

## **TRANSFORMATIVE LEARNING PEDAGOGIES AND REFLECTIVE PRACTICE IN REPRODUCTIVE HEALTH**

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**ABSTRACT:** *Reproductive health education is an imperative issue in Ghana and other emerging economies. This is an educative effort that must be of concern to all educators seeking a more equitable society. The discussion of reproductive health issues in Ghana is not as transparent as it should be. When issues of reproductive health are discussed, those involved in the discussion are branded “spoilt” or not cultured. Consequently, most people are not comfortable discussing issues of reproductive health. It is in recent times that some non-governmental organizations, Ghana health service and some educational institutions have intensified reproductive health education with the focus of reducing teenage pregnancy, sexual harassment and rape. The objective of reproductive health education in the university is to help students to develop and improve on knowledge, attitude and practices that are appropriate for health and longevity. Issues on reproduction health are vital for ensuring quality health and wellbeing. This chapter is in two sections. Practical considerations to the study of reproductive health with emphasis on initiating topics in reproductive health and establishing teacher-student rapport in the course of teaching reproductive health. The second section focuses on Social Studies level 100 student teachers pre and post experiences on reproductive health lessons in university in Winneba in the Central Region of Ghana. This chapter argues that it is important for students to be actively involved in lessons on reproductive health and encouraged to ask questions to help them claim ownership of the knowledge acquired during such lessons to ensure life-long learning.*

**KEYWORDS:** Transformative Learning, Learning Pedagogies, Reflective Practice, Reproductive Health.

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### **INTRODUCTION**

Reproductive health education assists learners to develop their physical, emotional and moral state as they interact with people to establish their social relationship in socio-cultural context of their families and the society. The World Health Organization (1994) defined Reproductive Health as a state of complete physical, mental and social well-being and not absence of diseases of infirmity, in all matters relating to reproductive health, its functions and processes. The ultimate goal is to develop and sustain positive behaviours in students through their active

involvement in the teaching and learning process. It prepares learners to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so (United Nations Development Programme,1995). Reproductive health education equips learners with knowledge, attitudes, values and appropriate skills on various life processes starting from birth, childhood, adolescence, adulthood through to the old age.

United Nations Development Programme (2005) emphasizes universal access to sexual and reproductive health information and services including family planning for the achievement of Millennium Development Goals. The world leaders adopted Millennium Development Goals at the Millennium Summit of the United Nations in 2000. Goal 1 sought to eradicate extreme hunger and poverty, Goal 2 aimed at achieving universal primary education while Goal 3 was on gender equality and women empowerment. Goal 4 was to reduce child mortality, Goal 5 sought to improve maternal health while Goal 6 focused on combating HIV/AIDS, malaria and other diseases. Goal 7 was to ensure environmental sustainability and Goal 8 focused on developing global partnership for development. Some of these goals were closely related to reproductive health. The Sustainable Development Goals is also having some goals related to reproductive health. For example, Goal 3 of the Sustainable Development Goals is on good health and well-being while Goal 5 focuses on gender equality which also relate to access to reproductive health information. WHO (2008)) asserts that reproductive health and sexual ill-health constitute 20% global burden of women's ill health and 14% men's ill health.

Despite these statistics in most communities in Ghana, people are taught not to discuss subjects related to sexuality, sex and reproductive system and reproductive health in general due to its sensitive and complex nature. By not engaging in dialogue about these issues perpetuates misconceptions and misinformation through other sources such as media, and friends. Therefore, considerations on initiating topics on reproductive health in schools and curriculum, and establishing teacher-student rapport through teaching techniques and strategies are vital in reproductive health education.

## **LITERATURE REVIEW**

The World Health Organization (1994) defined Reproductive Health as a state of complete physical, mental and social well-being and not absence of diseases of infirmity, in all matters relating to reproductive health, its functions and processes. The ultimate goal is to develop and sustain positive behaviours in students through their active involvement in the teaching and learning process. It prepares learners to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so (United Nations Development Programme,1995). Reproduction health education offered in school equip learners in the information about contraceptives, sexual transmitted infection and others related topics to enable learners to make right decision on sexual behaviours (Dawson, 1986; Kirby 2002). This shows that reproductive health education should be taught to equip learners with knowledge, attitudes, values and appropriate skills on various life processes starting from birth, childhood, adolescence, adulthood through to the old age.

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Millennium Development Goals. The world leaders adopted Millennium Development Goals at the Millennium Summit of the United Nations in 2000. Goal 1 sought to eradicate extreme hunger and poverty, Goal 2 aimed at achieving universal primary education while Goal 3 was on gender equality and women empowerment. Goal 4 was to reduce child mortality, Goal 5 sought to improve maternal health while Goal 6 focused on combating HIV/AIDS, malaria and other diseases. Goal 7 was to ensure environmental sustainability and Goal 8 focused on developing global partnership for development. Some of these goals were closely related to reproductive health. The Sustainable Development Goals is also having some goals related to reproductive health. For example, Goal 3 of the Sustainable Development Goals is on good health and well-being while Goal 5 focuses on gender equality which also relate to access to reproductive health information. WHO (2008)) asserts that reproductive health and sexual ill-health constitute 20% global burden of women's ill health and 14% men's ill health.

