Sexual and reproductive health behavior of adolescents living in an urban slum in Ghana

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Abstract

dolescents sexual and reproductive health is important because it has implications for improving the health outcomes of individual, especially reduction of unintended pregnancies and HIV and AIDS/STIs. Using both qualitative and quantitative data collected from adolescents aged 15-19 years living in Kwesimintsim zongo, this paper examines sexual relationships and partnerships among adolescents aged 15-19 years in urban slum settings. Both the survey and qualitative results reveal early sexual activities among the respondents. Age mixing exists among adolescents in the area with the mean age of adolescents' first partner been about 15.7 years for males and 20.6 years for the females.. The study observes some gender differences in the reasons for having sex. To mitigate the negative outcomes of risky sexual and reproductive health practices such as early sex, age mixing among others measures should be put in place to dissuade adolescents from engaging in these sexual activities.

Background

Sexual and reproductive health is considered an essential component of young people's ability to become well-adjusted, responsible and productive members of society (Population Reference Bureau (PRB), 2013; Lloyd, 2005). Adolescents' sexual and reproductive health is important because it has implications for improving the health outcomes of individual, especially reduction of unintended pregnancies and HIV and AIDS/STIs (Kabiru et. al., 2010). Research shows that adolescents, especially girls in sub-Saharan Africa (SSA), are more vulnerable to sexual and reproductive health outcomes such as STIs including HIV and unplanned pregnancy than their male counterparts (Dixon-Mueller, 2008; Lloyd, 2005). Their vulnerability is due partly to socio-cultural and economic conditions such as poverty and powerlessness (PRB, 2013).

There is evidence of earlier sexual intercourse in cities than in rural areas for both males and females in sub-Saharan Africa (Doyle, Mavedzenge, Plummer, & Ross, 2012; Seme & Wirtu, 2008). However, a study by Voeten, Egesah and Habbema (2004) in Nyanza Province, Kenya, observed that age at first sex occurred earlier among females in rural areas than those in urban areas. On the other hand, urban males had sex earlier than their rural counterparts in Nyanza Province.

Evidence from studies conducted in sub-Saharan African shows that multiple sexual partners relationships exist among adolescents. For instance, Doyle and colleagues (2012) in their study found out that the proportion of 15-19 years who reported multiple sexual partnerships ranged between 4 percent in Ethiopia and 32 percent in Cote d'Ivoire among males and from 0.4 percent in Ethiopia and Niger to 12 percent in Liberia for females. Furthermore, the study revealed that females with higher levels of education were more likely to report multiple sexual partners than

those with lower levels of education. However, the relationship was not consistent among males (Doyle et. al., 2012).

Studies that have looked at partner characteristics have revealed that two to six percent of female adolescents aged 15-19 years old had a partner aged 10 years older than them with male adolescents been more likely to report multiple partnerships (Doyle et. al., 2012). There is evidence that in some areas the prevalence of STIs and HIV & AIDS is higher in urban areas than rural areas (Dodoo, Sloan & Zulu, 2003).

Studies have observed that sexual and reproductive health vulnerability is more pronounced among those living in poor settings in urban areas due to contextual and structural factors that affect their ability to enjoy a healthy sexual and reproductive life (see Kabiru et. al., 2010; APHRC 2002; Zulu et. al., 2002).

A number of studies conducted over the years have investigated various aspects of adolescent reproductive health issues in Ghana at both the national (see Doku, 2012; GSS/GHS/Macro International, 2009; Awusabo-Asare et. al., 2006; 2004) and micro levels (Darteh & Nnorom, 2012; Henry & Fartosey, 2002). However, there has been little focus on sexual and reproductive health behaviour of young people living in poor settings in urban areas. Evidence shows that sexual and reproductive health vulnerability among young people living in poor areas in the urban setting been more vulnerable due to contextual and structural factors that affect their ability to enjoy a healthy sexual and reproductive life (see Kabiru et. al., 2010; APHRC 2002; Zulu et. al., 2002). This paper therefore, attempts to contribute to the discourse on adolescents reproductive health in Ghana by examining on sexual relationships and partnerships among adolescents aged 15-19 years in urban slum settings, a population that has not received adequate research attention over the years (see Dodoo, Sloan & Zulu, 2003). The study is premised on the fact that interventions targeting young people's

reproductive health begin with knowledge as a necessary precondition for risk avoidance and preventive behaviour.

Methods and Data

Primary data from adolescents living in Kwesimintsim zongo – a slum community in Sekondi-Takoradi, the regional capital of the Western region of Ghana was used for this paper. The study targeted adolescents aged 15-19 years living in Kwesimintsim Zongo. A total of 420 (204 males and 216 females) adolescents living in the community were used for the study. A multi-staged sampling technique was used to select the individuals needed for the study. The community was zoned into 5 clusters for the 2010 Population and Housing Census. In all there were a total of 15 Enumeration Areas (EAs) for the census.

