Taylor & Francis
Taylor & Francis Group

Culture, Health & Sexuality

An International Journal for Research, Intervention and Care

ISSN: 1369-1058 (Print) 1464-5351 (Online) Journal homepage: www.tandfonline.com/journals/tchs20

The end point of it is abstinence: a qualitative analysis of underlying factors influencing Christian leaders' adoption and implementation of sex and sexuality education in Bolgatanga, Ghana

Augustina Dechegme Achigibah, Melody AmdjadFar, John K. Krugu, Robert A. C. Ruiter & Fraukje E. F. Mevissen

To cite this article: Augustina Dechegme Achigibah, Melody AmdjadFar, John K. Krugu, Robert A. C. Ruiter & Fraukje E. F. Mevissen (2024) The end point of it is abstinence: a qualitative analysis of underlying factors influencing Christian leaders' adoption and implementation of sex and sexuality education in Bolgatanga, Ghana, Culture, Health & Sexuality, 26:10, 1301-1315, DOI: 10.1080/13691058.2024.2311138

To link to this article: https://doi.org/10.1080/13691058.2024.2311138

Published online: 16 Feb 2024.

CULTURE, HEALTH & SEXUALITY
2024, VOL. 26, NO. 10, 1301–1315
https://doi.org/10.1080/13691058.2024.2311138

The end point of it is abstinence: a qualitative analysis of underlying factors influencing Christian leaders' adoption and implementation of sex and sexuality education in Bolgatanga, Ghana

Augustina Dechegme Achigibah[a,b], Melody AmdjadFar[a], John K. Krugu[b], Robert A. C. Ruiter[a] and Fraukje E. F. Mevissen[c,d]

[a]Department of Work and Social Psychology, Faculty of Psychology and Neuroscience, Maastricht University, Maastricht, The Netherlands; [b]Adolescent Sexual Reproductive Health Unit, Youth Harvest Foundation, Bolgatanga, Ghana; [c]Public Health Service (GGD) Rotterdam-Rijnmond, Rotterdam, The Netherlands; [d]Department of Public Health, Erasmus MC, University Medical Center Rotterdam, Rotterdam, The Netherlands

ABSTRACT

Adolescents' sexual and reproductive health challenges are of global public health concern and good quality sexual and reproductive health (SRH) education has an important role to play in addressing these negative sexual health outcomes. Yet in most Sub-Saharan African countries including Ghana, there is limited implementation of SRH education. Several environmental factors hinder the implementation of SRH education with the attitudes expressed by religious leaders having a major impact. We conducted semi-structured interviews with 15 Christian leaders in Bolgatanga, Ghana, to explore the factors influencing their decision to adopt and implement SRH education. Findings show that although Christian leaders were aware of (unsafe) sexual practices among adolescents, they held a conservative position on SRH education. While leaders were open to educating adolescents about sexual health, most held the opinion that SRH education for adolescents should be limited to abstinence-only and not acknowledge sexual activity or promote contraceptive use. Beliefs related to sexual morality, the perceived cause(s) of teenage pregnancy, and perceived responsibility for SRH education influenced Christian leaders' thinking about SRH education. Implementing SRH education programmes to address young people's sexual behaviour will require intervention programmes to change Christian leaders' beliefs and attitudes towards SRH education.

ARTICLE HISTORY
Received 3 April 2023
Accepted 24 January 2024

KEYWORDS
Unintended teenage pregnancies; condoms; contraceptives; sexual and reproductive health education; Ghana

CONTACT Augustina Dechegme Achigibah dechegme@harvestmail.org
The second author is currently an Independent Scholar and is no longer linked to Maastricht University.

Introduction

Adolescent sexual and reproductive health and rights challenges such as unintended pregnancy, unsafe abortions, and STI infection, are of global public health concern. Approximately 21 million girls and young women between the ages of 15 and 19 become pregnant each year in developing countries (Sully et al. 2019). According to the 2017 Ghana Maternal Health Survey, 14% of adolescent girls aged 15–19 in Ghana had begun childbearing, about 12% had had a live birth, 3% were pregnant with their first child, and in the Upper East region of the country where this study took place, 17% of adolescents 15–19 years old had already begun childbearing (Ghana Statistical Service 2017). Regarding STI/HIV infection, out of the estimated 18,928 HIV new infections recorded in 2020, 5,211 occurred among members of the 15–24 age group (Ghana AIDS Commission 2020).

Sexual and reproductive health (SRH) education remains a priority in improving adolescent SRH outcomes as it helps by delaying or reducing sexual activity, promoting contraceptive use, reducing the number of sexual partners, and empowering young people to avoid unintended pregnancies and STIs (Fonner et al. 2014). Two widely endorsed approaches to SRH education are: comprehensive sexuality education (CSE) which provides medically accurate age-appropriate information about abstinence and safer sex practices including contraception and condoms as effective ways to reduce unintended pregnancy and STIs; and abstinence-only education, which teaches abstinence from sex as the only morally acceptable option for youth, and the only safe and effective way to prevent unintended pregnancy and STIs. This latter approach excludes information about the effectiveness of contraception or condoms to prevent unintended pregnancy and STIs.

Notwithstanding the evidence supporting the positive effects of SRH education in promoting adolescent sexual health, many barriers limit its implementation, especially in low and middle-income countries where strong religious and cultural norms persist. Some of these barriers include the limited commitment of policymakers; conflicting policies about sexuality and relationships education; parents' and teachers' negative views; religious and cultural beliefs; and the absence of relevant preparation for teachers in the teacher training curricula (Ninsiima et al. 2020; Ocran, Talboys, and Shoaf 2022). In Ghana, for instance, religious opposition in 2019 led to a withdrawal of national CSE guidelines for primary and junior high schools.