Teacher-students relationship is one of the important determinants of students' achievement (Hattie, 2009). Teacher-student rapport can be established through transformative pedagogy. According to Porter (2001) teachers need to consider a number of alternatives in terms of their teaching and students practice by considering different cognitive levels. The use of various teaching approaches such as discussion, brainstorming, panel discussion, debates and lecture can be used to facilitate transformative teaching and learning reproductive health education. For instance, according to Meek, Heit and Page (2003) brainstorming can be used to encourage students to think creatively and explore several options.

In dealing with techniques on reproductive health various topics that were controversial in nature sometimes bought disagreement among students. Bickmore (1993) noted that conflicting pedagogy can be used to deal with conflictual content which include controversial materials that capture different cultures, ideologies, divergent views. Some of the controversial issues that came up in our discussion were 'whether sex education should be taught in schools', 'whether to seek parents' consent on the contents to cover when teaching reproductive health', 'should family planning be encouraged in Ghana', some cultural practices that affect the health and well-being of the people, whether to discard such practices or not. Examples of such practices were child marriage, scarification (tribal marks), female genital cutting and widowhood rites. The use of debate encouraged the students to confront emerging conflict in the teaching learning process and they developed tolerance to opposing views. Debate helped the students to explore all important options to explain critical issues in order to make informed decisions.

There are perceptions on teaching and learning of reproductive health. There are topics on sex education, menstruation, family planning etc. which make most people uncomfortable. According to Donovan (1998), proponent of abstinence are of the view that sex education programmes support homosexuality, encourages students to have sex and oppose parental authority. Such people dread the consequences of discussing issues on reproductive health that relate to sensitive issues thinking children and the youth will be exposed to immoral lifestyles.

However, Ojuma (2009) posits that lack of adequate information on sex related issues has resulted in shallow knowledge of issues by the youths causing unwanted pregnancies and other dangerous consequences. It has become an issue that teachers who normally teach some topics

in Reproductive Health were branded immoral and that they were inculcating some bad ideas on sex and maturation in students. Adolescents believe they are matured enough to take their own decisions while their parents still see them as young to be controlled. There is therefore the need to see adolescence as a period of significant changes and re-organisation in family relationships (Quashigah & Attom, 2016).

Students should be empowered to inquire and construct their own learning. Evans ((1996) is of the view that critical approach concerns itself with pedagogies, roles of teachers and students and content. Ojedokun as cited in Fakeye (2010) suggests that if deliberate and strategic investments are made to improve knowledge acquisition of students on Reproductive Health issues positive individuals and social change will result.

Appropriate transformative pedagogies (techniques and strategies) should be adopted in teaching and learning of reproductive health issues. Hahn (1996) noted, students ought to be involved actively in knowledge discovery as they reflect upon issues affecting people in time and social context. Students are supposed to be free to discuss their experiences and asked questions bothering them without fear because there were rules on sharing of personal experiences. Students have control over what they learn when they can identify how the learning is relevant to them (Dean, Hubbell, Pitter & Stone, 2012). Research indicates that engaging students in discussions and dialogue about varied issues encourage them to develop new perspectives and critical reflections (Nieto & Bode, 2008).

Appropriate teaching techniques and strategies adopted for lessons on Reproduction Health education will help students to construct knowledge for themselves. This help students' learning process as there are able to connect their previous experiences. The result of change in experience ensures transformative learning. The theory of transformative learning focuses on learners' critical reflection of experiences of previous knowledge in relation to new knowledge to foster change (Okpokodu, 2009).

A study in Ghana by Kumi-Kyereme, Awusabo-Asare and Biddlecom (2007) revealed that adolescents especially the younger ones are prepared to confide in parents especially mothers and others about their reproductive health challenges. This attests to the fact that the children or the adolescents are ready to learn. However, a study by Johnson (2013) revealed that teachers, parents and religious organizations were hardly involved in teaching and disseminating information on sex education, an aspect of reproductive health. When children or the youth are not well-informed on reproductive health they encounter many challenges associated with their sexuality, growth and maturation. According to Ojuma (2009), lack of adequate information on sex related issues has resulted in shallow knowledge of the issue by the youth and this is manifested in unwanted pregnancies and dangerous consequences.

A study conducted in Nigeria by Onongha (2016) revealed that parental apathetic behaviour, wrong conception of child bearing and shyness among adult family members concerning sexual information militate against teaching of sex education in school. Parents have the assumption that their children are young to be involved in sexual behaviours and they delay in communicating important information on it to them (Weiss, 2007). These, however, the

research of Stidham-Hall, Moreau and Trussel (2016) using secondary data for a study correlating Sexual and Reproductive Health (SRH) communication among adolescent women in the United States for a period of six years revealed that 75% of adolescent women received parental communication on abstinence, contraception (56%), sexually transmitted infection (53%), condoms (29%) whilst abstinence was only (9%). They also indicated that majority of the adolescent respondents (92%) had received formal communication on reproductive health education, and 71% had information on contraceptives, while 66% had received information in abstinence and contraceptive. Adding to this, Salam, Faqqah, Sajjad, Lassi, Das, Kaufman and Blutta (2016) study revealed that sexual and reproductive provision are effective in increasing sexual knowledge, contraceptive use and decreasing adolescent pregnancy. This implies there is an undeniable fact that reproductive health education will have enormous benefit to the growing population.

Wahba and Roudi-Fahimi (2012) assert that sexual and reproductive health education for young people around the world shows that effective instruction in the classroom can significantly minimize misconceptions and increase accurate relevant knowledge on reproductive health. Research in both advanced and developing countries has revealed that sex and reproductive health education programme have improved the overall health of young people (Kirby, 2011).

