

Survey Report: Understanding Sexual Education and Health Among Junior High School Girls

WISE PROJECT (WOMEN IN SEXUAL EDUCATION)

Survey Conducted at Elmina M.A. Basic School by Elmina Research & Innovation Centre for

MICHAEL KUNKE FOUNDATION | 22 DUTCH CEMETERY STREET, ELMINA

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Executive Summary

The survey conducted among Junior High School (JHS) girls at Elmina M.A. Basic School in Ghana aimed to gather insights into various aspects of sexual education, menstrual hygiene, and communication and information access among adolescent girls. A total of 33 participants were surveyed using a structured questionnaire administered through Google Forms. Convenience sampling was employed to recruit participants from different forms within the school.

Key findings revealed that the majority of respondents were between the ages of 12 to 15, with a smaller percentage aged 16 to 22. JHS 1 had the highest number of participants, followed by JHS 2 and JHS 3. Regarding sexual lifestyle, most participants reported not having had sex before, with those who did reporting varied levels of protection use. Prevalent issues of gender-based violence, including unwanted advances or touching by adult males, both at school and at home, were also highlighted.

In terms of menstrual hygiene, the majority of respondents reported experiencing monthly menstrual cycles and primarily using sanitary pads during menstruation. Access to menstrual hygiene products varied, with some relying on parental support while others purchased products themselves. Additionally, the survey provided insights into communication and information access, revealing widespread ownership and use of mobile phones among participants, particularly smartphones, and a preference for social media platforms such as WhatsApp and TikTok.

These findings underscore the importance of comprehensive sexual education programs tailored to the needs of adolescent girls, efforts to address gender-based violence and promote menstrual hygiene management, and initiatives to enhance access to information and resources through digital platforms. By prioritizing these areas and implementing evidence-based interventions, stakeholders can empower adolescent girls to make informed decisions about their sexual health, navigate challenges, and ultimately lead healthier and more fulfilling lives.

Introduction:

The WISE Project (Women In Sexual Education), a comprehensive initiative aimed at promoting sexual health education among adolescent girls. The vision of the WISE Project is to empower women through knowledge, to protect their dignity, and understand equality, envisioning a world where every woman possesses the confidence and education to make informed decisions about her health, relationships, and overall well-being. Our mission is to empower girls within Central Region and beyond with the knowledge, skills, and support systems that enable them to navigate their sexual health journey confidently and responsibly. By providing comprehensive and culturally sensitive sexual education, health awareness, and empowerment programs, we aim to create a community where women stand strong, support one another, and actively contribute to shaping a healthier, more equitable society.

Background to Study

According to UNESCO 2023, too many young people receive confusing and conflicting information about puberty, relationships, love and sex, as they make the transition from childhood to adulthood. A growing number of studies show that young people are turning to the digital environment as a key source of information about sexuality

Many young people approach adulthood faced with conflicting, negative and confusing messages about sexuality that are often exacerbated by embarrassment and silence from adults, including parents and teachers. In many societies, attitudes and laws discourage public discussion of sexuality and sexual behavior, and social norms may perpetuate harmful conditions, for example gender inequality in relation to sexual relationships, family planning and modern contraceptive use. A significant body of evidence shows that Comprehensive Sexuality Education (CSE) enables children and young people to develop: accurate and age-appropriate knowledge, attitudes and skills; positive values, including respect for human rights, gender equality and diversity, and, attitudes and skills that contribute to safe, healthy, positive relationships (UNESCO 2018).

CSE is also important as it can help young people reflect on social norms, cultural values and traditional beliefs, in order to better understand and manage their relationships with peers, parents, teachers, other adults and their communities.

UNESCO, 2018 indicates countries are increasingly acknowledging the importance of equipping young people with the knowledge and skills to make responsible choices in their lives, particularly in a context where they have greater exposure to sexually explicit material through the Internet and other media. The 2030 Agenda and its global Sustainable Development Goals (SDGs) calls for action to leave no one behind, and for the realization of human rights and gender equality for all. The mobilization of political commitment to achieve goals on education, gender equality, health and well-being, also provides an important opportunity to scale up existing or new multisectoral programmes to bring CSE to children and young people everywhere.

It is against this background and subsequent reportage in the media, placing some regions in Ghana on top charts for teenage pregnancy and school drop outs, that this survey was conducted to determine the level of knowledge the participants have in sexual education and where they access information on sexual education to enable the WISE team strategize better In order to achieve its mission.

Objectives

By conducting this survey, we sought to

1. Understand the participants' awareness of sexual health topics, including menstrual cycle knowledge, sexual lifestyle,
2. Determine how they access information and resources on sexual education.
3. To contribute to the ongoing efforts of the WISE Project in promoting comprehensive sexual education and addressing the unique needs of adolescent girls.

Literature Review

More young people than ever before are turning to digital spaces for information on bodies, relationships and sexuality, interested in the privacy and anonymity the online world can offer. UNESCO found that, in a year, 71% of youth aged 15-24 sought sexuality education and information online. With the rapid expansion in digital information and education, the sexuality education landscape is changing. Children and young people are increasingly exposed to a broad range of content online some of which may be incomplete, poorly informed or harmful (UNESCO 2023).

Concerning sources of sex information to adolescents, the studies by Ramsey, (1989), Thornburg, (1981) and Harris and Davis, (1982) are consistent with each other. A greater proportion of their information was obtained from peers, literature, parents (particularly mothers) and school (teachers). Some information was also received from experience, physicians and the church. Boys were more dependent on peers and the girls on parents for their sex information. The fathers were an insignificant source of information for both boys and girls. In fact, adolescents reported obtaining sexual information, not from adult family members, but primarily from media, schools, and peers.

In the same studies by Ramsey, (1989);Thornburg, (1981) & Harris and Davis, (1982), they showed that, although some mothers and adolescent girls reported communicating about menstruation, most parental communication consisted of vague warnings not to "play" with boys or girls, without explaining what this euphemism means. Other studies coming from East Africa (Kenya, Uganda, Tanzania), Nigeria, and India also confirm the same problem (PR, 1995). Daughters, in particular, reported stronger relationship with mothers than fathers. The fathers were an insignificant source of information for both boys and girls. Fox and Inazu, (1980), found from various studies in USA that, parents were either ignorant themselves, embarrassed to discuss sexual topics, afraid that knowledge will lead to experimentation or set negative example at home. Sathe, (1992) observed that, parents were uncomfortable about imparting sex education to their daughters.

To them, sex education should be imparted to girls only after attaining menarche. Kodagoda, (1986) found out in another study in Sri Lanka that, some mothers were reluctant to talk about sex to their daughters as they found it embarrassing to discuss these issues. Some felt their children would become smart and may experiment with sex. Another group was of the opinion that such information could be got from friends, elder sister and sister-in-laws rather than the mother

It is widely known with several studies emphasizing that most young girls in recent times are sexually active and have no or little knowledge on the implications and the risks involved with their actions. It is clear that today's young people are sexually active at an earlier age than previous generations and that a majority of them become sexually active before high school graduation (Wellings et al., 1995; Lindsay et al., 1999). However, the sexual activities of today's young people differ from those of earlier generations, in that teenagers today are likely to have multiple partners, and are frequently in short-term relationships or with partners that are not well known to them (Feldman et al 1999).

The numbers of teenagers who engage in early sexual relations has increased and sexual activity in teenagers could be viewed as a normal developmental behaviour. The age at marriage is increasing while the age at which puberty begins is decreasing so that the current age range for

attainment of puberty is 19 to 14 years for boys and 8 to 13 years for girls. The widening gap between the age at which puberty begins and the normal age of marriage increases the possibility of adolescents engaging in premarital sexual activity (Roque & Gubhaju, 2001).

As a result of high rates of sexual activity and high risk behaviours teenagers are exposed to unwanted outcomes, including sexually transmitted infections, unintended pregnancy and its consequences (WHO, 1998; Edgardh, 2000; Diclemente et al., 2001; Vundule et al., 2001). While many people view teenagers' behaviour as risk taking, teenagers do not necessarily view themselves as at risk. Instead, many teenagers hold the unrealistic view that they are unique and invulnerable and they under-estimate the negative consequences of risk taking (Hockaday et al., 2000).

UNESCO, 2023 further states that countries have increasingly acknowledged the importance of equipping young people with the knowledge, skills and attitudes to develop and sustain positive, healthy relationships and protect themselves from unsafe situation

Adolescents who have the training from schools and societies and who are able to control themselves from the use of drugs and alcohol could less likely be at risk of STDs and for that matter the relation between school instruction and organization of sexual and reproductive health issues influences the knowledge level of students thereby affecting their behaviour relative to better and safer sex practices that limit their vulnerability to HIV/AIDS, adolescent pregnancies and other STI's (Henry J. Kaiser Family Foundation et al, 2004). With effective home and school sexuality education, young people are provided the factual information they need so that they can make their sexual decisions wisely and knowledgably.

Adequate knowledge would consequently lead to healthy sexual life of the adolescent into adulthood whereas poor or inadequate knowledge would result in making the adolescent expose to bad sexual influences including multiple sexual partners, alcoholism and drug addictions (Clark, Jackson & Allen-Taylor., 2002).

As they grow up, young people face important decisions about relationships, sexuality, and sexual behavior. The decisions they make can impact their health and well-being for the rest of their lives. Young people have the right to lead healthy lives, and society has the responsibility to prepare youth by providing them with comprehensive sexual health education that gives them the tools they need to make healthy decisions. But it is not enough for programs to include discussions of abstinence and contraception to help young people avoid unintended pregnancy or disease. Comprehensive sexual health education must do more. It must provide young people with honest, age-appropriate information and skills necessary to help them take personal responsibility for their health and overall wellbeing (Advocates for Youth, 2014).

Advocates for Youth (2014) explains that sex education is the provision of information about bodily development, sex, sexuality, and relationships, along with skills-building to help young people communicate about and make informed decisions regarding sex and their sexual health. Sex education should occur throughout a student's grade levels, with information appropriate to students' development and cultural background.

It should include information about puberty and reproduction, abstinence, contraception and condoms, relationships, sexual violence prevention, body image, gender identity and sexual

orientation. It should be taught by trained teachers, experienced personnel or individuals. Sex education should be informed by evidence of what works best to prevent unintended pregnancy and sexually transmitted infections, but it should also respect young people's right to complete and honest information. Sex education should treat sexual development as a normal, natural part of human development.

According to (Joint United Nations Programme on HIV/AIDS (UNAIDS), 2009) effective sex education can provide young generation with age appropriate, culturally relevant and scientifically accurate information. Some adolescents found discussions about how to avoid getting STDs, avoid pregnancy and information about condoms and other forms of birth control to be very helpful.

Positive attitude toward safe sex practices could prevent STDs and HIV/AIDS among sexually active adolescents (Brabin et al., 2011) coupled with the support of their parents. Unfortunately, parents although keen to help their children, still do not communicate adequately with them about safe sex, mainly due to the fact that many parents feel inadequate to the task (Dejong et al, 2007), and therefore are often embarrassed and uncomfortable to approach their children with the topic (BBC News, 2000). In recent times, children have turned particularly to more formal sources of sexual health education such as school-based lessons (Clark, Jackson & Allen-Taylor., 2002)

UNESCO (2023) believes that with CSE, young people learn to treat each other with respect and dignity from an early age and gain skills for better decision making, communications, and critical analysis. They learn they can talk to an adult they trust when they are confused about their bodies, relationships and values. They learn to think about what is right and safe for them and how to avoid coercion, sexually transmitted infections including HIV, and early and unintended pregnancy, and where to go for help. They learn to identify what violence against children and women looks like, including sexual violence, and to understand injustice based on gender. They learn to uphold universal values of equality, love and kindness.

