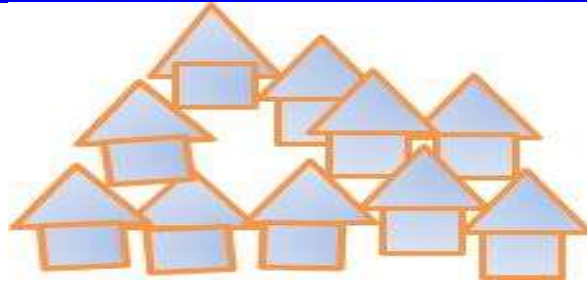
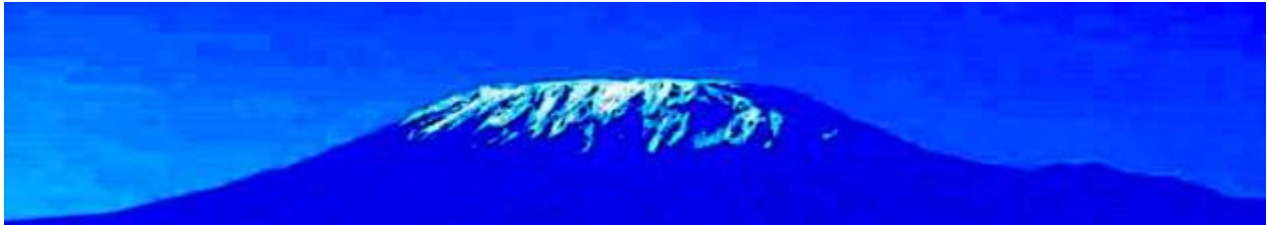


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## Behavioural and environmental diagnostics of adherence to a sex education program in schools according to the PRECEDE - PROCEED model in the city of Ouagadougou, Burkina-Faso in 2021

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### Abstract

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**Introduction:** In school, pupils learn about sexuality from friends and social networking sites such as Facebook. This situation creates problems such as early and unwanted pregnancies. In this study, we investigated the behavioural and environmental factors of adherence to a school-based sex education programme in Ouagadougou, the capital of Burkina Faso.

**Methodology:** We carried out a qualitative cross-sectional study with a descriptive aim in which pupils, teachers, and parents of pupils participated. The face to face individual interviews, and Focus Group Discussions (FGDs) were conducted September 2020 to September 2021, to identify predisposing, facilitating, and reinforcing factors for school adherence to a sex education programme.

**Results:** First, the acquisition of skills and of cultural norms were the main predisposing factors. Second, the promotion of sex education and the financial inaccessibility of parents were the main facilitating factors. Finally, the reduction of unwanted pregnancies and criticisms of sex education were the most important reinforcing factors.

**Conclusion:** These results can help policymakers achieve good planning and effective implementation of a sex education programme in schools.

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## 1.0. Introduction

Globally, more than 1.8 billion young people are aged 10 to 24, and 31.7% of them live in middle income countries, including Burkina Faso (Toubia et al., 2021). Sex education is a worldwide public health issue. Only a handful of European Union (EU) member states, especially in Southern Europe, have yet to include sex education in the school curriculum (Organisation mondiale de la santé Europe & Federal centre for health education (BZgA), 2013). Meanwhile, in Latin America, the Ministers of Health and Education expressed their commitment to comprehensive sexuality education (CSE) in a 2008 ministerial declaration entitled 'Prevention through Education' (Organisation des nations unies pour l'éducation, la science et la culture., 2018). School-based sex education in countries such as Benin, Burkina Faso, Côte d'Ivoire, Mali, Niger, and Senegal has made progress in terms of the development of themes. However, its implementation still faces a number of obstacles (Equilibres & populations, 2017).

Young people face several health problems, particularly those related to sexual and reproductive health (SRH). They deal with early and unwanted pregnancies, induced and clandestine abortions, early and unprotected sexual intercourse, multiple partnerships, and a high prevalence of sexually transmitted infections (STIs) including HIV and AIDS (Plan-Stratégique-Santé-des-Adolescents-et-des-Jeunes-2015-2020.-Burkina-Faso, 2015).

This situation is sought to be justified in Burkina Faso by a lack of reliable sources of information on SRH, particularly in schools where more than 7,800 cases of pregnancy were recorded in 2019 (Direction Générale des Etudes et des Statistiques Sectorielles, s.d.; Kaboré et al., 2019).

