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Exploring Ghanaian Adolescent Sexual and Reproductive Health (SRH) Information Source(s): A Qualitative Approach

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Abstract

Adolescents require information on several issues including sexual and reproductive health (SRH), which most of them receive from numerous sources. The study explored the kinds of SRH information sources adolescents in Ghana are exposed to and the source(s) which serve as their trusted one(s) vis-à-vis reasons given for trusting their sources. Using the Qualitative method of inquiry, the authors employed purposive and snowball sampling techniques to sample and interview twenty-one (n=21) adolescents (female and male) of the university of Cape Coast, Ghana. Results revealed that parents, especially mothers, are the most trusted sources of SRH information to adolescents in Ghana. Also, adolescents interviewed revealed that they source SRH information from their peers. Findings of the study inform and contribute to literature on trusted adolescent SRH information sources and impact policy directions on why adolescents in Ghana trust some SRH information sources over others. Implications for guidance and counselling have been discussed.

Keywords

adolescent, sexual and reproductive health information, parents, advertisements, media, qualitative study, Ghana

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Exploring Ghanaian Adolescent Sexual and Reproductive Health (SRH) Information Source(s): A Qualitative Approach

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Adolescents require information on several issues including sexual and reproductive health (SRH), which most of them receive from numerous sources. The study explored the kinds of SRH information sources adolescents in Ghana are exposed to and the source(s) which serve as their trusted one(s) vis-à-vis reasons given for trusting their sources. Using the Qualitative method of inquiry, the authors employed purposive and snowball sampling techniques to sample and interview twenty-one (n=21) adolescents (female and male) of the university of Cape Coast, Ghana. Results revealed that parents, especially mothers, are the most trusted sources of SRH information to adolescents in Ghana. Also, adolescents interviewed revealed that they source SRH information from their peers. Findings of the study inform and contribute to literature on trusted adolescent SRH information sources and impact policy directions on why adolescents in Ghana trust some SRH information sources over others. Implications for guidance and counselling have been discussed.

Keywords: adolescent, sexual and reproductive health information, parents, advertisements, media, qualitative study, Ghana

Introduction

Source of sexual and reproductive health (SRH) information is very crucial to all especially, adolescents. With the proliferation of traditional media coupled with numerous online radio platforms, television and YouTube channels, advertisement of health products as well as publication of sexual health information has gained momentum and has assumed ubiquity. These advertisements include those on health products, both herbal and orthodox health products. Digitization of the media space makes it possible to be easily exposed to such barrage of advertisements. Adolescence is a critical stage because a lot of developments regarding sexuality take place during this stage. Adolescents' consciousness level may be high; however, knowledge about pregnancy and HIV prevention may be low. Adolescents' penchant for sexual and reproductive health information is several as opined by Bankole et al. (2007) that adolescents prefer multiple sources of information.

The rate of sexually transmitted diseases (STDs) and unplanned pregnancies globally, especially among adolescents is alarming. Quist (2021) reports that between January and May in the year 2020, Ghana recorded over 100,000 teenage pregnancy cases. Available literature reveals that lack of adolescent and reproductive health education, loss of parents' livelihood, parental neglect, poverty, sexual exploitation and abuse, curiosity and risky adolescent behaviour constitute the causes of teenage pregnancy in Ghana (Tseganu, 2020). Adolescents need a lot of information to navigate this critical stage of life. Adolescents need information on menstruation, safe and unsafe menstrual periods, sexual feelings, which health products are good or not, and a host of vital information. Good education is therefore needed to help

adolescents to prevent avoidable consequences such as teenage pregnancy and sexually transmitted diseases (STDs). According to Houston and Ehrenberger (2001), health information is crucial because it aids people in making informed decisions; enables people to be in charge and assume the position of responsibility. One of the key points Awusabo-Asare et al. (2017) note is that sexual and reproductive health (SRH) education is among the cardinal factors in a multifarious advancement that can help in tackling adolescents' sexual and reproductive health needs. Through guidance and counselling services, adolescents can be educated on the SRH rights and options available to them. This will empower clients (adolescents) to make informed choices and changes in their lives.