According to UNESCO 2018, Comprehensive sexuality education (CSE) plays a central role in the preparation of young people for a safe, productive, fulfilling life in a world where HIV and AIDS, sexually transmitted infections (STIs), unintended pregnancies, gender-based violence (GBV) and gender inequality still pose serious risks to their well-being. However, despite clear and compelling evidence for the benefits of high-quality, curriculum-based CSE, few children and young people receive preparation for their lives that empowers them to take control and make informed decisions about their sexuality and relationships freely and responsibly.

WISE conducted this survey to gain deeper insights into the knowledge on sexual education among the participants in Elmina in order to prepare to help bridge the gap.

Methodology:

Survey Design:

The survey employed a cross-sectional design, collecting data from participants at a single point in time. This approach allowed for the assessment of the prevalence of various characteristics and behaviors among the surveyed population of adolescent girls.

Sampling Method:

The sampling method used for this survey was convenience sampling. Convenience sampling involves selecting participants based on their availability and accessibility. In this case, participants were recruited from the Junior High School (JHS) of Elmina M.A. Basic School, using convenience sampling. The students were randomly selected by the school administration to participate in the survey. The sampling frame consisted of a total population of 102 female students enrolled at the Junior High School (JHS) of Elmina M.A. Basic School. From this population, a sample of 33 students was chosen to participate in the survey. This method was chosen due to its practicality and feasibility in accessing the target population within the school setting.

Survey Design and Instrument:

The survey utilized a cross-sectional design, collecting data from participants at a single point in time. The survey instrument consisted of 17 questions covering various topics related to sexual education, menstrual cycle knowledge, and communication and information access. The questions were designed to assess participants' knowledge, attitudes, and behaviors regarding sexual health. The survey instrument was developed based on established frameworks and guidelines for sexual education research. Participants accessed and completed the survey questionnaire using Google Forms, a digital survey platform. This method allowed for efficient data collection and enabled participants to respond to the survey using their smartphones or other internet-enabled devices.

Data Collection Process:

The data collection process involved administering the survey questionnaire to the selected participants using Google Forms, a digital survey platform. Trained survey administrators visited Elmina M. A. Basic School on 16th February 2024 to conduct the survey. Participants accessed the survey questionnaire using their smartphones or other internet-enabled devices. To ensure privacy and confidentiality, participants were isolated from the classroom setting to answer the questions confidently. They all used one device, taking turns to access and complete the questionnaire. The survey administrators were available to assist participants throughout the data collection process. Upon completion of the survey, participants submitted their responses electronically through Google Forms. The collected data were then compiled and exported into a digital database for analysis.

Participants:

A total of 33 Junior High School (JHS) students participated in the survey. The age distribution of the respondents is as follows:

- Age 12: 2 students
- Age 13: 7 students
- Age 14: 6 students
- Age 15: 12 students
- Age 16: 3 students
- Age 18: 2 students
- Age 22: 1 student

The distribution of participants across the different forms is as follows:

- JHS 1: 14 students
- JHS 2: 12 students
- JHS 3: 7 students

Survey Questions:

The survey consisted of 17 questions covering a range of topics related to sexual education and access to technology. The questions were designed to gather information on the participants' knowledge, attitudes, and behaviors. Here is an overview of the survey questions:

1. Age: [Responses provided: 12, 13, 14, 15, 16, 18, 22]
2. Form (Grade): [Responses provided: JHS 1, JHS 2, JHS 3]

Sexual lifestyle:

3. Have you had sex before? (Yes/No)
4. If YES, do you use protection? (Yes/No/Sometimes)
5. Do you have a serious boyfriend? (Yes/No)
6. Who do you freely talk to about sex? (Parents, Peers/Friends, Teachers, Family Members)

These questions are crucial for understanding the sexual behaviors, attitudes, and communication patterns of adolescent girls. By asking about sexual experience, condom use, and relationship status, the survey can assess participants' risk of sexually transmitted infections (STIs) and unintended pregnancies. Additionally, inquiring about whom participants feel comfortable talking to about sex provides insights into their support networks and access to sexual health information and services. Overall, these questions help tailor sexual education interventions to address specific needs and promote healthy sexual behaviors among adolescents.

Menstrual cycle knowledge and habits:

7. Do you experience your monthly menstrual cycle? (Yes, No)
8. What do you use during your menstrual cycle? (Sanitary pad, Cloth, T-Roll - Multiple choice)
9. How often do you change your menstrual hygiene product in a day? (Once, Two times, Three times)
10. How do you typically access menstrual hygiene products? (I purchase them, From my parents, Received from friends - Multiple choice)
11. If you purchase it yourself, how do you raise the money for it? (Personal savings, Gift, From Parents - Multiple choice)
12. Have you ever experienced stigma or shame related to menstruation? (Yes, No)
13. Who do you feel comfortable discussing menstruation with? (Friends, Parents, Teacher, Other family members - Multiple choice)

Understanding menstrual cycle knowledge and habits among adolescent girls is essential for promoting their reproductive health and overall well-being. By asking about experiences of menstruation and menstrual hygiene practices, the survey aims to assess participants' awareness and adherence to proper menstrual hygiene. Furthermore, inquiries into access to menstrual hygiene products and experiences of stigma or shame surrounding menstruation provide valuable insights into the socio-cultural context in which menstruation occurs. Additionally, understanding communication patterns about menstruation helps identify support networks and avenues for disseminating accurate information. Overall, these questions are crucial for informing interventions and policies aimed at promoting menstrual health, addressing barriers to access, and fostering supportive environments where menstruation is viewed as a natural and normal aspect of female physiology.

Communication and Information Access:

14. Do you have access to a mobile phone? (Yes, No)
15. Do you own a phone? (Yes, No)
16. If YES, what type of phone is it? (Analog/keypad, Smartphone)
17. What social media do you use? (Respondents can choose multiple or single answers from the following options: Let's Chat, WhatsApp, Tik Tok, Facebook, Instagram)

Understanding the communication means and social media status of respondents is crucial for assessing their access to information and resources related to sexual health. By asking about access to mobile phones and ownership, the survey can gauge participants' connectivity and ability to access digital platforms for health information and support. Additionally, inquiring about the type of phone owned provides insights into the technological capabilities available to respondents. Furthermore, asking about social media usage allows for an understanding of the platforms commonly used by adolescents for communication and information sharing, which can inform strategies for disseminating sexual health education and promoting positive health behaviors. Overall, these questions help assess the digital landscape and communication preferences of participants, aiding in the development of targeted interventions and initiatives to improve sexual health outcomes among adolescents.

Data Analysis Section:

In this section, we delve into a detailed analysis of the responses obtained from the survey conducted among junior high school (JHS) girls at Elmina M.A. Basic School. The survey, designed to explore various aspects of sexual education, menstrual hygiene, and access to information and resources, collected data from 33 participants representing different grade levels within the school.

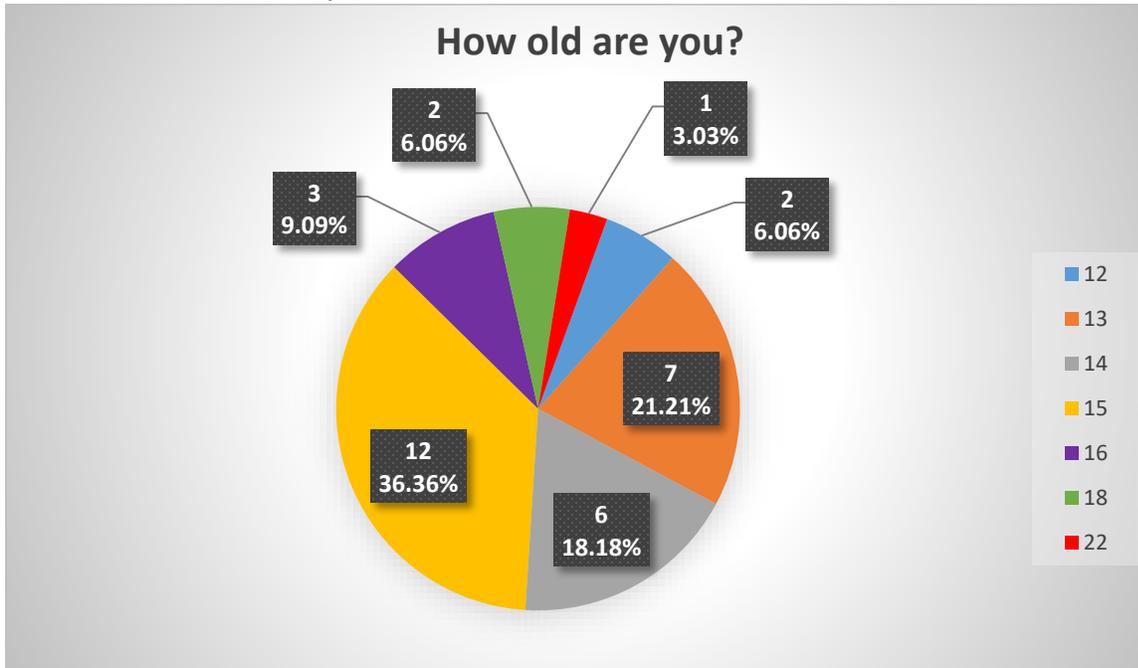
Our analysis begins by examining the demographics of the participants, including their age distribution and the distribution across different forms (grades). This initial overview provides a foundational understanding of the characteristics of the surveyed population, which serves as a context for further exploration.

Subsequently, we dissect the survey responses question by question, aiming to extract meaningful insights into the sexual lifestyle, menstrual cycle knowledge and habits, and communication and information access of the participants. We meticulously analyze the prevalence of certain behaviors, attitudes, and practices among the surveyed girls, seeking patterns and trends that may illuminate their experiences and needs in these domains.

Furthermore, we explore potential correlations and associations between different survey questions, examining how factors such as age or grade level may influence participants' responses. By delving into both quantitative and qualitative aspects of the data, we aim to provide a comprehensive understanding of the multifaceted issues surrounding sexual education and health among junior high school girls.

Through this rigorous analysis, we endeavor to uncover actionable insights that can inform the development of targeted interventions, policies, and programs aimed at promoting sexual health and well-being among adolescent girls. By elucidating the challenges and opportunities identified through the survey findings, we contribute to the ongoing efforts to empower young girls with knowledge, support, and resources to navigate their sexual health journey confidently and responsibly.

