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Parental Perceptions, Experiences, and Expectations on the Teaching of Sexuality Education in and Out of Gambian Schools

A Qualitative study

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Abstract

Keywords: Sexuality, parent-child communication, perceptions, norms, culture, religion

Aim: This study seeks to contribute to the literature inadequacy in the field of sexuality education in the Gambia by highlighting the controversies surrounding sexuality education for young people by exploring the perceptions, experiences, and expectations of parents on the teaching of sexuality education in and out of Gambian schools.

Theory: The theoretical framework that guided the methodology and data analysis of the study was the post-modern feminist theory which utilizes the constructivist perspective and the psychoanalytic approaches to sexuality by also making use of the Freudian frameworks. The theories guided the discussions around how perceptions around sex and sexuality are constructed and interpreted accordingly in Gambian societies. I assumed that sexuality is constructed and shaped by social, cultural, and religious influences.

Method: Qualitative method was used through focus group discussions and individual in-depth interviews to study participant's voices through their narratives of the meanings they attached to sexuality and how they are constructed. The interviews were guided by open-ended questionnaires and respondents were selected through a non-probability snowball sampling of parents of school-going children/adolescents from both rural and urban Gambian communities.

Results: Results of the study indicated that issues of sexuality in Gambian societies are influenced by deeply-seated cultural and religious norms that construct and interpret issues of sex and sexuality accordingly. Most parents in this study perceive sexuality education as striking against their cultural norms and values. What was most crucial in their arguments on the delivery of sexuality education in homes and schools was the timing and age appropriateness of such teaching on the mental maturity of pre-pubescent adolescents for fear of leading them into sexual experimentation or inappropriate sexual behavior. Although they highlighted that parent-child family discussions take place in most of their homes, nevertheless discussions were mainly centered on gender roles, culturally and religiously accepted behavior, the importance of education, and life skill development but rarely on in-depth sexuality discussions.

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I am most grateful to all the participants that voluntarily took part in the study and for their willingness to share their personal, cultural, and religiously weaved narratives on the meanings they attached to sex and sexuality as part of their way of life.

Dedication

This work is dedicated to my parents and most especially to my late father who passed away whilst I was studying in Sweden and could not live to celebrate the academic battle he engaged me in.

Forward

This study was motivated by my interest in sexuality education precisely on how I grew up with little or no form of sexuality education from my parents due to deep-seated religious and traditional norms that stigmatize issues of sex and sexuality in Gambian societies. Sexuality discussions were not open at home and I dared not ask questions related to sexual issues for

fear of being accused of being wayward or engaging in negative sexual behavior. During my time serving as guidance and counselor in some of the high schools I have taught, I have also observed the frustration that many young people go through in not receiving/knowing the basic and most essential information needed in taking control of their sex and sexualities. With the above factors and also a desire to contribute to scholarly literature in the field of sexuality education due to the lack of literature in this area in The Gambia, I sought to conduct a study among other reasons to explore the perceptions, experiences, and expectations on the teaching of sexuality education among Gambian parents amid diverse cultural and religious norms.

List of Abbreviations

UNICEF United Nations Children's Fund

UNDP United Nation Development Program

UNFPA The United Nations Fund for Population Activities

WHO World Health Organisation

SSA Sub-Saharan Africa

CSE Comprehensive Sexuality Education

HIV Human Immunodeficiency Virus

AIDS Acquired Immunodeficiency Virus

STIs Sexually Transmitted Infections

FDGs Focus group Discussions

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Chapter 1

1.0 Introduction

1.1 Background of Study

Sexuality is an important part of human identity. It is one of the most fascinating fields of psycho-educational study today, which is characterized by psychological, biological, spiritual, social, and cultural, dimensions that are crucial in an individual's personality formation (Kakavoulis, 2001). Sexuality education seeks to offer young people opportunities where they could learn about and understand their sexuality through processes that will enable them to form values and behaviors within a moral, theological, and social context (Naidoo, 2006). It is also one of the most contemporary terms based on the core aim of education that is used to describe how children and young people become equipped with the necessary knowledge, skills, attitudes, and values necessary in taking control of their lives and livelihoods (UNESCO, 2018; WHO & BZGA, 2010). Grounded on the evidence in previous studies that sexuality education encompasses a wide range of issues relating to how a child grows and becomes conscious of gender characteristics, as well as how he or she establishes a male or female identity, Plourde et al.,(2016) and UNESCO, (2018) also asserts that it is an invaluable tool that can assist young people to navigate life-changing decisions in exploring attitudes and values necessary in making informed choices needed in taking care of their sexual and reproductive health and rights.

Earlier research have asserted that sexuality education for young people is embedded in institutional and social contexts. Parents, the education sector, media, and health workers all influence how values and standards are translated, shared, and communicated thus creating a network of influencing variables (Darroch et al., 2016; Dittus et al., 2004; Kakavoulis, 2001; Munthali, 2006)). Targeting adolescents both in and out of school is an inclusive approach in tackling barriers to sexuality education. Schools and families transmit values in the same way as they both have a shared responsibility of educating children to assist them in achieving both sexual and general well-being throughout their lives. Although parents bear primary responsibility for their children's overall education, it is nevertheless widely acknowledged that the school should assist and complement them in this endeavor, particularly in sexuality education (Mapetla-Nogela, 2014; Mncube, 2009; Naidoo, 2006). Drawing from an assertion by Wight et al., (2006), who stated that homes provide a conducive environment and so should take the leading role in supporting sexuality education and development of positive sexual

behaviors among adolescents but this, in essence, does not mean that schools should not also provide sexuality education. This assertion was also supported by Mncube, (2009) who in his argument adopted Epstein's model to further emphasize that communication within the formal education setting should be a joined cooperation of families and schools. He further emphasized that teachers who cooperate with parents have a better chance of understanding their students and developing new ways of dealing with challenges within the classroom.

Furthermore, evidence in previous studies have also affirmed that socialization and sexuality experiences shape the sexuality of an individual and the development of personal sexual meanings (Oliver et al., 1998; Patton et al., 2016; Petersen et al., 1995; Robinson et al., 2019; Sprecher et al., 1995; Stinson et al., 2015). Knowledge and content of education, as well as social norms, are inextricably linked, according to Kirkendall et al., (2015). Within the sense of morality and society's view of spiritual impulses, this framework tends to influence the teaching and learning of sexuality education in many nations, where societal moral ethics or deontology determines what is wrong or right, and in this sense, what is accepted or not accepted to teach (Esia-Donkoh et al., 2017; Tanner et al., 2008). Consequently, communities embedded in culture and religion are more likely to limit the teaching of aspects of sexuality education that seem unacceptable or "immoral," especially in schools for children and adolescents, while emphasizing aspects considered "morally acceptable" and encouraging chastity.

In sub-Saharan Africa, public disagreements emanating from religious, and moral concerns of stakeholders on the teaching of sexuality education have led to negative societal attitudes limiting the full provision and accurate amount of information on sexuality education both at home and in school (Awusabo-Asare et al., 2017; Vanwesenbeeck et al., 2016; Wamoyi et al., 2010). Debates in the form of tensions around the teaching of sexuality education to children are often based on the content and age-appropriateness of such teachings on the mental maturity of pre-pubescent adolescents. Societal expectations that teaching children about contraceptives, sexual practices, reproduction will expose them to pre-marital sexual activities are often underpinned by deep-seated socio-cultural and religious frameworks that dominate the way of life of most African societies (Awusabo-Asare et al., 2006; Esia-Donkoh et al., 2017). These concerns as expressed by parents are mainly based on values and religious factors from a socio-cultural and religious perspective determining the content and thus laying boundaries for such discussions. Many parents thus rarely engage in sexual conversations with their adolescent children and in particular with their girl child for fear of arousing sexual

curiosity. Consequently, most adolescents in The Gambia as in many other sub-Saharan African countries grow up with little or no form of sexuality education as traditional communities limit the extent and content of such discussions exposing them to risk factors such as unprotected sex, early pregnancies, and sexually transmitted infections, (Jobarteh, 2018; Lohani, 2018; National Reproductive Health Policy, The Gambia, 2014; Sagnia et al., 2020). On the contrary, to these perceptions, there is substantial evidence that parent-adolescent sexuality conversations has a significant influence on the sexual and reproductive health decisions among adolescents as it is related to a reduction in risky sexual behaviors and delayed sexual initiation and contraceptive use (Baku et al., 2018; Pop & Rusu, 2015; Wamoyi et al., 2010; Williams et al., 2015).

Additionally, effective and positive parent-child conversations on sexuality have the potentials to promote healthy and responsible sexual attitudes. communication on sexuality issues that is facilitated by parents is considered to be crucial in not only complementing the knowledge adolescents receive in school but because of the daily interaction that takes place at home, parents can reinforce values, believes, and attitude on sexual matters in a more conducive environment (Coetzee et al., 2014; Markham et al., 2010; Sidze et al., 2015). Thus as agents of socialization, they confer an invaluable role in shaping children/adolescents' believes and attitudes on sexual issues gender identity, and sexual socialization (Koblinsky &Atkinson, 1982). Despite the lack of data on parent-child sexuality conversations in the Gambia, the findings of the first study in this field conducted by Jobarteh, (2018), provided evidence that there is inadequate sexual communication between parents and their adolescents. This evidence was also supported by Sagnia et al., (2020) in their study on parent-child communication on sexuality in the Gambia acknowledged this deficiency which they attributed to deeply-rooted traditional norms and how they affect the way of life of the Gambian people. Both studies illustrated the general perceptions amongst most Gambian parents in that, teaching children about sex and sexual issues promotes earlier sexual debut among young people.

Moreover, the lack of proper sexual and reproductive health information and communication in homes, communities, and schools and the culture of non-discussions on sexuality within families or between parents and children can translate to poor decision-making skills exposing adolescents to risky sexual behavior (Lohani, 2018; UNFPA Gambia, 2020). This can significantly have a devastating effect on their wellbeing especially now that early sexual activities among teenagers is on the increase in many societies around the world including the Gambia where sexually transmitted infections, HIV, and its complications have become a

major health concern (Miles et al., 2001; Sundby et al., 1998). The timely provision of adequate and accurate information on sexuality is crucial in developing adolescents' sexual and reproductive health, well-being, and decision-making skills (Biddlecom et al., 2007; UNESCO, 2019). It is also important in the attainment of sustainable Development Goals (SDGs) 3, 4, and 5 around health, wellbeing, and gender equality.

Despite large initiatives, intervention programs, and evidence from previous research on the importance of sexuality education, the goals put forward in these initiatives are yet to be achieved due to restrictions on sexuality information in homes and schools. My goal in this research will be to identify some of the challenges related to delivery and implementation and to shed more light on how previous scientific methods and findings such as those conducted by Gallant & Maticka-Tyndale, (2004), Santhya & Jejeebhoy, (2015), UNESCO, (2018), UNFPA & UNESCO, (2012), and Vanwesenbeeck et al., (2016) could be used to optimize the contribution of parents and families towards the implementation of a culturally relevant comprehensive sexuality education curriculum.

1.2 Purpose and Aim of the Study

The present study seeks to examine the perceptions, experiences, and expectations of parents on sexuality education, and how these might influence the way they perceive what is acceptable, and the implications it can have on the mode of delivery in and out of school amidst diverse cultural norms. The research intends to do this by exploring how sexuality is socially constructed in the socio-cultural, religious, and personal beliefs of Gambian parents and the different meanings they attached to it and how they are created and modified through personal experiences and social discourses (Foucault, 1978).

1.3 Significance of Study

Situated in the context of a catalyst for the much anticipated Social Development Goals (SDGs) 3,4, and 5 around, health and wellbeing, gender equality, and quality education, the present study seeks to answer the call of UNESCO's (2018) international technical guidance on sexuality education within the framework of human rights, gender equality, and social and economic sustainability. Evidence from previous research (Carmody, 2013; Darroch et al., 2016; Stinson et al., 2015; UNESCO, 2012; Vanwesenbeeck et al., 2016) asserts that sexuality education is one multi-faced approach to improving skills, reproductive life of young people and invaluable in developing young people’s awareness, health, well-being, understanding of intimate relationships and responsible decision-making skills, (UNESCO, 2018). Thus based on this backdrop, it is an essential factor in assisting young people to take the initiative of their

own lives by equipping them with the necessary skills, knowledge, and attitude necessary in making responsible and informed decisions with regards to their health, relationships, and sexuality. The proposed results of the study will be beneficial to policymakers, teachers, and parents in understanding the importance of parental roles in providing sexuality education in the development of adolescents' responsible decision-making skills with regard to their health and wellbeing. It will also be beneficial in identifying Comprehensive Sexuality Education (CSE) frameworks and the role of actors and their impact in design and delivery of the CSE curriculum by putting into consideration the levers identified by UNESCO (2018) and lessons learned from a decade of implementation by Vanwesenbeeck et al. (2016) to better understand the long-term effects of sexuality education on adolescents' wellbeing. This could unveil important issues for policymakers and curriculum designers to tackle barriers for the proper implementation of such programs that have always been challenged by social, religious, and poor planning factors both at the national and community level (Keogh et al., 2018). The present study might also prompt further studies in this area especially in The Gambia where literature is generally scarce.

1.4 The Novelty of the Study

There is little research on the roles of parents in the sexuality education of their adolescents compared to the extensive research on the importance of sex education on adolescents' wellbeing (Kirby & Coyle, 1997). Despite this inadequacy, there is evidence in literature illustrating the importance of parental communication with schooling children in sexual matters as it increases their confidence in discussing sexually related issues (Stone et al., 2013; Wellings et al., 1995). This study is one of the few if not the first that seeks to address the ongoing debate on the control of sexuality knowledge by parents based on their perceptions on the content of sexuality education, who should teach sex education, and to whom sex education should be taught in a conservative Muslim dominated society like the Gambia, where literature is generally scarce and such studies are yet to be done due to many misconceptions around the scope of sexuality education (Lohani, 2018).

1.5 Research Questions

Overarching Question

- What are parents' perceptions about the teaching of sexuality education in homes and schools in The Gambia?

Sub Questions

- What difficulties do parents encounter in discussing sexuality education with their children?
- How do personal sexual experiences influence the development of sexual perceptions in Gambian communities?
- What topics of sexuality would parents agree to be taught or feel most comfortable discussing with their children or for it to be taught in schools?
- What are the perceived expectations of sexuality education provided to children/adolescents?
- Is there a gendered difference in sexuality conversations?

1.6 Theoretical Framework

Sexuality education for youth in and out of school is plagued with controversies stemming from social-cultural discourses terming sexuality education to be irrelevant, inappropriate and may lead pre-pubescent adolescents to premarital or risky sexual experimentative behaviors (Allan et al., 2007; Robinson et al., 2017). Consequently, many people grow up receiving little or no comprehensive sexuality education both at home and in schools due to the diverse cultural backgrounds from which they emanate (Hillier & Mitchell, 2008).