Rogers and Dantas (2017) posit that the handiness of dependable information is vital for decreasing doubt and enables people to make informed choices among options presented in critical situations. Since sources of SRH information wield a lot of coercive force on adolescents, it is paramount to investigate where and how adolescents access information on SRH. Many scholars such as Mprah (2014) describes sources and use of SRH information among deaf people in Ghana and reports that deaf people receive SRH information from several sources including schoolteachers, family members, health professionals, friends, the media, and SRH organizations and centres. His findings also reveal that respondents mostly, did not use information from health professionals, even though that constitute official source of information on SRH. Rosengard et al. (2013) conducted a study to understand how family serves as SRH information sources vis-a-vis the messages adolescents recall from family, and how family learning experiences affect sexual behaviour among at-risk adolescents and found that many respondents consider family as SRH information source. Weinstock et al. (2004) found that about 18.9 million new cases of Sexually Transmitted Diseases (STDs) occurred in the year 2000, out of which 9.1 million (48%) were among persons aged 15–24.

Against the foregoing, the authors consider the present study relevant because it brings more insight into how and where adolescents access SRH information as well as which source(s) they trust the most. Our assumption is that the cultural settings in most Ghanaian homes where young people such as adolescents find it difficult to approach the elderly in society concerning sensitive issues will influence information flow from parents to their adolescents. Parental involvement in modelling behaviour for their adolescents regarding the ability to relay SRH information to their adolescents will depend on several factors. The objective of the study is to explore trusted SRH information sources vis-à-vis reasons for trusting certain SRH information sources. The following research questions therefore become imperative: What are adolescent's trusted sources of information on Sexual and Reproductive Health in Cape Coast, Ghana? Why do adolescents trust SRH information source(s)?

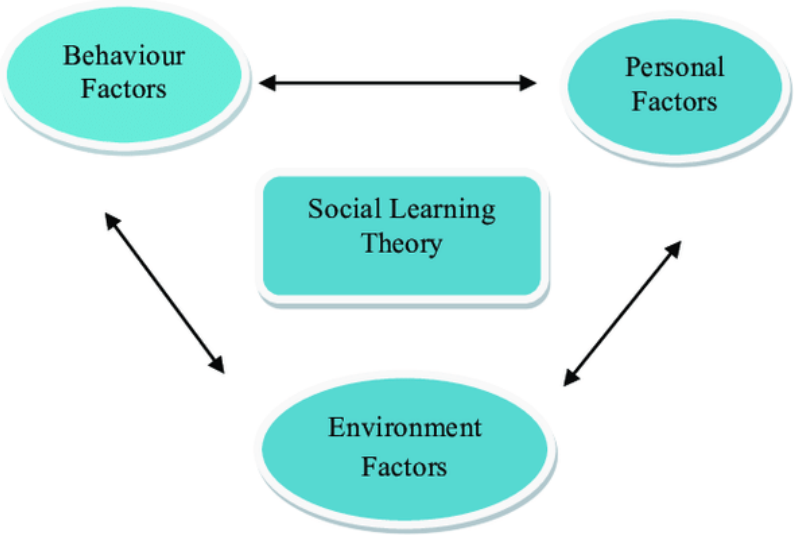
Literature Review

Theoretical Framework

Albert Bandura's (1977) Social Learning Theory serves as the lens for the study. Social leaning theory specifies that people can learn new behaviours through observation of others. Learning theories which preceded social learning theory stressed on how people behave in response to environmental stimuli, such as physical rewards or punishment. However, social learning underscores the mutual relationship between the environment's social characteristics, how they are perceived by individuals, and how motivated and able a person is to reproduce behaviours they see happening around them (Edinyang, 2016). People influence and in turn, are influenced by the world around them. Social learning postulates that people learn as they: observe what others do; consider the seeming consequences of people they learn from; practice what might happen in their own lives if they imitated other people's lives; act by trying a

behaviour themselves; compare their own experiences with that of others; and confirm their belief in the new (learnt) behaviour. The principles of social learning theory apply to this study in the sense that adolescence is a stage in every human's life, and people are bound to learn about how to navigate adolescence by any of the means stipulated by social learning theory.

Figure 1
Social Learning Theory



Note. (Bandura, 1977)

Changes Associated with Adolescence

Changes which occur during adolescence may be psychological, physical, emotional and or sexual, and these changes if not handled well may affect adolescents' smooth growth. Many adolescents consider adolescence as a critical stage of life filled with emotional experiences. One of the changes that occur in adolescence is psychological. Adolescence presents teenagers with an opportunity to begin to create their identity, hence they start the feeling to be independent begins to set in. There is always a struggle within the adolescent between the yearning for independence and having to be dependent on the parents. Peer pressure builds up during adolescence which makes it more pleasing for the adolescent to receive information regarding changes in his/her body from his/her peers.