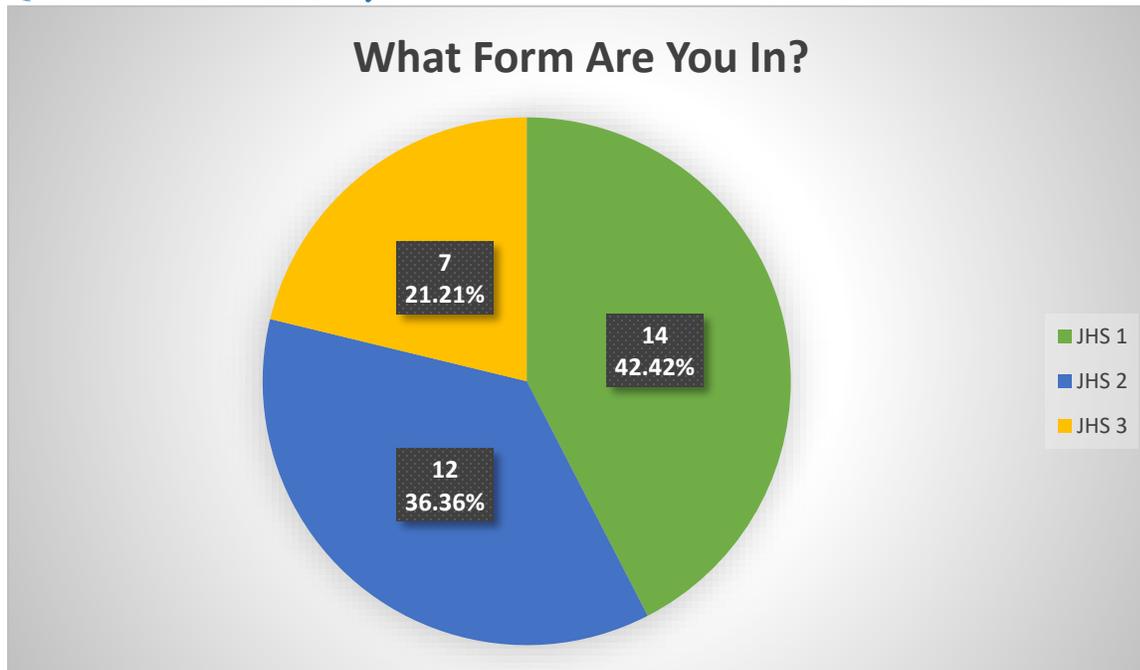
Question 1: How old are you?



Analysis:

- **Overview of Responses:** The distribution of participants across different age groups is as follows:
 - Age 12: 2 students (6.06%)
 - Age 13: 7 students (21.21%)
 - Age 14: 6 students (18.18%)
 - Age 15: 12 students (36.36%)
 - Age 16: 3 students (9.09%)
 - Age 18: 2 students (6.06%)
 - Age 22: 1 student (3.03%)
- **Quantitative Analysis:**
 - Age 15 appears to be the most common age among the respondents, with 36.36% of students falling into this category, followed by Age 13 with 21.21% of students.
 - There is a noticeable drop in participation among older age groups, with Ages 16, 18, and 22 each accounting for less than 10% of respondents.

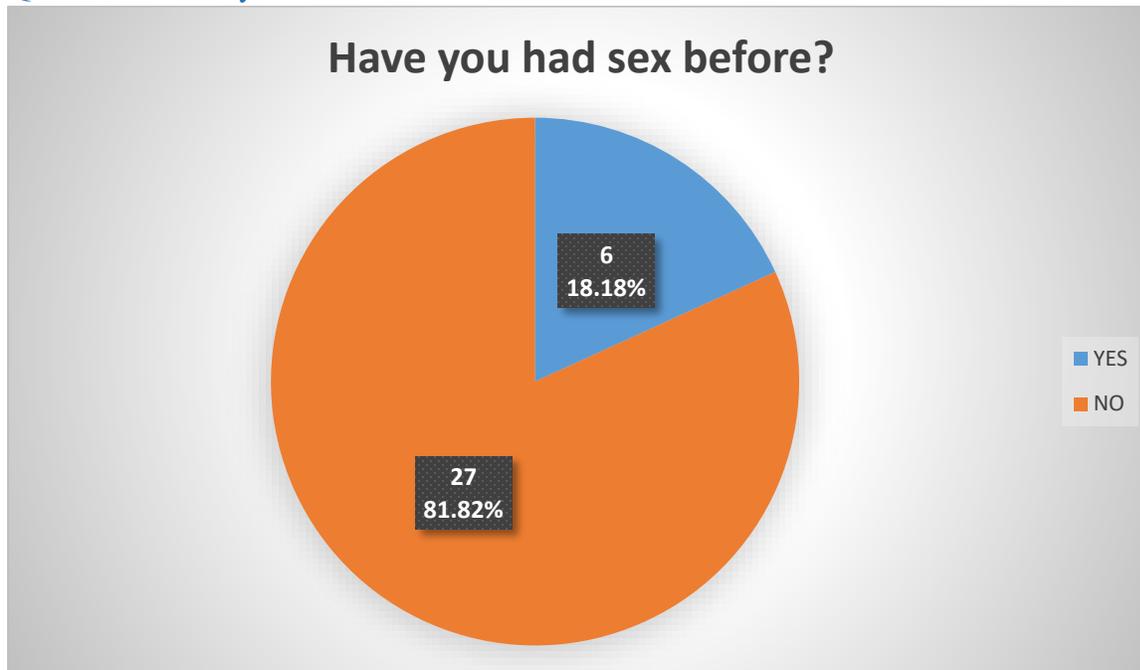
Question 2: What Form are you in?



Analysis:

- **Overview of Responses:** The distribution of participants across different forms is as follows:
 - JHS 1: 14 students (42.42%)
 - JHS 2: 12 students (36.36%)
 - JHS 3: 7 students (21.21%)
- **Quantitative Analysis:**
 - JHS 1 and JHS 2 are the most represented forms, accounting for 42.42% and 36.36% of participants, respectively.
 - JHS 3 has the smallest representation, with 21.21% of participants.

Question 3: Have you had sex before?

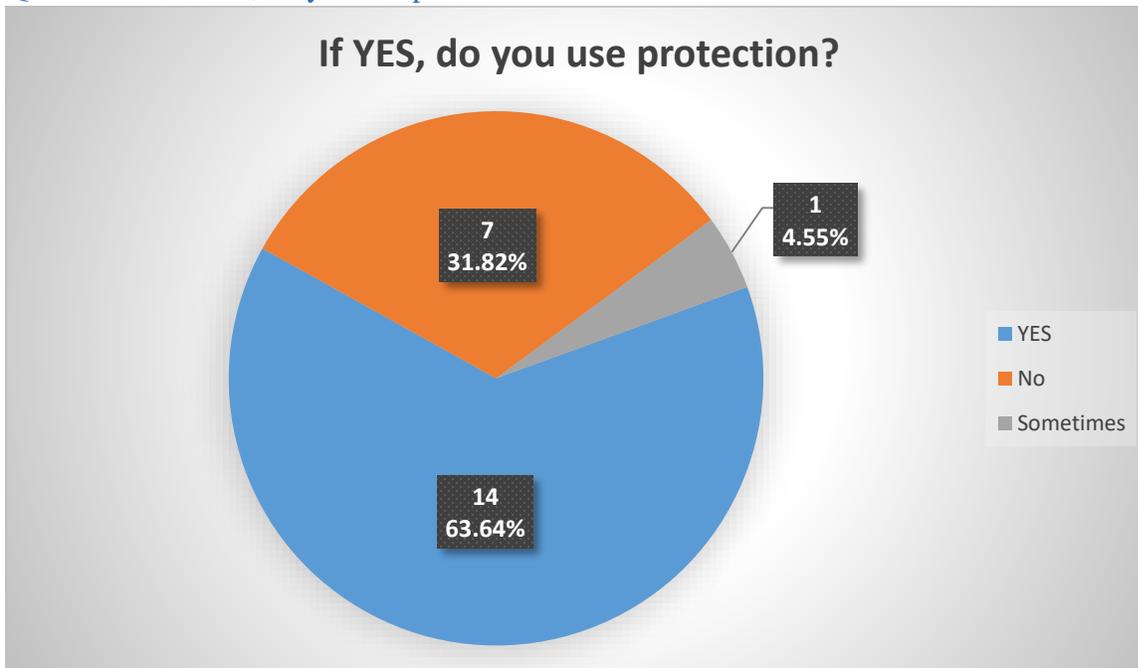


Analysis:

- **Overview of Responses:** Out of the 33 respondents, the distribution of responses is as follows:
 - No: 27 respondents (81.82%)
 - Yes: 6 respondents (18.18%)
- **Quantitative Analysis:**
 - The vast majority of respondents, constituting 81.82% of the sample, reported that they have not engaged in sexual activity.
 - A smaller proportion of respondents, comprising 18.18% of the sample, indicated that they have had sex before.
- **Qualitative Insights:**
 - The predominance of respondents reporting no sexual activity aligns with broader trends observed in adolescent sexual behavior studies, where the majority of adolescents in many societies delay sexual debut.

- Factors contributing to this pattern may include cultural norms, religious beliefs, and parental guidance, access to sexual education, and individual values and preferences.
- However, it's essential to note that the small proportion of respondents reporting sexual activity underscores the importance of addressing the sexual health needs of sexually active adolescents within the surveyed population..

Question 4: If YES, do you use protection?

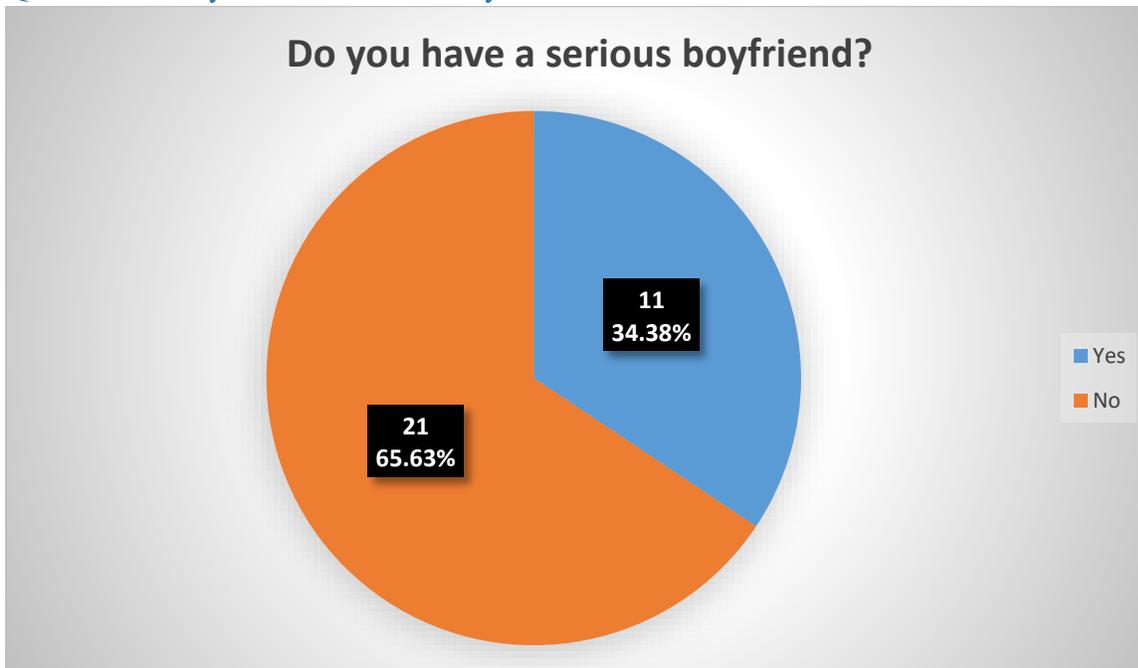


Analysis:

- **Overview of Responses:** Out of the 33 respondents who indicated that they have had sex before and provided a clear response:
 - Yes: 14 respondents (63.64%)
 - No: 7 respondents (31.82%)
 - Sometimes: 1 respondent (4.55%)

- **Quantitative Analysis (including blank responses):**
 - Among all respondents who indicated that they have had sex before (including those who did not provide a clear response), approximately 63.64% reported using protection consistently, 31.82% stated no use, and 4.55% reported occasional use.
 - Approximately one-third of respondents did not provide a clear response, representing individuals whose contraceptive behaviors were not specified.
- **Qualitative Insights:**
 - The presence of blank responses suggests potential uncertainty or discomfort among respondents in disclosing their contraceptive behaviors, highlighting the sensitivity of the topic and the need for supportive and non-judgmental communication in sexual health discussions.