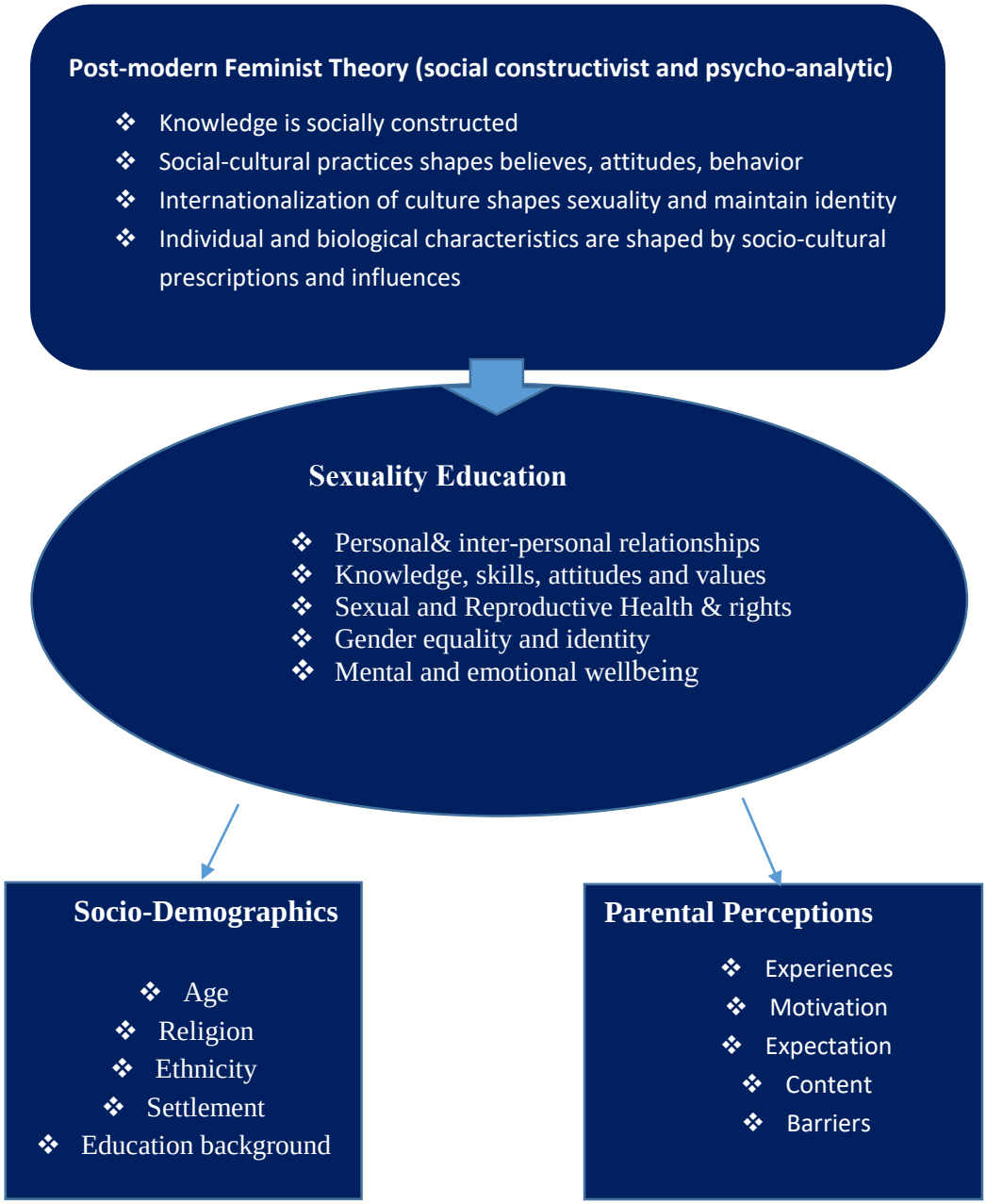
Giving the social nature and assumed sexual construction of sexuality in previous research (K. R. Allen, 1995; Baber & Murray, 2001), the overriding theory guiding the present study is located within the postmodern feminist theory which utilizes the constructivist perspective and the psychoanalytic approaches to sexuality. This work also makes use of the Freudian frameworks on the work of Rubin, (2012) on sexual hierarchy within whose context, sexuality education is situated within the socio-cultural and social-historical perspective of power discourses and hierarchies especially those surrounding the conceptuality of children's gender identity and sexuality. Postmodernist theorists assume that knowledge is socially constructed and not absorbed through abstract thoughts or scientific methods as claimed by modernist theorists (Baber & Murray, 2001; Hekman, 1991). Desires according to (Person, 1980), are shaped by the internalization of culture which in turn shapes sexuality expressions and

maintenance of identity. Constructivists assume that believes are mere reflections of relations on gender, class, ethnicity, and how they are made and managed through the way of life of a society legitimizing certain practices and considering others as illegitimate (Harding, 1998). The assumptions of the naturalness of sexuality from the works of Baber & Murray, (2001) is rejected in a constructivist perspective because sexuality is assumed to be constructed through a process that is negotiated shaped and influenced by several socio-cultural and historical factors of gender, ethnicity, socio-economic status, age, and sexuality. This according to Rubin, (2012) is important in examining how cultural value is placed within power relations and authority within society and especially on how those relations are made and lived within a "charmed circle" (p.153).

From a constructivist perspective, sexuality goes beyond the mere meaning of intercourse but involves individual and biological characteristics that are shaped by cultural and social influences or prescriptions. An individual's perception of sexual identities is constructed rather than passively absorbed. This is because the personal construction of knowledge is influenced by previously ascribed meaning and its interaction with current events. Thus perceptions around sexuality can only be examined by contextually grounding the current environment and its power dynamics within and across cultures (DeLamater & Hyde, 1998). Drawing from an assertion by Weeks, (2015 p36) who argues that, "debates about sexuality are debates about the nature of society" especially in discussions around childhood sexuality. To this end, social class, race, and gender are three important factors that contribute to the deployment of sexuality hence the context in which sexuality is socially constructed is reflections of the social-cultural practices that do not only construct sexual regulations and give meaning to body activities but also shape and control behavior.

This theoretical perspective is beneficial as it succeeded in guiding the researcher during both the data collection and analysis stages to critically examine the degree to which power is perpetuated in social and cultural institutions and personal practices especially in gender constructions and implications for normalizing some sexual practices and rendering others as unnatural or as taboos (Butler, 2009) cited in Robinson et al., (2017) in an environment where sex, sexuality, and socio-cultural norms are deeply intertwined. The theoretical framework will also be invaluable in offering us a lens in examining the perceptions that have long been taken for granted ostracizing sexuality education for children in our societies hence neglecting the assumptions made by (Robinson et al., 2017) that sexuality education is the main pillar for the development of childhood citizenships.

1.7 Conceptual Framework



Chapter 2

2.0 Literature Review
Introduction

This chapter provides an overview of the relevant literature that was used to develop the study theme. To ground the study in the existing scholarship, I harvested and reviewed previously published literature on the theme of sexuality education mainly from sub-Saharan and other parts of the world. The literature discussed in this chapter inquired on (i) Parental perceptions (ii) Parent-child communication on sexuality (iii) Barriers to the teaching of sexuality education in Sub-Saharan Africa (iv) The Need for sexuality Education both health aspect and skills development relevant to the attainment of sustainable development goals (SDGs) 3,4 and 5 around health-wellbeing, quality education and gender equality respectively.

The review begins with an overview of the literature on parental practices and parent-child communication, Barriers to the teaching of sexuality education in Sub-Saharan Africa, and The need for comprehensive sexuality education for the youth in sub-Saharan Africa. The social context(Sub-Saharan Africa) in which both the teaching and learning of sexuality education takes place is also discussed as it plays an invaluable role in how perceptions around sex and sexuality are constructed.

2.1 Parental Practices & Parent-Child Communication

Previous psychological research has recognized the family to be the first place that children learn how to socialize, consequently, parents become the first teachers of their children and one of the most influential socialization agents in identity and sexual behavior acquisition (Masters et al., 1995). Several psychological theories, (ie) the social learning, cognitive and psychoanalytic theories have also emphasized the important role parents play in the everyday interaction with their children to help them develop social aspects like gender identity and positive behavior and attitudes (Kakavoulis, 2001; Petersen et al., 1995).

Adolescents' family interactions on sexuality education take place long before children become teenagers (Baldwin & Baranoski, 1990). Over the years, there has been a good increase in the number of studies in parental-child conversations on sexuality in the last decade. These studies have explored the content, timing, barriers, and outcomes of the sexual information parents impart on their children (Elliott, 2010). Some studies found out that parents avoid mentioning sexual mechanisms in the day to day interactions with their children and mostly concentrate on preaching morality, chastity, abstinence, and positive sexual behavior (Angera et al., 2008; T. D. Fisher, 1986; Kuštreba et al., 2015; Regnerus, 2007). In addition to these studies, other studies like the study of Elliott, (2010), have also explored the content and not the factors that

determine the content of conversations. Whilst most of the conducted studies in this field are unclear about its temporal outcome, it has thus succeeded in producing inconsistent results between the association of parent-child communication and adolescent sexual attitudes and behaviors (Nolin & Petersen, 1992). Studies of T. D. Fisher, (1986), Fox & Inazu, (1980), Hepburn, (1983), have lent for this association whilst studies of Brian D. Zamboni & Silver, (2009) could not offer any casual association hence casting doubt on this issue (Nolin & Petersen, 1992).

Other traditional studies in this field have also examined the link between sexual decisions and parent-child communication with an emphasis on the extend of parent-child communication, parent-child cordial relationship, parental monitoring, behavioral control, perceived attitudes, experiences, and expectations towards sexuality education (Haignere, 1987; Kekovole et al., 1997; Wilder & Watt, 2002). In line with these studies, other studies have also attempted to examine home and socio-demographic variables (marital status, educational level, income) to either or both parents (Angera et al., 2008; Hovell et al., 1994; Kuštreba et al., 2015; Lu Weiclien V., 1994). The quality, quantity, timing of the initiation of parent-child sexuality discussions have been highlighted in literature to be invaluable in the sexual outcomes of adolescents including knowledge, skills, attitudes, and responsible decision-making abilities in relation to their health and well-being (Babalola et al., 2005; Blake et al., 2001; Casper, 1990; T. D. Fisher, 1986; Jaccard et al., 2002; Somers & Paulson, 2000)

The unfortunate increase in sexually transmitted infections among adolescents especially the HIV/AIDS pandemic and its devastating effect on adolescents' health and wellbeing, has made parent-child communication an area of interest for not only researchers but also clinicians and program developers. Data indicated parents' willingness to help in the development of sexual competencies in their children (Wooden & Anderson, 2012). Notwithstanding, the task in the initiation of sexuality conversation with children most often proves to be a difficult course for parents due to inadequate knowledge, feelings of embarrassment, less time with the family, and lack of good communicative styles (Baku et al., 2018; Bastien et al., 2011; Elliott, 2010; Lu Weiclien V., 1994; Mahajan & Sharma, 2005). These factors were also highlighted in other studies which were both qualitative and quantitative addressing the impact they can have on the initiation of honest and frequent discussion at home (Bastien et al., 2011; Hassani Moghadam & Ganji, 2019; Hovell et al., 1994; Isaksen, 2019; Mabunda & Madiba, 2017; Mapetla-Nogela, 2014; Motsomi et al., 2016; Oaa et al., 2017; Ojebuyi et al., 2019; Poulsen et al., 2010).

In addition to these studies, there is also a correlation in some studies between young people's risky sexual behavior with low reports of discussions on sexual topics with their parents (Achille et al., 2017; Oaa et al., 2017; Ojebuyi et al., 2019; Ugoji, 2019). Despite the evidence for the need for sexuality education illustrated in these studies, parents are yet to be well equipped with the necessary skills and knowledge to initiate sexuality conversations with their adolescent children. For instance, mothers in South Africa were shown to be socially disempowered to be able to have a positive impact in helping their children to construct positive behavior (Lesch, 2005) cited in Phetla et al., (2009). Also in a study on parent-child communication in Kenya, Mbugua, (2007) reported on, perceptions of parents on child readiness to receive knowledge on sexuality, and on parents level of accurate knowledge and greater sexual communication responsiveness to teaching their children on sexuality issues, that the main barrier to successful sexuality communication between mothers and their daughters were tied to taboos preventing them from engaging in such discussions. It was also noted that parents themselves were not equipped with the necessary knowledge from their immediate family to be able to confidently engage in such discussions with their children. In the study of Oaa et al., (2017) although (90.8%) of parents consider that adolescents' sex education is necessary with (55.0%) emphasizing that it is their responsibility to provide adolescents with sex education, however, 76.4% of parents never had any discussions on sexuality with their children.

Similarly, in an ethnographic design, to explore parent-child aged 14-24 years communication about sexuality in families and reasons for communication in Tanzania, Wamoyi et al., (2010), asserted that discussions on sexuality were common in families centering on a same-sex basis consisting of physical discipline, threats, and warnings trigged by hearing or seeing a perceived negative behavior or experience of another young person in the neighborhood (teenage unmarried pregnancy, abortion, HIV/AIDS). Findings of a concluded study by Izugbara, (2008) also indicated that sexuality discussions are dominated and relegated by parents and termed dangerous, inappropriate, and risky while speaking to their children. This was also supported by studies of Babalola et al (2005) and Mabunda & Madiba, (2017), who also accentuated that communication between adolescents and their parents was not planned, infrequent, and characterized by warnings and threats as was also obvious in the review of studies conducted by Bastien et al., (2011) on parental/caregiver-child sexuality communication in sub-Saharan Africa from 1980-2011. Findings of these studies indicated that sexuality communication between parents and their adolescent children was centered on

sexually transmitted infections and body change on contents of menstruation, sexual values, responsible sexual behavior, premarital sex, peer influence on sexual behavior, unintended pregnancy, saying no to sex, and HIV/AIDS. Non discussions topics/less frequent discussions included, masturbation, abortion/alternatives for abortion, wet dreams/erections.

In addition to a lack of previous knowledge and difficulty initiating sexuality discussions, conducted studies in this field have also found varied parental perceptions on parent-child family discussions. In the studies of Bastien et al., (2011), Hovell et al., (1994), Lu Weiclien V., (1994), and Mapetla-Nogela, (2014), despite the difference in design and methods of these studies, socio-economic and demographic variables were shown to be one of the main predictors of parent-child discussion on sexuality. Socialization, gender, religious affiliation, content, age, and educational background of parents were the main factors that influenced the prevalence and frequency of parental views on sexuality education. For instance, in the study of Lu Weiclien V., (1994), educated parents were in support of the provision of sexuality education compare to non-educated parental respondents who were seen to express more conservative views formed around socio-cultural and religious norms and misconceptions on the real goal of sexuality education. Positive views were expressed by some educated parents indicating that children need sex education, it should be taught both in pre-schools and in homes. Some parents 77% in Opara et al., (2010) believed that the home was the best place for sexuality education with 32% of parents stating that, although it was necessary for children's development, the timing and proper age should be from 11-15 years with contents on body parts. Conversely, In the study of Poulsen et al.,(2010), 61% of parents highlighted that their children were too young to receive sexuality education, 38% of parents in the same study had the belief that talking about sexuality encourages pre-marital sexual activities and irresponsible sexual behavior. These concerns expressed by parents in these studies were central to their believes that children should not be exposed to sexuality education at an early age as they will be feed with too much dangerous, risky knowledge that they will not be able to handle due to their immature cognitive, emotional, and psychical development. Some of these misconceptions as expressed by parents are part of concerns for the inappropriateness of such education for young children, contradict cultural norms, encourages early sexual activities, gender confusion, and non-conforming cultural alternative lifestyle.