Among the barriers, religion and for that matter Christianity, which is the major religion in Ghana poses a major obstacle to implementing SRH education. Census report estimates show Christians to be the largest religious group in Ghana with 71.3% of the population belonging to different denominations. Muslims constitute 19.9% of the population and believers in traditional religions 3.2% (Ghana Statistical Service 2021). Christianity therefore largely defines the moral framework for the sexual socialisation, SRH education, and sexual decision-making of many Ghanaians including young people and adolescents (Gyimah et al. 2010; Osafo et al. 2014). In Ghana, despite its ineffectiveness (Chin et al. 2012; Santelli et al. 2017), abstinence-only education is widely advocated for educating adolescents. The Ministry of Health (MoH) however provides CSE in some high schools for adolescents aged 12–18 years as part of an Enhanced School Health Education program and its 'HIV Alert' programmes.

Nonetheless, nurses are largely prevented from teaching about contraceptives because of a Ghana Education Service's School Health Education Policy directive that requires sex and sexuality education interventions in schools to focus on preventing premarital sex among adolescents (Ocran, Talboys, and Shoaf 2022). Presently, the absence of CSE in Ghanaian schools is largely due to its rejection in 2019 by most Ghanaians, especially religious leaders. Due to the lack of CSE in schools, many young people transition through adolescence without information about safer sex practices contributing to an increased risk of unintended pregnancies, STI/HIV infection, and unsafe abortion (Awusabo-Asare et al. 2017; UNESCO 2018).

Evidence shows that Christian leaders teach abstinence as the best strategy to prevent adolescent pregnancies and improve the overall sexual health of adolescents (Golman et al. 2021; Van Dyk 2017). However, the Church's moral education which focuses solely on abstinence has also been criticised as been ineffective as it is associated with the inconsistent use of condoms and hormonal contraception by sexually active adolescents with adverse outcomes (Chin et al. 2012; Santelli et al. 2017). Notwithstanding the seeming negative effects of their teaching on adolescents' sexual behaviour, Christian leaders are still seen as key players in health interventions whose aim is to generate positive health outcomes (Casale et al. 2010; Muturi 2008). It is therefore important to understand the underlying factors that might influence Christian leaders' engagement with more effective sex and sexuality education programmes. Understanding these factors may help design interventions to more effectively address the sexual health challenges of adolescents.

The Theory of Planned Behaviour (Ajzen 1991) and the framework offered by Wiefferink et al. (2005) were used to guide this exploration of factors influencing Christian leader involvement in SRH education. The TPB posits that a key determinant of behaviour is intention to engage in that behaviour, and this intention is in turn influenced by people's beliefs about the outcomes of performing the behaviour and their evaluation of these outcomes (attitudes), the perceived actions and opinions of significant others (perceived norms), and perceived control over and confidence in engaging in the behaviour (perceived behavioural control (PBC) or self-efficacy (Fishbein 2010). Wiefferink et al.'s (2005) framework has been used to factors influencing the adoption and implementation of HIV education programmes in Dutch schools (Van Lieshout et al. 2017). Findings indicate that classroom implementation of sex and sexuality education programmes is best predicted by attitudes, self-efficacy, and subjective norms. Similarly, in the context of factors specifically influencing religious leaders' implementation of SRH education, literature shows that although most Christian leaders acknowledge the occurrence of sexual activity among adolescents, their conservative attitudes (Adimora et al. 2019; Baturaine Barbara and Kizito 2021), limited perceived behavioural control (Francis et al. 2008) and negative reactions from parents, prevent them from advocating for and implementing CSE (Adimora et al. 2019; Baturaine Barbara and Kizito 2021; Wright et al. 2020).

The literature shows the important role Christian leaders play in shaping the sex-related decision making of young people and influencing sex education policies in Ghana (Gyimah et al. 2010; Fuller 2023; Osafo et al. 2014). Christian leaders, together with other religious leaders played a key role in the rejection of CSE in the curricula of primary and junior high schools in 2019 thus limiting young people's access to

life-saving SRH education. However, much less is understood about the context-specific factors influencing Christian leaders' adoption and implementation of sex and sexuality education in Ghana. This study seeks to fill this knowledge gap by exploring factors influencing Christian leaders' adoption and implementation of sex and sexuality education in Bolgatanga, Ghana using qualitative interviews. Bolgatanga was selected as the study area because a large proportion of the population is Christian and influenced by Christian teaching, yet teenage pregnancy remains one of the biggest challenges of the municipality.

Methods

Study design

The study adopted an exploratory approach and used a semi-structured interview protocol to guide in-depth individual interviews. This approach was deemed appropriate for generating in-depth information on factors influencing Christian leaders' understandings and perspectives. The use of semi-structured interviews allowed us to adapt to the course of the conversation while permitting participants to express their opinions and maintaining consistency across different interviews. Since teenage pregnancy is one of the biggest health-related issues in Bolgatanga interviews with the Christian leaders were mostly focused on sexuality education in the context of preventing teenage pregnancy.