Question 5: Do you have a serious boyfriend?

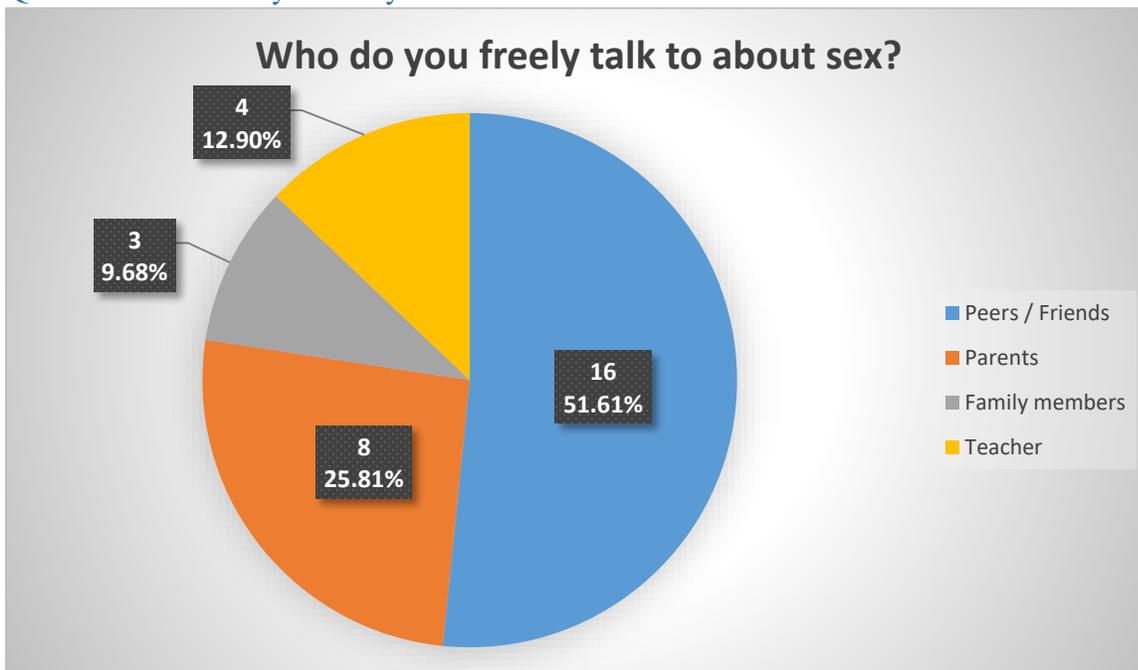


Analysis:

- **Overview of Responses:** Out of the 33 respondents who provided a clear response:
 - No: 21 respondents (65.63%)
 - Yes: 11 respondents (34.38%)

- **Quantitative Analysis (including blank response):**
 - Among all respondents, approximately 34.38% reported having a serious boyfriend, while 65.63% indicated not having one.
 - One respondent did not provide a clear response, representing an individual whose relationship status was not specified.
- **Detailed Quantitative Analysis:**
 - The majority of respondents (65.63%) reported not having a serious boyfriend, while a substantial proportion (34.38%) indicated having one.
 - The prevalence of respondents with a serious boyfriend suggests the presence of romantic relationships among the surveyed adolescent population.
 - The distribution of responses reflects the diversity of experiences and relationship statuses among adolescents, highlighting the importance of considering individual differences in romantic involvement.

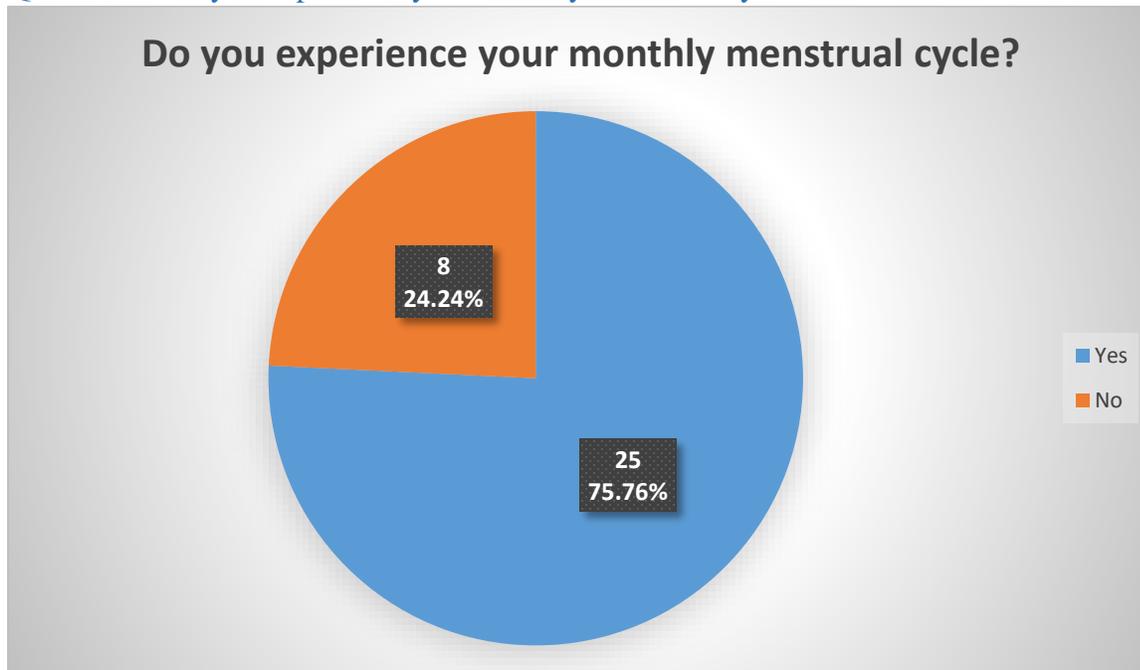
Question 6: Who do you freely talk to about sex?



Analysis:

- **Overview of Responses:** Out of the 33 respondents who provided a clear response:
 - Peers/Friends: 16 respondents (51.61%)
 - Parents: 8 respondents (25.81%)
 - Teacher: 4 respondents (12.90%)
 - Family Members: 3 respondents (9.68%)
- **Quantitative Analysis (excluding blank responses):**
 - Among the respondents who provided a clear response, the majority (51.61%) reported talking to peers/friends about sex, followed by discussions with parents (25.81%), teachers (12.90%), and family members (9.68%).
 - Two respondents did not provide a clear response to this question, representing individuals whose communication patterns regarding sex were not specified.
- **Detailed Quantitative Analysis:**
 - Peer influence emerges as a significant factor in discussions about sex, with nearly half of the respondents indicating that they freely talk to peers or friends about the topic.
 - Parental communication about sex is also prevalent, with one-fourth of respondents reporting open discussions with their parents.
 - Teacher involvement in discussions about sex is reported by a smaller proportion of respondents, highlighting the role of educators in providing sexual education and support.
 - Family members, excluding parents, are mentioned by a smaller proportion of respondents, suggesting that discussions about sex may extend beyond immediate family to include other relatives.
 - The presence of two blank responses underscores the challenges in assessing communication patterns regarding sex and the potential discomfort or reluctance among some individuals to disclose this information.

Question 7: Do you experience your monthly menstrual cycle?



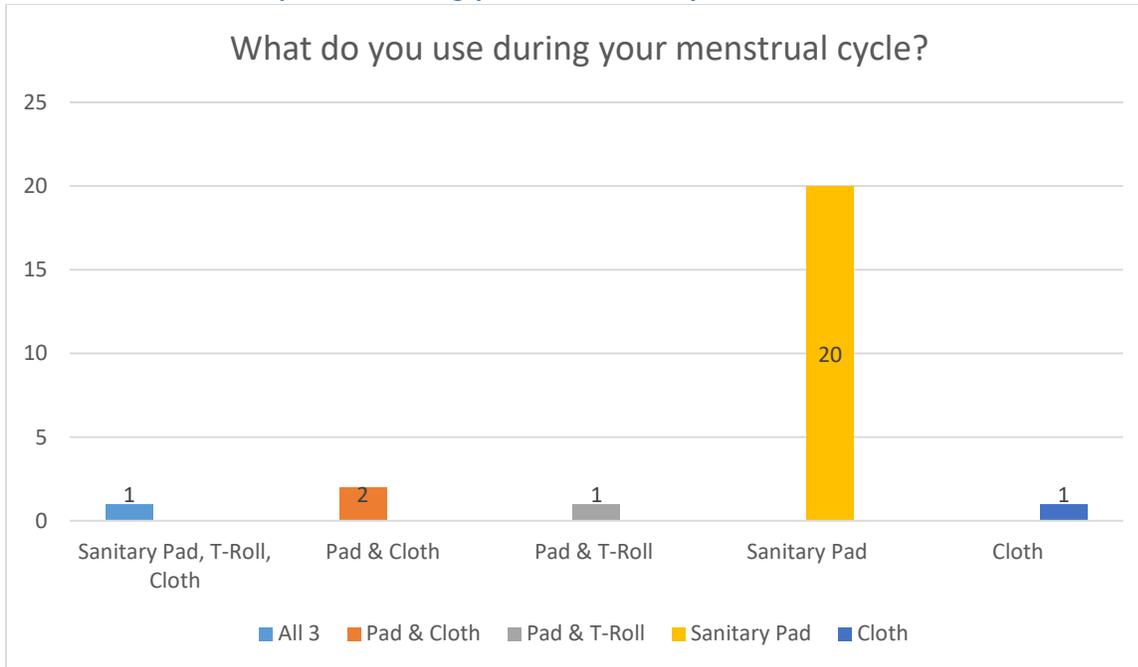
Analysis:

- **Overview of Responses:** Out of the 33 respondents who provided a clear response:
 - Yes: 25 respondents (75.76%)
 - No: 8 respondents (24.24%)
- **Quantitative Analysis:**
 - Among the respondents who provided a clear response, the majority (75.76%) reported experiencing their monthly menstrual cycle, while a smaller proportion (24.24%) indicated not experiencing it.
 - The prevalence of menstrual cycle experiences among the surveyed population indicates the relevance of addressing menstrual health issues in sexual education programs.
- **Detailed Quantitative Analysis:**
 - Menstrual cycle experiences are widespread among respondents, with the majority reporting regular menstruation.
 - The presence of respondents who do not experience their monthly menstrual cycle highlights the diversity of reproductive health experiences among adolescent girls

and underscores the importance of inclusive sexual education that addresses the needs of all individuals, regardless of their menstrual status.

- Understanding the prevalence of menstrual cycle experiences among adolescents is crucial for promoting menstrual health and addressing related challenges, such as menstrual hygiene management and reproductive health education.

Question 8: What do you use during your menstrual cycle?