However, despite the complexities surrounding sexuality discussions, parent-child communication about sex has become a recognized target for behavioral change interventions (Oliver et al., 1998). Several national-level Campaigns that have attempted to make parents

more involved in communication, such as “Talking to Kids About Tough Issues” in the united states and “Love them enough to talk about sex” in South Africa have been shown to have encouraged parents to be pro-active in discussing sexual related issues with their children (Lefkowitz et al., 2004). On findings on intervention programs conducted by Phetla et al., (2009) in South Africa using both qualitative and quantitative methods, indicated how parents who engaged in the intervention programs were motivated to engage in open discussions on sexuality with young people. The analysis of the results indicated that women (mothers) were more confident in initiating such discussions by using clearer communication messages compared to indirect or vague methods with the quantitative analysis showing a percentage of 80% vs. 49% in the control group engaging in sexuality discussions. Studies of Babalola et al., (2005), Mabunda & Madiba, (2017), and Mahajan & Sharma, (2005) suggested ways of reducing perception differences in parents’ socio-cultural and religious influenced perceptions on sexuality education. This could be done by taking into account open approaches to teaching sexuality and increase greater parental child communication and reducing incidents of risky sexual behavior.

2.2 Barriers to the Teaching of Sexuality Education in Sub Saharan Africa (SSA)

2.2.1 Socio-Cultural Factors as Barrier

Despite the benefits of sexuality education highlighted in previous research (T. D. Fisher, 1986; Fox & Inazu, 1980; Vanwesenbeeck et al., 2016; Wekesah et al., 2019) and by international bodies (UNESCO, 2019; UNFPA, 2019), governments that have committed to providing sexuality education are faced with challenges of negative public attitudes on the real goals of sexuality education and resource constraints in the attainment of quality education and gender equality (UNESCO, 2019). Community resistance due to socio-cultural norms to sexuality education mostly is exacerbated by misconceptions on the true goals of sexuality education and has thus been described as the key impediments to successful CSE implementation in SSA (Wekesah et al., 2019). In most SSA communities, sexual communication between young people and adults is often regarded as taboo. Furthermore, posing questions about sexuality makes an adolescent seem sexually active, which is why, since they are unaware of their discretion, young people do not often visit medical personnel at local clinic-based health centers or initiate sexuality conversations with their parents at home (Izugbara, 2008; Nobelius et al., 2010). To some parents, sex education is a heavy incest taboo that should be avoided (Macleod, 2008; Kunene, 2009), other parents see it as one of the social forces that came with modernization, tearing the moral fabric of the entire society apart (Marion & McCabe, 1990;

Daniel Wight et al., 2002) Some parents also still claim that since children are too young, not mentally mature, and not sexually active, they do not need to be taught about sexuality issues (O'Regan, 2001).

Furthermore, teachers are unable to provide knowledge or encourage activities that are taboo in their communities in some situations. Teachers may avoid or miss culturally sensitive topics including abortion, homosexuality, and masturbation; address them negatively; or disseminate messages that contradict CSE tenets, especially when it comes to gender norms and sexual harassment. In such situations, teachers are likely to emphasize abstinence as the primary, if not the sole, form of contraception (Browes, 2015; Vanwesenbeeck et al., 2016). Francis, (2010) reports that teachers were not adequately implementing the CSE curriculum when it came to sexuality education. Teachers interjected their beliefs into the CSE curriculum in ways that weakened its main points. Countries like Ethiopia (Browes, 2015), Uganda (Vanwesenbeeck et al., 2016)), South Africa (Helleve et al., 2009), Kenya (Sidze et al., 2015), and Lesotho (Khau, 2012; Vanwesenbeeck et al., 2016) have all reported sociocultural obstacles to CSE implementation when teachers understand tensions between their cultural values and convictions and the content of the CSE curriculum, they adjust the content to adhere to the norms, using moralistic or neutral teaching approaches (Helleve et al., 2009).

2.2.2 Parental Perceptions as Barriers

According to Cui et al., (2001), parents who should be the primary educators of their children and convey basic sexual values to them play the least role in this field. Sexuality education is perceived by many parents as unethical, incompatible with religion and traditional values, and likely to promote premarital sexual activity (Parker et al., 2000). Most people living in Sub-Saharan Africa, have conservative beliefs towards sexuality education. Also among parents, there is a widespread concern that addressing sexual issues would ignite their children's sexual interest. Sagnia et al., (2020) report on an only previous study in the Gambia on parent-child communication on sexuality conducted by Jobarteh, 2(018) highlighted that parental contributions to sexuality education of their children were poor since their reluctance to engage in sexual conversations was mainly tied around deep-traditional cultural norms that had a significant effect on their way of life. Some parents oppose CSE implementation in schools mostly due to the content being offered to students (Keogh et al., 2018); in The Gambia, only 32% of women aged 15 to 49 believe condoms should be used in HIV/AIDS prevention, four other West African countries have also indicated low support in the teaching of contraceptives to students. As a result, parents may confront instructors offering CSE courses, fearing that the

program encourages promiscuity or is being taught outside of the appropriate setting (UNESCO, 2019). In Lesotho according to Khau, (2012), although parents were not generally opposed to sexuality education, they were critical of what was taught and how it was delivered. For a long time, parents were thought to be in control of their children's sexuality education in sub-Saharan Africa. Informal education started at puberty—for girls, at menarche, and for boys, much later (Mpondo et al., 2018). Parents also passed down their ideals and convictions about sexuality to their children while sharing information. Discussions often took a moralistic tone, with warnings focused on the negative effects of sex—specifically, pregnancy and HIV infection (Nambambi & Mufune, 2017).

The level of education and location of residence may influence parental support or opposition to CSE. Parents who are uneducated or who live in rural areas are more likely to hang on to cultural values and practices about sexuality and reject CSE services (Fentahun et al., 2012; Nyarko et al., 2014; UNESCO, 2019). Parents also disagree with the age at which schools begin teaching CSE, believing that starting CSE too early is harmful to children. In Ghana, for example, a large proportion of parents opposed the implementation of sexuality education in lower primary grades, claiming that children at that age were too young to be made aware of this issue (Nyarko et al., 2014). Parents in Ethiopia also suggested that CSE should be structured by pupil grade, with abstinence-only programs at the primary level and abstinence-plus programs at the secondary level where condoms and contraception, as well as abstinence, are discussed in high schools (Fentahun et al., 2012).

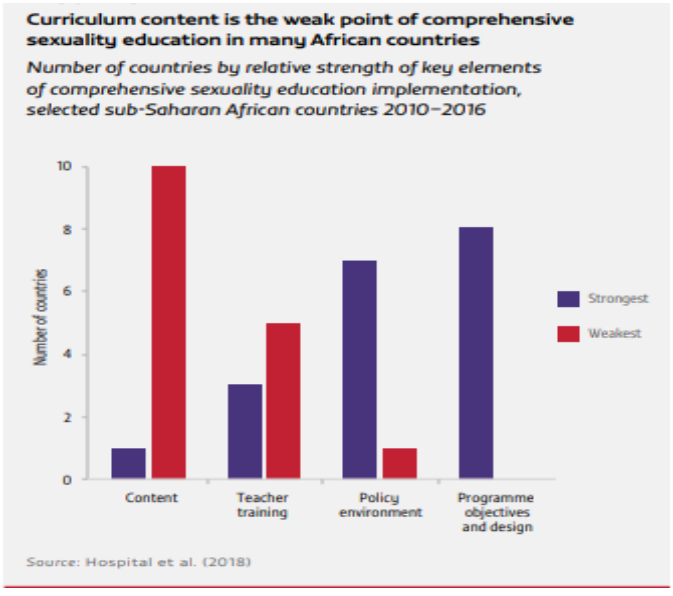
2.2.3 Barriers to Teacher Effectiveness

Teachers and principals are members of a group of influential variables on sexuality education, and their concerns can be shared by others. Personal beliefs about sex before marriage, abortion availability, and same-sex relationships all affect how a teacher teaches sexuality education in the classroom. In Ghana, the majority of teachers believed that young people should be taught not only that healthy sexuality is a natural part of growing up (99%) and how to use contraceptives to prevent pregnancy (86%) but also that young men and women should abstain from sex before marriage (94 percent),(Awusabo-Asare et al., 2017)

Teachers' difficulties in CSE implementation have been linked to insufficient CSE delivery preparation (Helleve et al., 2009) or teachers "relapsing into pre-training mode" after returning to unsupportive settings after their training (Sidze et al., 2015; Vanwesenbeeck et al., 2016); Such difficulties are caused by a lack of motivation, insufficient skills and competencies, insufficient teaching and learning resources, and overcrowded syllabi. External pressures such

as resistance to CSE from parents, community members, and religious leaders and groups; government regulations; and school administration that responds negatively to CSE teachings affects motivation and may make teachers CSE delivery ineffective (Khau, 2012; Pound et al., 2016; Sidze et al., 2015; UNESCO, 2019). Even when training is given, programs do not always ensure that teachers are motivated and confident in their ability to teach all key topics, especially those deemed "sensitive,", therefore teachers can choose to skip those lessons. In a study of 78 public and private secondary schools in Kenya, it was discovered that while 75% of teachers claimed to teach all topics in the comprehensive sexuality education curriculum, only 2% of students claimed to know all of them. Just 20% knew what kinds of contraceptives were available, and even less knew how to use them and where to get them. In certain cases, students were taught material that was incomplete or incorrect. Nearly 60% of teachers wrongly learned that condoms were ineffective in preventing pregnancy. Furthermore, 71% of teachers stressed abstinence as the best or only way to avoid pregnancy and sexually transmitted diseases, and the majority portrayed sex as harmful or unethical for young people (Sidze et al., 2015).

In Sub-Saharan Africa, UNESCO assisted 23 countries in evaluating their national programs using the Sexuality Education Review and Assessment Tool, curriculum content was classified as the weakest of the four components studied in ten countries (graph below). Within the curricula investigated, programs did a better job of addressing human growth and youth empowerment than they did of properly discussing relationships and sexual and reproductive health. Gender and social norms received less coverage and were the weakest point in nine nations. Overall, 15- to 18-year-olds' curricula were the least established (UNESCO, 2019)



2.2.4 Religious Tensions as Barriers

Most societies in sub-Saharan Africa, identify themselves as traditional or religious. Today it presents itself as one of the greatest obstacles to the effective teaching of sexuality education in most societies and especially in religious schools. Religious leaders play a crucial role in shaping norms around morality and ethical perspectives especially in exerting their power of influence and authority in shaping opinions on the acceptability of the teaching of sexuality education. Religious doctrines and traditional cultural norms and values preach against premarital sexual activities (Mapetla-Nogela, 2014). Such believes coupled with age appropriateness have resulted in community resistance calling for the limitation of sexuality education to abstinence, premarital pregnancies, and STIs. Religious resistance to sexuality education is often fuelled by misconception around the scope and purpose of the subject matter accompanied by claims that it is inappropriate for young people and goes against cultural or religious practices. Some of the topics that are taught in the sexuality education curriculum include the content of abortion, wet dreams, masturbation, and sexual orientation which may be perceived as contradicting religiously and culturally accepted teachings (Opara et al., 2010).

In a study conducted by (Save the Children & INERELA+, 2015) in east and southern Africa, respondents emphasized the important role religious leaders play in determining what is acceptable and to what extent children can access comprehensive sexuality education in schools. In the sub-Saharan African region, Mali, opposition from the Islamic courts made the government canceled workshops on themes of sexual orientation, inclusion, respect, and tolerance (RFI, 2018). In Uganda, public backlash forced the ministry of education to withdraw the teaching of the national sexuality education curriculum in 2016. Although the curriculum was revised, it still faces significant resistance especially on the nomenclature (sexuality education) and on what topics were to be discussed in schools that most religious groups did not feel comfortable with. Presently the revised sexuality curriculum does not align with the benchmarks recommended by the International Technical Guidance on Sexuality Education due to the exclusion of certain topics (Hutter & Haas, 2018; UNESCO, 2018).

However, despite the tensions, different countries are currently mapping out strategies to overcome barriers in the teaching of sexuality education. In sub-Saharan Africa, strategies to improve sexuality education programs have also been on the increase since the International Population and Development Conference in 1995. A continuum of sexual and reproductive health education connected to adequate access to relevant programs in health, child welfare, criminal justice, and social safety networks allows learners to reach their full potential. These

synergies have been acknowledged by the African Union in its roadmap for maximizing the potential of the region's youth dividend. Under the Education and Skills Development and the Health and Wellbeing pillar, it comprises primary actions and deliverables on comprehensive education on sexual and reproductive health (The African Commission, 2017; UNESCO, 2019). West and Central African countries, for example, have HIV and AIDS policies and strategies in place in the education sector, as well as strategies to build supportive conditions for the delivery of life skills-based HIV education in addition to developing CSE curricula, and adopting policies or strategies to support its implementation which are in various stages (Haberland & Rogow, 2015; Wangamati, 2020).

2.3 The need for a Comprehensive Sexuality Education for the Youth

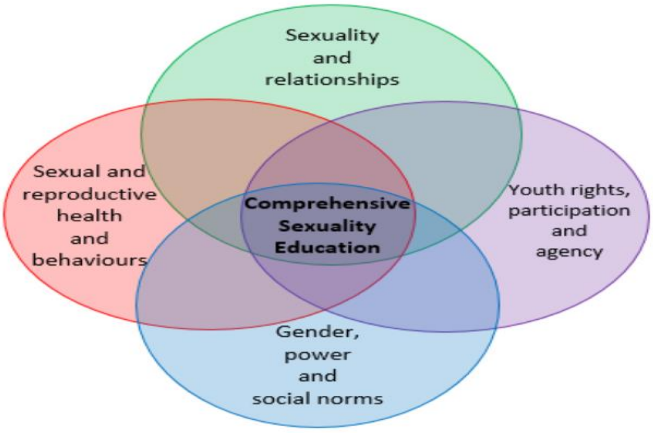
In the wake of global reproductive health research, adolescent's sexual and reproductive health rights and access to accurate sexual information has emerged as a key area of concern especially in sub-Saharan Africa where the incidents of HIV/AIDS accounts for the second-highest number of deaths in the region (Klepp et al., 2008). Sexuality education has thus been recognized as a fundamental human right grounded in health right to access health-related information that will empower young people to learn about themselves, their bodies, relationships and to take control of their sexuality and reproductive health rights (Olufadewa et al., 2021). Reports prepared by UNESCO, (2018a, 2019b), assert that sexuality education is crucial in the attainment of the 2030 sustainable development goals since quality education, good health and wellbeing, human rights, and gender equality are all inherently intertwined. The right to access sexuality information has also been affirmed by many international bodies including the United Nations Committee on the Rights of The Child, Committee on the Elimination of Discrimination against Women, United Nations Convention on the Rights of Persons with Disabilities, and the Conference on Population and Development Program of Action in 1994.