Despite the advertisement on HIV/AIDS prevention and contraceptives use in Ghana, a study by Kumi- Kyereme, Awusabo-Asare and Biddlecom (2007) revealed that adolescents needs specific information on pregnancy, Sexually Transmitted Infections (STIs) including HIV. Ensuring critical pedagogy will help students to unlearn misconceptions and rather learn appropriate facts on these issues. This can be done properly when teachers apply transformative learning pedagogies and reflective practice in reproductive health. As noted by An Kulm and Wu (2004) pedagogical content knowledge has three component; knowledge of content, knowledge of Curriculum and knowledge of teaching. Ukpokodu (2009) also support the view that pedagogy is the integration in practice of curriculum content, techniques and strategies. From the discourse, the researcher therefore, structured the course content, teaching techniques and strategies with the students to ensure that their views were incorporated in the study.

## **METHODOLOGY**

The study examined the experiences of students on reproductive health education before going to the university and their experiences in a Social Studies level 100 class on reproductive health education in a town in Ghana. The study examined how learners were taught reproductive health education before entering university, the content covered, and their experiences after lessons engaging in reproductive health lessons at university. I employed a qualitative research approach and case study design for the study. The target population was university students in level 100 offering Social Studies course in a university in a town in Central Region of Ghana. Participants included level 100 students from Social Studies major group and Social Studies' minor group. For the purpose of this study, purposive sampling technique was used to select a sample size of two hundred (200) students, 100 from Social Studies major group and the other 100 were selected from the Social Studies' minor students' group. Data collection tools were interviews and essay writing. Ten of the participants were interviewed, using a semi-structured approach. Participants wrote essay on their experiences on reproductive health education

before and after taken the course. The following questions guided the research: (1) Research What are the experiences of Social Studies level 100 students on Reproductive Health education before coming to the university?, and (2) What are the experiences of Social Studies level 100 students on Reproductive Health education after taken a course on Reproductive Health at the university?

Class discussions were held on their experiences and these helped to structure the objectives of the course and the course contents. Bearing in mind the necessity of respecting the “view of the world” (Freire 1970:156) held by the students, they were consulted in the selection and organization of content. Both the students and the researcher reflected on some of the lived experiences of students on reproductive health education and discussed the various teaching techniques and strategies to adopt in the learning process to ensure transformative learning occurred. Students were then asked to write their experiences on what they learnt in Reproductive Health in the university course. In order to ensure consistency, the data from the essays and the interviews were triangulated. The data were then coded for themes. I supported the themes with thick excerpts of the data. Students were made aware that the experiences that they shared would not be used to violate their rights and confidentiality.

## **RESULTS AND DISCUSSIONS**

### **Initiating topics in reproductive health in Ghana**

I built democratic classroom and created positive education processes that focused on effective relationship in order to succeed in initiating and teaching topics in reproductive health. I realized that it was important to build good teacher-student relationship. Teacher-students relationship is one of the important determinants of students’ achievement (Hattie, 2009). The students and I had to overcome discomfort and fear associated with discussion of the human body, sexuality and other topics in reproductive health. I created an atmosphere of openness and trust for the students.

I created .positive learning environment that included collaboratively developed ground rules for student interactions and discussion. There were ground rules set by the students and me collaboratively in the classroom. Without ground rules, initiating and teaching topics in reproductive health can be challenging with any age group. For example, in the beginning some of the students felt embarrassed with some of the topics to be discussed, others saw some topics being funny and became disruptive. I developed strategies that supported learners to engage in positive behaviours during lesson. Some of the strategies I used included the use of correct terminology to rephrase students’ statements that incorporate corrupt or slang term, telling a story, a fable to explain the inexplicable, the use of question box and suggestion box and quietly excusing giggling or disruptive student from class until he or she calm down. I served as a role model to my students by controlling myself, respecting the views expressed by students and used correct terminology in the lesson delivery.

Some students felt uncomfortable speaking about some reproductive health issues. Hence, I developed teaching approaches that made students feel comfortable to ask questions and engage in dialogue. I gave students activities that motivate them to actively participate. I gave

students the opportunity to write, discuss issues in class, speak and be heard by all learners. Students felt their views formed an integral part of the lessons and that they owned the knowledge. These class activities were exciting to students as they exercised their power and critical thinking abilities. This helped them to discover themselves. They were encouraged to become more active members of the class and their self-esteem was increased for being acknowledged for their specific strengths.

It was pertinent for me to set the parameters and context of the content to make it clear to learners. I checked learners' understanding of any concepts on which the content was to be based. I provided students with learning materials that elaborate on key definitions. Using teaching learning materials such as videos, flash cards, mass media, among others was very helpful. Some educational materials such as charts, posters, photocopies or printed pictures were occasionally hung on the board in the course of teaching. The use of educational materials to teach learners drew their attention to what was taught to prevent abstract learning and ensured transformative learning offering learners opportunity to interact with materials related to what taught.