In response to the problems, international and regional bodies (the United Nations Educational, Scientific and Cultural Organization [UNESCO]; the World Health Organization; the Joint United Nations Program on HIV and AIDS; the United Nations Children's Fund; the Economic Community of the West African States; the African Union) have recommended the integration of sex education in school curricula (Organisation Ouest Africaine de la Santé, 2016; Wafo, 2012). In many countries, young people have their first sexual experiences while still in school. However, they lack the knowledge and skills to make informed decisions about their SRH (Organisation des Nations Unies pour l'éducation, la science et la culture, 2016).

In Burkina Faso, sex education is not the subject of any specific programme, and questions relating to SRH are limited to biological ones. However, sex education is an integral part of the 2015–2020 adolescent and youth health strategic plan (Ministère de la santé, 2015). This study identifies the main actors of the education system (pupils, teachers, parents of pupils) and the behavioural and environmental factors of adherence to a sex education programme.

## 2.0. Methodology

The study took place in three post-primary and secondary schools in Ouagadougou, the political capital of Burkina Faso. We adopted a qualitative cross-sectional method and conducted the study from September 2020 to September 2021. The schools and the different groups of participants (pupils, teachers, parents of pupils) were chosen purposively. To determine the sample size, we adopted the principle of data saturation: data collection was stopped when it revealed no more new elements (Campenhoudt, 2014; Olivier de Sardan, 2009).

In the end, 66 participants were included in the study (18 parents and teachers and 48 pupils). Two complementary data collection techniques were used: semi-structured interviews and Focus Group Discussions (FGDs). FGDs have the particularity through the group dynamics of favouring interactions that generate a wealth of data collected through the convergent and divergent points

of view of the participants. Meanwhile, interviews make it possible to detail and deepen certain points discussed during the focus groups (Campenhoudt, 2014; Olivier de Sardan, 2009).

In this study, the FGDs made it possible to collect as much information as possible on the determinants of adherence to a school sex education programme from pupils' point of view. Further, the individual interviews with the parents and teachers made it possible to deepen the themes discussed with the pupils. Using an interview guide, semi-structured individual interviews were used to collect data from parents and teachers according to their availability.

Using a group discussion guide, FGDs were used to collect data from pupils. The groups were formed homogeneously, taking into account gender and the study cycle.

These data collection tools focused on participants' socio-demographic characteristics and the Precede-Proceed model's predisposing, facilitating, and reinforcing factors. Before we used them, a parent (for the group discussion) and a certified teacher from the colleges and high schools of Ouagadougou (for the parent and teacher interviews) validated the tools. This reassured us that the style used facilitated the understanding of the questions asked. However, the tools were pretested in a school that was not retained during data collection.

After collecting the data, we proceeded as follows:

- Transcription and data cleaning
- Definition of nodes
- Data import and coding in NVIVO 12 software
- Data analysis with NVIVO 12 software

The study received the approval of the National Ethics Committee of Burkina Faso (CERS-n02021-10-225).

### **3.0. Results and Discussions**

#### **3.1. Results**

A total of 48 pupils participated. We had 23 post-primary pupils (six girls and 17 boys) and 25 secondary pupils (17 girls and eight boys). Their minimum and maximum ages were 14 and 28 years, respectively. Additionally, eight parents of pupils participated, including two men and six women. Six parents were married, and two were cohabiting. The youngest and oldest parents were 32 and 65, respectively.

A total of 10 teachers participated, including seven men and three women. They taught English, French, life and earth sciences, mathematics, history and geography, topography, physical education, and sports. The minimum age was 29, and the maximum was 54. Table 1 shows that skills acquisition was the most favourable predisposing factor for enrolment in a school-based sex education programme.

Predisposing factors favourable to adherence to a school-based sex education programme were skills acquisition, insufficient knowledge about sexuality, insufficient discussion of sexuality in the family, awareness of the risks associated with sexuality, success in studies, class dropout, early sexuality, and trust in teachers to deliver the course and conducive environment. Predisposing factors unfavourable to adherence to a school-based sex education programme were cultural norms, prejudices around sexuality, lack of teacher confidence, and religion (see Table 1).