Young people between the ages of 14 and 24 who will become future adult citizens make up a significant portion of the global population (Olufadewa et al., 2021). The healthiness of the youthful population is thus a barometer for an entire societies' health. Yet despite governments' commitment to include their reproductive health rights in their national agendas and the recent call to leave no one behind in the attainment of SDG agenda 2030, most adolescents are still faced with barriers in maintaining their sexual and reproductive health. To address this need as a universally accepted human right, UNESCO, (2018) report on technical guidance on sexuality education recommends that Children as young as 5 years of age need a

developmentally appropriate sexuality education that will help them to understand basic facts about their bodies, families, identity, social relationships, and appropriate behavior including recognition of violence and abuse. This was supported by Patton et al., (2016) who asserted that Sexuality is a fundamental part of human development, and providing adolescents with sexuality education will bring a triple dividend that will not only benefit those adolescents in their adulthood but also the next generation of their children. Moreover, WHO, (2017) also asserts that the widespread and much anticipated sustainable development goals (SDGs) set by governments seeking to bring global economic growth, environmental and social development in 2030, will not be achieved without investing in adolescents' health and wellbeing.

The need for sexuality education in and out of sub-Saharan communities could be inferred on the high rate of HIV/AIDS, abortions, and early marriages among youth people aged between 10-24 who constitute 23% of the population with 80% of HIV infected persons (UNICEF, 2019). Globally adolescents' pregnancy prevalence rate is pegged at 19.3% (Kassa et al., 2018). The World Health Organization, reports that teenaged pregnancies and childbirth have serious health consequences as it is one of the main causes of death for young people aged between 15-19 years worldwide. However current statistics show that 16 million girls between the ages of 15 to 19, and 2.5 million under the age of 16, give birth annually, with 3.9 million between the ages of 15 to 19 undergo unsafe abortions in developing countries(WHO, 2018).

The number of evaluation research in the field of sexuality education has significantly improved over the last decade with clearer evidence on the positive impact it has on young people's health and wellbeing before and after initiation into sexual activities. Yet the fact remains that very young people receive the needed or most basic knowledge on sexuality, as a result, exposing them to misinformation and undesirable health outcomes from other sources (Boonstra, 2011). A significant body of research has however provided evidence that access to on-time and accurate sexuality information have the potentials to promote gender equality, positive sexual attitudes, and skills development and may reduce the number of abortions, unintended pregnancies, risky sexual attitudes, sexual and gender violence and overall reproductive health and rights (Boonstra, 2011; UNESCO, 2018; UNFPA, 2019; Vanwesenbeeck et al., 2016).



The interlinked Components of sexuality education (Miedema et al., 2018)

According to social cognitive theories of sexual behavior (Fishbein, 2009; J. Fisher & Fisher, 1996), there are two proximal determinants of actions, one's desire to participate in that behavior and one's ability to exert control over oneself and others to bring that intention into effect. Base on these assertions as highlighted in previous research providing evidence that comprehensive sexuality education can delay initiation into sexual activities, reduce risky sexual behavior, unplanned pregnancies, sexually transmitted infections, encourage the use of contraceptives and condoms, among young people (A. E. Biddlecom et al., 2007; Herat et al., 2018; IPPF, 2012; Kirby & Coyle, 1997; Mmari & Sabherwal, 2013). Furthermore, sexuality education programs geared towards providing accurate information on the use of contraceptives and sexually transmitted infections have been found to have contributed to delaying sexual activities in a time when adolescents are known to be sexually active (Epstein & Johnson, 1998; Kirby et al., 2007; Walker & Milton, 2006).

Although other factors may influence behavioral change, a review of studies on the importance of comprehensive sexuality education by theWorld Health Organization in 2016 in developing countries revealed that out of the 22 school interventions programs, 16 were associated with an increase in protective behavior (reduced number of sex partners, use of contraceptives, and delayed sexual initiation (Amuyunzu-Nyamongo et al., 2005; Munthali, 2006). The review further recommended that the sexuality education curriculum should focus more on clearer health goals ie. abstinence and contraceptive use by a discussion on relevant skills and behavior that can prevent undesirable situations. Programs should also cover appropriate teaching methods that will actively involve participants and are tailored to cultural norms, age appropriateness, and sexual experience (Kirby et al., 2007).

Despite the benefits, Very few studies have however examined the non-health aspects of sexuality education but evidence suggests that it has the potential to reduce discrimination, violence (gender and partner), improve self-efficacy, equitable gender norms, and health relations(UNESCO, 2019). Sexuality education of good quality promotes the accusation of positive behavior and attitude towards gender norms in a safe and inclusive learning environment by creating awareness of the different ways biological, cultural, and social factors shape norms that can result in gender inequality, violence, and discrimination. Globally around 120 million girls at one point in their lives have either experienced rape or intimate partner violence (1 in 10) (UNICEF, 2014). A study conducted by Blum et al., (2017) using data from 15 countries and across 5 continents highlighted the need for early intervention since gender norms are acquired in children at a very early stage. Providing opportunities for adolescents in discussing violence, consent and coercion can go a long way in not only addressing issues of sexual exploitation and abuse but can also motivate young people to seek help when afflicted with such undesirable situations (UNICEF, 2014; Unterhalter et al., 2014). Comprehensive sexuality education is thus an important approach in developing positive views around sexual awareness and a platform for empowering information especially those on learning about values and relationships. It also has the potential to fight against inequalities by challenging cultural norms that nominalize discrimination and violence as it improves young people's confidence, decision-making abilities and builds self-efficacy and resilience (Fonner et al., 2014). Comprehensive sexuality education is crucial to delivering good quality education for all since it tackles some of the ongoing barriers to education that young people face today, such as early and unintended pregnancy, HIV, child marriage, sexism, and violence linked to negative gender norms.

Chapter 3

3.0 Research Methodology
Introduction

This study explores the perceptions, experiences, and expectations of Gambian parents of school-going children/adolescents on the teaching of sexuality education in and out of schools (homes and schools) in The Gambia. This chapter outlines the methodology that was used in carrying out the study. I will discuss why these techniques were chosen and why they were suitable for the research. The sampling strategy, as well as the data collection and analysis methods, will also be deliberated together with the ethical considerations.

3.1 Overview of the Research Design

The study is based on the post-modern feminist and social constructivist theories and made use of the Freudian frameworks and the psychological perspective to sexuality. Through these theoretical lenses, sexuality is argued to be constructed through a process that is negotiated, shaped, and influenced by several socio-cultural and historical factors of gender, ethnicity, socio-economic status, age, and sexuality. Thus perceptions around sexuality can only be examined by contextually grounding the current environment and its power dynamics within and across cultures (DeLamater & Hyde, 1998). This is why it is invaluable in studying participant's voices and their construction of the meanings they attached to sexuality in their societies.

The present research is exploratory qualitative research that is designed to explore parents' perceptions, experiences, and expectations on the teaching of sexuality education and how it may affect its teaching in and out of school in The Gambia. Qualitative methods especially those built on narratives of individual interviews and focus group discussions such as the present study are better at exploring perceptions, experiences of a particular group of people in relation to their social context and the meanings they attached to their way of life than other methods such as quantitative methods that are structured and statical (Hancock et al., 2009). Qualitative methods thus seek to make sense of the world and its lived experiences and consequently offer explanations as to why something's are the way they are in order to get an in-depth analysis of the phenomena being studied. This method is not only consistent with the social constructivist and post-modern feminist perspectives but in particular, the researcher is allowed to explore the accounts of participants' experience, and the processes that characterize their way of life in their own voices. Thus I found it to be the most appropriate method to carry

out my investigation on the perceptions, experiences, and expectations of parents on the teaching of sexuality education. The interviews accorded me insights into the meanings parents construct around sexuality education. based on the work of Masue et al., (2013) on ***"What Does Qualitative Comparative Analysis (QCA) Brings in to Bridge the Gap?"***, they argued that qualitative methods both make use of and builds an understanding around the context in which the data is collected so that the social phenomena under investigation is produced within the environment it happens.

The research design of the present study is a combination of transcripts derived from individual in-depth interviews and focus group discussions with Gambian parents of school-going children/adolescents. The interviews were guided by an open-ended questionnaire that allows participants to give their accounts of what they felt best about their definition of sexuality, their perceptions, experiences, and expectations of sexuality education. In this way, they had their voices accounted for. Both individual interviews and focus group discussions are open-ended in nature thus allowing for a comprehensive exploration of the research topic with opportunities for probing to allow for a detailed understanding of the content of the responses. These two data collection methods gave room for triangulation for both content validity, cross verification, credibility, and relevance of my research findings thus overcoming the risk of bias that might have to arise from using just one method (Noble & Heale, 2019). This was of paramount importance due to the sensitivity of the subject matter and the responses being prone to the social desirability effects (Bergen & Labonté, 2020) and on my side, experiencing difficulty in speaking to elderly respondents due to the conservative nature of the Gambian patriarchal society and especially the social and cultural norms in which I have been raised and advised to exercise caution when speaking with an elder.

Two stages of sexuality education were examined; (i)childhood and; (ii) adolescence (pre-pubescent and post-pubescent). The information included in each transcript included; parent-child relationship, the content of discussions, timing, experiences, and histories/experiences of sexuality education, religious and cultural perceptions, and how this influenced the way sexuality is being perceived. Although the researcher had an interview guide, participants were free to provide their own stories and experiences. Through this methodology, participants played the crucial role of collaborators and co-creators in the knowledge production process (K. Allen & Baber, 2006) as well as the learning and sharing sessions.

3.2 Sample Description and Sample Size Selection

Considering the sensitive nature of sexuality research, I adopted a non-probability convenience sampling method, a procedure in which one recognized participant leads and directs the researcher to other recognized respondents (Browne, 2005). The identification and selection of the first group of participants who took part in this study were made possible with the help of some auxiliary staff working in a tertiary institution in The Gambia and personally known to me. They also helped in organizing the first focus group discussion and identifying other respondents in other regions in The Gambia. I then contacted persons who indicated their willingness to participate in either the focus group or individual interviews. The background characteristics of the population of the present study were selected based on their diverse backgrounds, from both the rural and urban areas of The Gambia to better inform the present study. *using the snowball sampling technique*, the study selected participants in three out of the six administrative regions in the Gambia; Kanifing Municipality (region 1), Farafenni, North Bank Region (region 3), and Wassu Central River Region (region 5). The population in these settlements are from different socio-economic settlements, from different ethnic and religious backgrounds. The age range for the selected parents was set at 25-60 years. This age range was set to recruit parents of children from the ages of 5 and above in consideration of the UNESCO, (2018) international Technical Guidance on Sexuality Education.

Two focus groups were initially planned and from those focus groups, the research intended to further select participants for the in-depth interviews, based on the characteristics showcased by respondents during the discussions. However, this was not possible as only one focus group discussion was conducted due to the complexity of some socio-cultural norms where some women were reluctant to discuss certain aspects of their way of life especially with regards to the teachings of sexuality education among men. I had to allow for some flexibility and since participation was voluntary, this particular focus group was canceled this particular day and I had to reorganize another session with people of the same gender(women only) and age group to give room for easy sharing of information. This consideration was made in recognition of The Gambian diverse culture and tradition.

The concept of saturation was used to determine the sample size of the present study. This concept as proposed by Lincoln, (2007), is often referred to as information redundancy; a situation where no new information, themes, or codes are yield from the data. At the time of analysis, the researcher had conducted eleven (11) individual interviews and one focus group discussion with five participants in the session, in total 16 participants (5 males, 11 females).

Eleven (11) of the interviewees were married (6 women and 5 men), three (3) were widowed (women) and two (2) were divorced (women). The requirements to participate in the study were:

- To be a parent of a school going child/ adolescent from the ages of 5 onwards
- To be a Gambian citizen and resident of either the urban/ rural settlements
- To be between the ages of 25 to 60
- To be willing to voluntary participate in the study

3.3 Demographic Representation of Respondents

To ensure the ethical consideration of confidentiality of respondents' information, their names were replaced with pseudonyms of the interview number ie (interviewee 01). Participants identified their sex as either males or females. Their religious backgrounds were identified as either Islam, Christianity, or Traditional religion (ancestral worship). Educational background was measured as either formal (western education), informal (traditional education on norms and values), or semi-formal (local Quranic schools).

Identification	**Sex**	**Profession**	**Age**	**Ethnicity**	**Edu. Background**	**Religion**	**Address**
Interviewee 01	Male	Business man	55	Jola	Informal	Traditional religion	Urban
Interviewee 02	Female	Petty Trader	45	Mandinka	Semi-formal	Islam	Urban
Interviewee 03	Male	Islamic scholar	50	Wolof	Semi-formal	Islam	Urban
Interviewee 04	Female	Police officer	33	Jola	Formal	Christianity	Urban

Interviewee 05	Female	Cleaner	36	Wolof	Semi-formal	Islam	Urban
Interviewee 06	Female	Hair dresser	30	Wolof	Formal	Islam	Urban
Interviewee 07	Male	Security guard	43	Manjago	Formal	christianity	Rural
Interviewee 08	Female	Petty trader	45	Serere	Semi-formal	Islam	Urban
Interviewee 09	Male	Teacher	50	Jola	Formal	Islam	Urban
Interviewee 10	Male	Activist	42	Mandinka	Formal	Islam	Urban
Interviewee 11	Female	housekeeper	52	Wolof	Semi-formal	Islam	Urban
Interviewee 12 (FCD)	female	Vegetable gardener	48	Fula	Semiformal	Islam	Rural
Interviewee (FCD) 13	Female	Housewife	37	Fula	Semiformal	Islam	Rural
Interview 14 (FCD)	Female	Teacher	39	Serahule	Formal	Islam	Rural
Interviewee 15 (FCD)	Female	Nurse	42	Wolof	Formal	Islam	Rural
Interviewee 16 (FCD)	Female	Petty trader	49	Mandinka	Semiformal	Islam	Rural

3.4 Data Collection

The data used in this study was collected from December 2020- February 2021. The study made use of open-ended questionnaires that gave me a comprehensive and holistic perspective on the issues being studied especially in giving respondents room for more options and opinions (unlimited range of answers) as they give a detailed account of their experiences than will have been possible with close-ended questions (Popping, 2015). Written questionnaires were self-developed by the researcher in cognisant with the research questions and aims of the study. The data collection process was held in different settings based on the recommendations of the participants; from the comfort of their homes, vegetable gardens, schools, market, offices, and village "bantaba" (village center), etc. The narratives in this section were mostly produced in the local languages of the participants. This allowed them to express themselves in their language of origin thus including culturally rich proverbs and phrases. The interviews lasted from 30 to 45 minutes each and the focus group discussion about 100 minutes. Conducting the interview was more difficult than I conceptualized. I had to build some form of rapport with the participants before the beginning of the interviews. The hardest or most challenging sessions of the interview process was making participants comfortable and establishing trust before the start of each session.

3.4.1 Individual In-depth Interviews

In-depth interviews are structured and flexible encounters between a researcher and his study subject (Ebrahim & Bowling, 2005). It allows the researcher to gain insight into purposeful conversations during the data collection process. Despite having to accord parents with utmost respect and consideration by weighing my words and observing cultural norms, I was able to intervene during the questioning process and to directly and specifically talk about specific issues with participants on the same issue. The in-depth interviews also provided room for flexibility where the respondents were able to answer in their own words and space with guided questionnaires. I was also able to adjust the flow of responses by probing to ask additional questions to further explore the topics under investigation through which respondents were encouraged to speak further and to respond to relevant issues raised about the topic under study (Ritchie, & Lewis, 2003).