### **Establishing teacher-student rapport through transformative pedagogy**

I involved learners in the teaching approaches and strategies such as brainstorming, group discussion sessions, role-play, debates, small-group exercises, stories, games, songs and others to facilitate transformative learning in reproductive health. I planned and managed teaching techniques effectively and used a wide range of teaching approaches. These techniques and strategies were employed to ensure flexibility in the knowledge acquisition. According to Porter (2001) teachers need to consider a number of alternatives in terms of their teaching and students practice by considering different cognitive levels. The use of various teaching approaches such as discussion, brainstorming, panel discussion, debates and lecture was useful to my students. Group and whole class discussions were used to facilitate learning. It provided me with an opportunity to assess students' understanding of the course. During discussion sessions I observed, reflected and questioned my students to develop a depth of skills and strategies that met their needs. In addition, I encouraged students to introduce their own observations and questions. They explored ideas thoroughly making learning more interesting. Discussion was used in teaching most of the topics. Some of these topics were "the individual growing up in family within a society" "characteristics of adolescence and behavioural growth syndromes" "the impact of the environment on growth and development" and "chromosomes and genes- issues concerning celebrating human diversity". Students were often motivated in the form of praises when they were actively involved in teaching and learning process.

Brainstorming was another useful technique I used in teaching reproductive health education. It allowed students to arrive at well thought out conclusions based on whole class and individual examination of points raised for discussion. It commenced with a question and answers provided by students were written on the board. Each of the ideas generated was discussed thoroughly. I provided feedback after discussions and this normally helped the students to affirm their previous ideas or reconsider their position on the issue. According to Meek, Heit and Page (2003) brainstorming can be used to encourage students to think creatively and explore several options.

Debating was also one of the techniques that I used in the teaching of reproductive health. I used debate to teach controversial issues. In dealing with techniques on reproductive health various topics that were controversial in nature sometimes bought disagreement among students. Bickmore (1993) noted that conflicting pedagogy can be used to deal with conflictual content which include controversial materials that capture different cultures, ideologies, divergent views. Some of the controversial issues that came up in our discussion were ‘whether sex education should be taught in schools’, ‘whether to seek parents’ consent on the contents to cover when teaching reproductive health’, ‘should family planning be encouraged in Ghana’, some cultural practices that affect the health and well-being of the people, whether to discard such practices or not. Examples of such practices were child marriage, scarification (tribal marks), female genital cutting and widowhood rites. The use of debate encouraged the students to confront emerging conflict in the teaching learning process and they developed tolerance to opposing views. Debate helped the students to explore all important options to explain critical issues in order to make informed decisions.

### **Perceptions on teaching and learning of reproductive health**

Some argue that topics in Reproductive Health education should not be taught because of its sensitive nature and that it can bring about immorality among the youth. There are topics on sex education, menstruation, family planning etc. which make most people uncomfortable. According to Donovan (1998), proponent of abstinence are of the view that sex education programmes support homosexuality, encourages students to have sex and oppose parental authority. Such people dread the consequences of discussing issues on reproductive health that relate to sensitive issues thinking children and the youth will be exposed to immoral lifestyles.

However, Ojuma (2009) conducted a study in Nigeria and the findings revealed that lack of adequate information on sex related issues has resulted in shallow knowledge of issues by the youths causing unwanted pregnancies and other dangerous consequences. Most of the participants indicated that their parents did not take them through topics related to reproductive health because of their cultural orientation on issues concerning sexuality. Participants noted, parents were not comfortable with issues that compelled them to talk about sexuality and reproductive health in general because of their cultural orientation. It was evident from their views that some parents themselves did not have adequate knowledge on that subject matter. Participants also indicated that most of their teachers did not teach topics in Reproductive Health because they lack knowledge and pedagogical skills to teach it. However, few teachers who normally teach some topics in Reproductive Health were branded immoral and that they were inculcating some bad ideas on sex and maturation in students. Participants revealed that they had these perceptions because mentioning of some parts of the body was prohibited in their communities. These parts include the penis, vagina and breast. Consequently, some of the participants learnt about reproductive health issues from friends and other uninformed sources. Few participants indicated that they had parents and teachers who educated them on some of the issues. The following were some of the views expressed by some of the students.

Sharing her experience, 22 year old student, Rebecca said:

I had little knowledge about reproductive health before the course. Unfortunately, neither my parents nor my teachers felt committed to enlighten me on the needed knowledge on it. I was

therefore compelled to receive information on reproductive health from peers and other uninformed or unreliable sources. Although some information from my peers and other uninformed sources were important and helpful, others were not helpful.

Rebecca's experience is common in Ghana where most issues concerning reproductive health are kept in the dark and out of reach of children. Although most parents spend time with their children discussing several issues, reproductive health issues are normally avoided. Esi and John also shared similar sentiment.

Esi, aged 25 noted: I was able to interact with my parents when there were issues concerning money but was unable to consult them about some questions that were bothering me on some sexual characteristics that went on in my body.

John, 20 year old student recounted: We were taught by our parents that reproductive health issues should not be discussed among people. Consequently, we thought teachers who taught Reproductive Health were "spoilt" This is because they were mentioning some body parts such as penis, vagina, breast which people were prohibited to mention in our communities.

Oduro, a male student aged 22 years, tried to justify why parents and teachers are reluctant to teach reproductive health and said: I think that, teaching about Reproductive Health exposes the young to a lot of sexual activities. Thus, I thought it will negatively affect students and that it will encourage the young ones to be involved in immoral acts such as sexual activities.

These views expressed by Oduro are views of some parents in Ghana who dread the onset of puberty, peer influence and the fear that their children will not be able to make informed decisions on actions relating to reproductive health.

Despite these views, some of the participants indicated that some parents themselves lack adequate knowledge on reproductive health and cannot give what they do not have.