**Table 1: Verbatim statements about the two main predisposing factors for adherence to a school-based sex education programme**

<b>Predisposing factors</b>	<b>Illustrative quotes</b>
Skills acquisition	'It's good to introduce it at school. If we take for example a child who has reached puberty, at the moment s/he tends to have sexual intercourse, but if s/he does not have [an] idea about that, s/he's going to get into a field s/he has no idea about, and right now s/he would be in trouble.' Pupil number 3 – Focus group 2
Cultural norms	'In our culture, it is forbidden to talk about sexuality to a child. In Burkina, we have about 60 ethnic groups. In all ethnic groups, it is forbidden to talk about sexuality to children.' Teacher number 4

Favourable facilitating factors for adherence to a school sex education programme were promotion of sex education, involvement of the school community, availability of qualified teachers, involvement of authorities, parents' contribution, and financial motivation of teachers. Unfavourable facilitating factors for adherence to a school sex education programme were financial issues, divergence on the content of modules, unqualified teachers, teaching method, and no parental involvement (see Table 2).

**Table 2: Verbatim statements about the two main facilitating factors for adherence to a school sex education programme**

<b>Facilitating factors</b>	<b>Illustrative quotes</b>
Promotion of sex education	'I prefer a specific programme because if we are going to put in a subject, I think that not all classes will have access to a course. For example, in primary school, there are cm2 pupils who see their periods. Currently, we cannot say that a child is a child. She can go take a pregnancy too. But if we do a specific programme where we can pass in each class, try to show something, for example, at the level of cm2 by going because there we have children of 12, 13 years old who are always at cm2.' Parent of pupil number 5
Financial inaccessibility of parents	'There is a problem of currencies that arises. The same people for the fees of the parents of pupils cannot pay. These are problems. Otherwise, if it can be free, it is good, eh.' Parent of pupil number 3

Favourable reinforcing factors for adherence to a school sex education programme were reduction of cases of unwanted pregnancies, decision-making capacity, better school results, and school community support. Unfavourable reinforcing factors for adherence to a school sex education programme were reviews of sex education and lack of parental support (see Table 3).

**Table 3: Verbatim statements about the two main reinforcing factors for adherence to a school sex education programme**

Reinforcing factors	Illustrative quotes
Reduction of cases of unwanted pregnancies, abortions, STDs, STIs	'I know that two years ago a pupil here tried to have an abortion. She died. When she was in first grade. I tell myself if, there had been this education, she would not get pregnant. Even if she got pregnant maybe she would not have opted to have an abortion.' Teacher number 2
Reviews of sex education	I think it depends on the parents because there are other parents who have been to school. They normally know that we should talk about it at school, but inside it is something else. Parents who have not been to school will criticise this by saying that the school is copying what White people do and that they want to spoil the children. Pupil number 3 – Focus group 1

### 3.2. Discussions

Our study has combined the discourse of the main actors of the education system, namely, teachers, pupils, and parents of pupils. The comparison of perspectives paints a complete picture of the predisposing factors for adherence to a school sex education programme. However, it is based on a restricted sample chosen logically. This makes the results specific to the places, times, and actors concerned.

#### Predisposing factors favouring enrolment in a school-based sex education programme Skills acquisition

The sex education programme could explain this result and provide pupils with the knowledge to make informed choices about their sexuality (UNESCO, 2018). During puberty, the bodies of girls and boys undergo changes (the start of the menstrual cycle, nocturnal emission), which are accompanied by sexual desires (Family Health International 360, 2013). However, most of them do not receive any information about these changes before they start and consequently experience anxiety (Birraux, 2007). In Burkina Faso, menstruation is a feared subject that mothers do not discuss with their daughters beforehand. Euphemisms are used for women undergoing periods, such as '*atokabourga min*' in Mooré, which means 'her canary is broken' and 'she is not free'. Further, the belief that one learns best through experience ensures that knowledge based on prohibitions linked to religion and customs is only transmitted to girls when they have had their first experience of menstruation. This obscures the management of the menstrual cycle (Ouédraogo, 2016).