Furthermore, physical changes also occur during adolescence. According to Madaras and Madaras (1989), the body organs proportionally, undergo change at adolescence. Signs such as the childhood baby face slowly give way; forehead, mouth, hips become broader. Almost every part of the body experiences changes during adolescence. All the reproductive organs increase in size. Girls begin to develop thick, fat tissues as compared to boys, but the prepubescent spurt in boys is followed by a sharp drop in fat widths during and after adolescence, while fat width in girls continue to increase in size during the prepubescent years. Also, emotional and/sexual changes take place during adolescence. A lot of "first experiences" occur during adolescence including emotion and sexual. Usually, first sexual relationships are cultivated during adolescence. Adolescents begin to experience hormonal changes, which alerts them of their sexuality. According to Christie and Viner (2005), adolescents experience psychological/emotional (sexual identity development, thinking in the abstract, etc.) and biological (breast, pubic hair, and body shape development for girls, enlargement in testicles and muscle development) changes. Cited in Herd et al. (2020), Morris et al. (2007) assert that

during adolescence, adolescents experience new and heightened emotions (see Ellis et al., 2020). It is obvious that adolescents experience biological/physical and psychological changes during adolescence. It is imperative for adolescents to be abreast of the right information through sources that are accessible and trustworthy. In view of this, the authors of the present study would delve into adolescents' sources of SRH information.

Adolescents' Source(s) of Information on Sexual and Reproductive Health (SRH)

Due to the rapidity of development in the adolescent, adolescents tend to be so much interested in information about sexual and reproductive health, as well as its related issues. Baheiraei et al. (2014) find that mostly, mothers and same-sex (male to male and female to female) friends serve as primary sources of information on SRH. They also find that media information sources such as books and the internet also serve as adolescents' sources of information on SRH. Ybarra et al. (2008) also assert that majority of adolescents (four in five) turn to their parents, teachers and other adults for information on SRH while others read books or visit the library or rely on friends and siblings for SRH information. Strasburger (2005) opines that the media has stepped in the gap created by the absence of efficacious sex education in the United States, thereby making the media the leading provider of sex education.

According to Kennedy et al. (2014), the sources of sexual and reproductive health (SRH) information could vary from one society to another. Scholars have conducted studies into various sources of information on SRH, especially where adolescents receive such information. Information source could be as good as the information. Berhane et al., (2019) examined the relationship between adolescent girls' agency and social norms regarding early marriage, girls' education, and nutrition in West Hararghe, Ethiopia and found that there is a firm relationship between agency and social norms, and conclude that significantly, favourable descriptive and injunctive norms around marriage are associated with greater adolescent girls' agency. Bankole et al. (2007) conducted a survey in Burkina Faso, Ghana, Malawi, and Uganda, on how youngest adolescents (under age 15) describe their sexual activity. Their knowledge about HIV AIDS, Sexually Transmitted Infections (STIs) and pregnancy prevention as well as how they sourced SRH information including sex education in schools and found that the category under investigation (youngest adolescents) were already sexually active. They also found that the awareness levels of the adolescents were very high; however, their knowledge on pregnancy and HIV AIDS prevention was not encouraging, and they sourced SRH information from multiple sources.

Trusted Sources of SRH Information by Adolescents

The sources available to adolescents regarding SRH information accessibility are vital because adolescents act on such information to navigate adolescence. Equally important is the issue of which sources adolescents trust with respect to accessing SRH information. Baheiraei et al. (2014) found that mothers as well as friends of the same sex were the basic and favourite sources of SRH information for adolescents also see (Ackard & Neumark-Sztainer, 2001; Vardavas et al., 2009). Nobelius et al. (2010) slightly disagree with the above when they found that although family and peers form primary sources, these sources are blemished. They however categorise SRH sources preferred into three, in respect of the kind of SRH information being accessed: precise SRH information must emanate from community and media-based educators who are trained instead of clinic- based health educators; SRH information regarding how to cultivate good relationships as well as how to negotiate sex and condom use within relationships must come from an up-skilled traditional source, such as paternal aunt, particularly for young ladies; and social information regarding good adulthood must be

provided by parents, grandparents, church and community leaders. Nwagwu (2007) found that even though adolescent girls in Nigeria use the Internet to access SRH information, parents and teachers are two most trusted sources of SRH information (see Ivanova et al., 2019).