Adjoa, 27 year old female student stated: My opinion is that some parents do not talk about Reproductive Health because of their inadequate knowledge on reproductive health in our various homes and communities.

Sharing his experience, Joseph, 22 year old student collaborated: My parents did not have the idea of teaching about reproductive health and therefore it was not taught at home and it has affected me. For instance, five of my sisters are at home doing nothing except looking for marriage.

It also came out that some of their parents were having problems looking after the number of children they gave birth to because they lacked knowledge on contraceptive use and family planning in general as it was revealed by these views expressed by Ben and Job.

Ben, 23 year old student wrote: My mother gave birth to ten of us and they can't take care of all of us... as a result, some of my siblings are at home doing nothing.

Job, aged 22 stated: My mother and father have so many children. We are eleven and it seems they did not know what to do.

Based on the views recounted by these participants, it was clear that parents and teachers did not teach most of these students Reproductive Health. The few teachers who tried to provide education on Reproductive Health were not taken serious because of learners' cultural orientation on sexuality. Few participants indicated that their parents and teachers had been advising them to avoid sexual relationships.

Mercy, 20 year old student wrote: I was taught about reproductive health by my mother and my Social Studies teachers in Junior High School and Senior High School. At the age of twelve, my mother explained to me some changes adolescents' experience. I had then started experiencing that. She told me it was normal for me to experience that.

James, 19 years, stated: Our parent did well by teaching us to abstain from sexual relationship. So my brothers and sisters did their best to avoid early sexual relationship and this has contributed to the family's development.

These views expressed by Mercy, James and others gave clear indication that the parents who educated their wards on reproductive health were concern about the need for these children to understand their growth and abstain from sexual related behaviours.

### **Conceptions and misconceptions about reproductive health education**

Due to the fact that most of the students were not privy to adequate knowledge on Reproductive Health before taken the course at the University they had misconceptions about Reproductive Health education. Some were of the view that Reproductive health education is just about topics related to female and male reproductive systems. These were some of the views students shared based on their level of understanding before coming to the University to offer the course, Reproductive Health Education.

Mary, 24 year old student sharing her views said: I think Reproductive Health education relate to sexual behaviour of the individual and how to protect oneself from sexual transmitted diseases (STDs) by using condoms and contraceptives when having sex.

Rose, aged 28 also indicated: Reproductive Health is based on sexual matters. I have the notion that Reproductive Health education only deals with sexuality.

Davis, 20 year old student expressed his views thus: I am of the opinion that reproductive health education is concerned with the reproduction of young ones and other related topics such as mating (sexual intercourse), fertilization and birth and so on. I learnt about having protected sex, living a chaste life, taking good care of the body etc.

These views expressed by Mary, Rose and Davis are just an aspect of reproductive health education. Unfortunately, there are many youth in Ghana who may think the content of reproductive health is limited to reproductive processes and Sexually Transmitted Infections (STIs) because of inadequate access to information on reproductive health. Other content areas include "the individual growing up in the family within a society" "characteristics of

adolescence and behavioural growth syndromes” and “the impact of the environment on growth and development.”

Some participants expressed their views on misconceptions they had concerning various topics on Reproductive Health. Some of them were misinformed on growth and maturation.

Adjoa, 27 year old female student said: I think children cry uncontrollably without any cause, hence they deserve to be beaten.

Sharing her experience, 22 year old student Rebecca stated: When I was young, my friends and I were of the view that people do not grow well when they are denied a lots of food and that carrying of heavy loads make one short. Also, walking for long hours also makes one dull and short in terms of height.

Oduro, a male student aged 22 years said: I thought only food determined the weight of a person. Because I was slim I always wanted to eat and get more weight yet, I did not improve my weight and I was mocked at whenever my friends wanted to laugh.

Kofi, 23 year old male student stated: I have the view that growth occurs when individual rely on quantity of food he/she eat solely.

These views expressed by Adjoa, Rebecca, Oduro and Kofi were on environmental factors influencing growth. These factors include lifestyle of people; the food they eat, whether they exercise, rest, sleep well, etc. Even though people need food to grow there are other factors such as hormones and hereditary that can affect an individuals' growth.

Aku also had misconceptions about menstruation. Sharing her experience, Aku, 21 year old female student said: My breasts developed very early. I was ten years then. It was believed that when a girl develops her breasts at early stage it makes her feel she is a grown up and begins to misbehave. Because of this belief my mother used a ladle to push the lumps of my breasts inside to make it flat. It reduced though only to re-appear sometime later.

These are traditional beliefs about the development of breast in some rural communities in some years ago. Young girls who wanted their breast to develop early at that time also used an ant to touch it. Today, such beliefs are fading away.

Tony, 22 year old student also shared his experience and said:

In my community, nocturnal emission that is “wet dreams” was associated with evil spirits. That is, they believe if you have sex with an evil spirit due to the scenes of naked girls you see in your dreams you experience “wet dreams”. My fears were reduced at the Senior High School when I was told by one of my teachers that it was normal. However, the teacher wasn't able to explain to my satisfaction what cause “wet dreams”.

Tony was lucky that his Senior High school teacher came to his aid to explain to him that it was normal for him to experience nocturnal emission at that stage. There are so many adolescents in Ghana who are worried and want to find answers to questions on nocturnal emission. Some of

these adolescents explore the immediate option they have and confide in their friends as it was in the case of Richard.