Moreover, the onset of menstruation often results in the girl's marriage. In some communities, the custom that a girl should not have her period twice in her parents' household, persists (Boly, 2019). Early marriage is one of the reasons for girls dropping out of school in certain regions of Burkina Faso. This makes girls vulnerable to the harmful consequences of sexuality and restricts



their future options. Sex education in schools could equip adolescents and help keep them in school. This result is similar to that of a study carried out in Nigeria, which showed that the knowledge provided by sex education helped adolescents prevent unwanted pregnancies (Orji & Esimai, 2003).

### **Insufficient knowledge about sexuality**

Our study documents pupils' limited knowledge of SRH. Several situations justify this state of affairs. Population education courses are no longer a part of teaching programmes. Additionally, social and family economy courses, which provided some information on sexuality, are no longer taught. The state has not hired teachers for these courses. Even though, discussions are underway for their relaunch (Ministère de la santé, 2015). Life and earth sciences subjects, address themes related to reproduction only in a few post-primary (third to sixth) and secondary classes, namely, third, first A-B, Title C-D. However, the instruction does not meet the specific sexual needs of adolescents (Yakam, 2009).

Among families, parents rarely discuss sexuality with their children. The reasons for this behaviour are embarrassment, fear of arousing the curiosity of children, lack of time, and availability of parents (Adohinzin, 2017). Children hardly ever broach the subject for fear of physical punishment or blame (Bastien et al., 2011). To satisfy their need for knowledge about sexuality, they turn to friends and the internet. Unfortunately, most of the time, these sources convey false information (Kaboré et al., 2019; Michaud, 2010). In Burkina Faso, two out of three people own a smartphone (Institut National de la Statistique et de la Démographie [INSD], 2015). Further, the internet is accessible at a relatively low cost. This means that almost everyone who owns a smartphone has an internet connection and can search for information on sexuality. The internet also offers privacy, and adolescents and young people do not need to fear being stigmatised. However, false information on the internet could influence their conception of sexuality. Therefore, it is important for parents or schools to intervene as agents of socialisation.

### **Predisposing factors against adherence to a school-based sex education programme**

#### **Cultural norms**

The results of our study have shown that cultural norms are an obstacle to adherence to sex education in schools. In Burkina Faso, sexuality is a subject that is not addressed in public spaces (Egrot & Taverne, 2003). In many families, exchanges concerning her are limited to warnings about early pregnancy and encouragement of abstinence. Therefore, instituting sex education in school would be a transgression of pre-established norms (Adohinzin, 2017; Egrot & Taverne, 2003; Hien et al., 2012). Adolescents typically discover sexuality independently, with all the risks this entails.

The CSE themes proposed by UNESCO are at odds with Burkina Faso's cultural and religious values. The involvement of customary and religious leaders in planning sex education in schools could enhance the support of actors in the education system. This result is supported by several studies that showed that cultural norms were one of the main obstacles to implementing sex education (Capello, 2010; Chau et al., 2016; Wekesah et al., 2019).

#### **Prejudices around sexuality**

In addition to cultural norms, our results showed that prejudices around sexuality are a barrier to adherence to a school-based sex education programme. Parents' lack of knowledge (Malacane & Beckmeyer, 2016) about sexuality increases their fear and avoidance of the topic. Sexuality is a hidden subject in family education. Parents who received modest education about sex and did not discuss sex with their parents cannot transfer adequate knowledge to their children (Adohinzin, 2017). Further, subjects relating to sex are viewed as 'bad things' (Khau, 2012).

These prejudices influence decisions to have sexual relations among adolescents (Lévy et al., 2005).

However, these prejudices are not based on scientific fact. Several studies have shown the positive impact of sex education on the risk behaviours of adolescents (Daboer et al., 2008, p. 2015; Kaidbey, 2015; D. Kirby et al., 2006; D. B. Kirby et al., 2007). It is important to eliminate them by taking inspiration from the school strategy (Keogh et al., 2018) for deconstructing these prejudices and encouraging parents to engage in dialogue on sexuality with their adolescents. A study in Cameroon also identified prejudice as a barrier to sex education in schools (Wafo, 2012).