Study setting

The study was conducted in the Bolgatanga Municipality, the capital of the Upper East Region, Ghana. The Bolgatanga Municipality has a total population of 139,864 accounting for 10.7% of the population of the Upper East Region. The Municipality also has a youthful population, with young people aged 10–14 years and 15–19 constituting 11.9% and 11.5% of the population respectively (Ghana Statistical Service 2021). Data from the 2021 Population and Housing Census on the religious affiliation of the population in Bolgatanga is not yet available, however, the Municipality's analytical report from the 2010 census which covers the period within which data for this study was collected revealed that most of the population is religious with Christians comprising 53.3% (32.8% being Catholics, Anglican 5%, Charismatics 15.5%), Muslims 18%, and Traditionalists 25.4% of the population (Ghana Statistical Service 2010). A large proportion of the population in Bolgatanga is therefore influenced by Christian ideology and teachings.

Participants

In total, 15 Christian religious leaders (14 male, 1 female) of the Bolgatanga Municipality were included in this study; 7 were Catholics and the remaining 8 came from charismatic denominations (Evangelical church, Assemblies of God).

The participants' ages ranged from 30 to 68 years old. All leaders, except for the female participant, had studied at a Bible college and had practised as a leader for

a long time. The female respondent had no official training in a Bible college but had worked in healthcare at a Christian-owned hospital. Participants' main responsibilities involved providing spiritual direction to church members mainly through their sermons and counselling, and all had experience working with adolescents. A few also worked as teachers. Except for the participants who were Catholic priests ($n = 7$), all the others were married, with some having children.

Study procedures

The recruitment of participants included passing by churches, handing out invitation letters to the Christian leaders or their assistants, and explaining what the research was about, that is, to seek Christian leaders' views on teenage pregnancy and sex and sexuality education for adolescents. Leaders were informed that participation in the research was voluntary. Twenty-one (21) Christian leaders were approached and invited to take part in the study and their phone numbers were taken to make appointments for the interviews. Upon the first call, which took place a week after speaking to them about the study, only 15 leaders agreed to participate and appointments for interviews were made. Some declined to participate and others could not be reached to make appointments. Recruitment and data collection were undertaken by a Dutch female undergraduate student from Maastricht University and a female Ghanaian research assistant from the Youth Harvest Foundation Ghana.[1]

Most interviews were conducted in a quiet space on the premises of respondents' respective churches to ensure the privacy of participants. Only one interview took place on school premises where the leader was also a teacher. Written informed consent was obtained from each participant ahead of the interview after the aims, objectives and procedures of the study had been explained. Participants were assured of confidentiality by explaining that the interviews, analysis and publication would not specify their identities. Participants were also assured of the voluntariness of participation, their right to decline participation in the study or withdraw their consent at any time during the interview, and the option to decline to answer any question they feel uncomfortable with without having to give an explanation.

Interviews were conducted in English and lasted between 30 to 60 min. By the 14th interview, data saturation had been reached. Ethical approval was received from the Institutional Review Board and the Institutional Faculty Review Board at Maastricht University – Ethics Review Committee Psychology and Neuroscience (ERCPN code 188_10_02_2018-S).

Study materials

Interviews were conducted using a semi-structured interview protocol developed from a review of existing literature. The development of the interview protocol was guided by the theory of planned behaviour (TPB) (Ajzen 1991), the framework of developed by Wiefferink et al. (2005), and a review of empirical literature on factors influencing implementation of sexuality education. The interview protocol was structured to focus on factors influencing leaders' understandings of, attitudes

towards, and implementation of sexuality education. Probes were used to elicit information on factors such as awareness of the high teenage pregnancy rates, community attitudes toward sex education, and perceived responsibility for implementing sex education.

Data management and analysis

Thematic data analysis was used to analyse the data. Audio recordings were transcribed verbatim by the first author and saved in MS Word. Before analysis, the transcripts were re-read and cross-checked with the audio recordings for accuracy and completeness. The transcripts were then exported into ATLAS.ti for analysis. At the initial coding stage, the first and last authors coded four interviews together to identify preliminary codes. Differences in opinions on the coding were discussed until agreement was reached. Established codes were then applied to the remaining transcripts by the first author. At a second level (axial coding), similar codes were put together into categories. Afterward, selective coding (third level) was used to classify codes into key themes. A report was generated for each thematic category by the first author which then was reviewed by the third and last authors. The themes developed during the process were then used to structure the findings of the study.

Findings

In general, leaders were open in their responses to questions and spoke a lot about sexuality in the context of spirituality and how important it was for them to lead their followers to do the will of God. We report here on two main themes: namely, adoption and implementation of sex education; and factors influencing leaders' implementation of sex education. The first theme adoption and implementation of sex education had one sub-theme which was sex and sexuality education in the church. The second theme, factors influencing Christian leaders' implementation of sex and sexuality education had seven sub-themes: attitudes toward sex education; attitudes toward sex and sexuality education in schools; perceived responsibility for sexuality education; perceived influence on sexual decision-making of adolescents; awareness of the consequences of unsafe sex; perceived solution to unsafe sex and adolescent pregnancy; and sexual morality.

Adoption and implementation of sex education

Sex education in the church

Most leaders were positive about sexuality education in the church, but only when it would focus on abstinence. They were less open to CSE. They regarded abstinence as the best approach to preventing teenage pregnancy. Many said they were already providing sex and sexuality education in their church during youth meetings, however, the focus was mostly on abiding by Christian principles of morality, chastity and abstinence until marriage and the negative consequences of premarital sex. Participants held the view that abstinence not only helps young people to grow spiritually but also enables them to focus on their education:

> You know everything is guided by Christian principles, so we believe that as a Christian, you should keep yourself morally upright. And we don't encourage, or we try to let people understand what sex is sexuality. It is general advice, depending on the problem that crops up we give them general advice about sexuality (Catholic Priest).