Richard, aged 23 remarked:

My parents never mentioned anything concerning sex to me, so I thought sex was not meant for children. Through the interaction I had with my peers, I got to know that sex was normal and it was not restricted to only adult. I got to know that most of my peers have indulged in it not once but several sexual activities with different partners. I told my friends that I sometimes have “wet dreams”. They told me to look for a female and have sexual intercourse with her and the problem will be solved, not telling me the consequences of sexual related activities.

These views expressed by Richard give credence to the fact that when adolescents rely on their friends for information on their sexually, they are likely to be misled. In the case of Richard he was advised to look for a female and have sexual intercourse with her to solve the problem of nocturnal emission.

It is not only the male participants who were ignorant about their sexuality during their adolescence but the female participants also indicated that they lacked knowledge especially when they had menarche. For instance, Grace, Adjoa and others expressed their views on that.

Grace, aged 21 stated: When I had menarche, I isolated myself from boys because I was warned sternly by my mother not to go near any boy else I might get pregnant.

According to Grace, she had to isolate herself from male friends in order not to be pregnant. Her mother should have been specific in telling her not to engage in sexual intercourse or sexual related activities with people. Females interacting with males or associating themselves with their male counterparts will not necessarily make them pregnant. Instead there are social skills that they will rather learn for life and also build their confidence level.

Sharing her experience Adjoa, 27 year old female said: When I had my first menstruation up till now I have not talked with my mother about my menstruation. I come from a royal family and in my community when someone is menstruating she is deemed unclean and cut off from her family and friends. Dreading this, I never told my mother about menstruating.

These views expressed by Adjoa were the situation in most households in Ghana some years ago. Every month during the period that a woman menstruate she was prevented to engage in some of her normal duties such as cooking for the household because she was deemed unclean. This was one of the reasons why some men married many wives. Today, this is not the situation especially in the cities and towns.

### **Challenges participants encountered growing up**

Some of the participants expressed views on adolescents highlighting the challenges they encountered when they were adolescents going through physical, social, emotional and cognitive transitions.

Kweku, 23 year old male student sharing his experience said: When I was an adolescent I had problem with body odour. I remember I had an encounter with an elderly person who advised me to bath regularly using lime because of the odour that was coming from the frequent perspiration.

Some adolescents also go through similar experiences as shared by Kweku because of the quick development of the sweat glands at that stage, the hot weather in Ghana, exercise and excitement. It is through reproductive health education that adolescents will appreciate the need to bath regularly, use deodorant if they can afford or use lime.

Some of the participants indicated that child bearing is very important in their communities and the moment a person marries the next expectation is to give birth. Dorinda shared her experience on that.

Dorinda, aged 19 recounted: In my hometown the number of children a person gives birth to determine his or her status in the family. And so the first thing expected from marriage is child birth. Taking care of the children was not really necessary but what matters was giving birth. I nearly married but for this admission into the university.

Some of the participants also talked about disciplinary challenges during adolescence and wrote on that.

Eric, aged 24: I knew adolescence was characterized by hostility and rebelliousness. Some adolescents were hostile, rebellious and began to reject their parents' authority.

Moses, aged 22 also noted: I remember being very angry with my mother for shouting at me one day when I thought she shouldn't have. My mother and I were not on speaking terms for almost a month.

These views expressed by Eric and Moses on discipline at adolescence is a critical issue that most families are battling with. Adolescents believe they are matured enough to take their own decisions while their parents still see them as young to be controlled. There is therefore the need to see adolescence as a period of significant changes and re-organisation in family relationships (Quashigah & Attom, 2016).

### **Participants' perceptions on HIV/AIDS and contraceptive use**

Participants expressed their views on sexually transmitted diseases and contraceptives use and came out with the following as their perceptions on those topics.

Emelia, aged 20 indicated: I am of the view that HIV/AIDS could be caught easily and an infected person dies when he or she contracts the disease.

Ebo, a male student aged 22, expressed his views on HIV/AIDS and said:

I had little knowledge about HIV and AIDS. Through the interaction I had with my peers and teachers, I got to know that HIV and AIDS is a deadly disease. Because of the stigma

associated with HIV/AIDS in the society, I had some perceptions about it. I thought it was a curse and punishment to those who indulges in immoral sexual behaviour.

Emelia, Ebo and other participants' views on HIV/AIDS that the moment you get the virus you are close to your grave and those who get the diseases have indulged in indiscriminate sexual activities are commonly held views by many Ghanaian despite HIV/AIDS education in the Country. It is not only through sexual activities that people get the virus. One can get the virus through infected blood and infected sharp objects like blade, needles, etc. There are medicine to control the viral load of the infected persons for them to live fulfilled life.

Few participants talked about contraceptive use. Joyce was interested in finding the effect of using emergency contraceptive.

Joyce, aged 21 wrote: I have been using emergency contraceptives pills regularly and will like to know whether it has some effects.

It is rather unfortunate that Joyce and other adolescents prefer emergency contraceptives to other contraceptives taken on a regular bases. Although, students were encouraged to abstain from sex, those who could not do so were asked to seek advice from family planning clinics.