3.4.2 Focus Group Discussions

The focus group discussion (FDG) *was facilitated by my first sample of auxiliary staff and some other parents who took part in some of my interviews*. During the discussion session, I was able to probe some of the responses the respondents gave in order to bring to catalyze

detailed untouched issues thus deepening the conversations with the group. The focus group discussions thus were effective in producing detailed insightful data that would not have surfaced without the group interaction (Hennink, 2014). I felt people were more opened in discussing their perceptions and experiences especially on themes that they had a general opinion on. On the other hand on issues where they held controversial opinions, I see how some participants expected me to probe to accord them the opportunity to further emphasize their points. I was touched by the ways parents were able to express diverse views without the conflict of cultural beliefs.

3.5 Data Analysis

The collected data were analyzed using **NVIVO** version 2020. For the first stage of data processing, the audio recordings were manually transcribed and translated into the English language being cautious not to lose important meanings during the translation process. Only two out of the sixteen (16) participants spoke in English. The rest of the fourteen (14) participants accounting for 87% spoke in their local languages.

The second stage of the analysis process, a two-staged process as suggested by Merriam, (2009), involving the single case and across case analysis was adopted by the study. With this, I treated each interview script as a case of its own and then identified what patterns were coming across all cases. I then adopted thematic analysis based on steps recommended by Braun & Clarke, (2014) to further identify and conclude on the repeated patterns of meanings (themes) that emerged during the first stage of analysis across the data set.

1. Data Familiarizing (reading through to get an overview of the data)
2. Coding (highlighting sections of the data)
3. Generating themes (identifying patterns among the codes)
4. Reviewing themes(making sure that the themes represent accurate patterns in the data)
5. Defining and naming themes (coming with names, understanding what it is about, and refining the themes that will be used to present the final analysis)
6. Producing the report (telling the story of the data, thus addressing each theme as a scholarly report)

Both the deductive approach (theoretical thematic analysis) and inductive approaches to thematic analysis were used to identify codes and themes from the data set (both on the research aims and from the key emergent themes). Both the theoretical foundations and research questions of the study drove the identification of recurring patterns and themes from the codes

across all interview scripts. This data analysis framework was adopted due to its effectiveness in analyzing people's experiences, perceptions, knowledge, values from a set of qualitative driven data. It is also effective in exploring how meanings, realities of situations, experiences affected the variety of dialogues taking place within a society (Braun & Clarke, 2014). This process was embraced because it gave us better insights to explore what their statements reveal about their assumption about their social context i.e. how sex, sexuality, and socio-cultural norms are deeply intertwined. I was able to minimize the initially identified major themes and subthemes into three main categories ;

1. Perceptions around sexuality education
2. Experience (sexual history)
3. Expected outcomes of sexuality education

These broad themes were used to report findings of the research aided by the research questions and the theoretical foundation and the aims of the present study. Within this analytical framework, the study aims to present data that will be a true representation of the responses offered by parents based on their perceptions experiences, and expectations of sexuality education (Blanche et al., 2006).

In their book *on "Qualitative Family Research"*, Rosenblatt & Fischer, (1993), points out that, the researcher needs to understand the culture of the research settings first to be able to accurately deal with the phenomenon being studied and this means understanding the way of life of that community, and their languages. In reference to this study, being a native of the Gambia with the ability to understand the cultural and religious norms and their possible influence on the respondents' perceptions is important. *Likewise is the expressed cultural phrases or proverbs which have a richer meaning than what is surfaced.* This offered me a solid ground to understand the meanings attached to sexuality and how they are constructed.

3.6 Ethical Consideration

Consent was sought from parents and those who expressed willingness to participate in the study were provided with consent forms to fill (Marshall, 2007). The objectives of the research study were also explained in clear terms verbally. Participants were told that participation is voluntary and they could withdraw at any point in time if they feel that they are no more interested in taking part in the study (Miller et al., 2012). Confidentiality of participants was also assured throughout the study. Every participant was assigned a numeric code to protect their identities so that the responses will not be linked back to the original owners. Considering the sensitive nature of sexuality topics and practicing non-maleficence, I tried as much as possible to respect participants' opinions, phrased questions responsibly, and listen attentively whilst the participants deliberated on the issues and thus the data will be reported with honesty, objectivity, and professionalism (Israel & Hay, 2006).

Chapter 4

Presentation of Results

4.0 Introduction

The present study is the first in the Gambia seeking to explore parental perceptions, experiences, and expectations on the teaching of sexuality education and how they are socially constructed in the lives of Gambian parents. The results presented in this section are a summary of the outcomes of findings stemming from individual and diverse narratives on parents' personal sexuality histories, how they are perceived, and their expectations about the teaching of sexuality education. The process was weaved and guided by common questionnaires and the interviewer as the facilitator and catalyst. In this chapter, there are three main themes and their subthemes that were identified during the data analysis process to be discussed under subheadings together with the quoted voices of parents.

4.1 Parental Perceptions on the Teaching of Sexuality Education

Key findings has illustrated that generally, Gambian parents felt that it was necessary to talk to children/adolescents about sexuality. According to the narratives of parents who constituted 75% of the total population of the overall respondents, sexuality education is crucial in developing adolescents' wellbeing, decision-making abilities, delayed initiation into pre-marital sexual activities, and the preserving of young girls' virginities/chastity. Diversity in educational and demographic backgrounds of respondents, had a limited effect on their perception as most of the interviewees had similar views about sexuality education as being invaluable in the development of life skills and decision-making abilities that are crucial in the development of healthy sexual attitudes.

The main aim of sexuality education as highlighted in most of the parental narratives were mostly based on themes of chastity and morality. Thus the general agreement among parents is that sexuality education – is one of the best ways to equip adolescents/children in today's world due to the different sources of sexuality information they are exposed to. This helps teenagers develop the necessary skills to take care of their health and wellbeing, better equip them to make responsible decisions especially when it comes to matters relating to their sex and sexualities which includes sexual and reproductive health rights and choices. A 36-year-old mother explained that although cultural norms should not be thrown away, it is however of great necessity to teach children about menarche, abstinence, and the dangers and,

responsibilities that come with risky sexual behavior. According to her, it is very important in children's upbringing to not only assist them in maintaining hygiene during menstruation but also being able to make healthy life decisions and choices especially on issues relating to their sex and sexuality. In her words, she said, "children must be taught these things so that when they reach puberty, they will know what to expect -to better equipped and care for themselves."

This viewpoint was also shared by another 37-year-old mother, accentuating that

> If they do not have people who will be directing them to what is right or wrong they might be exposed to the risk of experimenting with certain practices that might hurt them in the long run. But if they are taught about all these things and the proper age they occur they will be better prepared to take care of themselves and be less influenced by the urge of experimentation at the wrong age.

Other parents likewise -highlighted the need for the teaching of sexuality education in both schools and homes to provide adolescents with opportunities of learning about the risk factors associated with irresponsible behaviors especially during puberty and adolescent years. Additionally, it is also on the need to protect themselves from unintended pregnancies and negative sexual behavior. A father aged 50, added that*:* "It is good that most parents and teachers recognize the importance of sexuality education on the young vulnerable minds and the impact it can have on their behavior especially on their personality." Sexuality education in these circumstances was also equated to skills development that adolescents will need to handle pressures and challenges particularly in their relationships with the opposite sex and so that they will not be influenced in adopting negative sexual behavior, especially by peers. Parents assumed that sexuality education that is offered based on cultural recommendations will make children adhere to culturally accepted prescribed sexual behavior and abstain- from premarital sexual activities. This assumption is however flawed because rather than being empowered to experience their sexuality independently, it is assumed that they will take automatically take responsibility. The need for early empowerment of children especially girls before they reach menarche cannot be over-emphasized as was also highlighted by one parent. According to a 50, year-old father, who was also a teacher and has been teaching for over 25 years also underscored the importance of providing sexuality education to school-going adolescents. He underscored that most youths are not well equipped to handle both the psychological and emotional challenges that accompany the physical and mental development of adolescents during puberty. He also made a specific reference to how most girls are prepared to face pressures associated with menstrual periods. He specifically stated that:

> Many times our female teachers have to take them to the toilet to help them during their menstrual periods which I feel is rather unfortunate. The number of teenage pregnancies in schools has also increased. I believe if girls are taught about the risk factors associated with their adolescent years and the effects of premarital sexual activities, I am confident that they will not be exposed to unintended pregnancies, abortions, or sexually transmitted diseases.

Other parents expressed through the in-depth individual interviews and -focus group discussions the importance of including sexuality education in the young children's development which will help to encounter misinformation received from various sources especially the media and peers; reducing the risk of negative behavior; assisting in developing socially and culturally accepted behaviors and relationship. Parents emphasize that unrestricted access to sexuality information exposes and add to the children's vulnerability thus parents need to engage in sexuality discussions with their children before they seek it elsewhere. A typical perspective of other narratives is the example of a 43-year-old father parent who stated that, if children are not told about their bodies' functions and everything that goes on during their growth and development period phase, they will have access to unrestricted information from either their peers or the internet. Another parent shared similar views that,

> The reason there is an increase in unintended/unwanted pregnancies is that kids have access to all kinds of information from other sources. Parents should have some time for their children, talk to them and advise them so that even if they come across such information from other sources; they would not be curious to experiment with that which is not culturally or religiously accepted.

The above parental views illustrate how religion and socio-cultural dimensions play a major role in individual and societal perceptions and practices of Gambian parents. To conclude, it can be seen that issues revolving around sexuality and sexual behavior are interpreted base on deeply rooted religious and cultural beliefs and perceptions of what is right or wrong.

4.1.1 Cultural and Religious Perceptions on Content and Age Appropriateness of Sexuality Education

Parental views on the teaching of sexuality education in Gambian societies are influenced by two interlocking themes of religion and cultural social discourses. Although there is general support for the need for sexuality education, however, parents were generally concern about the content and age-appropriateness of such teaching on the mental maturity of children/adolescents. Concerns were directed on the perceived negative consequences of teaching contraceptives, abortion, reproduction, and condom use both in homes and in schools due to the religious and cultural beliefs attached. It is generally believed by parents that early exposure of children to the topic will encourage experimentation of premarital sexual activities.

Likewise, it is believed that access to sexual and reproductive health information and services such as contraceptives and condom distribution before and during puberty encourages promiscuity. These beliefs are tied around so many taboos regarding virginity, sexual intercourse, and early/unwanted pregnancies. These views as shown in the following quotations were to a large extend based on both the socio-cultural and religious characteristics and perceptions of the respondents. For instance one of the female respondents used the teachings from her Christian faith to emphasize her points:

> Abortion should never be taught to children. This encourages kids to commit fornication, which is a grave sin in our faith. Gambian religions and cultures are against having sexual intercourse before one is married. It may also expose kids who will see abortion as the only option especially when they are faced with problems of unwanted pregnancies. (Mother aged, 34)

Similar sentiments were also shared by a father aged 50, who was a local Islamic scholar

> With religion, which is sacred, there should be morality and good behavior in everything we do or say especially in speech. Children should be taught about the changes that will take place in their bodies and the religious rites that they will need to do to purify their bodies to complete their religious obligations ie. how to perform Ghusl (ritual birth), after a wet dream, menstruation, and sexual intercourse. This does not however mean that one is permitted to teach topics about sex to unmarried women as it may encourage sexual experimentation. If in case these teachings are very necessary, they should be done by a female relative for females, and a male relative for males.

Additionally, the socio-cultural and religious environment plays a major factor in constructing a family's traditional practices, perceptions, and legalities around sexuality. Parents shared similar sentiments regarding how socio-cultural norms did not only construct sex and sexuality but also determine how it should be experienced thereby laying boundaries on sexuality discussions. Parents pointed out that, some contents like family planning, male/female genitals, contraceptives, abortion, reproduction, and the sexual act are were considered "adult secrets" and therefore too sensitive to be accessible to children since it goes against religious and cultural teachings. It is believed that exposing children to such information will only encourage children into premarital sexual activities. They however noted that if such teachings are really necessary, they should be done in the right religious and cultural context and circumstances.

Furthermore, parents also acknowledged that teachings of sexuality education is surrounded by factors of both religious and cultural misconceptions. This, in contrast, contradicts some of the views earlier expressed by other parents. Earlier viewpoints of some parents suggested that

cultures do not forbid sexuality discussions but should be limited to culturally and religiously accepted teachings and not include sexual acts and contraceptive use because this will expose the children to risks. It is stressed that the culture allows lessons on menstruation, gender roles, responsible decision-making abilities, and all other topics related to adolescents' health and wellbeing. A 50-year-old female parent strongly emphasized that teachings concerning sexual activities should not be talked to children because of their maturity capacity; adding that even during traditional ceremonies, teaching does not entail sexual acts but only the basics of responsible sexual decision-making behaviors. Comparatively, previous narratives of some parents, most parents do not even understand what the religious prescriptions are on the teaching of sexuality education as highlighted by a 42-year-old father below:

> Generally, the Gambia is this type of society we all see ourselves as culturally minded, they believe in culture to a certain extent that we hardly talk about things like sexuality. Most confuse religion with culture. There are things that we think are part of religion when they are cultural and vice versa. The problem is how do we distinguish the two?

Emphasizing the cultural and religious perceived dimension to change resistance on sexuality education, another 43-year-old mother highlighted that culture and religion do not forbid sexuality education, although the two are very close and are deeply intertwined issues and thus should be interpreted accordingly. She added that what culture and religion dictate, is the amount of information, when the information is relayed, who relays it, and where it is relayed.

4.1.2 Sexuality Education in Homes and Schools

When asked about their perceptions on the teaching of sexuality education in homes and schools, divergent viewpoints and stands were also evident in parents' responses. The majority of parents believed that sex education should only be provided in homes so that parents can regulate the amount and content of the information being imparted to pre-pubescent adolescents. The home is perceived as the best place to transmit values to children because that is one of the fundamental responsibilities of parents. They concurred that religion conferred this prescription on parents and guide them in navigating decisions. A father aged 50, emphasized this by stating that: "Islam, for instance, assigns parents as shepherds. This is because parents are the first and main teachers who should be at the forefront of their children's education." Fears were also raised on the teaching of such crucial subjects by others which is believed might result in children being exposed and socialized to values that are foreign to the family's traditional norms. And as such, if such teachings should be provided to children/adolescents, they should be controlled and not provided by anyone other than parents

since they are in a better position to transmit the family's cultural and religious norms and values.

A 45-year-old mother, like most other parents, also highlighted that:

> Children should learn from their parents. Why should you have children and allow someone to teach them about such sensitive knowledge? The home should be the place where such education is taught to children.