This paper uses data from a survey - questionnaire, which had both open and closed ended questions and some qualitative data collected through focus group discussions. In designing the questions, a literature search was conducted on the topic to identify relevant questions and concepts on sexual and reproductive health among adolescents. Questions from different studies conducted on reproductive health in general and adolescent reproductive health informed the current study. The rationale for adopting and adapting aspects of questionnaires used in previous studies was to ensure that the variables used conformed to standardized meaning and measurements. Also, it was to ensure reliability and validity. Adolescents aged 15-19 years were made to complete consent forms. Ten trained field assistants (mainly graduate students) collected data for the research over a period of two weeks (15th – 29th May, 2011). Data processing including data entry and cleaning was done using the Statistical Product for Service Solutions (SPSS) version 15. The management and

analysis were done using STATA version 12. The T test was used to compared the means of sexual relationships and partners among the adolescents.

Focus group discussions were conducted among adolescents aged 15-19 years. Two focus group discussions were conducted among males and females 15-19. The purpose of the focus group discussion (FGD) was to obtain qualitative data to support aspects of the quantitative study. Among the issues discussed were the general conditions pertaining in the area, sexual relationships and partnership types and sexual behaviours. Each focus group discussion consisted of between 8 and 10 adolescents. The discussions were at the premises of a basic school in the community and on the average each FGD lasted for about an hour. Participants of the qualitative component of the study were recruited by the field assistants with assistance from the assemblyman of the area and a few youth leaders. These participants were not included in the survey.

Informed consent was obtained from all participants. At the time of the study no functional Institutional Review Board existed at our institution.

Results

Of the 420 interviewed, 49 percent were males and the rest females. The mean age of the respondents was 14.4 years (14.4 years and females, 14.3 years). Forty-six percent of the males and 39 percent of the females had completed junior high school with 39 percent and 49 percent males and females respectively completing senior high school. Thirty-two per cent of the respondents were Fantes and another 20 per cent were Asantes (see Table 1). The respondents were predominantly Christians belonging to one Christian denomination or the other compared to 16 per cent Muslims. Only two per cent of the respondents were married (see Table 1).

Table 1 Socio-demographic Background of Respondents

Variables		Sex	
	Males	Females	Total
	15-19	15-19	
	(N=204)	(N=216)	(N=420)
Highest level of education			
No education	2.4	1.4	1.1
Primary	11.3	9.7	43.7
Junior High School	45.6	38.9	32.6
Senior High School	39.2	48.6	22.0
Tertiary	1.5	1.4	0.6
Ethnicity			
Fante	45.1	30.1	32.2
Ashante	12.8	21.3	20.1
Ewe	3.4	7.9	6.9
Ga-Adangbe	4.4	3.2	4.0
Nzema	5.4	6.5	5.7
Ahanta	7.8	10.2	11.1
Mole-Dagbani	18.1	17.1	17.1
Non-Ghanaian	3.0	3.7	2.9
Religious Affiliation			
Catholic	9.8	9.3	11.0
Protestant	22.1	21.3	21.3
Pentecost/Charismatic	42.6	46.3	42.0

Other Christians	4.9	9.3	8.4
Muslims	17.2	12.9	16.3
Others	3.4	0.9	1.0
Marital Status			
Married	0.5	5.1	2.3
Not married	99.5	94.9	97.7

Sexual relationships

Forty percent of females and 30 percent of males had ever had a boy/girl friend with a mean age at first intimate relationship been 15.9 years (16.2 years for females and 15.6 for males). More than a quarter of the adolescents (30% females and 24% males) indicated that they had their first intimate relationship by age 17. Seventy-four percent of the adolescents who had ever had a boy/girl friend (73% females and 75% males) indicated that they were in a relationship at the time of the survey (see Table 2). A t-test conducted to determine statistical differences in sexual relationship of male and female adolescents shows a statistically significant difference in male (M=1.7 SD=0.456) and female (M=1.6 SD=0.491) adolescents decision to have a girl/boy friend (t (414)= 2.2861, p=0.0228).