The Context of the Authors of the Present Study

We are a married couple with diverse backgrounds spanning guidance and counselling, psychology, strategic communication, and media relations. We believe that adolescents must have access to quality SRH information to manage the adolescent stage well. Our personal encounter with a niece who lived with us during her adolescence has provided us with first-hand information on some of the changes adolescents go through. This enhanced our interest in adolescent sexual and reproductive health. We are not sure if we were able to provide adequate information to help our niece during her adolescence. In view of this we have embarked on series of studies in adolescent SRH to contribute to knowledge. One of the authors of this present study is a professional counsellor with special interest in youth counselling and believes that the present study provides insight into how adolescents seek SRH information as well as what kind(s) of information adolescents seek and from whom or where they source SRH information during adolescence. Our intention is to glean knowledge in respect of how and where adolescents in Ghana seek/receive SRH information as well as which source(s) adolescents trust to provide accurate or usable SRH information.

Why Adolescents Trust Their SRH Information Source(s)

It is imperative to explore the reasons espoused by adolescents for trusting SRH information sources. The authors of the present study are of the view that reasons why adolescents trust their SRH information sources must be probed to inform any proposed recommendations. Ackard and Neumark-Sztainer (2001) found that most adolescent boys trust their peers for SRH information because they feel relaxed when discussing such issues with them. Klein et al. (1998) found that adolescents prefer school counsellors as their source of SRH information because they believe school counsellors are reliable.

Method

The authors employed the qualitative methodology of inquiry, using descriptive qualitative research approach. Interview was the main instrument used. The total number of participants interviewed was twenty-one (21) adolescents - twelve males and nine females, ages between 18 and 20. We attained data saturation because we began to experience repetition in the responses from the participants (Creswell, 2014). The authors used purposive and snowball sampling techniques to recruit participants from the University of Cape Coast. According to Etikan (2016) purposive sampling is a non-probability sampling method which relies on the discretion of the researcher. In employing purposive sampling, we used homogenous sampling because the participants are all adolescents who share similar traits and characteristics such as age, culture, and life experiences. Snowball sampling is also a non-probability sampling method in which participants provide referrals (Creswell, 2014). Some of the participants interviewed referred us to some of their colleagues who hail from other regions and would be willing to participate in the study. Although participants were all students at the University of Cape Coast, they come from different regions of Ghana, where they have lived for most parts of their lives. They therefore are representative of almost all regions of the country. Currently, Ghana has sixteen regions. Inclusion criteria for the study comprised three components: (1) Participants must be between the ages of 18 and 20, and (2) Participants must

self-identify as having accessed SRH information; and (3) Participants must be students at the University of Cape Coast. The authors conducted in-depth and coded data from the interviews after which they categorised and analysed the data. The authors analysed the data based on the research questions and objective. Each interview lasted between 45 and 60 minutes, and all interview sessions were audio recorded with the express permission of each interviewee. In-depth interviews were conducted between December 2019 and February 2020 in Cape Coast, the capital city of the Central region of Ghana. Most of the interviewees were contacted physically, while some were contacted through phone calls. In all, 23 interviewees gave their consent to participate in the study. However, two participants withdrew during their sessions. While one of them stated personal reasons but was not willing to provide details of the reasons to withdraw from the session, the other revealed that she could not continue because some of the questions reminded her of some past experiences she was unwilling to revisit. Interviewees who agreed to participate willingly gave their consents. The form entailed the research topic and problem, the process, motivation, and a brief background of the interviewer. Due to the sensitive nature of the interview, the second author (female) interviewed all the female adolescents. All interviews were conducted in the English language. This is because majority of the participants hailed from different parts of Ghana and speak different local Ghanaian languages. The language common to all is English language.