Support was further expressed by parents for the teaching of sexuality education in homes opposing its teachings in schools. These views expressed by parents were to a large extend based on fears and concerns on the type and amount of information being provided to children in the sexuality education curriculum. Cultural and religious authoritativeness was evident in their responses**.** Parents explained that the teaching of sexuality education to children in school is a result of the infiltration of the westernization and sexual culture of the Europeans in the Gambian school system through western education. Thus they find it difficult to accept the western ideology of providing sexuality education especially when they are not aware of the content and have no control over what is being taught to their children in schools. This was clearly illustrated in a parental response as she highlighted what she thought about sex education in schools,

> With regards to the teaching of such things in schools I am not happy, these are things that kids should only know when they are at the right age. The content and amount of information is not controlled. Parents like me do not even know what is being taught in these schools… Imagine, I will sometimes overhear their conversations on pregnancy, contraception or will even see drawings in their textbooks about pregnant women and all the stages involved. (Mother aged 45)

According to most parental narratives, sexuality education in schools does not only break cultural norms but also exposes children to earlier sexual debut and immoral sexual behaviors. An important observation here is that, although some parents were positive about the education system providing sexuality education to children in school, they felt that they were somehow disempowered from their prominent roles in transmitting the most appropriate cultural and religious value to their children and controlling the type/amount of information they access. This is because most of the topics that are covered in the school curriculum such as the reproductive system and contraceptives may challenge the norms of a particular culture that are held in high esteem. Moreover, the school system also represents a diversity of cultures, and different cultures view sexuality education differently. Therefore the teaching of sexuality education by teachers who come from different religions and cultures may interfere with the

moral teachings of a specific family's cultural values that are transmitted from one generation to the other and will thus enhance the rapture of native cultural norms. These sentiments as echoed in a parent's words

> I am just concerned about the amount and content of the information provided in schools. Schools represent a mixture of cultures. What is accepted in one culture is not accepted in other cultures…teachers also come from different ethnic groups who might also contradict the values we teach our children at home. (Mother aged 49)

Generally, parental concerns and objections to sexuality education in schools also highlighted factors of encouragement of sexual experimentation. This discourse stems from parental desire to shield young people from harm and aroused sexual curiosity. Parents emphasized the crucial role of maturity, values, and responsibility in handling sexual matters and consequently, schools should not be given the freedom to teach all aspects of sexuality education to students. This was emphasized by a 50-year-old father, in his narrative by stating that,

> Such knowledge should be controlled and should not just be accessible to anyone, especially to school-going children... Issues of marital affairs and contraceptives should not be included in the school curriculum who knows what they will end up doing with this knowledge… They are not supposed to be telling things like that to children.

On the contrary to these views, parents who were in favor of its teachings in schools saw it as an important avenue for children/adolescents to benefit from these lessons especially those who come from homes where such conversations are not open or rarely done. A mother aged 34, stated that

> I learned about menstruation in school before I experienced it. During my first experience, I was able to recall what I was taught in schools, such as how to take care of myself during this period, the reproductive system, the physical changes that occur in males and females, etc

Another mother aged 43, acknowledged support for sexuality education in schools by adding that it was a shared responsibility between the schools and the homes because both parents and teachers transmit values in the same way. She suggested that

> Both teachers and parents should be close to children and educate them about the consequences of bad behavior and the effects it can have on their health and wellbeing. Through this, they can help them to navigate life-changing decisions that will affect them in the long run.

4.1.3 Gender Differences in Parent-child sexuality Conversations
(I) Parent Gender

On the perception of the gender of the parent responsible for sexuality education, most of the views expressed were based on culturally constructed ideologies of the gender roles of women as homemakers and the family's caretaker and thus the most competent source for transmitting values. Deducted from the narratives of parents, especially mothers, their roles are very unique and extend from reproduction to caring for members of the family. These responsibilities as explained by parents portrays how family responsibilities are entirely placed in the hands of women in many Gambian societies. A father who was a local Islamic scholar highlight that his wife "does not only take care of her 10 children but also the children in the Dara (Quranic memorization school)"

It is interesting to note that both male and female respondents had similar views about the role of the mother being the most competent source for sexuality education for children because of her responsibility to train and guide them most appropriately. A mother aged 49, emphasized this by adding that, "I am always with the kids and culturally I am responsible for their upbringing and education". This was supported by many other parents who highlighted that mothers spend more time with their children and she should therefore transmit the right values to them because if they misbehave or the undesirable happens to any one of them, the disgrace will be on the family but the blame will be mostly placed on her. Society as seen in the narratives also has its way of blaming mothers for the misbehavior of their children making men rather innocent and free from blames. A mother aged 48, underscoring the responsibility they have in making sure that they transmit the right values to their children stated that,

> But if men are not living up to this social and religious obligation, women should not wait for them. No matter how difficult and uncomfortable it might be, mothers should take up the responsibility because if the children go astray tomorrow, the blame comes back to them in the long run.

With such child-training responsibilities placed on women, there were divergent views expressed on the sex of the child the mother should be closer to transmit the appropriate values. Some parents believed girls look up to their mothers and thus mothers should be closer to their female children and teach them about sexuality. Parents in this group felt that it was not their responsibility to talk to their male children about sexuality issues. A son's behavioral training

should be a father's responsibility because it will be too difficult to engage in meaningful discussions with their sons some parents observed. A mother aged 30, stated that "In our society women are not expected to raise their sons, that behavioral training should be their father's responsibility"

However, most mothers reported having taken up these tasks when men fail their parental responsibilities because of the culturally prescribed gender roles as the family's caretaker responsible for instilling appropriate behavior that society confers on them. Part of the other reasons for taking up their children's behavioral training was also because men were hardly home and should therefore not be dependent on for children's upbringing. Emphasizing these points a mother aged 37 stated that "fathers don't stay home. You hardly see them during the daytime. So if you are to wait for them to help you in your children's upbringing you will only be wasting your time and welcoming societal insults."

Another mother, aged 45, added that

> My husband passed away but even before he did I have always been at the forefront of my children's upbringing…He was the strict type and hardly even spends time at home…He spent most of his time either on the farm or with his friends in the village 'bantaba" (village meeting center) especially during the dry season when there is no farming activity.

Nevertheless, other parents highlighted that children's behavioral training should be the responsibility of both parents. A father observed that *"*from my religious perspective, it is the fundamental responsibility of both parents to make sure that they guide them on the right path." All the male respondents except one reported having engaged in sexuality discussions with his daughter and this I believe had a lot to do with his educational background and job occupation. He stated that although both he and his wife take up sexuality discussions with their children he is closer to his daughter than to his son; "So you can see I discuss more with my daughter and my wife discuss more with my son." (Father aged, 42)

Other male respondents reported that it was just not culturally wrong to engage in such discussions with their female children but it was also not their place. Again, fathers suggested that it was a woman's responsibility

> Am the man of the house, I don't think it is proper for me to talk to my kids about those things. It's not my responsibility nor my place …is it the mother's responsibility so my wife is responsible and takes up the responsibility (Father aged 50)

A mother aged 42, similarly declared,

> Mothers should be talking to both children. Fathers cannot talk to their children about these issues. It's shameful. We all know that in our homes, even if fathers want to communicate to their children these things are relayed to their mothers who will later translate them to the children. They will never come face to face with these things.

Another mother aged 49, also affirmed that "Men always prefer to take up strict disciplinary roles but those related to sexuality are not their place, culture does not allow it". She further expounded that it will be critical to talk to the child of different gender of the parent "I believe they can sit with their male children but it will be hard to talk about these things with their female children."

(II) Child Gender

When asked about the need for sexuality based on children's gender, perceptions were also diverse. Most parents were in favor of sexuality education for girls and thus they reported engaging in frequent sexuality discussions with their female children. Participants of both sexes believed that girls are more vulnerable to unintended pregnancies and therefore needed sexuality education the most. Boys were perceived as not being carriers (they do not get pregnant) and were more mentally mature and could as a result take care of themselves in most situations. Girls on the contrary were believed to be vulnerable and easily influenced or deceived by young men whom they frequently referred to as "putting young women in trouble." A 45-year-old mother suggested that,

> The girl child needs it more since they are the carriers. Boys don't get pregnant and although they should be talked to not to inflict harm on girls, it is the girls who should be warned to detest from premarital sexual activities or anything that will bring them shame or regret in the long run.

Culture and religion were used as guiding principles as part of the other reasons suggested by parents in supporting sexuality education for girls. The perception highlighted by parents in their narratives highlights sexual vulnerability and patterns of social interactions, experiences, negotiations of women's sexuality, and society's construction of femininity. A mother aged 45, stated that she offers her daughters lessons on

> How to stay away from men, because if they do not know the dangers related to mingling with men, i.e., how they may be perceived in the society and the accidents that might come as a result of rape, premarital sex, or unintended pregnancies, they might easily be victimized.

This quotation was also supported by other parents stating that girls were also very difficult to raise because of their vulnerability to easily fall victims. The narratives offered by parents on the theme of child gender in sexuality further portrayed how boys and girls are placed differently in social discursive practices of power relations, and vulnerability. Girls were constantly reminded that their gender construction entails sexual indifference and not sexual experimentation or improper sexual behavior. Society in these circumstances frowns at pre-marital pregnancies and expects young girls to be chastised. Girls were expected to be shy, modest, obedient to be very innocent with sexual issues, more importantly, needed protection from sexual issues. Those who fell victims to unintended pregnancies had to face the wrath and humiliation of not only their families but also rejection and humiliation from other members of the "charmed circle" in the community. Parents attested to the fact that they were aware of the strong sexual urges that swayed in pubescent minds. Nonetheless, society expects youth to be sexually innocent and not to openly engage in sexual conversations or activity as it might translate to waywardness whilst open discussions on sexual issues are not encourage for children however the reality derived from the parental narratives points to the fact that girls, were given lessons on reproduction, sexual development, and abstinence. Parents further suggested that it is important to start these conversations before their girl child reaches menarche so that they will be better prepared to tackle the vulnerability that comes with adolescent years. Similar to most female respondents, a mother aged 39, said,

> I talk to my female children most of the time…They are ones in danger and vulnerable to unintended pregnancy. Our discussions are mainly centered on the effects of premarital sexual intercourse, unintended pregnancies, and losing one's virginity.

The virtues attached to protecting a girl's virginity were discussed by many parents. They explained that young girls are not only warded against premarital sexual activities to protect them from unintended pregnancies but mainly to help them preserve their virginities. "Virginity proving is only with girls, men are not tested when they get married so girls should be warned against premarital sex to protect them from bringing shame to themselves and their families", a female parent aged,45, highlighted. The proving of a young girl's virginity on her marriage night is one of the norms practiced by many ethnic groups in the Gambia and it entails sexual intercourse between the bride and the groom. After the marriage is consummated, elders especially the parental aunt of the bride and the in-laws will inspect the young bride's white bedsheets to confirm the breaking of the hymen. If she was proved a virgin, a huge ceremony was usually organized in her honor by her in-laws with traditional praised songs usually sung

by the family's griot (praise singer). Highlighting the importance of this practice, a mother aged 52, indicated that, "this is the only way to ensure that the society and especially her husband respects her for eternity'' because falling pregnant or engaging in promiscuity might ruin her chances of having a good husband in society or even getting married. Virginity proving in most ethnic groups in Gambian societies entails a young woman's sexual abstinence and high moral values. A 49-year-old mother, recollecting her sexuality education history noted that it was one of the most common sexuality teachings mothers engage their daughters in. she stated that

> The only thing I remember my parents telling me or constantly reminding me about sexuality education was the importance of preserving my virginity and the shame I will bring to my family if I was deflowered before my marriage. This scary thing stuck on my head and greatly affected me…on my marriage night I was so consumed with what the results will be than anything else.

Besides, virginity testing, parents highlight that pre-marital sexual activities were a grave sin in religious perspectives.

> Fornication is wrong...it's a sin…a big sin. So I believe with these conversations…girls will be protected from committing sinful and inappropriate behaviors (mother aged, 49)

On the other hand, other parents suggested that sex education should be provided for both genders. A mother aged 34, emphasized this by saying that

> If both genders receive sexual education, it will have more impact on the family and society in general. As a woman, if your husband stops you from doing something that might affect you, you will know what decision to make in order to ensure that there is peace in the home. As a man, you will be able to know that, if you make a certain decision, it might affect your wife, sister, or daughter.

4.2 Parental Sexual Experience and the Initiation of Family Sexuality Discussions

4.2.1 Parental Sexual History

When asked about their previous sexual history, specifically on receiving sexuality education from their parents, most parents respondent that, there was no sexuality education with their parents. All parents highlighted that "Culturally these things have no place in family discussions." Parents stated that sexuality is treated as a taboo subject shrouded in secrecy. They lamented on their parents' reluctant and rigid attitudes around sexuality education for young people and thus the only form of sexuality education they received from their parents

was in the forms of threats and warnings to abstain from premarital sexual activities. A 34-year-old mother, recalling her sexual history with her parents added that

> I did not have any form of a lecture from my parents before I started seeing my menstrual cycle. My dad will send Mom to confirm whether I was not pregnant anytime I am vomiting due menstrual period. That's usually the time my mom will discuss with me how often it occurs, how I will feel, and what might happen if have sexual contact with a guy. So it's like I was only told what will go wrong when I have intercourse rather than enlighten me about the sexual issues I will need to tackle during my growth and development period.

Although acknowledging that it was a taboo subject, it is necessary to note that not all parents reported not receiving sexuality education from their parents. Among the few parents who reported benefiting from parental sexual conversations highlighted how their parents used to emphasize the virtues attached to chastity and ills of premarital sexual activities. Part of the other parents who attested to having received it in the past made reference to the sexuality teachings that are done in the initiation camps. They stated that traditionally it was the responsibility of elders of the community or members of the extended family rather than their parents. They confirmed that sexuality education is taught in most of their traditional communities in the rural areas during initiation ceremonies (circumcision both male and female) or traditional wedding ceremonies for women where her role and responsibility as a good housewife were spelled out. The reason they assumed was responsible for these teachings not being too open in their households according to a parent aged 50, was because "that is adult knowledge. Knowledge should be provided at the right time, right place, and the right age…it should fall on the right ears… The knowledge that is too sensitive should not be accessible to children according to my tradition…" He further stated that "if it comes to the extreme, such knowledge is provided in close doors by close family members"

In essence, parents confirmed that there was indeed some form of sexuality education provided in socio-culturally sanctioned public places in traditional Gambian societies where initiation ceremonies were held and elders in the community imparted culturally accepted behavior and societal expectations on the youth. These teachings as parents explained were more or less the same during traditional marriage rites. Although this practice is not as common as in the olden days, parents in the study, indicated that the initiation ceremonies were like schools in which youth were taught about their culture, family history, and culturally accepted behavior/practices. While these teaching only covered some aspects of sexuality education, based on practices of the ethnic group, elders would engage in sexuality discussions with the

same-sex gender. Uncles, grandfathers, and fathers talk to their sons and godmothers, maternal /paternal aunts talking to their female children. This was explained by a mother aged 34 stating

> In my culture, sexual education is taught, but it's only the male learning about male-related issues, taught by males and females taught by a female on female issues. You are not allowed to discuss anything in public .your age will also determine what you will be taught

Another mother aged 42, added that,

> The teachings were in different forms …depending on the age and ceremony…but during my traditional marriage, my paternal aunt taught me about my role and responsibility as a wife and mother in addition to some sexual moves I can do in the bedroom to attract my husband, parts of the body sensitive to sexual stimulation and how to use sexual enhances like waste beads.