Nonetheless, a few leaders mentioned permitting nurses to come to their churches to talk to young people about how to use condoms and other contraceptives for pregnancy and STI prevention. However, it seems that conflicting messages were often delivered during the meetings, with nurses providing one perspective and the pastor providing the other:

> No, I can't stop the health personnel from going that way of saying, OK use that condom. But the health personnel is also aware of the stand of the church. Certainly, my viewpoint, let me assume or presume, that certainly, the end point of it is abstinence (Catholic Priest).

Factors influencing Christian leaders' implementation of sex education

Attitudes towards sex and sexuality education

Christian leaders expressed favourable attitudes towards educating adolescents and young people about their sexual health. One leader specifically called for such education to begin during childhood to help children understand the changes that occur in their bodies as they grow older. They however had varied opinions on the type of education that should be provided. Most leaders were in favour of abstinence-only sexuality education. Teaching young people about contraceptives according to one leader was like 'robbing Peter to pay Paul', by creating a licence for sexual promiscuity leading to teenage pregnancy. Abstinence-only sexuality education, they said, should use a fear-based approach with an emphasis on the negative consequences of premarital sex to deter young people from engaging in sex. A few interviewees were also of the view that teaching young people to abstain would lead to having good marriages later when they get married:

> P: With the health education, the best way is to abstain.
>
> I: Abstinence?
>
> P: Abstinence. Because if you are a nurse, if you want the proper way, you can't advise people, maybe to use contraceptives.
>
> I: You would advise or not?
>
> P: I would *not*. Because it is a sin unto you. Even by doing that you are educating the children to go into it for more. (Male Pastor, Fear of God church)

The few leaders who preferred the reference to contraceptives in sexuality education programmes argued that since adolescents and young people cannot be prevented from engaging in sexual activities, they should be taught about the various contraception methods to prevent pregnancy and 'go further' in life:

> The best should be abstinence. In my personal opinion, teach them abstinence, and let them also know the various options. So, in the event you are caught you cannot, then protect yourself, the lesser evil. So, you teach them all the various, be faithful, abstain, and how to prevent or protect yourself. (Catholic Priest)

Attitudes toward sexuality education in schools

A few participants expressed positive attitudes toward school-based sex education. They felt it was 'good' for schools to teach teenagers about sexuality and how to protect themselves against getting pregnant or getting a girl pregnant. Since teachers have long contact hours with students and have a greater influence on them, they saw it as 'necessary' for schools to have sexuality education in their curricula:

> They [teachers] have a greater influence. I am made to understand that once students are in the school under the teachers, what the teacher says has a lot of influence on them. So I believe that teachers have a greater influence, also on the students and the youth in the area of health, sex, and health. (Male Pastor, Evangelic church)

Perceived responsibility for sexuality education

Regarding responsibility for sex education, most participants noted that they, as well as parents, had a role to play in providing sex education. Some participants even expressed their willingness to engage adolescents in sexuality education including speaking with parents on the need to talk with their children on issues of sexuality:

> If they can get a visitor like you people to come and follow some of us, let's say twice a week or once a week. I think when we gather them at some place we talk to them, we have ten communities in Zaare, we can gather one community and talk with them, the following day go to another community, guide them, and talk to them. (Female Pastor)

Nevertheless, they perceived government and teachers to be more responsible for sexuality education than themselves, explaining that teachers have more contact with young people in school enabling government programmes to be more successful:

> One, the education, first of all, if this is coming from the government it will be better. (Male Pastor, Peaceland Chapel).

Perceived influence on sexual decision-making of adolescents

Interviewees stated that they preached abstinence and holiness because when children are guided by Christian doctrine, they grow up having reverence for God. In their view, using examples of rape from the Bible and their consequences had helped some young people abstain from premarital sexual activities, which they believed has reduced teenage pregnancies and early marriages. Some of these young people have been able to further their education while others had graduated as nurses:

> So those who are taking the word, they have been able to go with their education, some of them are even at nursing schools now, and others have completed. But those who have disobeyed, some of them have married, some haven't been married but have given birth, and some of them have gone in for work where they cannot go further in school. (Male Pastor, Fear of God church)

A few leaders, however, acknowledged that not all young people abide by the church's rules on abstinence and holiness, and thus engage in premarital sex. Christian leaders did not perceive themselves as influencing adolescents' decision-making

regarding unsafe sex. They held the view that once a person obeys their teachings, and is serious with his/her Christian life, he/she cannot engage in premarital sex. Premarital sex among church youth was thus blamed on the work of evil spirits that capitalise on sexual desires. Because of this, once a teenager has had sex, the devil easily lures him/her to continuously engage in sex:

> You see, when it comes to that state, an evil spirit has already taken over this person's life. Because it's just that physically you have some sex drive, the enemy bases on what is within you to work. So, that girl can even become pregnant, give birth, before you realise, she has gone into it again. Because immediately you fall into that if you are not careful, the enemy will take over your life. Unless a Bible-believing church, where you can get your deliverance if not, you can never be saved again. (Male Pastor, Evangelic Church)

Adolescents' unsafe sexual behaviour was also blamed on poverty, the carelessness of parents, the influence of media, and lack of knowledge of sexual issues. Participants explained that the poverty in the region is very high, compelling some parents to 'allow their children to go out and get something', that is, engage in transactional sex to provide for the family. Furthermore, economic pressure on parents has made it difficult for many to spend quality time with their children and for there to be serious and open communication about sex and relationships. Other parents, they said, were just careless, and not bothered about who their daughters spend time with. Children, therefore, use this freedom from parental monitoring to satisfy their 'curiosity toward sex' by engaging in sexual activities.