Analysis:

- **Overview of Responses:** Out of the 25 respondents who reported experiencing their monthly menstrual cycle:
 - Sanitary pad: 20 respondents
 - Cloth: 7 respondents
 - T-Roll: 1 respondent
 - Sanitary pad and cloth: 2 respondents
 - Sanitary pad and T-Roll: 2 respondents

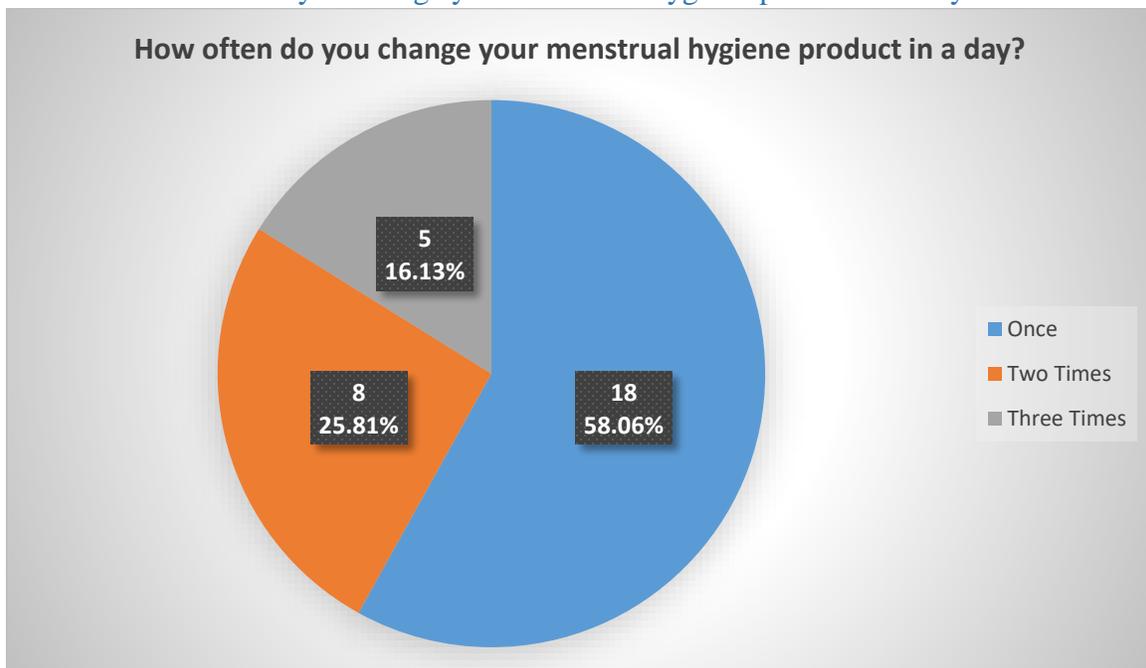
- **Quantitative Analysis:**

- Among the respondents who reported experiencing their monthly menstrual cycle, the majority (80.00%) indicated using sanitary pads as their menstrual hygiene product of choice.
- Cloth was reported by 28.00% of respondents, while T-Roll was mentioned by only 4.00%.
- Some respondents reported using multiple menstrual hygiene products, such as sanitary pads in combination with cloth or T-Roll, accounting for 16.00% of the total responses.

- **Detailed Quantitative Analysis:**

- Sanitary pads emerge as the preferred menstrual hygiene product among the majority of respondents, highlighting their widespread usage and accessibility.
- The use of cloth and T-Roll, although less common, indicates alternative menstrual hygiene practices among a subset of respondents, potentially influenced by cultural, economic, or personal factors.
- Respondents who reported using multiple menstrual hygiene products may do so to address different needs or preferences during their menstrual cycle, such as absorbency, comfort, or availability of resources.

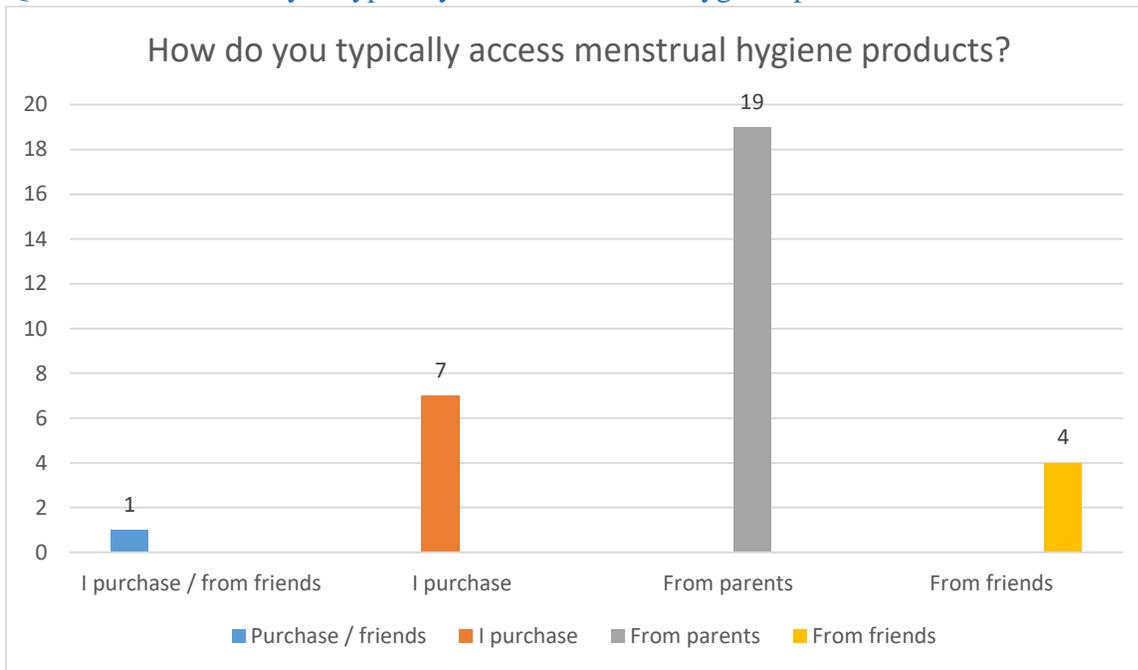
Question 9: How often do you change your menstrual hygiene product in a day?



Analysis:

- **Overview of Responses:** Out of the 25 respondents who reported experiencing their monthly menstrual cycle:
 - Two times: 18 respondents (58.06%)
 - Three times: 8 respondents (25.81%)
 - Once: 5 respondents (16.13%)
- **Quantitative Analysis:**
 - Among the respondents who reported experiencing their monthly menstrual cycle, the majority (58.06%) indicated changing their menstrual hygiene product two times a day, while 25.81% reported changing it three times a day, and 16.13% reported changing it once a day.
 - The frequency of changing menstrual hygiene products provides insights into respondents' menstrual hygiene practices and their management of menstrual flow.
- **Detailed Quantitative Analysis:**
 - The majority of respondents reported changing their menstrual hygiene product two times a day, suggesting a common practice among adolescent girls in managing menstrual flow.
 - A significant proportion of respondents also reported changing their menstrual hygiene product three times a day, indicating a preference for more frequent changes to maintain cleanliness and comfort.
 - Some respondents reported changing their menstrual hygiene product once a day, potentially reflecting variations in menstrual flow and individual preferences.
 - Understanding the frequency of changing menstrual hygiene products is essential for promoting proper menstrual hygiene practices and reducing the risk of menstrual-related infections and discomfort.

Question 10: How do you typically access menstrual hygiene products?



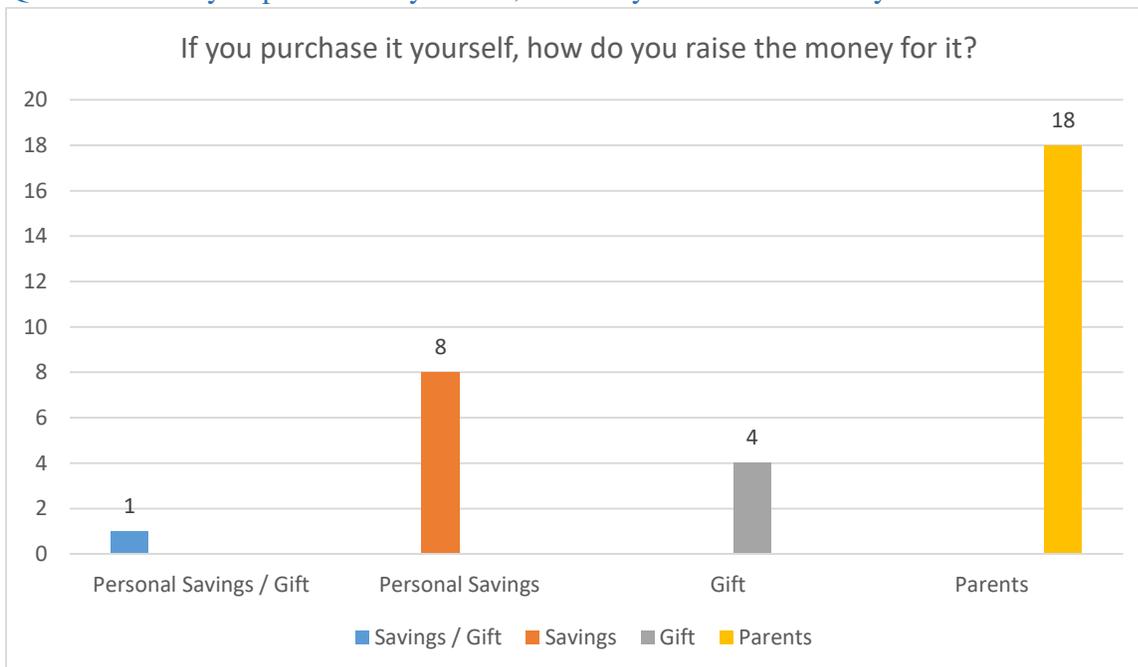
Analysis:

- **Overview of Responses:** Out of the 30 respondents who reported experiencing their monthly menstrual cycle and provided clear responses:
 - I purchase them: 7 respondents (23.33%)
 - From my parents: 19 respondents (63.33%)
 - Received from friends: 4 respondents (13.33%)
- **Quantitative Analysis:**
 - Among the respondents who reported experiencing their monthly menstrual cycle and provided clear responses, the majority (63.33%) indicated accessing menstrual hygiene products from their parents, while 23.33% reported purchasing them, and 13.33% received them from friends.
 - The distribution of responses highlights the significant role of parents in providing menstrual hygiene products to adolescent girls, followed by personal purchases and support from friends.

- **Detailed Quantitative Analysis:**

- A large proportion of respondents reported accessing menstrual hygiene products from their parents, indicating a reliance on family support for meeting menstrual health needs.
- Some respondents indicated purchasing menstrual hygiene products themselves, reflecting financial independence or autonomy in decision-making.
- A smaller percentage of respondents reported receiving menstrual hygiene products from friends, suggesting a supplementary source of support or access in certain circumstances.
- Understanding the various channels through which respondents access menstrual hygiene products is crucial for identifying gaps in access, barriers to affordability, and opportunities for intervention.

Question 11: If you purchase it yourself, how do you raise the money for it?

