Respondents were asked the following question: "Here is a list of topics that you may have discussed in classes/talks/activities at this school. Tick only one answer for each topic: I learned about it OR I didn't learn about it."

**Those who responded yes to learning about the four chosen topics. Consent topics were: prevention of violence/sexual abuse, decision making skills, communicating within relationships, and recognizing forced sexual contact.