Coding and Data Analysis

The authors transcribed the audio-recorded interviews verbatim and coded data manually using Attribute and InVivo coding techniques. According to Saldaña (2009), attribute coding is a good coding technique for all kinds of data, and it is done as a management technique, while in vivo coding is appropriate for interview scripts as a method adjusting oneself to the language of the participant. We used in vivo coding because we quoted the exact responses from the participants in several instances. The authors presented and discussed results in line with the research questions. To protect the identity of interviewees, the authors used pseudonyms for interviewees and dates of interviews were altered. After the interviews have been transcribed, the authors read through, and later, the first author summarised the transcripts where emerging codes and themes were highlighted to reflect the main objective of the study. A coding frame was developed during the final reading process. The following categories were realized after coding: adolescents' experiences with changes, adolescents' SRH information source(s), trusted SRH information source(s), and reasons given for trust in source(s). These categories were realised because the responses from the interviews contained similar statements which presented patterns (Saldaña, 2009).

The authors contacted all the interviewees a month after the interview for a one-to-one meeting. There were some face-to-face meetings and telephone conversations. The interviewees were presented with some preliminary findings and interpretations of their narratives to seek confirmation and feedback. All 21 interviewees were contacted. Therefore, the extracts of the interviews presented in the study were the direct transcriptions of the interviewees. This ensures the fidelity of the transcripts as well as projects the interviewees' own constructions.

Results

This section provides a description of the demographic and sexual behaviour of the sample; which source(s) they identified for their SRH information; which sources they trust; and how reasons given for trust in source(s). Throughout the results section, comparisons between males and females are presented.

Description of the Sample

There were twenty-one participants in all (N = 21: 9 females and 12 males) all undergraduate first year students at the University of Cape Coast, Ghana. Eight of the interviewees were 18 years of age (five males and three females); six were 17 years of age (four females and two males); four were 19 years old (two males and two females); and two were 20 years of age (all males). Fifteen of the interviewees were Christians (seven males and nine females); two were Moslems (one male, one female); three were free thinkers (all males); and one preferred not to disclose his religious belief (male). Majority (13= 9males, 4females) of participants have been living with both parents while five (1 male, 4 females) lived with their mother only; one (male) lived with his father only and one (male) lived with a guardian. The authors interviewed all participants one to one (see Table 1).

Table 1
Demographic Characteristics of Interviewees

Interviewee (IN)	Pseudonym	Gender	Age	Religion	Living with
IN 1	KK	M	20	Christianity	Both parent
IN 2	Bossman	M	20	Christianity	Both parent
IN 3	Dee	M	19	Christianity	Both parent
IN 4	Estee	F	19	Christianity	Both parent
IN 5	Mima	F	19	Christianity	Both parent
IN 6	Demz	M	19	Christianity	Both parent
IN 7	Fanz	M	18	Christianity	Both parent
IN 8	Kent	M	18	Christianity	Both parent
IN 9	Fancy	M	18	Islam	Father
IN 10	Lee	M	18	Christianity	Both parent
IN 11	Yaw	M	18	Free thinker	Both parent
IN 12	Haddy	M	17	Free thinker	Both parent
IN 13	Andy	M	17	Free thinker	Uncle
IN 14	Muna	F	17	Islam	Both parent
IN 15	Bea	F	17	Christianity	Both parent
IN 16	Daniel	M	17	Undisclosed	Mother
IN 17	Angie	F	17	Christianity	Mother
IN 18	Becky	F	17	Christianity	Mother

IN 19	Akos	F	18	Christianity	Mother
IN 20	Yaa	F	18	Christianity	Mother
IN 21	Monic	F	18	Christianity	Father

Notes. Authors' categorisation of interviewee characteristics

The authors set out to explore SRH information sources of adolescents in Cape Coast, and to examine which source(s) adolescents trust as well as reasons behind the trust. A total of 21 adolescents – 12 males and 9 females took part in the study. The main sources identified were as follows: Internet; parents; peers; TV programs and books.