> You know, life is all about the experience. So, we have different kinds of thinking. Some of them can just think this way and go that way. Maybe they need guidance. Many don't have that guidance. They will be misled. See, so, in a society like this, guidance is not always there. Some of our parents are just careless, they care less about their children. They care less about whatever they do. (Male Pastor, Evangelical church)

Awareness of the consequences of unsafe sex

Christian leaders interviewed for this study were unanimous in their view that premarital sex among adolescents was often associated with negative consequences such as unplanned pregnancy, STIs, and poor performance at school. Among the named consequences of teenage sex, teenage pregnancy in the participants' view was the biggest problem, which is evident not only in Bolgatanga but also in many other parts of the country:

> And the whole world, not the whole world I say, but Ghana, but Ghana, Ghana in general, there is no house you go there, and you do not get a teenage pregnancy girl. (Female Pastor)

Participants acknowledged the negative consequences of an unplanned pregnancy on the adolescent girl, her parents, the shame to the family, and society at large. They explained that most teenage girls felt compelled to drop out of school when pregnant for fear of being stigmatised. Some added that the stigma attached to teenage pregnancy makes it even more difficult for girls to return to school even after delivery, thus affecting the pregnant girl's career prospects and her ability to care for her child, leading to 'streetism';

> Teenage pregnancy leads to school dropout, many of them don't complete school. It leads some of them to be on the street because some of them cannot take care of themselves, and their parents are also not well-to-do, so they end up on the streets. They and even the children they give birth to end up in the streets. (Catholic Priest)

Perceived solutions to unsafe sex and adolescent pregnancy

Regarding measures to curb unsafe sexual behaviours and their attendant consequences, the majority spoke about the importance of proper parental care and guidance from the family. They said taking care of the child, including close parental monitoring, should be the collective responsibility of both parents and not the sole responsibility of the mother as is commonly practised:

> The family is the most responsible for children's behaviour, you know why? Our values, core values, what we hold strong to. We received that from the family. (Male Pastor, Evangelic Church)

Some leaders stressed that despite the culture of silence and embarrassment associated with talking about sex, there was the need for parents to 'teach children about their sexuality', issues of sex, and pregnancy prevention methods, since they cannot guarantee total abstinence by teenagers. Meanwhile, others viewed abstinence as the best solution to teenage pregnancy and maintained that should practise abstinence by subjecting themselves to the will of God through Bible study and assimilating its commands on sexual purity. The carnal mind, according to a participant, leads people to engage in sexual immorality and be should put to 'death'. It is only by doing so that adolescents can be free from lustful sexual desires which can contribute to reducing adolescent pregnancy.

> I: Ehm, so how do you think you could help the teenagers to even reduce the number of pregnancies?
>
> P: We are doing more preaching, of the self-life. The self-life is what engages, the self-life is, the Bible calls it the carnal mind, that life cannot obey God. It will not, it cannot even obey God. So that life has to be killed, if that life is killed, you won't have the desire to have sex. The urge will not be there. The urge has been destroyed. (Male Pastor, Evangelic Church)

Sexual morality

All the leaders interviewed expressed a negative attitude towards premarital sex, emphasising the importance of abstinence until marriage. However, only a very few could endorse any deviation from abstinence such as educating sexually active adolescents about contraceptives. Leaders who strictly favoured abstinence education believed that teaching about contraceptives was the same as telling teenagers that they can have sex. For them, having sex before marriage was a sin and teaching about protection is equivalent to stimulating premarital sex which could lead people to Hell:

> And if I tell them to do it, is me that is telling them to go to hell. So, I fear telling somebody different from apart what the Bible says. (Male Pastor, Assemblies of God)

They emphasised the need for young people to control themselves from engaging in premarital sex. In some leaders' opinion, women who have sex before marriage will not be able to remain faithful in their marriage because they are used to having sex with different men.

Discussion

This study explored some of the underlying factors influencing Christian leaders' engagement with sex and sexuality education in Bolgatanga. Findings show that Christian leaders saw teenage pregnancy as a problem and a consequence of adolescents engaging in unprotected sexual activities. To address this problem, they were open to the provision of sex and sexuality education and acknowledged its importance in preventing teenage pregnancies but only if it was abstinence-based. Some leaders were already implementing some form of sex and sexuality education in their churches; however, this mostly focused on abstinence without any mention of safer sex practices. The conservative sexual morality of the leaders and their belief that their actions should not have the effect of promoting unsafe sex practices among adolescents seemed to most strongly influence their decision not to implement more comprehensive forms of sexuality education.