Sexuality education in some traditional Gambian societies as some parents attested were not open in many households for fear of encouraging premarital sexual activities or promiscuity among the youth. It was also a way of regulating sexual activities among youths by keeping them closed doors. A mother aged 36, highlighted that godmothers in the past were responsible for teaching young girls aspects of sexuality education, particularly aspects that counted as acceptable behavior to prepare them for responsible adolescence and adulthood. In her quoted voice, she stated that "it was the godmothers' responsibility to teach her culturally allocated children these things but all these are dying due to the westernization of our cultures. Today few godmothers have time to engage in fruitful discussion with their children". She further explained that in the past these roles were given to the godmother, a close relative of the family because it was shameful for a mother to engage in such discussions with her daughters. Elaborating, she emphasized that,

> These things like sexual encounters your mother can never teach you these things…. It is only your godmother who can teach you …You will never respect your parents if they constantly keep telling you these things

Other parents who reported not receiving any form of sexuality education from either their parents or in the extended family acknowledge having benefitted from the teachings that were offered in schools. In the words of a mother aged 39,

> There was no sexuality education with my parents. It was treated like a non-discussion topic. I thank God that even before I reach menace, I have already learned about it in school, in the Population, and Family Life Education subjects. I have menstruated several years before my mum even knew because I was scared about the constant threats and warnings that will follow if she knew that I have already entered adulthood.

4.2.2 Parent-Child Relationship and Content of Family Discussions

All parents in the focus group and individual interviews express having a cordial relationship with their children and thus they engage in fruitful discussions which they believe are essential in the development of life skills and positive behavior. Most of the family discussions were based on themes of culturally and religiously accepted behavior (i.e.), respect for elders, and uphold religious and cultural values and domestic gender roles. A mother aged, 52, stated that,

> My children are very close to me…if you meet us sitting you will think that we are colleagues...We engage in so many discussions especially those on appropriate behavior especially culturally accepted norms, and the vulnerability that comes with adolescent years.

Culturally constructed sex-appropriate behavior and gender roles were the most frequent teachings that parents reported in most family conversations. Children who were taught about the variations in gender roles and gender-appropriate behavioral patterns are expected to learn and live by it in their everyday practice by observing significant adults in their surroundings. From childhood to when they enter adolescent years their gendered differences become very significant as they are more engaged in gender differential roles and responsibilities "What I discuss with the boys is different from what I warn the girls against…" a parent highlighted. Parents explain that their relationship with their children determines the frequency of parent-child conversations. In groups, both boys and girls are given general life skill lessons in preparation for responsible adult life. These lessons included but not limited to gender roles, how to make responsible decisions, respect adults, and be good members of the community by taking advantage of both the formal and informal educational settings. Parents reported that girls enjoy mother-to-child conversations, including restrictions on sexual activities and training on marital domestic roles. Parents highlighted that factors of the age of the child, the content of discussions, feelings around the conversations, and the gender of the child mostly discussed are some of the most common factors taken into consideration before the initiation of any parent-to-child conversation.

4.2.3 Initiation of Sexuality Discussions at Home

When asked if they engage in sexuality discussions with their children/adolescents, most parents responded that although they engage in parent-child conversations on life skills and gender roles which is just one aspect of sexuality education, hardly do they engage in in-depth

sexual discussions. A mother aged 52 highlighted that "traditionally these are a no-go area for children… Adults find it difficult to initiate such discussions. Because of this, there is a culture of silence surrounding such discussions.''

Typical of some of the other responses, parents highlighted that, they cannot engage in sexuality discussions with their children because they are too young and the knowledge is too powerful for them to comprehend due to their mental maturity. They were quick to acknowledge that when at the right age and right circumstances they will learn it by "experience". Other parents who reported engaging in few parent-child conversations on sexuality highlight that discussions are often initiated and controlled by parents and thus children have little or nothing to contribute. Most of the reported discussions are also unplanned and often triggered by a perceived negative sexual behavior either at home or in the neighborhood. From the narratives, it was evident that conversations were unidirectional, and parents as instructors determine the content and amount of information that adolescents should receive. A mother aged 45, explains that …

> If serious things happen in the neighborhood or whilst I am in the market selling relating to adolescents or growing up things like an unwanted pregnancy or abortion or rear cases rumors of a rape. I will call them and have serious conversations with them.

Lack of previous knowledge and experience was also a factor parents highlighted preventing them from engaging in sexuality discussions with their children at home. Parents explain that their lack of previous knowledge has not only impacted their readiness to engage in sexual conversations but also the lack of appropriate communicative styles in raising sexually active adolescents. It was observed that parents especially mothers who shoulder parental responsibilities in transmitting positive values and correcting inappropriate behaviors were more dominant in sexuality conversations and also tend to be rigid during discussions. Parents highlight that topics were quickly dealt with for fear of prolonging discussions before children will ask questions that they will not be able or embarrassed to answer. In all these situations parents did not highlight if they ask their children if they understood what they tried to put across. Most mothers believe that since these conversations fall under the realms of adult knowledge, they should be in control and children have little or nothing to contribute but need to just listen attentively. Even in rare cases most parents acknowledge using indirect teachings and avoid using exact words to describe certain sexual connotations. This is because it is

believed that it was indiscipline to refer to them directly and thus should be mention in figurative language rather than directly mentioning them. A 42-year-old father indicated

> I cannot even mention some part of the organ that you hold …that my nose is my nose, my eyes, my eyes, but I don't have the guts to say the penis, the vagina, the breast, and things like that. But you don't have to mention it directly…that is not acceptable.

Other parents highlighted that because these conversations are not very open in their households, they do not expect their children to start them. A father aged 50, living in an extended family highlighted that because sexuality topics are taboos and shrouded in secrecy, if a child starts these conversations it might be misunderstood as starting sexual activities, waywardness, or being influenced by the western media. He further stated it was also difficult for some parents to sometimes engage in these discussions because culturally they are not open, and are not even allowed. He continued to explain that although his wife sometimes engages in sexuality conversation with their children, he noted that it is due to their settlement in the urban areas because it will be an abomination to gather children in the rural areas and engage in such discussions without being misunderstood by elders in the household. In his words, "Our settlement here in the urban areas is a little lenient when it comes to cultural teachings compare to how we were raised in our villages. I see my wife engaging in discussions with our children on this hat she will not even have thought of in the village."

Apart from cultural boundaries parents also highlighted difficulties in initiating sexuality conversations due to feelings of embarrassment. A mother aged 45, also emphasized that although she feels like talking to her children about sexual-related issues, she finds it difficult to initiate such conversations because "I feel so uncomfortable whenever I try to initiate such discussions. These situations are rather so embarrassing for me and I feel it is for the children too." This was also further accentuated by other parents who also acknowledge the difficulty in initiating sexuality discussions. A 45-year-old mother specifically stated that;

> These discussions are not open in my household. It makes me feel so uncomfortable and if my children dare ask me I will just quickly respond "didn't your teacher answer that part, ask her when you get to class", I do this simply to discourage them from initiating such conversations so that they will not ask me embarrassing questions or those that I will not be able to answer.

In addition to this statement, a father aged 50, who was a teacher also emphasized that he finds it difficult to not only engage in sexuality discussions at home with his children but also in school with the students he teaches.

> No, I don't feel the need… I am not comfortable engaging in such discussions. Even in school whilst teaching when I come across these topics I will have to ask some of my female colleagues to come and assist me to cover that part of the lesson. It is really hard for me to engage in such discussions with my children talk less of children outside especially those I am teaching and is expected to not only respect me but also look up to me.

Some of the reasons other parents gave for not engaging in sexuality discussion in addition to embarrassment and lack of experience was mainly due to spending less time with the family

> After my husband died I was so consumed with the family sustenance that I had less time to engage in fruitful discussions with my children... I am always dead tired when I return from the market (Mother aged, 48)

This statement was also supported by another mother aged 52, who added that,

> But we all know that parents are busy trying to provide for the family sustenance and are so consumed with house chores that thus they have less time to spend with their children. When you close from work it is either late and the kids have retired to bed or you are so tired that the only thing you want to do is to find comfort in your bed to prepare for the next day. That is why it is difficult for parents like me to engage in any meaningful discussion.

A Mother aged 52 also acknowledges that school-going adolescents are difficult to talk to most especially because of the generational difference and they may already have learned some of these things in school.

> Well if they ask I will respond to their questions but kids nowadays are too stubborn and they tend to show their parents that they know more than us. If you want to talk to them, they will either disagree base on what the books say or the internet or they might tell you that they are in a different generation.

Nevertheless, a 34-year-old mother highlighted that she does not wait for her children to ask her about sexuality issues. She initiates the discussions whenever she feels the need before they seek it elsewhere.

4.2.4 Timing of Initiation of Sexuality Discussions

When parents were asked about the proper age sexuality conversations should begin most parents asserted that most of the family sexuality discussions are often not timed. Most often, they are initiated after children begin menstruation or begin to experience bodily changes such as breast enlargement. A mother aged 37, emphasized this by stating that

> Well, we do not even know when these things are taught to the children in school. But as parents when you start seeing certain changes in them e.g. breast enlargement you as a parent should get closer to your children and tell them the truth about adolescent growth and development and all the challenges that come with them.

A 34-year mother also noted that "In our communities that the only time parents feel like talking to their children about sexuality or premarital sexual intercourse is when they begin menstruating because this is the time when they are most vulnerable to teenage pregnancies". She further emphasized menarche to be the perfect time for sexuality education for girls as also highlighted by other parents that the reason for the late initiation of sexuality discussions is mostly because children are termed sexually innocent before they begin menstruation as such children should only be taught aspects of menstruation, responsible decision-making abilities, and gender roles. Parents believe that other contents like reproduction, contraceptives, and abortion fall under the realms of adult knowledge that children should only get to know when they are married. However contrary to the above statements of parents other parents highlight that there is no specific period that sexuality teachings and behavioral adjustment should begin, it should be on an ongoing basis until children are no more under parental guidance. In general, most parents attached a vulnerability perception around the period marking puberty. They tend to believe that this is the time when children are prone to sexual experimentation due to their emotional development and interest in sexual issues. A 37-year-old mother stated that "To be honest, there is no particular time but amongst my children, those that I think need to talk to on these issues are those that have already started menstruating. These are ones in danger and vulnerable to unintended pregnancy…"

Another mother aged 34 stated "that my dad has never discussed anything about it at all, but he observes me closely. He often sent my mom to ask what is wrong, when I am menstruating and starts vomiting"

A 42-year-old mother confirmed this by saying "I have menstruated several years before my mum even knew because I was scared about the constant threats and warnings that will follow if she knew that I have already entered adulthood."

4.3 Perceived Expectations of Sexuality Education

Parents in the present study concord that adolescents are vulnerable to intended pregnancies and sexually transmitted infections due to how they explore their sexuality highlighting factors of modernization that have resulted in young people giving less regard to chastity and

abstinence in pre-marital sexual activities**.** Nevertheless, parents were still confident that sexuality education will be invaluable in equipping and improving the skill of adolescents and young people on responsible decision-making abilities sexual communication with partners, and self-efficacy skills in negotiating safer sex practices. Typical of the narratives, parents highlighted tensions and controversy around the construction of sexuality within the "charmed circle" often characterized by unequal gender and power relations, abuse, and exploitation affecting women's sexuality and decision-making abilities. Thus sexuality education is crucial in addressing such vulnerabilities and enhancing gender equality and equity during adolescence and living responsibly during adulthood.

> This is not a bad thing but a very beneficial knowledge that will benefit children in the long run...In most societies in Africa, females are more vulnerable, they don't participate in decision making/ are voiceless in the home –when it comes to determining when to have sex. Sex is regarded as for the married ones. Girls cannot decide on their own how many children they will have, whether they will use contraceptives or not, allowed to abort certain pregnancies especially when their lives are at risk and sending their girl child to school. Thus, if a girl is educated, she will be able to make decisions that will help her as an individual, family, and society. (Mother aged 34)

Another parent, a father aged, 42 highlighted factors of the dominant patriarchal system

> Men are usually the head of the family and take the lead in decision-making. If a man is aware he will be very protective over his wife, children, sister, and female colleagues. Such men will help their wives to the way they give birth, respect their views in terms of having sex, encourage them to use contraceptives, send their girl child to school, discourage early marriage & Female Genital Mutilation FGM, help them to choose a partner, and making decisions and policies that are favorable to both male n female especially childbearing women.

Chapter 5

Discussion of Findings

Parents have been regarded as key stakeholders in the implementation of health and education policy that affects children in earlier research (Kee-Jiar & Shih-Hui, 2020; Rabbitte & Enriquez, 2019); therefore, it is vital to understand their perspectives on the delivery of sexuality education in different settings to understand their concerns and to map out strategies to win their support in the successful delivery of sexuality education programs. This chapter discusses the key research findings that were discussed in the previous chapter guided by the theoretical foundation and research questions of the present study.

The results of the study highlighted important themes on parental practices, patterns of parent-child relationship and communication, gender differences in sexuality, parental perceptions, experiences, and expectations on the teaching of sexuality education in The Gambia. The findings of the study are in line with findings of several other conducted studies not only in sub-Saharan Africa but around the globe (Baku et al., 2018; Bastien et al., 2011; Kakavoulis, 2001; Lu Weiclien V., 1994; Mabunda & Madiba, 2017; Makol-Abdul et al., 2010; Mapetla-Nogela, 2014; Muhwezi et al., 2015; Poulsen et al., 2010; Sagnia et al., 2020).

There was consensus based on parental narratives in the present study, considering the home to be the most appropriate setting for sexuality education to both pre-pubescent and post-pubescent adolescents. It was believed that it was the best place to transmit and nurture values most appropriate to the family's traditional and religious norms. Parents suggested that they as the first teachers of their children communicate with children as one of their primary responsibilities. This assertion by parents was supported by studies of Mpondo et al., (2018) and Soon et al., (2013) who accentuated that parent-child discussions are crucial in the development of positive and responsible sexual behaviors and attitudes. The majority of parents in the study acknowledged that sexuality education was important to adolescent's wellbeing and decision-making abilities. Yet still, they were however quick to point out that, sexuality discussions were not open in their households and consequently, they hardly engage in discussions on sexuality issues with their children. Factors of difficulty in the initiation of sexual discussions and difficulty in having meaningful conversations with adolescents were highlighted by many parents in both the in-depth interviews and focus group discussion resulting in infrequent sexuality discussions in their homes. These factors were varied ranging from the content, child age appropriateness, lack of appropriate communicative styles, feelings of embarrassment, cultural and religious believes. Factors of lack of experience, and inadequate

knowledge, were attached to their past sexual histories with their parents. Mbugua, (2007), Muhwezi, et al., (2015), and Wilson et al., (2010) also supported this evidence by illustrating how parental past sexuality histories significantly impact the initiation, nature, and frequency of sexuality discussions in homes. Findings of a meta-analysis of 95 studies on parent-child conversations on sexuality that were conducted by Colleen et al., (2003) and also on studies of Awusabo-Asare et al., (2017), Bastien et al., (2011); Biddlecom et al., (2009); Izugbara, (2008); and Ojebuyi et al., (2019) also concurred with the difficulties parents highlighted and reasons for low reports of engaging in comprehensive sexuality discussions their children. Likewise, a collaborative report prepared by UNFPA et al., (2015) also asserted that adolescents are faced with numerous barriers in meeting their sexual and reproductive health needs and exposure to risk factors due to barriers of socio-cultural and religious norms.