### **Facilitating factors favourable to adherence to a school-based sex education programme Promotion of sex education**

Promotion of sex education is one of the main facilitating factors for adherence to a school-based sexuality education programme. This result can be explained by the absence of sex education in the teaching curricula in Burkina Faso (Ministère de la santé, 2015). Burkina Faso is a country with limited resources. However, developing a teaching programme requires mobilising significant financial resources. Documentation and teaching materials need to be obtained, and teachers need to be trained and recruited. Burkina Faso's limited resources are directed towards the state's priority areas. This has encouraged several non-governmental organisations (NGOs) in the field to intervene to conduct sex education activities in schools. However, their multiplicity hampers programme standardisation. NGOs implement different programmes with different objectives. Additionally, their projects are short-lived and not sustainable (Wangamati, 2020). Once the projects are placed in the care of the state, they are discontinued for lack of resources. CSE is also a controversial term in Burkina Faso. A study carried out in four middle-income countries, Ghana, Kenya, Peru, and Guatemala (Keogh et al., 2018), also found that promotion of sex education is one of the main facilitating factors for adherence to a school-based sexuality education programme.

### **Involvement of the school community**

Our study identified the school community's involvement, especially the involvement of parents of pupils, as a facilitating factor favourable to adherence to a school sex education programme. Parents of pupils are one of the main stakeholders in the school environment (Pesqueux, 2017). With the establishment of the Parents' Association and the Association of Educating Mothers, parents occupy a prominent place in the education system and participate in the organisation of education (Compaoré, 2006). Moreover, studies have shown that parents' involvement at all levels is necessary for the success of sex education (Achora et al., 2018; Ram et al., 2020).

Parents also have decision-making power over children. They choose the school their children attend, and they fulfil the relevant financial obligations. In Burkina Faso, whoever has the means, has the power. Therefore, parents' expectations vis-à-vis the school are decisive. Their involvement could not only improve their own knowledge of sex education but also promote their ownership of the sex education programme, in particular the programme's objectives and benefits for them, for their children, and for the nation (Keogh et al., 2018; UNFPA Sénégal & Le Fonds Français MUSKOKA, 2008). Two studies from Senegal and Nigeria found that parents were central to the success of scaling up sex education programmes in the national curriculum (Chau et al., 2016; Inioluwa, 2017).

## **Facilitating factors against adherence to a school-based sex education programme**

### **Financial inaccessibility**

Our results showed that parents' financial inaccessibility was a facilitating factor unfavourable to adherence to a school-based sex education programme. One of the determining factors of school demand is the financial accessibility of parents. In 2019, two out of five Burkinabè lived below the national poverty line (Nguyen et al., 2020). In a situation where they have limited resources due to the precariousness of their employment and where they face enormous daily expenses to satisfy basic needs, parents could consider financial contributions to sex education a waste of money. The financial aspect is associated with access and with keeping children in school (Baya et al., 2015; Gnoumou-Thiombiano & Kaboré, 2017).

Moreover, education after the primary level is considered a luxury in some disadvantaged areas. Parents do not hesitate to withdraw their children from school for a diploma course that can enable them to take care of themselves and assist the family.

This result is similar to that of a study conducted in Sub-Saharan Africa, which showed that parents' financial conditions could be an obstacle to the accessibility of sex education in schools (Wangamati, 2020).

### **Divergence in the content of sex education**

Our results showed the divergence in the content of sex education as an unfavourable facilitating factor in the adherence to sex education in school. Sex education addresses gender issues; modern contraceptives, including male and female condoms and how to use them correctly; pills; and so on (UNESCO, 2018). Contraception for adolescents is a subject that arouses many reactions in countries such as Burkina Faso. Several studies have shown that parents fear contraception will encourage early sexuality in adolescents (Kamrani et al., 2011; Shams et al., 2017). Adolescents will no longer fear the prospect of pregnancy and indulge in sexual relations without thinking about STIs. It is important to involve parents in developing the sex education curriculum for its successful implementation, even if it is difficult to reach a consensus on what should or should not be included in the curriculum (Wangamati, 2020). Several studies found, like us, that the content of sex education is a challenge for successful implementation in schools (Bastien et al., 2011; Chau et al., 2016; Khau, 2012; Tabong et al., 2018; Welshimer & Harris, 1994).