Table 2: Sexual relationships

Variables	Females	Males	Total	T-test
Ever had a boy/girl friend				2.286**
Yes	39.8	28.9	34.5	
No	60.2	71.1	65.5	
N	216	204	420	
Age at first intimate relationship	N=86	N=59	N=145	-2.475**
11	0.0	3.4	1.4	
12	0.0	13.6	5.5	
13	2.3	1.7	2.1	
14	7.0	3.4	5.5	
15	20.9	18.6	20.0	
16	10.5	18.6	13.8	
17	29.7	23.7	26.9	
18	24.4	10.2	18.6	
19	5.8	6.8	6.2	
Current intimate relationship				-0.273
Yes	73.3	74.6	73.8	
No	26.7	25.4	26.2	
N	86	59	145	

The data shows that about 19 percent females and males respectively had ever had sexual intercourse. The mean age at first sex was 15.5 years (15.1 for females and 16.2 among males). Twenty-five percent (17% of females and 33% of males) of the adolescents had first sex at age 15. Another 24 percent of them had first sex at age 18 years (see Table 3). The mean age of adolescents' first partner was 15.7 years for males and 20.6 years for the females. Forty-five percent of the females had partners aged more than 20 years whilst 57 percent of males indicated that their first partner was aged 15-19 years (see Table 3).

Table 3: Ever had sex, age at first sex and sexual partners

Variables	Females	Males	Total
Have you ever had sex			
Yes	19.4	19.1	19.3
No	80.6	80.9	80.7
N	216	204	420
Age at first sex			
11	0.00	5.13	2.5
12	2.4	7.7	4.9
13	2.4	7.7	4.9
14	7.1	10.3	8.6
15	16.7	33.3	24.7
16	2.6	9.5	6.2
17	23.	23.1	23.5
18	33.3	10.3	22.2

19	4.8	0.0	2.5
N	39	42	81
Age of first sexual partner			
<10	25.0	27.0	26.0
10-14	0.0	16.2	7.8
15-19	30.0	56.8	42.9
20+	45.0	0.0	23.4
N	40	37	77

Perception on age at first sex and sexual partnerships were assessed in the focus group discussions. The adolescents perceived an early age of first sex among their colleagues. For instance, a young male had this to say on age at first sex:

"... most of these young people who engage in these sexual relationships are of the ages 13 - 16 years," -15 year old male

The views of the young male was supported by an older female who indicated that:

"...those who engage in sex are mostly in the teenage group that is from age 13 years ..." – 18 year old female

Also, during the focus group discussion adolescents expressed their views on age of sexual partnerships. The results indicate that both males and females were of the view that adolescents were involved in relationships with older partners. For instance, a male adolescent had this to say about the age of partners:

"...the boys in such relationships are normally older that their girls..." -15 year old male

Subjective views expressed by the young people indicate that both male and female adolescents in the community begin sexual intercourse at an early age though these ages could be estimates. Early age at sexual intercourse could lead to a number of negative reproductive health outcomes such as unplanned pregnancies, unsafe abortions and sexually transmitted infections. The adolescents further indicated that, sexual relationships involved partners of different ages with the females usually involved with older males and vice versa.

Circumstances surrounding first sexual intercourse

Adolescents who had ever had sex were asked to indicate the reasons for their first sexual intercourse. Table 14 shows that 79 percent of female and 74 percent of male adolescents who had ever had sex did so because they felt like it. About 1 in 10 (12% of females 13% of males) of them indicated that it was at the insistance of their partners while 5 percent of adolescents indicated they were forced into having their first sex. On their level of willingness at the time of first sex, 57 percent of females and 79 percent of males indicated that they were very willing with 14 percent of females and 10 percent of males indicating that they were not willing at all when they had first sex (see Table 4).

First sexual intercourse among adolescents who had ever had sex was mainly with boy/girl friend. For instance, 83 percent of these females and 85 percent of males had their first sexual intercourse with their boy/girl friend. About 15 percent of male

adolescents indicated that their first sexual partner was a casual acquaintance. Forty-eight percent of female and 54 percent of male adolescents indicated that a condom was used during their first sexual intercourse. On the reason for non-use of condoms during first sex, 77 percent of females and 50 percent of males indicated that their partner(s) did not want to use them (Table 4).

Table 4: Circumstances of first sexual intercourse

Variables	Se			
	Females	Males	Total	ttest
Reasons for having sex				0.066
Natural feeling/felt like it	77.50	74.36	75.9	
Partner insisted	12.50	12.8	12.6	
Expectation of gift/money	2.5	0.0	1.3	
Was forced	2.50	7.7	5.1	
Others	5.0	5.1	5.0	
N	40	39	79	
Willingness to have first sex				-1.320
Very willing	57.1	79.4	67.9	
Somewhat willing	28.6	10.3	19.8	
Not willing at all	14.3	10.3	12.3	
N	42	39	81	
Relationship with first sexual				
partner				3.892**
Live-in partner	16.7	0.0	8.6	

Boy/girl friend	83.3	84.6	84.0	
Casual acquintance	0.0	15.4	7.4	
N	42	39	81	
Was condom used				-0.338
Yes	47.6	53.8	50.6	
No	52.4	46.2	49.4	
N	42	39	81	
Reasons for not using				2.431**
condom				
Partner did not want to	77.3	50.0	65.0	
Can tell	4.5	16.7	10.0	
Other	18.2	33.3	25.0	
N	22	18	40	

As part of the study, views of adolescents were sought on why young people engaged in sexual intercourse. On of the reasons given by the participants in the focus group discussions was that adolescents engaged in sexual intercourse with the expectation of gift or money. For instance, a 15 year old male indicated that:

"... there are others who have taken it as a job, they engage in sex with you and afterwards you pay them" - 15 year old male.