Adolescents' Experiences with Changes

Adolescence is a stage characterised by many changes – physical, emotional etc. Three of the 17-year-old females reported that they had vague information about adolescence before they began to see and feel some of the changes. Most of the females were surprised by their first menstruation experience. Some even recounted how embarrassed they felt when they experienced their first menstruation. An interviewee had the following to say:

> Hmm! I remember that I was in class that day and I didn't know that I had reached menstruation stage. I tried getting up during break time and realised that my uniform was soiled with blood. Many things started going through my mind. I decided to remain seated until everyone had left the class. However, three girls remained seated too. One of them was my friend, so I signalled her to come. I told her about my problem, and she offered to help me. She walked closely behind me such that nobody noticed anything. She gave me a sanitary pad and taught me how to use it. Hmm! She was my saviour that day oooo. She was the one who told me that I have started menstruation and if I have sex, I will get pregnant. Ei! Madam, I felt bad the whole day. (Yaa: Female, 18 years, university student, Christian)

Regarding participants' ability to openly mention the human sex organs such as penis, testicles, breast, and vagina, most of the interviewees, both male and female reported that it was very difficult for them to openly refer to their sex organs, even among their peers. It therefore took a long time for them to be able to openly refer to their sex organs such as penis and breast. Some, especially the males said they used to refer to the penis as "abaa" [stick]. One female said she still could not openly mention the names. The following quotation captures one female's experience:

> I used to feel shy to mention "vagina or penis," but one day I was sitting in a "trotro" [commercial vehicle for short distance journey in Ghana] when a certain woman came to sell some medicines that cure menstrual pains, some for-penis enlargement and some for sexual pleasure haha! The way she was just talking about everything so raw made me bow my head. But later I felt ok. (Mima: Female, 19 years, university student, Christian)

There was something common among the males. They reported that they used to discuss most sensitive issues among themselves. Four males (one 20 years and three 18 years) agreed that they started having strange feelings for the opposite sex. This they claimed made them to look for information on various things such as how to use condoms and how to woo a lady. Two males (17 years) said they were intimidated by their peers' pubic hairs and length of

their penis, such that they tried looking for medication to enlarge their penis and equally grow pubic hairs quickly. Some of the females reported that when their breasts started protruding, their peers teased them. While the females felt shy to talk about their experiences with their peers and parents, the males confided mostly in their friends (peers). They felt shy to talk to their parents about it. One male had this to say:

> I remember that my friends brought a girl to my room one vacation and left me alone with her. I did not know what to do, so I excused the girl and went to see my friends outside. They told me to ask the girl to remove her dress. My friend asked me if I had condom in the room and I said no, then he said I should wait. My friend came back after about 30minutes and gave me a pack of condom and asked me to go and look sharp. In the room, I struggled to put on the condom until the girl helped me. It was my first time. (Bossman: Male, 20years, university student, Christian)

Overall, the female interviewees appeared to have individually searched for information prior to adolescence and after first experiences such as menstruation. Although some of the male interviewees also searched for SRH information, they did so to woo females than to manage adolescence.

Adolescents' SRH Information Source(s)

The internet, peers, teachers, and parents served as the main sources of SRH information for interviewees. Largely, majority of the male interviewees relied more on the internet and their peers for SRH information. However, two male interviewees refer to television (TV) and teachers as their major sources of SRH information. Three females and two males reported that they equally relied on herbal medicine markers (especially those who sell in commercial vehicles) for SRH information; although some agreed that most times some of the information from the herbal medicine marketers were misleading. One female's initial SRH information source was her elder sister had this to say:

> One day I saw my elder sister wrapping something in polythene bag. She did not realise that I was observing her. Unfortunately, the thing fell to the floor, and I saw blood stain on one of the contents. I asked her if she was hurt, and she said no. Then the following morning I saw her washing her pantie which had blood stain. I asked her again and this time she told me she was menstruating. She told me that I would also experience it when I grow. I asked her if it was painful, but she shouted at me. So, I kept quiet, but later she explained everything to me. (Estee: Female, 19 years, university student, Christian)

Two female interviewees also hinted that their basic schoolteachers explained adolescence and a lot of the challenges to them. The teachers took their time to explain issues such as menstruation, condom use (both male and female condoms), the physical changes they should expect such as development of breasts, growing of pubic hairs. They were also cautioned to abstain from sex. It is worth noting that majority of the interviewees reported that they usually verify the information given to them from a second or third source, especially information from their peers and internet. While most of the females reported that they usually searched for information on issues such as ovulation; calculation of menstruation cycle; pregnancy prevention medications; the males searched for information on kinds of condoms

that give pleasure during sexual intercourse; penis enlargement medications; lotions that assist in hair growth and the likes. Three males reported that they got their initial SRH information from a TV series "things we do for love." However, later, they watched pornography to learn more sex styles. He said:

> I told my friend that I couldn't do it well [have sex] when my girlfriend visited me so, he told me to watch "pono" [pornography] then I will learn more styles. So, I started watching "pono." (Fancy: Male, 18 years, university student, Moslem)

More than half of the female interviewees said their primary source of SRH information is their mother. They reported that their mothers usually talked to them about the changes they should expect in their bodies. They also said their mothers warned them about boys. However, one female had a different experience. She said her father talked to her about adolescence because she had a good relationship with her father as compared to her mother. She reported that she could discuss any topic with her father, but she would not dare with her mother. The internet, parent and teachers form the primary sources of SRH information.