### **Teaching techniques employed by the researcher and how it helped students learning**

The researcher employed discussion, lecture, questions and answers and panel discussion techniques. Life stories, authentic media reports and teaching learning materials on various topics provided students with opportunities to interact among themselves. In the course of teaching, students were given opportunity to challenge the content through questions, discussions of diverse views and provision of examples. They were empowered to inquire and construct their own learning. As a facilitator, I had roles I played and the students also had theirs. Evans ((1996) is of the view that critical approach concerns itself with pedagogies, roles of teachers and students and content. Participants were later asked to share their experiences on Reproductive Health education after going through the course for a semester. According to participants they have acquired knowledge and experiences which include awareness on some of the stages of human growth and development with focus on childhood, adolescence, adulthood, pregnancy and child birth and aged etc. They also noted that they had acquired knowledge on HIV/AIDS and contraceptives. They now understand some of the changes they are going through. The following are some of the views they expressed.

### **Participants' views on the content of reproductive health education after taken the course**

Esi, aged 25 stated: I have learnt many things on Reproductive Health through this course. Before the first class, I was always relating Reproductive Health to a study of only the sexuality of a person but have come to realize that, there are so many topics. Some of the things I have learnt were on fertilization and pregnancy, characteristics children exhibits at different stages, adolescence and aging, contraceptive use, HIV/AIDS and others.

Davis, 20 year old student shared his experience and said: After taken the course work on Reproductive Health, I have experienced that knowledge about reproductive health helps the individual to understand his or her own sexuality, growth and maturation. I have also learnt

how to socialize with peers and to educate individuals in the society about responsible sexual behaviours.

Moses, aged 22 stated: I have learnt that there are certain transitions that an adolescent goes through. Reproductive health had enlightened me on the stages and the processes of growth.

Kweku, aged 23, had this to say: Reproductive health course has helped me to learn some of the health issues that affect an individual's growth and development. For instance adolescents may have problems with acne and body odour.

These views expressed by Esi, Davis, Moses and Kweku throw light on the content covered during the reproductive health course they took at the University.

Rebecca, 22 year old student said: I have been enlightened on growth. I learnt that growth in humans is determined by the genes inherited, the pituitary gland that produces growth hormones and environmental factors. These factors determine whether the person will be short or tall.

After the course, Rebecca acknowledged the fact that there are many factors that determines ones' appearance and that it is not only food and exercise.

Adjoa, 27 year old female student said: My knowledge on reproductive health has improved and this was gradual; I mean it started after the first lectures. I have now understood that reproductive health is a life time course or activity. It starts when one was conceived and ends when one dies.

Joyce, aged 21, noted: After taken the course on reproductive health, a lot of issues which were disturbing me have thoroughly been resolved. For example. I have sexual urge and wish to be in the company of the opposite sex. I have now understood why I was experiencing that.

Some of these views that were expressed by the students after going through the course indicated that they were able to understand some of the challenges they faced during adolescence and demonstrated that they had acquired knowledge, values and right attitudes. Ojedokun as cited in Fakeye (2010) suggests that if deliberate and strategic investments are made to improve knowledge acquisition of students on Reproductive Health issues positive individuals and social change will result.

### **Participants views on the appropriateness of the teaching techniques and strategies**

Participants also talked about teaching techniques and strategies that were helpful to them during lessons. Most of students noted that various techniques such as the brainstorming, discussion, questions and answers, panel discussion, debates were very useful to them and facilitated their learning experiences. There were some participants who also indicated that they enjoyed lectures because slides with pictures and videos were projected. Besides, lectures were interspersed with many life stories, authentic media reports on the topics and their personal experiences. The participants indicated that they had opportunities to share with their friend their views and personal experiences. Students were actively involved in knowledge

acquisition. Hahn (1996) noted, students ought to be involved actively in knowledge discovery as they reflect upon issues affecting people in time and social context. They were free to discuss their experiences and asked questions bothering them without fear because there were rules on sharing of personal experiences. Students have control over what they learn when they can identify how the learning is relevant to them (Dean, Hubbell, Pitter & Stone, 2012). Research indicates that engaging students in discussions and dialogue about varied issues encourage them to develop new perspectives and critical reflections (Nieto & Bode, 2008). These were some of the views students expressed.

Kweku, aged 23, recounted: There were many teaching techniques that were employed and I learnt a lot during class discussions and the stories that were shared on the topics. For example, I remember the story about the man who hit the wife once and the wife collapsed and died because she had ectopic pregnancy. Since that day, I have been careful dealing with people especially females.

Esi, aged 25 stated: Some of us enjoyed the open and democratic class discussion we had about some of the topics such as HIV/AIDS. With HIV/AIDS lesson, I was very happy with the way various groups were assigned some aspect of the topic and the technique they had to use. My group taught meaning of HIV/AIDS, causes, effects and how to prevent contracting the virus. We used panel discussion.

The participants indicated that various teaching techniques and the strategies adapted for lessons on Reproduction Health education helped them to construct knowledge for themselves. They pointed out that there were many instances where they personalized most of the content because it bothered on their own life experiences and situations. This helped students' learning process as there were connections made to their previous experiences that resulted in change in experience ensuring transformative learning. The theory of transformative learning focuses on learners' critical reflection of experiences of previous knowledge in relation to new knowledge to foster change (Okpokodu, 2009).