The study also highlighted important themes of gendered differential roles in parenting and initiation of sexuality conversation. A positive parent-child relationship was a good predictor of family conversations with reports of more parents engaging in family discussions irrespective of the gender of the child. Topics that surfaced during the interviews on family discussions included aspects of gender domestic roles, menstruation, appropriate behavior, premarital sex, unintended pregnancy, respect for elders in the community, and life skills development by making use of both the formal and informal education settings. Parents highlighted that they were more confident and motivated to engage in discussions on these topics compared to frequent and honest in-depth discussions on sexuality issues with children of both sexes.

Similarly, both male and female respondents considered mothers as the most competent source for sexuality education. Mothers themselves expressed more open and positive views towards sexuality education and were more involved in sexuality discussions compared to fathers. Female parents' involvement in frequent discussions with their children as explained by parents were largely based on the cultural and religious prescribed roles of the woman as the family's caregiver. It could also be due to the social construction of feminity/gender stereotypes in most African societies, (Ojebuyi et al., 2019). The findings also revealed maternal dominance in sexuality conversations since mother-child conversations were the most frequent discussions reported in most homes. Despite the lack of empirical evidence on fathers' perception of their roles in the sexuality education of their children (Kee-Jiar & Shih-Hui, 2020), fathers in the study felt that it was culturally wrong to engage in sexuality discussions more so with their female children. This evidence in the present study was also mentioned in another conducted

study in Ethiopia where fathers reported not engaging in sexuality discussion with their female children due to factors related to feelings of embarrassment and cultural norms dictating social structures (Yesus & Fantahun, 2010).

By drawing from max weber's theoretical model, **"**verstehen and the ideal type", a phenomenon that an individual interacts with is understood from the context of the understandings he attached to his environment. Given the above assertion, issues of sex and sexuality in Gambian society as was presented in the results section were influenced by two interlocking themes of cultural structures and religious practices that did not only determine the initiation, extend, and content of sexuality discussions but also how sexuality issues are interpreted accordingly. The study also provided evidence on the effects of cultural norms on parenting styles and child training. Chastity and morality were used to support some of the themes parents highlighted concerning adolescents' access to sexuality information because of the general belief that it might arouse sexuality curiosity and consequently initiation in pre-marital sexual behavior. In addition in previous studies on parental perceptions on sexuality education by Egan & Hawkes, (2008), Renold, (2007), Robinson et al., (2017), and Stinson et al., (2015), it was documented that sexuality education in both homes and schools is hindered by social and culturally constructed controversies and tensions terming sexually education for children to be irrelevant, risky and inappropriate to pre-pubescent adolescents. This evidence was in line with the parental perceptions illustrated herein this study highlighting important themes around the controversies of sexuality education for young people. Parents highlighted factors of modernization and how it has succeeded in contradicting co-existing religious and cultural norms/structures of the society resulting in adolescents giving less regard to chastity.

The study also confirmed parental concerns over their female children's sexualities since engagement in premarital activities might not only be disastrous but may also ruin their chances of marriage. Findings of the present study also suggest that parent-child sexuality discussions were precautionary and relegated by parents as was also documented in previous studies (Baku et al., 2018; Bastien et al., 2011; Mapetla-Nogela, 2014; Oaa et al., 2017; Wamoyi et al., 2010). Home-based sexuality discussions as evident in the results sections were normally not planned, characterized by warnings and threats were triggered by perceived teenaged misbehavior or rumors of unintended teenage pregnancy in the neighborhood. Parents felt that talking to children about contraceptives, condom use, and abortion will only encourage earlier sexual debut as was also illustrated in studies of Izugbara, (2008) and Wamoyi et al., (2010). These perceptions were however contradictory to findings of studies of, DiClemente et al., (2001);

Pop & Rusu, (2015), and Williams et al., (2015) that indicated that parental communication on contraceptives and sexually related topics with their adolescent children are associated with a reduction in risky sexual behaviors. Parents highlighted that among the most frequent topics discussed with their adolescent girls included, abstinence, virtues attached to virginity, and dangers of premarital sexual activities. The interference that could be drawn from the gendered nature of parent-child sexuality discussions from the findings of the study is that most Gambian parents felt that their female children needed sexuality education the most compared to their male children. This is because girls were perceived to be more vulnerable to intended pregnancies and subjected to cultural practices like virginity proving.

Furthermore, based on the findings of the study, although parents are in favor of sexuality education for adolescents' they, however, accentuated that sexuality education that is provided in schools should be tailored based on both religious and cultural accepted behaviors especially those that preach against pre-marital sexual activities and use of contraceptives. Parents raised concerns that they did not also know what the sexuality education topics in schools entailed. The findings here were similar to the findings of Mapetla-Nogela, (2014) who also reported that parents were not fully informed about the form sexuality education curriculum took in some South African schools based on their perceptions that schools were not teaching the truth to children since it was taught against their beliefs and how they thought it ought to be handled. Constantine et al., (2007) also argued that parents who had a positive view towards sexuality education will be more supportive compared to those who did not. This perception was also supported by the Health Belief Model in that positive healthy behavior is a determinant of a perceived health outcome (Rosenstock et al., 1988). The findings herein are crucial for policymakers to inform parents about the perceived benefits of sexuality education programs in order to overcome barriers to implementation that might be a result of parental factors.

Additionally, most parents highlighted that the perfect age to begin sexuality communication with their children should be after children entered puberty because this was the time when they are most vulnerable to intended pregnancies. This may however be erroneously time since previous studies suggest that the perfect time to begin sexuality education was before children enter puberty (Baku et al., 2018; El Kazdouh et al., 2019; Izugbara, 2008; Pop & Rusu, 2015; Robinson et al., 2017; Sagnia et al., 2020; Wamoyi et al., 2010; Wilson et al., 2010). Other parents however expressed contradictory perceptions that it should begin during pre-pubescent years so that children will be better prepared to handle the pressure that comes with their growth and development period. This perception expressed by parents was supported in previous

studies where it was documented that intervention programs have been proven to be effective if they target adolescents before they reach puberty (Akers et al., 2011; Blankenship et al., 2006; Chandra-Mouli et al., 2015; El Kazdouh et al., 2019; Oringanje et al., 2016).

Previous studies have also shown that communication on sexuality that is facilitated by parents is invaluable in delayed sexual initiation and development of healthy sexual attitudes (Bankole et al., 2007; Pop & Rusu, 2015; Robinson et al., 2017; Wamoyi et al., 2010; Williams et al., 2015). The findings of my study provided evidence that parent-child sexuality communication is generally low in the Gambia as few parental respondents reported having engaged in fruitful and frequent sexuality discussions with their children. This crucial finding of the present study was also illustrated in recent studies in the Gambia by, Jobarteh, (2018); Lohani, (2018), and Sagnia et al., (2020) where it was also reported that adolescents are faced with barriers to sexual and reproductive health information due to deep-seated cultural and religious norms.

In conclusion, parents' gender, education level, settlement, age, religion, and cultural beliefs, occupations, and income have all been found to register a significant impact on parental views toward several areas of sexuality education in previous studies. Although inconsistent results could be suggested between parental educational level and attitude towards the teaching of sexuality education, ie studies of Achille et al., (2017), Bhuiyan, (2014), Constantine et al., (2007), and Macbeth et al., (2009) lent for this association with studies of Barr et al., (2014), Kristin et al., (2006), Liu et al., (2015), and Makol-Abdul et al., (2010) showing an inverse association whilst studies of Kuštreba et al., (2015), Liu et al., (2015), and Marla E. et al., (2008) could not offer any evidence on the educational background as a significant determinant to parental perceptions on sexuality education. The present study did not also, find any consistent correlation between the demographic background on parental perceptions and patterns of communication on sexuality education despite variations in religious and cultural values.

Chapter 6

Conclusion & Recommendation

6.1 Conclusion

The main aim of the present study was to explore the perceptions, experiences, and expectations of parents and the implication it can have on the teaching of sexuality education in and out of Gambian schools. The study selected participants from diverse ethnic groups in both rural and urban Gambian societies. Data was collected through FDGs and individual in-depth interviews. The theoretical foundations of the present study, the post-modern feminist theory which in turn utilizes the social constructivist theory, have been instrumental in guiding me to understand how sexual identity and meanings in the Gambian society are constructed. It has also offered me a better perspective in identifying the social institutions where sexuality education for youth both homes and in schools is embedded and how parents could be assisted in overcoming some of the challenges they highlighted in their narratives.

The findings of the thesis are in line with an increasing number of previous studies that have examined perceptions and attitudes of parents on the provision of sexuality education to children/adolescents (Baku et al., 2018; Bastien et al., 2011; Biddlecom et al., 2009; DiClemente et al., 2001; El Kazdouh et al., 2019; Izugbara, 2008; Liu et al., 2015; Oaa et al., 2017; Ojebuyi et al., 2019; Pop & Rusu, 2015; Robinson et al., 2017; Sagnia et al., 2020; Wamoyi et al., 2010). These studies like the present study have also examined the preferences, including timing and content as factors that influenced parental perception towards the teaching of sexuality education both in homes and in schools.

Results of the study also highlighted important themes of gender socialization, religious and the cultural nature of the Gambian society, and how issues of sex and sexuality are intertwined and interpreted accordingly. Parental concerns about the teaching of sexuality education by other sources especially the school and the impact it can have on the mental maturity of both pre and post-pubescent adolescents is a crucial finding of the present study. Previous literature in this field had advocated for a multi-sectoral holistic approach to dealing with difficulties related to teaching sexuality in classrooms but had not however successfully explored parental perceptions based on these initiatives (Mapetla-Nogela, 2014).

Parental views around the scope of sexuality education in that it encourages early sexual debut and initiation into premarital sexual activities should be corrected. This could be done by the government in coming up with initiatives and intervention programs that will make parents

more involved in the sexuality education of their children due to the invaluable role they play in their early socialization. Parental involvement in the sexuality education of their adolescent children is not only crucial in the development of positive sexual attitudes and behavior but also the successful implementation of sexuality education programs (Naidoo, 2006). It will be crucial if school heads will be able to organize parent-teacher meetings where parents will be informed about the importance, together with the form/content of the sexuality education curriculum being offered together in other school subjects. Thus parents will have the opportunity to ask questions related to content and age appropriateness and be better equipped to facilitate dialogue with their children on issues of sex and sexuality. On the highest level, it will be imperative for the ministry of education to come up with initiatives and intervention programs where parents will not only be more involved in the schooling of their adolescent children but where opportunities would be created to improve parental knowledge on the need for sexuality education for both pre and post-pubescent adolescents and how they could better improve the communication patterns with their children. A school-based parental community comprising of parents from different socio-demographic backgrounds including stakeholders such as teachers, school administrators, religious leaders, medical personals, will be crucial in identifying appropriate topics for a culturally relevant curriculum and loopholes related to its implementation.

6.2 Recommendations and Indication for Future Research

A key recommendation from this study will be to map out strategies for inter-sectorial cooperation and linkages since the education sector alone would not be able to provide effective comprehensive sexuality education. I suggest that when planning and implementing its programs, a multi-dimensional and interdisciplinary approach be adopted by the ministry of education by bringing all stakeholders on board since sexuality education tends to be an all-inclusive concept.

Further studies will also be invaluable in assessing the impact of parental communication especially on the significance of the mother’s sexuality communication on adolescents' sexual decisions and how they impact behavioral change. In addition, it will also be important to assess adolescent perceptions on the nature of sexuality discussions with their parents.

6.3 Limitation of Study

The results of the study may be exposed to response bias since parents might have been too conservative in their responses and may have preferred to stick to the traditional social and cultural construction of sexuality in their communities. Almost all of the interviews were conducted in the local languages, although I tried as much as possible to report them verbatim without altering the original meanings some words or phrasal expressions might have been lost during the translation process. This is because some local words have no equivalence in the English language and hence impossible to translate. Due to the short timeframe for the thesis project, it was difficult to get many parents to participate in the study especially with people who have been raised in an environment where sexuality issues are termed taboos. This was mainly a result of the sensitive nature of sexuality issues that are deeply rooted in socio-cultural and religious frameworks.

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Appendixes

Appendix 1

Research Questionaries

A Qualitative Study on the Perceptions, Experiences, and Expectations of parents on the teaching of sexuality education in and out of Schools.

Demographic profile

1) Name –(identification number) …….
2) Age – …….
3) Sex – ……..
4) Religion ……
5) Ethnicity ……..
6) Educational Background
7) Address (Rural/Urban)……..
8) Profession – ……..

A. How will you describe your relationship with your children/ adolescents?
B. Do you mostly engage in any discussions with your children at home? If yes what are those discussions mainly centered on?
C. What do you think about the teaching of sexuality education to children both in school and in homes?
D. Has sexuality ever become part of topics of discussion with your children?
E. How open is the culture towards sexuality education?
F. How do you think it is perceived base on cultural and religious norms?
G. How will you describe your own experience on sexuality education with your parents?
H. Do you feel the need to talk to your children about sex education?
I. How open are sexuality discussions in your household?
J. When doing discussions with your children on sexuality issues begin (before or during puberty), how will you describe the process of the discussions?

K. How often do you engage in sexual growth, development, or gender discussions with your children?
L. What sex topic will you as a parent not discuss with your children?
M. Who do you think should take the main responsibility for explaining sex and sexual education to your child?
N. What are the difficulties that you encounter in discussing sexuality education with your children?
O. Who among the parents do you feel has the responsibility of giving information when it comes to the issue of sex?
P. Who between you and your partner always takes up the role of sex education at home?
Q. Which gender among your children do you think should be provided with more and frequent sexuality education? what are your reasons?
R. What recommendations would you give for the effective implementation of sexuality education in schools and homes?

Appendix 2

Inform consent form

Inform consent form for interviews on a Qualitative study on perceptions, experiences, and expectations of parents on the teaching of sexuality education in and out of Gambian schools.

My name is Fatou Kah, a student pursuing a master's degree in Educational research at the Department of Education, University of Gothenburg. I am writing my master's thesis on parental perceptions, experiences, and expectations on the teaching of sexuality education in and out of Gambian schools. This study seeks to explore the meanings Gambian parents attached to sexuality education and to unveiling some of the important themes surrounding the discourses of the teaching of sexuality education to children in homes and schools.

I will like to invite you to be part of my study because you are a parent of a school-going child/adolescent and therefore an important stakeholder in the implementation of health and educational programs that affect children both at the national and community level.

If you are willing to participate voluntarily in this study then please complete the form below by ticking the appropriate boxes to confirm your agreement/disagreement with each statement:

Please tick the appropriate box:

	Yes	***No***
1. I confirm that the aims of the study were clearly explained to me in simple terms during the consent-seeking process and I have understood its purpose.	☐	☐
2. I understand that my participation in this study is voluntary and that I am free to withdraw at any point in time without giving any reason. In addition, I also have the right to decline to answer any particular question(s) should I not wish to without any penalty.	☐	☐
3. I understand that the responses that I will provide for this study will be kept strictly confidential. I understand that my name will not be used in the process of reporting the findings and that the research will use pseudonyms to prevent my responses from being linked back to me.	☐	☐
4. I agree for this interview to be audio-recorded and to be kept safe. I understand that no one outside of the research team will have access to them.	☐	☐
5. I consent to the use of my anonymized data for future research purposes, such as publications connected to this study, once the thesis is completed	☐	☐

I consent to participate in this interview.

_____	_____	_____
Identification number of participant	Date	Signature

_____	_____	_____
Researcher	Date	Signature