Trusted SRH Information Source(s)

Even though parents were not identified by majority of the interviewees, especially the males, it is encouraging however, to note that the most trusted source of SRH information was parent. Seven females and nine males reported that their parents were their trusted sources of SRH information; hence, they usually verified SRH information received from other sources from their parents. One female however reported that she trusted all her SRH information sources. She puts it this way:

> I use the internet to search for information on ovulation, menstruation, STDs, and condoms. I also get information from some TV series such as YOLO [You Only Live Once], and then some of my friends also tell me things. I trust all these sources. (Muna: Female, 17 years, university student, Moslem)

Majority of the participants said that they trust that their parents provide them with authentic SRH information. Aside from parents as trusted SRH information source is the Internet. One female interviewee reported that she trusts the Internet, especially social media pages for SRH information. Two male interviewees corroborated this by asserting that the Internet is their most trusted SRH information source. One male interviewee reported that he trusted books and TV programs for his SRH information. Those who chose parents as the most trusted source ranked peers as the third most trusted source of SRH information. One male interviewee reported that he trusts his school counsellor most for SRH information. Most of those who trust their parents would replace their parents with their teachers when they were in senior high school (SHS). Seven males and six females reported that they would have made a lot of mistakes when they were in SHS if it had not been the presence of some teachers.

Reasons Given for Trust in Source(s)

Confidentiality was the most touted reason for the choice of trusted SRH information source. Those who reported that they trusted their parents believe that their parents would not disclose whatever information they sought to any other person. They agreed that even though it was not always easy to open up to their parents on sensitive issues, especially fathers, they

felt relieved and reassured whenever they did. The female who chose internet as her most trusted source had this to say:

> Madam! As for aunty Connie [referring to her mother], you dare not talk about such sensitive issues with her oooo. I remember that one day we were all watching a movie in the hall [living room] and a certain teenager in the movie had spoiled herself [soiled her clothe with blood as a result of menstruation] and her [the teenager] mother was helping her to clean up and she was teaching her about menstruation and how to use pad. My mother just shouted that "this girl is stupid ooo! A grown up like you, you don't know how to take care of yourself". I became scared from that day, and I decided that I was not going to look stupid before my aunty Connie. That is why I trust my Internet. (Monic: Female, 18 years, university student, Christian)

One male (Fanz, 18 years old, Christian and stays with both parents) also reported that his father was friendly with him in most things such as school issues and clothes but was not friendly when it came to sensitive issues like SRH. Another male said that his mother was more flexible about sensitive issues because his mother used to tease him about how handsome he is and that he should introduce his girlfriend to her. Due to this, he was able to discuss some changes he felt with his mother, and it is captured in the following quotation:

> After my first term in SHS, during vacation, my mother started teasing me about my handsomeness and requested to know if I had a girlfriend, and that I must introduce my girlfriend to her. So, one day I was bold, and I told her that I used to notice some fluid from my penis when I woke up from dreams. Then she told me it is called wet dreams. She used the opportunity to talk to me about STIs and pregnancy. So, for such issues it is my mother ooo. (Fanz: Male, 18years, university student, Christian)

The students who relied on their peers reported that they believe their peers have some experiences and can also understand them better than their parents would. Those who chose internet said it was because with internet, nobody knows that they are searching for such information, so it is safer to use the internet. Some reported that some social media platforms such as WhatsApp group pages are good places for such information because it is usually a group of like-minded people who belong to same age brackets. One of the reasons given for trusting TV programs instead of parents is shyness.

Discussion and Conclusion

We explored adolescent sexual and reproductive information sources, highlighting the most trusted SRH information source(s) as well as reasons for the trust in the chosen SRH information source(s). From the study, we found that apart from parents serving as SRH information source, internet, schoolteachers, social media platforms, books and TV programs serve as SRH information sources for adolescents in Cape Coast, Ghana.