From our findings, abstinence-only education was considered the best option for adolescents by most Christian leaders. Most leaders were driven by their personal beliefs that giving adolescents information on contraceptives amounts to giving them a licence to engage in premarital sex, which is regarded as a sin (Baturaine Barbara and Kizito 2021; Casale et al. 2010). Contrary to this belief, research evidence shows that sex and sexuality education do not lead to sexual promiscuity among adolescents (Kirby 2008; Kirby, Laris, and Rolleri 2007). Although theoretically ideal, attempts to abstain from sexual behaviour frequently fall short realistically. Moreover, abstinence from sex is not a choice adolescents have total control over, as some are exposed to sex due to intimate partner violence, sexual abuse, rape, and defilement. Our findings point to the need for sexual health, researchers, programme designers, and public health professionals to engage Christian leaders in dialogue on adolescent SRH so they can better understand and appreciate the diverse SRH challenges of adolescents and how CSE can be effective in empowering adolescents to successfully navigate these challenges.

The study findings also revealed that most Christian leaders have a conservative sexual attitude towards premarital sex and forbid teaching about contraceptives to adolescents corroborating the findings of previous research (Adimora et al. 2019; Golman et al. 2021; Van Dyk 2017). The leaders' conservative attitude explains the general intolerance for sex education in Ghana which makes it difficult to implement comprehensive forms of sex and sexuality education programmes in schools or churches. (Anarfi and Adobea Yaa 2011; Donkor 2017). Conservative attitudes toward teenage sexuality have enormous consequences on implementing CSE in the country. Educating Christian leaders and the leaders of other religions on adolescent SRH could be a good strategy to help them adjust some of the conservative views they hold about adolescent sexuality. An intervention-mapping approach (Bartholomew, Parcel, and Kok 1998) may be useful to adopt in developing, implementing, and evaluating such training interventions.

Although most Christian leaders in the study were inclined to limit sexuality education to abstinence-only, some leaders did not ascribe to abstinence-only education and moderated their initially adopted abstinence modes of sex and sexuality education by allowing nurses to teach about contraceptives. Our findings corroborated the findings of Ocran (2021) on the existence of existence of dual attitudes of gatekeepers toward sex education in Ghana. According to the TPB and (Wiefferink et al. 2005), behaviour is influenced by attitudes (beliefs), therefore, the dual approaches to sex education revealed in this study could be explained by beliefs regarding adolescents' sexual behaviour and misaligned sex education policies in the Ghanaian context that give room to different approaches to sex and sexuality education by different actors (Awusabo-Asare et al. 2017; Ocran, Talboys and Shoaf 2022). The openness of some leaders towards condoms gives hope that an intervention to convince conservative religious leaders of the advantages of contraceptives can be effective. Given the dual attitudes towards sex education reported in this study and existing evidence, further research is necessary to understand how Christian leaders with liberal attitudes can be used to mobilise conservative leaders to implement CSE. It might useful for such future research to involve leaders from a wider range of Christian denominations and other religions such as Islam and traditional religion since the findings in this study came from a small sample of Christian leaders in just one municipality of the country.

Christian leaders' awareness of the prevalence of teenage pregnancies in Bolgatanga and unprotected sexual practices among adolescents was another finding of the study. Similar to findings from other studies in Ghana (e.g. Donkor and Lariba 2017; Dubik, Aniteye, and Richter 2022), the cause of teenage pregnancy was mainly attributed to lack of parental care and guidance, poverty, and social media. Interestingly, adolescents' unsafe sexual behaviour which was cited as a cause of teenage pregnancy was attributed to the work of evil spirits which generates sexual desire and lures adolescents disobedient to the teachings of the Bible into premarital sex. Wrongfully attributing the unsafe sexual behaviours of adolescents to the work of evil spirits reveals a less pragmatic view of sexuality. And this could have dire consequences for sexual health interventions. Our findings highlight the need for society and custodians of religion to be more realistic and acknowledge that sexual activity does occur among adolescents and support interventions aimed at reducing risky sexual behaviour (Weaver, Smith, and Kippax 2005).

Limitations

This study has some limitations. First, the study represents the views of only a few sampled Christian leaders in the one municipality in Ghana and therefore the study findings are not generalisable to other contexts. Second, most participants in this study were linked to Evangelist or Catholic churches, and representatives of other Christian denominations were not included.

Conclusion

This study has highlighted some of the underlying factors influencing Christian leaders' engagement with sex and sexuality education in Bolgatanga, Ghana. Although leaders

were open to educating adolescents about their sexual health, abstinence-only sexuality education was the preferred option among them due to their religious beliefs. The conservative moral position adopted by most of the interviewed leaders toward adolescent premarital sex and contraceptive use made them unsupportive of comprehensive sexuality education programmes.

Findings from this study suggest that successful implementation of comprehensive sexuality education requires prior intervention programmes targeting Christian leaders to encourage their acceptance of this approach. Such interventions might focus on changing Christian leaders' understandings, beliefs and attitudes so as to be more positive with respect to comprehensive sexuality education and contraceptive use by adolescents.

Note

1. The Youth Harvest Foundation Ghana is located in Bolgatanga. Its work focuses on empowering adolescents with sexual health education. The organisation also advocates for the implementation of Comprehensive Sex Education for adolescents in Ghana.

Acknowledgements

We acknowledge the Christian leaders who participated in this study and the support of the Youth Harvest Foundation Ghana which provided a staff member to support us in the interviews.

Data availability

The data supporting the findings of this study are available from the corresponding author upon reasonable request.

Disclosure statement

The authors have no conflicts of interest to declare, financial or otherwise.

Funding

This research received no funding by any public, commercial, or non-profit organisation.