A young female adolescent also indicated that:

"...there are some young girls whose main job is to sleep with guys and collect money. In the evenings, they dress provokingly and come to the street to get clients" – 15 year old female

The subjective view of the adolescents from the focus group discussion show that transactional sex existed among adolescents. This involved expectation of gifts or money.

Discussion

According to Bandura (2004), interventions targeting young people's sexual and reproductive health begin with the premise that knowledge is a necessary precondition for risk avoidance and preventive behaviours. This study sought to explore adolescents' attitude towards sexual and reproductive issues in an urban slum in Ghana.

Both the survey and qualitative results reveal early sexual activities among the respondents. For instance, the survey results show that about 19 percent of male and female adolescents had ever had sexual intercourse with females having sex a year before males. Although the pattern of sexual activity among young people in this study and that of Beguy et al., (2013) are similar, the proportions are different. Beguy and colleagues observed in their study among adolescents in slums of Nairobi that about 20 percent of males and 25 percent of the females reported sexual activity (Beguy et. al., 2013). Since this early age at sexual intercourse could lead to a number of negative reproductive health outcomes such as unplanned pregnancies, unsafe abortions, sexually transmitted infections and multiple sexual partnerships it is

important to put in place measures that could cause adolescents to delay sexual intercourse.

The study findings, also, reveal that age mixing exists among adolescents in the area with the mean age of adolescents' first partner been about 15.7 years for males and 20.6 years for the females. The observation that females are having sexual intercourse before age 16 (the legal age of consent) creates a situation of concern since they are less likely to have the capability to make informed decisions. Age mixing could affect communication between partners due to imbalance in power relations. Also, these relationships could result in negative sexual and reproductive health outcomes among adolescents (see GSS et. al., 2009; Awusabo-Asare et. al. 2006; Ford, et. al., 2001).

Sexual relationships often occur within a context of material exchange, whereby gifts and financial support may form an important basis for the relationship (Kaufman & Stavrou, 2002). The findings from the quantitative survey on reason for first sexual intercourse were inconsisent with that of the qualitative survey. The study observes some gender differences in the reasons for having sex. For instance, it was observed from the survey results that first sexual intercourse among adolescents was generally consensual with 79 percent of female and 74 percent of male adolescents indicating that they did so because they felt like it. In their 2006 study, Awusabo-Asare and colleagues observed that 46 percent and 68 percent females and males respectively had sexual intercourse for the first time because they felt like it. On the other hand, FGD results show that first sexual intercourse was mainly transactional with an expectation of gifts or money being mentioned as the main reason for having sex among adolescents. This behaviour can predispose the young people to sexual and reproductive health risks such as unwanted pregnancies, unsafe abortion and sexually

transmitted infections since transactional sex is considered a high risk behaviour. The findings also point to the existence of casual sexual activities among the adolescents in the slum. For instance, 15 percent of male adolescents had their first sexual intercourse with a casual acquaintance. This is a risky behaviour which could lead to negative reproductive health outcomes like unplanned pregnancy, transmission of STIs including HIV & AIDS thus risking the lives of the adolescents.

Beguy et al., (2013) observed in their study among young people in slums of Nairobi that 29 percent of males and 26 percent of females used contraceptives during their first sexual intercourse with those aged above 15 years been more likely to have used a contraceptive method. The results of the study show that more than 5 in 10 of the adolescents used condoms at first sex. This finding is, however, inconsistent with finding from GSS et al., 2009, which reported that 1 in 10 females and males aged 15-19 years, had ever used a condom (GSS et al., 2009).

Conclusion

This study sought to explore sexual relationships and partnerships among adolescents in an urban slum in Ghana. Since early age at sexual intercourse could lead to a number of negative reproductive health outcomes such as unplanned pregnancies, unsafe abortions, sexually transmitted infections and multiple sexual partnerships it is important to put in place measures that could cause adolescents to delay sexual intercourse. The situation with age mixing could be mediating factors for some negative reproductive health outcomes. The early age at first sex and age mixing could both be considered as risky sexual behaviours which have the potential of resulting in poor reproductive health outcomes for the young people involved in these

behaviours. Also, preventive behaviours should be positioned as socially acceptable practices among young people.

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