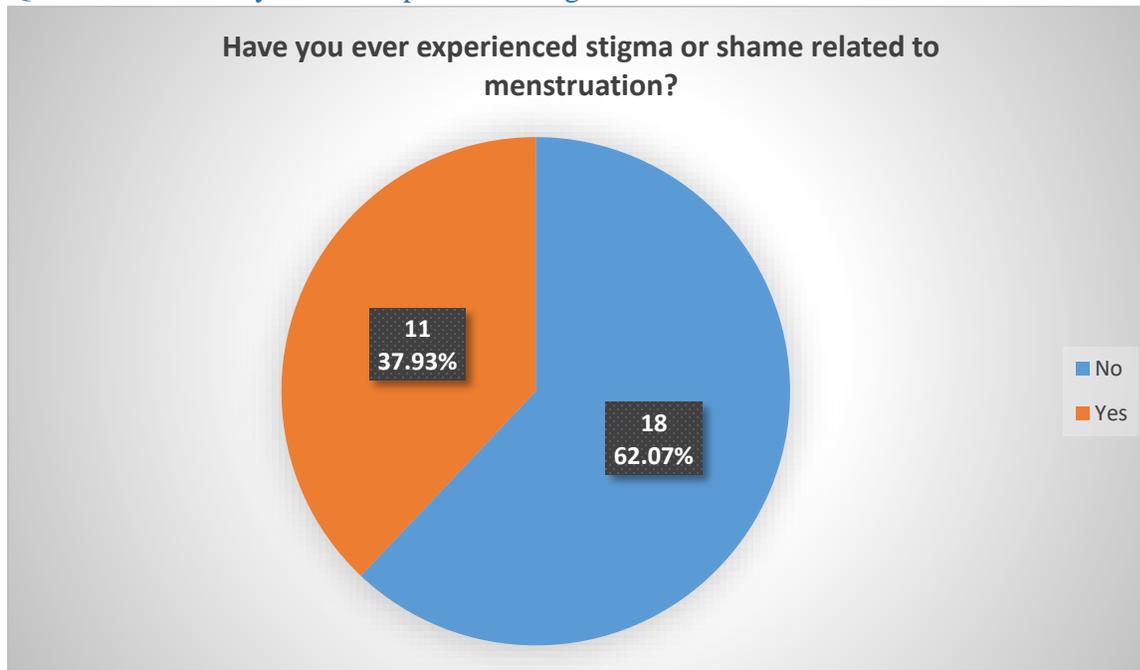


Analysis:

- **Overview of Responses:** Out of the respondents who reported purchasing menstrual hygiene products themselves and provided clear responses:
 - Personal savings & gift: 1 respondent (3.23%)
 - Personal savings: 8 respondents (25.81%)

- Gift: 4 respondents (12.90%)
- Parents: 18 respondents (58.06%)
- **Quantitative Analysis:**
 - Among the respondents who reported purchasing menstrual hygiene products themselves and provided clear responses, the majority (58.06%) indicated raising the money from their parents, while 25.81% reported using personal savings, 12.90% received gifts, and 3.23% used a combination of personal savings and gifts.
 - The data suggest that parental support is the primary source of funding for menstrual hygiene products among adolescent girls, followed by personal savings, gifts, and a combination of personal savings and gifts.
- **Detailed Quantitative Analysis:**
 - A significant proportion of respondents reported relying on their parents for financial support to purchase menstrual hygiene products, highlighting the importance of family contributions to meeting menstrual health needs.
 - Some respondents indicated using personal savings, indicating a level of financial independence or responsibility in managing menstrual hygiene expenses.
 - A smaller percentage of respondents reported receiving gifts, suggesting additional sources of support in acquiring menstrual hygiene products.
 - Few respondents mentioned using a combination of personal savings and gifts, indicating diverse strategies for financing menstrual hygiene product purchases.
 - Understanding the various financial resources utilized by respondents provides insights into the economic dynamics of accessing menstrual hygiene products and the role of family support.

Question 12: Have you ever experienced stigma or shame related to menstruation?

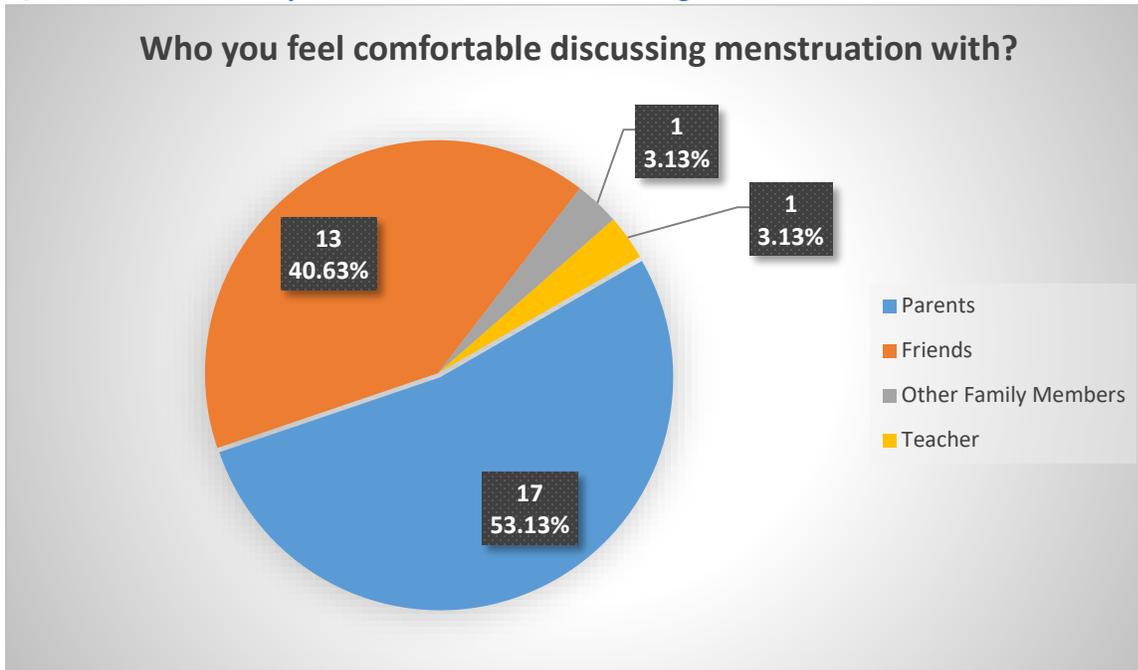


Analysis:

- **Overview of Responses:** Out of the respondents who provided clear responses:
 - No: 18 respondents (62.07%)
 - Yes: 11 respondents (37.93%)
- **Quantitative Analysis:**
 - Among the respondents who provided clear responses, the majority (62.07%) reported not experiencing stigma or shame related to menstruation, while a significant proportion (37.93%) reported experiencing such stigma or shame.
 - It's noteworthy that 4 respondents abstained from answering this question, indicating potential discomfort or reluctance to discuss sensitive topics related to menstruation.
- **Detailed Quantitative Analysis:**
 - The majority of respondents reported not experiencing stigma or shame related to menstruation, suggesting a relatively positive menstrual experience for many adolescent girls.

- However, a considerable proportion of respondents reported experiencing stigma or shame, highlighting persistent societal attitudes and cultural norms surrounding menstruation that may negatively impact individuals' well-being and self-esteem.

Question 13: Who do you feel comfortable discussing menstruation with?

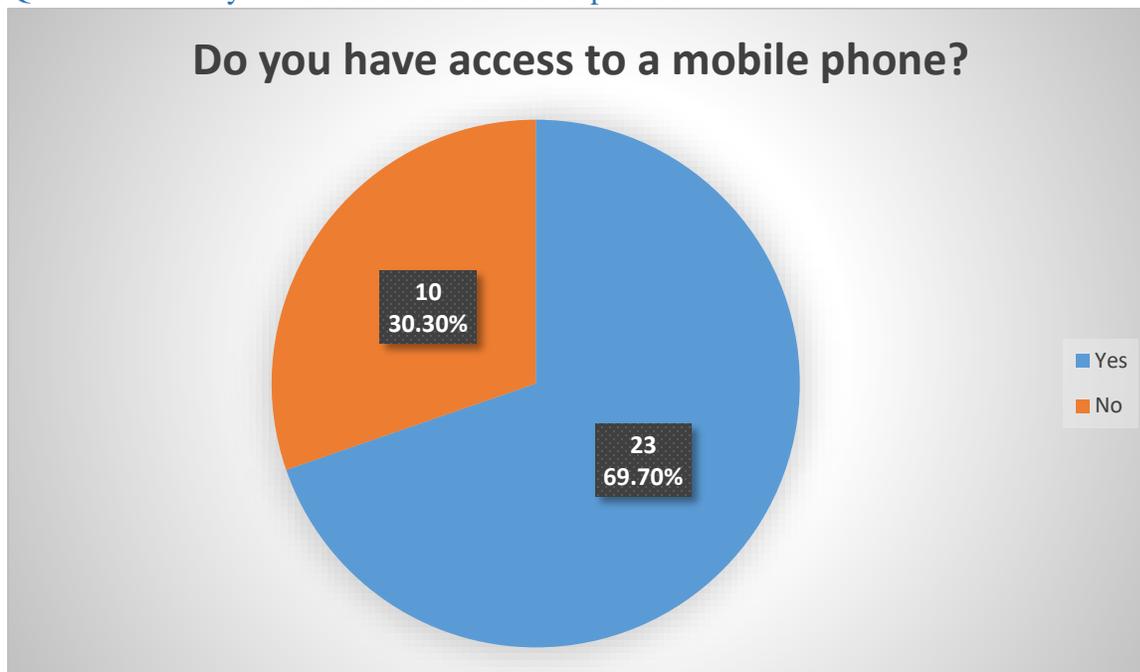


Analysis:

- **Overview of Responses:** Out of the respondents who provided clear responses:
 - Parents: 17 respondents (53.13%)
 - Friends: 13 respondents (40.63%)
 - Other family members: 1 respondent (3.13%)
 - Teacher: 1 respondent (3.13%)
- **Quantitative Analysis:**
 - Among the respondents who provided clear responses, the majority (53.13%) reported feeling comfortable discussing menstruation with their parents, followed by friends (40.63%). A smaller proportion reported feeling comfortable discussing it with other family members (3.13%) or teachers (3.13%).

- It's worth noting that 1 respondent did not answer this question, indicating potential discomfort or reluctance to discuss menstruation with any of the provided options.
- **Detailed Quantitative Analysis:**
 - The majority of respondents expressed comfort discussing menstruation with their parents, underscoring the importance of familial support and open communication in addressing menstrual health.
 - Friends were also identified as a significant source of support, highlighting the role of peer relationships in normalizing discussions about menstruation and providing emotional support.
 - A smaller percentage of respondents mentioned feeling comfortable discussing menstruation with other family members or teachers, suggesting that these individuals may also play a role in providing information and support regarding menstrual health.
 - The presence of a respondent who did not answer this question may indicate varying levels of comfort or cultural taboos surrounding discussions about menstruation.