ORCID

Augustina Dechegme Achigibah http://orcid.org/0009-0002-5902-0084
Robert A. C. Ruiter http://orcid.org/0000-0001-5017-3258

References

Adimora, A. A., M. V. Goldmon, T. Coyne-Beasley, C. B. Ramirez, G. A. Thompson, D. Ellis, J. L. Stevenson, J. M. Williams, D. L. Howard, and P. A. Godley. 2019. "Black Pastors' Views on Preaching about Sex: Barriers, Facilitators, and Opportunities for HIV Prevention Messaging." *Ethnicity & Health* 24 (5): 560–574. https://doi.org/10.1080/13557858.2017.1346180

Ajzen, I. 1991. "The Theory of Planned Behaviour." *Organizational Behavior and Human Decision Processes* 50 (2): 179–211. https://doi.org/10.1016/0749-5978(91)90020-T

Anarfi, J. K., and O. Adobea Yaa. 2011. "The Making of a Sexual Being in Ghana: The State, Religion and the Influence of Society as Agents of Sexual Socialization." *Sexuality & Culture* 15 (1): 1–18. https://doi.org/10.1007/s12119-010-9078-6

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

Bartholomew, L. K., G. S. Parcel, and G. Kok. 1998. "Intervention Mapping: A Process for Developing Theory- and Evidence-Based Health Education Programs." *Health Education & Behavior* 25 (5): 545–563. https://doi.org/10.1177/109019819802500502

Baturaine Barbara, N., and O. Kizito. 2021. "Qualitative Study of Roles of Religious Leaders in Promoting Adolescent Sexual Reproductive Health and Rights in Iganga Municipality Uganda." *International Journal of Medicine* 9 (1): 23–30. https://doi.org/10.14419/ijm.v9i1.31341

Casale, M., S. Nixon, S. Flicker, C. Rubincam, and A. Jenney. 2010. "Dilemmas and Tensions Facing a Faith-Based Organisation Promoting HIV Prevention among Young People in South Africa." *African Journal of AIDS Research* 9 (2): 135–145. https://doi.org/10.2989/16085906.2010.517480

Chin, H. B., T. A. Sipe, R. Elder, S. L. Mercer, S. K. Chattopadhyay, V. Jacob, H. R. Wethington, D. Kirby, D. B. Elliston, M. Griffith, Community Preventive Services Task Force, et al. 2012. "The Effectiveness of Group-Based Comprehensive Risk-Reduction and Abstinence Education Interventions to Prevent or Reduce the Risk of Adolescent Pregnancy, Human Immunodeficiency Virus, and Sexually Transmitted Infections: Two Systematic Reviews for the G." *American Journal of Preventive Medicine* 42 (3): 272–294. https://doi.org/10.1016/j.amepre.2011.11.006

Donkor, A. K. 2017. "A Frown on Sex Education Empowers Teenage Pregnancy in Ghana." *Journal of Educational Research* 5 (November): 90–96.

Donkor, A. K., and A. L. Lariba. 2017. "The Impact of Sex Education on Teenage Pregnancy in Basic Schools of Bawku Municipal in Ghana." *JPBI (Jurnal Pendidikan Biologi Indonesia)* 3 (3): 214–221. https://doi.org/10.22219/jpbi.v3i3.4915

Dubik, J. D., P. Aniteye, and S. Richter. 2022. "Socio-Cultural Factors Influencing Teenage Pregnancy in the East Mamprusi Municipality, Ghana." *African Journal of Reproductive Health* 26 (5): 120–130. https://doi.org/10.29063/ajrh2022/v26i5.13

Fishbein, A. 2010. *Predicting and Changing Behavior: The Reasoned Action Approach*. New York: Psychology Press.

Fonner, V. A., K. S. Armstrong, C. E. Kennedy, K. R. O'Reilly, and M. D. Sweat. 2014. "School Based Sex Education and HIV Prevention in Lowand Middle-Income Countries: A Systematic Review and Meta-Analysis." *PloS One* 9 (3): e89692. https://doi.org/10.1371/journal.pone.0089692

Francis, S. A., W. K. Lam, J. D. Cance, and V. K. Hogan. 2008. "Assessing the Feasibility of Providing African American Adolescents with HIV/AIDS Prevention Education in a Faith-Based Setting." *Journal of Religion and Health* 48 (2): 164–177. https://doi.org/10.1007/s10943-008-9177-y

Fuller, R. 2023. "Comprehensive Sexuality Education Is Satanic': Homosexuality, Politics and Christian Nationalism in Ghana." *Global Perspectives on anti-Feminism. Far-Right and Religious Attacks on Equality and Diversity*: 50–68. https://doi.org/10.1515/9781399505413-005

Ghana AIDS Commission. 2020. "National and Sub-National HIV and AIDS Estimates and Projections 2020 Report." https://www.ghanaids.gov.gh/mcadmin/Uploads/2020%20HIV%20and%20AIDS%20Estimates%20and%20Projections%20PDF.pdf

Ghana Statistical Service. 2017. "Ghana Multiple Indicator Survey 2017/18. Survey Findings Report." https://statsghana.gov.gh/gssmain/fileUploadpressreleaseMICS%20SFR%20final_compressed.pdf

Ghana Statistical Service. 2010. "Population and Housing Census Report." https://statsghana.gov.gh/gssmain/fileUpload/pressrelease/2010_PHC_National_Analytical_Report.pdf

Ghana Statistical Service. 2021. "Population and Housing Census Report." https://census2021.statsghana.gov.gh/gssmain/fileUpload/reportthemelist/2021%20PHC%20General%20Report%20Vol%203C_Background%20Characteristics_181121.pdf.