One thing that is evident in the study is that parents, especially mothers remain the most trusted SRH information sources for adolescents in Ghana, just as (Baheiraei et al., 2014) and (Vardavas et al., 2009) assert. This may be so since mothers, as compared to fathers tend to spend more time with their children at home, especially in typical Ghanaian home settings. Also, mothers are usually seen as meting out fewer punishments to their children in the home. Mothers usually pay more attention to the physical and emotional wellbeing of their children.

It is also clear from the study that some of the interviewees trusted the internet more than their parents as mentioned by (Nwagwu, 2007). This may be so because as evident in the extracts, some adolescents either feel shy or scared to discuss sensitive issues such as SRH with their parents or peers, hence they would rather turn to the internet, which is not a human being and so, cannot question them.

We also noticed from the results of the present study that female interviewees/participants were more open to their mothers about their (adolescents') experiences regarding biological and psychological developments than male interviewees/participants were to their fathers, and this equally supports Nwagwu's, (2007) study. For those who trusted their peers the most, although they are in the minority, it sends a signal to parents to do well to bridge the information (especially sensitive SRH) access gap between them and their adolescents, because SRH information from their peers may not always be accurate. It also suggests that some parents do not have adequate SRH information to give to their adolescents; hence they would rather create fear in their adolescents in the bid to preventing them from seeking SRH information. It is evident from the interviews that these adolescents need more information on SRH such as STDs/STIs, pregnancy, abortion, management of changes in their bodies and a host of other vital information, yet the trusted sources are usually not available or not approachable. This would steer them to other sources that may provide them with half-baked information, thereby leading them into preventable dangers.

The interviews suggested that male adolescents usually search for SRH information to lure the opposite sex into having sexual intercourse, which they know little to nothing about, in terms of the repercussions. We believe that if they are exposed to the right information regarding the many changes during adolescence coupled with the accompanying consequences vis-à-vis the opportunities, their actions and inactions would be guided.

The authors of the present study conclude access to the right SRH information rests with parents since adolescents trust them (parents) to provide them with accurate SRH information. The internet space also remains a major platform where adolescents access SRH information. Peers, especially, from same sex continue to fill the gaps created by society especially immediate families and may be providing wrong SRH information. This is in line with Albert Bandura's (1977) Social Learning Theory, which mentions that people can learn new behaviours through observation of others.

Implication for guidance and counselling is that more efforts need to be put in reaching out to adolescents through friendly mediums such as WhatsApp platform to spread the right SRH information. Guidance and counselling practitioners could form WhatsApp groups for adolescents in communities to discuss SRH issues. These groups could comprise adolescents with similar traits such as age and gender. For instance, small WhatsApp groups can be created in the senior high schools (SHS) where counsellors will provide valid and usable information for adolescents to learn and help themselves when necessary. We believe that since WhatsApp is a platform used by a lot of Ghanaians, it would not present any serious form of digital divide among the targets. Also, WhatsApp platforms appear to be informal, and adolescents would be willing to share information they would ordinarily not provide in classrooms and other official gatherings such as workshops. Similar platforms could also be created for parents of adolescents in communities to provide and discuss SRH issues. This would equip parents to adequately assist their adolescents with accurate information on SRH.

Additionally, through seminars, counsellors can provide more sensitization on the changes during adolescence to enhance adolescents' knowledge and personal care as they experience the various changes. Again, information on issues related to managing peer pressure related SRH can be circulated to adolescents through various platforms such as on school notice boards, seminars, and social media (including WhatsApp).

We therefore recommend, based on the results that more educative TV programs that provide adequate SRH information such as YOLO must be encouraged on various national television stations. This will help fill any gap created in any home. YOLO is an educative and informative drama series shown on Television stations in Ghana, targeted at the youth. The focus is largely on Adolescent SRH. The authors believe that such educative and informative programs may resonate well with adolescents since they are conveyed in edutainment forms. The authors are considering conducting a further study to assess the impact of such programs on adolescents in Ghana.

Counsellors must also maintain good collaboration with teachers to ensure smooth delivery of SRH information to students. Such collaborations would engender confidence in adolescents who would be willing to share SRH issues with counsellors and teachers.

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