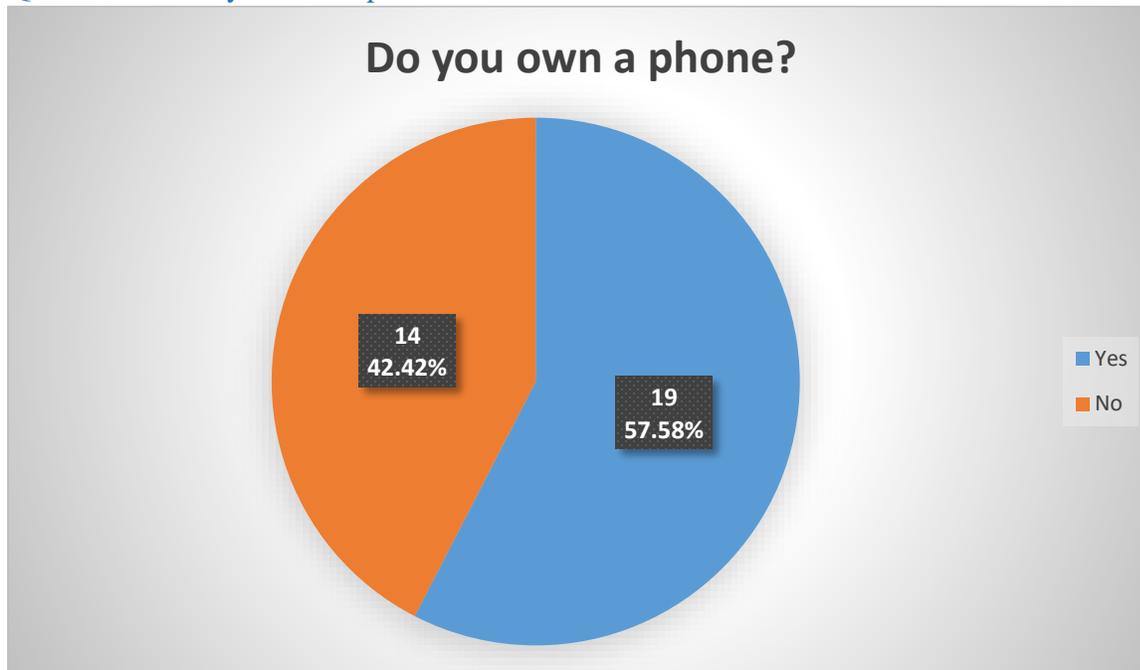
Question 14: Do you have access to a mobile phone?



Analysis:

- **Overview of Responses:** Out of the respondents who provided clear responses:
 - Yes: 23 respondents (69.70%)
 - No: 10 respondents (30.30%)
- **Quantitative Analysis:**
 - Among the respondents who provided clear responses, the majority (69.70%) reported having access to a mobile phone, while a significant minority (30.30%) reported not having access.
- **Detailed Quantitative Analysis:**
 - The data indicate that mobile phone access is widespread among the surveyed population, with almost 70% of respondents reporting ownership. This underscores the importance of mobile technology as a potential platform for delivering health education and support, including menstrual health information.
 - However, it is essential to recognize that approximately one-third of respondents do not have access to a mobile phone. This may have implications for their ability to access digital health resources and information, highlighting potential disparities in technology access that need to be addressed in interventions.

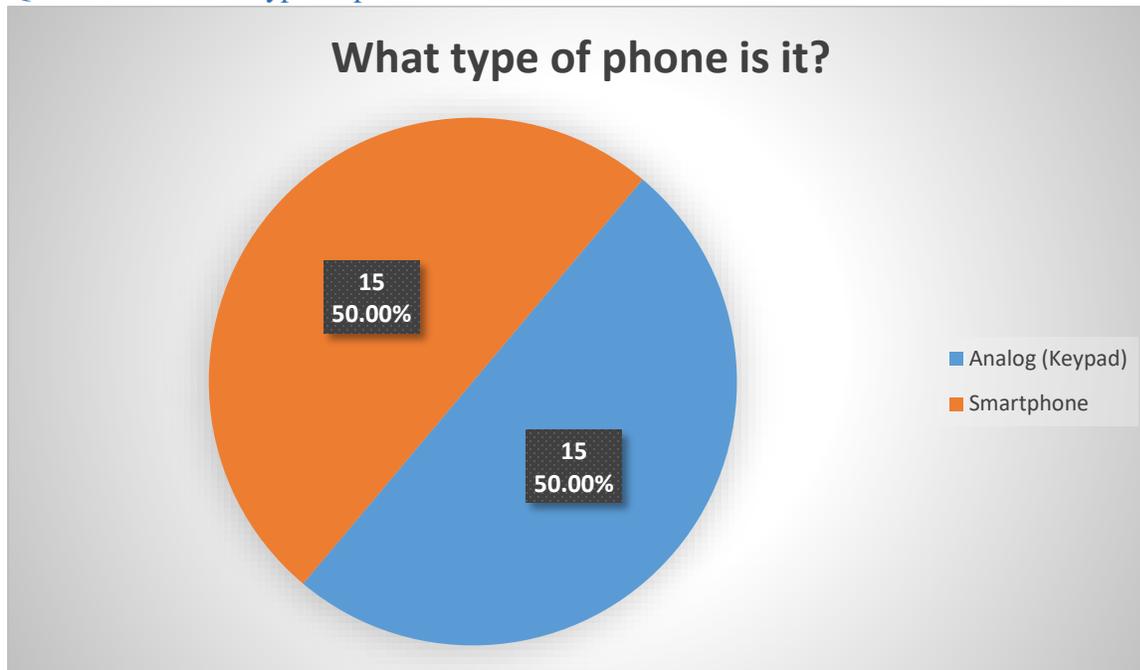
Question 15: Do you own a phone?



Analysis:

- **Overview of Responses:** Out of the respondents who provided clear responses:
 - Yes: 19 respondents (57.58%)
 - No: 14 respondents (42.42%)
- **Quantitative Analysis:**
 - Among the respondents who provided clear responses, 19 (57.58%) reported owning a phone, while 14 (42.42%) reported not owning one.
- **Detailed Quantitative Analysis:**
 - The majority of respondents reported owning a phone, indicating a high level of mobile device ownership among the surveyed population. This suggests that mobile phones are common personal devices used by adolescents, potentially serving as important tools for accessing information and support, including menstrual health resources.
 - However, it is notable that a significant minority of respondents (42.42%) reported not owning a phone. This may indicate disparities in technology access within the surveyed population, which could impact individuals' ability to engage with digital health resources and information.

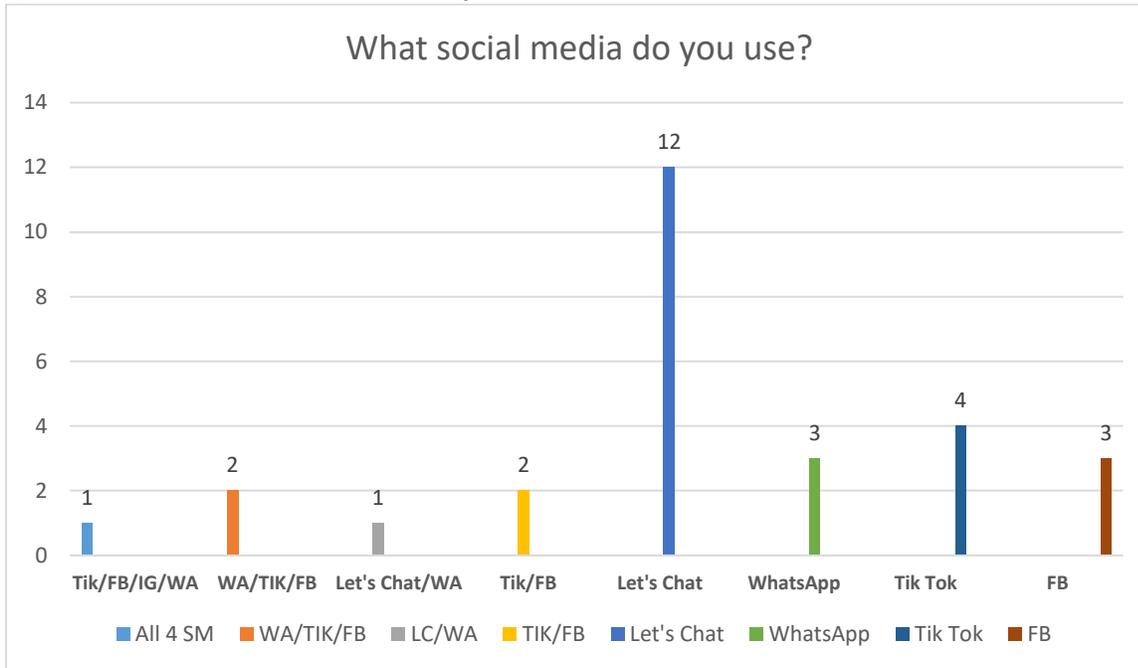
Question 16: What type of phone is it?



Analysis:

- **Overview of Responses:** Out of the respondents who provided clear responses:
 - Analog (keypad): 15 respondents (50%)
 - Smartphone: 15 respondents (50%)
- **Quantitative Analysis:**
 - Among the respondents who provided clear responses, an equal number of participants (50%) reported owning analog (keypad) phones and smartphones.
- **Detailed Quantitative Analysis:**
 - The data reveal an equal distribution between analog (keypad) phones and smartphones among respondents who reported owning a phone. This suggests a diverse range of mobile devices within the surveyed population, accommodating varying preferences and needs.
 - It's worth noting that a small percentage of respondents (9.09%) did not answer this question, which may indicate uncertainty or lack of awareness regarding the type of phone they own.

Question 17: What social media do you use?



Analysis:

- **Overview of Responses:** Out of the respondents who provided clear responses:
 - Lets Chat: 12 respondents (42.86%)
 - WhatsApp: 3 respondents (10.71%)
 - TikTok: 4 respondents (14.29%)
 - Facebook: 3 respondents (10.71%)
 - WhatsApp, TikTok, Facebook: 2 respondents (7.14%)
 - TikTok, Facebook: 2 respondents (7.14%)
 - WhatsApp, TikTok, Facebook, Instagram: 1 respondent (3.57%)
 - Lets Chat, WhatsApp: 1 respondent (3.57%)
 - Total Respondents: 28

- **Quantitative Analysis:**

- Among the respondents who provided clear responses, the most commonly used social media platform was Lets Chat, accounting for 42.86% of responses, followed by TikTok at 14.29%. WhatsApp and Facebook were also popular choices, each accounting for 10.71% of responses.
- A small percentage of respondents (3.57%) reported using combinations of multiple social media platforms, indicating a tendency towards multi-platform usage within the surveyed population.

- **Detailed Quantitative Analysis:**

- The data reveal a diverse range of social media usage among respondents, with Lets Chat emerging as the most frequently used platform. This suggests that respondents may have varying preferences for communication and information sharing online.
- WhatsApp, TikTok, and Facebook also garnered significant usage among respondents, highlighting their importance as communication tools within the surveyed population.
- The presence of multiple respondents selecting combinations of social media platforms indicates a tendency towards multi-platform usage, reflecting the diverse digital landscape of adolescent social media engagement.
- The presence of respondents who did not answer this question suggests potential limitations in social media engagement or awareness among a subset of the surveyed population.

Overview of Survey Responses

The survey, conducted among Junior High School (JHS) girls at Elmina M.A. Basic School, aimed to gather insights into various aspects of sexual education, menstrual health, and social media usage among adolescent girls. A total of 33 JHS girls participated in the survey, providing valuable information that can inform targeted interventions and initiatives to promote sexual health and well-being among adolescents.

Participants Demographics:

- **Age Distribution:** The respondents' ages ranged from 12 to 22 years old, with the majority falling between the ages of 13 to 15. Specifically, 12-year-olds comprised 6.06% of the respondents, 13-year-olds 21.21%, 14-year-olds 18.18%, 15-year-olds 36.36%, 16-year-olds 9.09%, 18-year-olds 6.06%, and one 22-year-old respondent.
- **Grade Distribution:** Participants were distributed across different grade levels within the Junior High School, with 14 students (42.42%) from JHS 1, 12 students (36.36%) from JHS 2, and 7 students (21.21%) from JHS 3.

Survey Questions Responses:

1. Sexual Lifestyle:

- 82% of respondents reported not having had sex before, while 18% indicated having engaged in sexual activity.
- Among those who had engaged in sexual activity, 50% reported using protection consistently, while 16.67% reported occasional use.
- Approximately 33% of respondents reported having a serious boyfriend.