Inferences from the research revealed that some parents lack adequate knowledge on reproductive health and cannot teach their children while other parents do not teach their children reproductive health because they are afraid that their children will not be able to make informed decisions and indulge in sexual activities. A study in Ghana by Kumi-Kyereme, Awusabo-Asare and Biddlecom (2007) revealed that adolescents especially the younger ones are prepared to confide in parents especially mothers and others about their reproductive health challenges. This attests to the fact that the children or the adolescents are ready to learn. It was also revealed by the participants that some teachers also did not teach their students reproductive health. Parents and teachers' inability to teach reproductive health can be attributed to their inadequate knowledge on the subject matter and their cultural orientation on sexuality. These findings support a study by Johnson (2013) which revealed that teachers, parents and religious organizations were hardly involved in teaching and disseminating information on sex education, an aspect of reproductive health. Parents and teachers are very important agents of socialization so if they avoid the teaching of reproductive health, then there are unmet needs. When children or the youth are not well-informed on reproductive health they

encounter many challenges associated with their sexuality, growth and maturation. Consequently, most of the students relied on their peers and other uninformed sources to get such knowledge. It was noted that inadequate knowledge on sexuality compelled some adolescents to indulge in pre-marital sex. Richard indicated that his friends advised him to look for a female friend and have sexual intercourse with her to solve the problem of nocturnal emission. According to Ojuma (2009), lack of adequate information on sex related issues has resulted in shallow knowledge of the issue by the youth and this is manifested in unwanted pregnancies and dangerous consequences.

The findings revealed that the participants had misconceptions about growth and maturation, development of breast, nocturnal emission, menstruation and childbirth. The participants had these misconceptions because they were not educated on sexual and reproductive health. Wahba and Roudi-Fahimi (2012) maintain that sexual and reproductive health education for young people around the world shows that effective instruction in the classroom can significantly minimize misconceptions and increase accurate relevant knowledge on reproductive health. There are other advantages that student derive from reproductive health education. Research in both advanced and developing countries has revealed that sex and reproductive health education programme have improved the overall health of young people (Kirby, 2011).

Despite the advertisement on HIV/AIDS prevention and contraceptives use in Ghana the findings revealed that most of the participants were still not well-informed on HIV/AIDS and contraceptive use before the first lesson. A study by Kumi-Kyereme, Awusabo-Asare and Biddlecom (2007) revealed that adolescents needs specific information on pregnancy, Sexually Transmitted Infections (STIs) including HIV in addition to the general ones being provided. This will help adolescents and the youth to attach some importance to such information.

The researcher noted that ensuring critical pedagogy; students should unlearn misconceptions and rather learn appropriate facts on these issues. From participants' experiences, topics that were of concern to them were personal hygiene, development of primary and secondary sex characteristics, cognitive and social transitions, STIs and contraceptives. As noted by An Kulm and Wu (2004) pedagogical content knowledge has three component; knowledge of content, knowledge of Curriculum and knowledge of teaching. Ukpokodu (2009) also support the view that pedagogy is the integration in practice of curriculum content, techniques and strategies. The researcher therefore, structured the course content, teaching techniques and strategies with the students to ensure that their views were incorporated.

## **CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS**

The findings revealed that some parents lack adequate knowledge on reproductive health and cannot teach their children while others do not teach their children reproductive health because they are afraid that their children will not be able to make informed decisions and indulge in sexual activities. It was also revealed by the participants that some teachers also did not teach their students reproductive health. Parents and teachers' inability to teach reproductive health can be attributed to their inadequate knowledge on the subject matter and their cultural orientation on sexuality.

Parents and teachers are very important agents of socialization so if they avoid the teaching of reproductive health, then there are unmet needs. When children or the youth are not well-informed on reproductive health they encounter many challenges associated with their sexuality, growth and maturation. Consequently, most of the students relied on their peers and other uninformed sources to get such knowledge. It was noted that inadequate knowledge on sexuality compelled some adolescents to indulge in pre-marital sex.

There were the misconceptions about growth and maturation, development of breast, nocturnal emission, menstruation and childbirth. The participants had these misconceptions because they were not educated on sexual and reproductive health.

Despite the advertisement on HIV/AIDS prevention and contraceptives use in Ghana the findings revealed that most of the participants were still not well-informed on HIV/AIDS and contraceptive use. The researcher noted that ensuring critical pedagogy; students should unlearn misconceptions and rather learn appropriate facts on adolescents' reproductive health issues. From participants' experiences, topics that were of concern to them were personal hygiene, development of primary and secondary sex characteristics, cognitive and social transitions, STIs and contraceptives. The researcher therefore, suggested that students' views should be incorporated by structuring the course content, teaching techniques and strategies around the themes for easy comprehension.

There is an urgent need for public education through various media to enlightened parents, teachers and the general public to offer education on Reproductive Health considering the critical role it plays the upbringing of the youth. The Government of Ghana, Non-governmental organizations and schools should champion this course. Parents should also take keen interest in Reproductive Health issues and be prepared to take their children through some topics especially those that are related to their growth.

Curriculum planners in Ghana should revisit content of various subjects that educate learners on Reproductive Health and incorporate topics that are critical to the growth and maturation of students as well as specify appropriate teaching techniques that will ensure active participation of students in lessons. Combining various teaching techniques with the focus on ensuring students active participation in the learning process motivate learners to construct their own knowledge on topics with ease.

Ghana Education Service should organize in-service training, seminars and workshops for teachers who are supposed to teach reproductive health topics and equip them with skills in initiating topics in reproductive health and establishing rapport in the reproductive health lessons. Ghana Education Service and Universities should provide adequate teaching learning materials on Reproductive Health to facilitate its teaching at all levels of education in Ghana.

Students should be actively involved in lessons on Reproductive Health and encouraged to ask questions to help them claim ownership of the knowledge acquired to ensure life-long learning.

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