## **Reinforcing factors favouring adherence to a school-based sex education programme**

### **Reduction of unwanted pregnancies, abortions, and STIs**

The reduction of unwanted pregnancies, abortions, and STIs was identified in our study as a reinforcing factor favourable to sex education in schools. Sex education contains themes that meet the needs of adolescents, including puberty, pregnancy, STIs, and abortion (UNESCO, 2018). Additionally, several studies have shown that sex education improves adolescents' knowledge of sexuality, of the risks of pregnancy, of HIV infection, and of other STIs (Inioluwa, 2017; Tabong et al., 2018). This knowledge allows adolescents to develop more responsible behaviours and increases girls' chances of staying in school. In Burkina Faso, many girls drop out of school because of unwanted pregnancies (Nash et al., 2019). Other studies have also shown the positive impact of sex education on adolescents' risky sexual behaviour (Achora et al., 2018; Chau et al., 2016; Goldman, 2008; Tabong et al., 2018).

### **Strengthening decision-making capacities**

Our results indicated the strengthening of decision-making capacities as a favourable reinforcing factor. The postponement of one's first sexual experience, the increase in the use of condoms, and the reduction in sexual partners among adolescents could explain this result (Fonner et al., 2014; UNESCO, 2015). Additionally, adolescents are increasingly overwhelmed by a flood of

information relating to sexuality through media such as the internet and television. However, everything is trivialised in these media (Mensah, 2009). Sex education at school could help develop pupils' critical thinking to deal with these enormous amounts of trivialised and erroneous information.

A study carried out in various countries of Sub-Saharan Africa, namely, Ghana, Kenya, Zambia, Nigeria, Uganda, and Gambia, revealed that quality sex education not only improves adolescents' knowledge of sexuality but also strengthens their ability to make decisions and communicate as well as gain self-efficacy (Wangamati, 2020).

## **Reinforcing factors against adherence to a school-based sex education programme**

### **Reviews of sex education**

Our study identified criticisms of sex education as a reinforcing factor unfavourable to adherence to sex education in schools. Underlying misconceptions could explain this result (UNESCO, 2019). Among these misconceptions are 'sex education perverts' children' and 'sex education encourages the early sexual initiation of children'. These misconceptions seem to be based more on emotion than on research data. Alternatively, they stem from a need to protect adolescents from the risks of sexuality. However, in the current context, where children mature very early, denying access to knowledge about sexuality is not an effective way to address the persistent challenges adolescents face in terms of sexuality, namely, unwanted pregnancies, STIs, and abortions (Goldman, 2008). To overcome this challenge, parents should be made more aware of sex education by highlighting evidence about the evaluation of sex education programmes in schools. In a study conducted in Australia, Goldman found that school communities can opt out of sex education if parents do not deem it appropriate. This result confirms our findings relating to criticisms of sex education as an unfavourable factor (Goldman, 2008).

### **Lack of parental support**

In addition to criticism, lack of parental support was a reinforcing factor unfavourable to adherence to a school-based sex education programme. Parents have insufficient knowledge of sex education. Most data on sex education are available in French. Burkina Faso has a low literacy rate: it was 39.30% in 2018 (INSD, 2020). Further, education is a factor that influences parents' attitudes towards sex education (Nyarko et al., 2014). This lack of parental support can also be explained from the perspective of cultural values and beliefs. For example, one study found that parents are likely to support aspects of sex education that are aligned with their cultural beliefs and to oppose those that are not aligned with their cultural beliefs, such as topics related to sexual intercourse (Wekesah et al., 2019). These results are in line with those of other studies (Chau et al., 2016; Ram et al., 2020; Wekesah et al., 2019).

## **4.0. Conclusions**

The absence of reliable sources of information on sexuality, especially in schools, exposes pupils to risks such as unwanted pregnancies, abortions, and STIs such as HIV and AIDS. The literature shows that sex education contributes to adolescents having a positive experience of sexuality. Our study highlighted favourable and unfavourable factors for implementing a sex education programme in Burkina Faso. In-depth analysis and consideration of the country's context are needed for smooth planning and implementation of the programme.

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## Policy Brief

### Context of the study

- Sex education is a worldwide public health issue.
- In many countries, young people have their first sexual experiences while still in school.
- In Burkina Faso, schools do not teach sex education, despite the rising rates of teenage pregnancy.

### Summary of findings

- The acquisition of skills and of cultural norms were the main predisposing factors.
- The promotion of sex education and the financial inaccessibility of parents were the main facilitating factors.
- The reduction of unwanted pregnancies and criticisms of sex education were the most important reinforcing factors.
- The unfavourable facilitating factors for adherence to a school sex education programme were financial issues, divergence on the content of modules, unqualified teachers, teaching method, and no parental involvement.