2. Menstrual Cycle Knowledge and Habits:

- 76% of respondents experienced monthly menstrual cycles, with 24% reporting no menstruation.
- The majority (80%) used sanitary pads as their menstrual hygiene product, while smaller proportions used a combination of sanitary pads with cloth or T-roll.
- Among those using sanitary pads, 72% changed their hygiene product twice a day, while 28% changed it three times a day.
- 76% of respondents typically accessed menstrual hygiene products through their parents.

3. Communication and Information Access:

- 70% of respondents reported having access to a mobile phone, while 30% did not.
- Among those with access to a phone, 54% owned smartphones, and 46% owned analog/keypad phones.

- The most commonly used social media platform was Lets Chat, with 43% of respondents using it, followed by TikTok (14%), WhatsApp (11%), and Facebook (11%).

Conclusion: The survey responses provide valuable insights into the sexual lifestyles, menstrual health knowledge, and social media usage patterns among adolescent girls in the surveyed population. These findings can inform the development of targeted interventions and educational programs aimed at promoting sexual health, menstrual hygiene, and digital literacy among adolescent girls.

Discussion

The survey conducted among Junior High School (JHS) girls at Elmina M.A. Basic School provided valuable insights into various aspects of sexual education, menstrual health, and social media usage among adolescent girls. However, it is crucial to acknowledge additional insights that emerged from face-to-face discussions with the participants.

In addition to the survey findings, face-to-face discussions revealed a concerning trend regarding unwanted advances or touching by adult males. Many girls reported experiencing such incidents both at school and at home, highlighting the pervasive nature of this issue within their social environments.

An alarming aspect that emerged from these discussions was the fear expressed by girls about reporting such incidents due to concerns of becoming targets or facing victimization. This fear further exacerbates the vulnerability of adolescent girls, preventing them from seeking support and protection when faced with harassment or abuse.

These reports underscore the urgent need for measures to address the safety and well-being of adolescent girls, particularly in spaces where they should feel safe and protected. Schools and homes should be environments where girls can thrive without fear of harassment or abuse. Therefore, it is imperative for educational institutions and families to implement policies and practices that not only prevent harassment but also create a supportive environment for reporting and addressing such incidents.

Addressing issues of unwanted advances or touching requires a multifaceted approach that prioritizes the safety and well-being of girls. This includes implementing confidential reporting mechanisms, providing psychosocial support services, and fostering a culture of trust and accountability within schools and communities.

Furthermore, community-wide efforts are needed to challenge harmful social norms and attitudes that perpetuate gender-based violence and exploitation. By empowering girls to speak out against harassment and providing them with the necessary support and protection, we can create environments where they feel empowered to assert their rights and live free from fear and intimidation.

Understanding Sexual Health Behaviors:

One of the key findings of the survey is the majority of respondents reported not having engaged in sexual activity, with 82% indicating no prior sexual experience. This suggests a relatively low prevalence of early sexual initiation among adolescent girls in the surveyed population. Among those who reported being sexually active, half indicated consistent use of protection, which is encouraging from a public health perspective as it reduces the risk of sexually transmitted infections (STIs) and unintended pregnancies.

However, it is notable that approximately one-third of respondents reported having a serious boyfriend. While having a romantic relationship is a common aspect of adolescence, it also

underscores the importance of comprehensive sexual education programs that address issues related to consent, healthy relationships, and safe sexual practices.

Menstrual Health Awareness and Practices:

The survey also provided insights into menstrual health awareness and practices among adolescent girls. The majority of respondents reported experiencing monthly menstrual cycles, highlighting the importance of menstrual health education and access to menstrual hygiene products. Sanitary pads were the most commonly used menstrual hygiene product, indicating a level of awareness about menstrual hygiene management.

However, it is concerning that a small proportion of respondents reported experiencing stigma or shame related to menstruation. This underscores the need for comprehensive menstrual health education programs that not only provide information about menstrual hygiene but also address social and cultural taboos surrounding menstruation. Creating a supportive environment where menstruation is viewed as a normal and natural process is crucial for promoting the well-being and dignity of adolescent girls.

Digital Literacy and Social Media Usage:

The survey findings also revealed insights into digital literacy and social media usage among adolescent girls. A significant proportion of respondents reported having access to mobile phones, with smartphones being the most common type of phone owned. This highlights the increasing penetration of technology among adolescents and the importance of leveraging digital platforms for health promotion and education initiatives.

Among social media platforms, Lets Chat emerged as the most commonly used platform among respondents. This finding underscores the importance of understanding the preferred communication channels of adolescents when designing health promotion campaigns and interventions. By leveraging popular social media platforms, health educators can effectively disseminate information and engage with adolescents on topics related to sexual health, menstrual hygiene, and overall well-being.

Conclusion and Implications:

In conclusion, the findings of the survey provide valuable insights into the sexual health behaviors, menstrual health awareness, and digital media usage patterns among adolescent girls in the surveyed population. These insights have important implications for designing targeted interventions and educational programs aimed at promoting sexual health, menstrual hygiene, and digital literacy among adolescent girls.

Moving forward, there is a need for comprehensive and culturally sensitive sexual education programs that address the unique needs and challenges faced by adolescent girls. These programs should encompass a range of topics, including sexual health, menstrual hygiene, consent, healthy relationships, and digital literacy. By empowering adolescent girls with knowledge, skills, and support systems, we can help them navigate their sexual health journey confidently and responsibly, ultimately contributing to their overall well-being and empowerment.

Recommendations

1. **Implement Comprehensive Sexual Education Programs:** Develop and implement comprehensive sexual education programs tailored to the needs of adolescent girls in Elmina, Ghana. These programs should cover topics such as sexual health, reproductive rights, consent, healthy relationships, and gender equality. Ensure that the curriculum is culturally sensitive, age-appropriate, and inclusive of diverse perspectives.
2. **Address Gender-Based Violence:** Take proactive measures to address gender-based violence, including unwanted advances or touching by adult males. Establish clear reporting mechanisms and support services for survivors of harassment and abuse. Conduct awareness campaigns to challenge harmful social norms and promote a culture of respect and gender equality within schools and communities.
3. **Strengthen Support Systems:** Strengthen support systems for adolescent girls by providing access to confidential counseling services, psychosocial support, and legal assistance for survivors of gender-based violence. Collaborate with local organizations and community leaders to establish safe spaces where girls can seek support and assistance without fear of judgment or retaliation.
4. **Enhance Access to Menstrual Health Resources:** Improve access to menstrual hygiene products and menstrual health education for adolescent girls in Elmina. Distribute free or subsidized sanitary pads to girls from low-income families and promote sustainable menstrual hygiene practices. Conduct educational workshops on menstrual health management, addressing topics such as menstrual hygiene, puberty, and reproductive health.
5. **Promote Digital Literacy and Safety:** Promote digital literacy and online safety among adolescent girls by providing training on safe internet use, privacy settings, and critical media literacy skills. Raise awareness about the potential risks of online exploitation and cyberbullying, and empower girls to navigate digital spaces confidently and responsibly.
6. **Engage Parents and Guardians:** Engage parents, guardians, and caregivers in discussions about sexual health, gender equality, and child protection. Provide parenting workshops and resources to equip adults with the knowledge and skills to support their children's sexual development and well-being. Encourage open communication between parents and children about sensitive topics such as puberty, menstruation, and sexual health.
7. **Advocate for Policy Change:** Advocate for policy change at the local, regional, and national levels to prioritize the rights and well-being of adolescent girls. Lobby for the implementation and enforcement of laws and policies that protect girls from gender-based violence, ensure access to quality education and healthcare, and promote gender equality in all spheres of life.
8. **Invest in Community Development:** Invest in community development initiatives that empower adolescent girls and promote their social and economic inclusion. Support initiatives that provide skills training, entrepreneurship opportunities, and leadership

development programs for girls, enabling them to become agents of change in their communities.

9. **Monitor and Evaluate Interventions:** Establish monitoring and evaluation mechanisms to assess the impact of interventions aimed at promoting the health and well-being of adolescent girls in Elmina. Collect data on key indicators such as school dropout rates, teenage pregnancy rates, and incidents of gender-based violence to track progress and identify areas for improvement.
10. **Foster Collaboration and Partnership:** Foster collaboration and partnership among government agencies, non-governmental organizations, civil society groups, and community stakeholders to address the complex challenges facing adolescent girls in Elmina. Pool resources, expertise, and networks to implement holistic and sustainable solutions that empower girls and promote their rights and dignity.

The recommendations aim to address the multifaceted needs of adolescent girls in Elmina, Ghana, focusing on their sexual health, safety, and empowerment. Emphasizing collaboration among stakeholders, including government agencies, NGOs, educators, parents, and girls themselves, these recommendations advocate for comprehensive sexual education, access to menstrual health resources, and support services for survivors of gender-based violence. Addressing structural barriers and promoting gender equality are also highlighted, underscoring the importance of collective action to create a more inclusive and equitable society. Success relies on stakeholders' commitment to prioritize girls' rights and well-being through partnership and collective effort.

Furthermore, these recommendations stress the significance of investing in girls' education and economic empowerment. By ensuring access to quality education, vocational training, and economic opportunities, stakeholders can empower girls to break the cycle of poverty and achieve economic independence. This not only enhances their individual well-being but also contributes to the overall development of their communities and societies. Thus, alongside efforts to promote sexual health and safety, it is crucial to address broader socio-economic factors that impact girls' lives and futures.

Conclusion

The survey conducted among Junior High School (JHS) girls at Elmina M.A. Basic School has provided invaluable insights into the multifaceted issues surrounding adolescent girls' sexual health, menstrual hygiene, and social well-being in Ghana. Through a comprehensive analysis of survey responses and face-to-face discussions, several key themes have emerged, highlighting both the challenges and opportunities faced by girls in their journey towards empowerment and well-being.

Firstly, the survey findings underscore the critical importance of comprehensive sexual education programs tailored to the needs of adolescent girls. These programs should not only equip girls with accurate information about sexual health and reproductive rights but also foster a supportive environment where they feel comfortable discussing sensitive topics and seeking assistance when needed. By promoting open dialogue and breaking down cultural taboos surrounding sexual health, stakeholders can empower girls to make informed decisions about their bodies and relationships.

Secondly, the survey has shed light on the pervasive issue of gender-based violence, both within school settings and at home. The prevalence of unwanted advances or touching by adult males highlights the urgent need for measures to address and prevent such incidents. Establishing clear reporting mechanisms, providing psychosocial support services, and implementing educational initiatives on gender equality and consent are essential steps towards creating safer and more supportive environments for girls.

Additionally, the survey findings emphasize the importance of addressing menstrual hygiene management as a key component of girls' health and well-being. Access to affordable and hygienic menstrual products, coupled with education on menstrual health and hygiene, can help girls manage their periods with dignity and confidence. Moreover, efforts to combat menstrual stigma and promote positive attitudes towards menstruation are crucial for fostering a culture of acceptance and support.

In conclusion, the survey underscores the need for concerted efforts from all stakeholders to prioritize the rights and well-being of adolescent girls in Ghana. By implementing evidence-based interventions, advocating for policy change, and fostering a supportive ecosystem for girls' empowerment, we can create a future where every girl has the opportunity to thrive and realize her full potential. It is imperative that we continue to listen to girls' voices, amplify their concerns, and work collaboratively towards building a more inclusive and equitable society for all.

Referencing

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