Golman, M., A. Luu, N. Ricks, V. Norris, and S. Nguyen. 2021. "Engaging Church Leaders in the Reduction of Teen Birth Rate in High-Risk Areas." *International Quarterly of Community Health Education* 41 (2): 125–132. https://doi.org/10.1177/0272684X20915378.

Gyimah, S. O., E. Y. Tenkorang, B. K. Takyi, J. Adjei, and G. Fosu. 2010. "Religion, HIV/AIDS and sexual risk-taking among men in Ghana." *Journal of Biosocial Science* 42 (4): 531–547. https://doi.org/10.1017/S0021932010000027

Kirby, D. B. 2008. "The Impact of Abstinence and Comprehensive Sex and STD/HIV Education Programs on Adolescent Sexual Behavior." *Sexuality Research and Social Policy* 5 (3): 18–27. https://doi.org/10.1525/srsp.2008.5.3.18

Kirby, D. B., B. A. Laris, and L. A. Rolleri. 2007. "Sex and HIV Education Programs: Their Impact on Sexual Behaviors of Young People Throughout the World." *Journal of Adolescent Health* 40 (3): 206–217. https://doi.org/10.1016/j.jadohealth.2006.11.143

Lieshout, S. V., F. Mevissen, E. De Waal, and G. Kok. 2017. "Long Live Love+: Evaluation of the Implementation of an Online School-Based Sexuality Education Program in the Netherlands." *Health Education Research* 32 (3): 244–257. https://doi.org/10.1093/her/cyx041

Muturi, N. 2008. "Faith-Based Initiatives in Response to HIV/AIDS in Jamaica." *Journal of Communication* 2: 108–131. http://www.ijoc.org/ojs/index.php/ijoc/article/viewPDFInterstitial/167/123.

Ninsiima, A. B., G. Coene, K. Michielsen, S. Najjuka, E. Kemigisha, G. N. Ruzaaza, V. N. Nyakato, and E. Leye. 2020. "Institutional and Contextual Obstacles to Sexuality Education Policy Implementation in Uganda." *Sex Education* 20 (1): 17–32. https://doi.org/10.1080/14681811.2019.1609437

Ocran, B. E. 2021. "Teacher Approaches, Attitudes, and Challenges to Sexuality Education: A Case Study of Three Junior High Schools in Ghana." *African Journal of Reproductive Health* 25 (4): 153–166. https://doi.org/10.29063/ajrh2021/v25i4.16

Ocran, B., S. Talboys, and K. Shoaf. 2022. "Conflicting HIV/AIDS Sex Education Policies and Mixed Messaging among Educators and Students in the Lower Manya Krobo Municipality, Ghana." *International Journal of Environmental Research and Public Health* 19 (23): 15487. https://doi.org/10.3390/ijerph192315487

Osafo, J., E. Asampong, S. Langmagne, and C. Ahiedeke. 2014. "Perceptions of Parents on How Religion Influences Adolescents' Sexual Behaviours in Two Ghanaian Communities: Implications for HIV and AIDS Prevention." *Journal of Religion and Health* 53 (4): 959–971. https://doi.org/10.1007/s10943-013-9689-y

Santelli, J. S., L. M. Kantor, S. A. Grilo, I. S. Speizer, L. D. Lindberg, J. Heitel, A. T. Schalet, M. E. Lyon, A. J. Mason-Jones, T. McGovern, et al. 2017. "Abstinence-Only-Until-Marriage: An Updated Review of U.S. Policies and Programs and Their Impact." *Journal of Adolescent Health* 61 (3): 273–280. https://doi.org/10.1016/j.jadohealth.2017.05.031

Sully, E. A., A. Biddlecom, J. E. Darroch, T. Riley, L. S. Ashford, N. Lince-Deroche, L. Firestein, and R. Murro. 2019. "Adding It Up: Investing in Sexual and Reproductive Health 2019." *Guttmacher Institute*, 1–56. www.guttmacher.org/report/adding-it-up-%0Ahttps://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019.

UNESCO. 2018. *International Technical Guidance on Sexuality Education*. Paris: UNESCO. https://www.who.int/publications/m/item/9789231002595

Van Dyk, A. C. 2017. "How Do Clergy in the Afrikaans-Speaking Churches Deal with Sexuality and HIV Prevention in Young People? Is the Message Clear?" *Verbum et Ecclesia* 38 (1): 1–8. https://doi.org/10.4102/ve.v38i1.1762

Weaver, H., G. Smith, and S. Kippax. 2005. "School-Based Sex Education Policies and Indicators of Sexual Health among Young People: A Comparison of the Netherlands, France, Australia and the United States." *Sex Education* 5 (2): 171–188. https://doi.org/10.1080/14681810500038889

Wiefferink, C. H., J. Poelman, M. Linthorst, I. Vanwesenbeeck, J. C. M. Van Wijngaarden, and T. G. W. Paulussen. 2005. "Outcomes of a Systematically Designed Strategy for the Implementation of Sex Education in Dutch Secondary Schools." *Health Education Research* 20 (3): 323–333. https://doi.org/10.1093/her/cyg120

Wright, L., S. Nita, S. Maness, P. Branscum, D. Larson, E. L. Taylor, L. Mayeux, and M. K. Cheney. 2020. "Pastors' Perceptions of the Black Church's Role in Teen Pregnancy Prevention." *Health Promotion Practice* 21 (3): 344–354. https://doi.org/10.1177/1524839919834269