### Introduction

Globally, more than 1.8 billion young people are aged 10 to 24, and 31.7% of these people live in middle-countries, including Burkina Faso (Toubia et al., 2021). Sex education is a worldwide public health issue. Only a handful of European Union member states, especially in Southern Europe, have yet to include sex education in the school curriculum (Organisation mondiale de la Santé Europe & Federal Centre for Health Education [BZgA], 2013). Meanwhile, in Latin America, the Ministers of Health and Education expressed their commitment to comprehensive sexuality education in a 2008 ministerial declaration titled Prevention through Education (Organisation des nations unies pour education, la science et la culture, 2018). School-based sex education in countries such as Benin, Burkina Faso, Côte d'Ivoire, Mali, Niger, and Senegal have made progress in terms of the development of themes, but its implementation still faces obstacles (Equilibres & Populations, 2017). Young people face several health problems, particularly those related to sexual and reproductive health. They deal with early and unwanted pregnancies, induced and clandestine abortions, early and unprotected sexual intercourse, multiple partnerships, and a high prevalence of sexually transmitted infections, including HIV and AIDS (Plan-Stratégique-Santé-des-Adolescents-et-des-Jeunes-2015-2020.-Burkina-Faso, 2015).

### Summary of Research

The study took place in three postprimary and secondary schools in Ouagadougou, the political capital of Burkina Faso. We adopted a qualitative cross-sectional method and conducted the study from September 2020 to September 2021. We chose the schools and the groups of participants (pupils, teachers, parents of pupils) in a reasoned way. To determine the sample size, we adopted the principle of saturation: we stopped data collection when it revealed no more new elements (Campenhoudt, 2014; Olivier de Sardan, 2009).

In the end of the selection process, we included 66 participants in the study (18 parents and teachers and 48 pupils).

We used two complementary data collection techniques: semistructured interviews and focus groups.

After collecting the data, we proceeded as follows:

- Transcription and data cleaning
- Definition of nodes
- Data import and coding in NVivo 12 software

- Data analysis with NVivo 12 software

### **Research Findings**

Predisposing factors favourable to adherence to a school-based sex education programme were skills acquisition, insufficient knowledge about sexuality, insufficient discussion of sexuality in the family, awareness of the risks associated with sexuality, success in studies, class dropouts, early sexuality, and trust in teachers to deliver the course in a conducive learning environment.

Predisposing factors unfavourable to adherence to a school-based sex education programme were cultural norms, prejudices around sexuality, lack of teacher confidence, and religion.

Favourable facilitating factors for adherence to a school-based sex education programme were promotion of sex education, involvement of the school community, availability of qualified teachers, involvement of authorities, parents' contribution, and financial motivation of teachers.

Unfavourable facilitating factors for adherence to a school-based sex education programme were financial issues, divergence on the content of modules, unqualified teachers, teaching method, and no parental involvement.

Favourable reinforcing factors for adherence to a school-based sex education programme were reduction of cases of unwanted pregnancies, decision-making capacity, better school results, and school community support.

Unfavourable reinforcing factors for adherence to a school-based sex education programme were reviews of sex

### **Policy Recommendations**

#### **1) Include parents in the Ministry of Education's development of the sexual education teaching material.**

A considerable strength of the study was the diversity of the study population in which we collected information from the parents, pupils, and teachers. The diversity allowed for a triangulation of the findings. This study is an exploratory approach which may lead to an inclusive planning for a school-based sexual education program.

#### **2) Use the school seating as a venue to teach parents how to talk to their children about sex**

According to the pupils, their parents are not comfortable talking to them about sex. Parents and the school system can collaborate to address this issue. At this point, parents think the school system is responsible for sex education, and teachers are counting on the parents to play the role of sex educators. Unfortunately, pupils are using social media and friends to get the information they need about sex. To combat this, parents and school systems need to collaborate and create an effective means of providing sexual education.

### **Competing interests**

The authors declare no competing interests.

### **Authors' contributions**

Ahmed KABORE: proofreading and correction

Ambran Bernardine OGAH: collection and writing

Blahima KONATE: proofreading and editing

Akossito Hermine TOGNON: transcription and coding

Nicolas MEDA: supervision