

# **Adolescence Gender Role Perceptions and Premarital Sexual Behavior in Ghana**

## **Introduction**

Research has shown that gender role perceptions are associated with certain adolescents' social life outcomes. These include shaping adolescents career paths (Gushue & Whitson, 2006) and instigating violence against women (Herzog, 2007). In addition, gender role perceptions are related to adolescents' sexual behavior. Traditional beliefs adopted by young men are correlated with high levels of sexual risk taking (Courtenay, 2000). Both traditional and egalitarian gender role perceptions are associated with adolescents risky behaviors like having multiple partners or having sex outside of committed relationships (Murnen & Byrne, 1991).

Studies have shown that adolescents with less egalitarian gender role attitudes are less permissive about premarital sex (Zuo et al., 2012). However, there have been many contradictory results about how traditional or egalitarian gender role perceptions impact premarital sexual behavior. Some studies have shown that having both traditional and egalitarian gender role attitudes lead to initiating risky sexual behaviors among adolescents (Leech, 2010; Lucke, 1998; Pradhan & Ram, 2010). Family related gender roles have also been associated with risky condom related beliefs but not risky sexual behavior (Shearer, et al.,2005). Some studies have also not found any association between gender roles and risky sexual behavior (Letamo, 2011).

In many cases, these studies have combined gender role perceptions and have not fully separated them in order to understand how for example familial, occupational or reproductive/sexual gender role attitudes influence the adolescents' sexual behavior. In this paper, we seek to examine the hypothesis that different gender role attitudes influence the initiation of sex differently in two urban communities in Ghana.

## **Theoretical perspective of the study**

Traditional female gender role attitudes can lead to hyper-feminine behaviors where females are dependent on males, use sex to gain power in relationships and where females prefer masculine traits in their mates (Murnen and Byrne 1991). Consequently females are at a higher risk of initiating sex or engaging in risky sexual behaviors. Similarly, traditional male gender roles can foster masculine behaviors such as having multiple partners (Shearer et al, 2005). This study

relies on the above theoretical perspective to investigate how different adolescents' gender role perceptions are associated with premarital sex.

## **Data and Methods**

The data for this study comes from Wave 3(2013) of a three wave Longitudinal Cohort Study (LCS) with adolescents from two towns in Ghana. The HIV prevalence of rate in Ghana is at a low of 1.3% among adults aged 15-49 (Ghana AIDS Commission, 2014). Agormanya, one of the study communities has suffered a severe localized HIV epidemic believed to have been driven at least in part by the circular migration of young women from this community to Abidjan, the capital of Cote d'Ivoire, during the 1980s and early 1990s (Agyei-Mensah, 2001, Decosas, 1996 as cited in Bingenheimer & Reed, 2014) and Juapong the second community has a lower HIV/AIDS prevalence rate.

1054 unmarried adolescents between the ages of 13 to 25 are examined. Scales ranging from traditional to egalitarian gender role perceptions were developed with higher values indicating more egalitarian attitudes. Adolescents' gender role perceptions were organized into three broad themes. Family related gender role perception is made up of five items with a Cronbach's alpha ( $\alpha$ ) of 0.68 (eg: Men should make the really important decisions in the family). Occupational gender role perception is made up of six items ( $\alpha=0.66$ ) (eg: It is as important to steer a daughter toward a good job as it is with a son) and reproductive/sexual gender role perception consists of five items ( $\alpha=0.80$ ) (eg: A husband may be justified in hitting or beating his wife if she refuses to have sex with him). Responses given were: 'Very true' 'Somewhat true' and 'Not at all true'.

Other predictor variables explored are gender, age, household wealth, years of schooling, locality and religiosity. Binary logit regressions are used to examine the relationship between adolescence gender role perceptions and premarital sexual behavior.

## **Results**

Preliminary results indicate that almost two out of every five adolescents (38.95%) has engaged in premarital sex and adolescents had a mean age of 18.35 years. The sample is made up of more than half females (53.08%) while the mean years of schooling is 7.38 years. For religiosity, three quarters of adolescents attended religious service once or more than once a week, 18.13% attended many times and less than 10 percent attended few times or never in the last 12 months.

In addition, almost equal proportions of adolescents live in the high HIV prevalence community (50.36%) and low prevalence community (49.64%). Household wealth was divided into three groups with 39.67 percent in the poor wealth group, 26.97 percent in the middle wealth group and the remaining falling within the rich category.

Results from Table 1 are from a logistic regression analysis examining the association between familial, occupational and reproductive gender role perceptions on premarital sex, controlling for other socio-demographic variables. Premarital sex, the outcome variable is measured as a binary variable with 0 indicating “NO” and 1 “Yes”. In all three models, familial gender role perceptions did not relate significantly with initiating sex. From Model A, adolescents with more egalitarian occupational gender role perceptions are less likely to have sex and those with reproductive/ sexual gender role perceptions were about 10 % less likely to initiate sex. Adolescents who attend religious services less regularly and those who never or rarely attend religious services are significantly more likely to have sex. With increasing age, adolescents are more likely to have sex. In addition, adolescents in low HIV prevalence communities are significantly less likely to have sex. Further, with every additional year of schooling, adolescents are significantly less likely to have sex ( $p < 0.01$ ). Females are three times more likely to have sex than males ( $p < 0.001$ ).

In order to understand how adolescent males and females navigate these experiences, separate models are run for males and females (see Models B and C). Males with more egalitarian reproductive gender roles are less likely to have sex while females with more egalitarian occupational gender role perceptions are 16.4 % less likely to initiate sex. Females within the rich wealth group were significantly more likely to have sex than those in the poor wealth group ( $p < 0.05$ ). For males, those who attend religious services less regularly and those who never or rarely attend religious services are more likely to initiate sex. However for females, only those who attend religious services less regularly are more likely to initiate sex compared to those who attend regularly. For both males and females, with increasing age, adolescents are more likely to have sex. With every additional year of schooling, both males and females are less likely to initiate sex ( $p < 0.05$ ).

Preliminary result suggests that depending on the type gender role perception, adolescents may initiate sex at different times. Again, this may be different for males and females and may have

defining consequences. Further analysis will look at how these gender roles are correlated with condom use and the interactions that exist between these variables while including other related family and community level variables.

Table 1: Odds ratios (and standard errors) from logistic regression analyzing the association between adolescence gender role perception and adolescent premarital sexual behavior.

Variables	Model A		Model B		Model C	
	Total (n=1054)		Males (n=501)		Females (n=553)	
	OR	SE	OR	SE	OR	SE
<b>Gender roles</b>						
Familial	1.048	0.046	1.014	0.043	1.087	0.063
Occupational	0.920*	0.039	0.965	0.039	0.836**	0.051
Reproductive/Sexual	0.904**	0.027	0.903***	0.026	0.950	0.037
<b>Household wealth</b>						
Poor <sup>a</sup>	1.000	1.000	1.000	1.000	1.000	1.000
Middle	1.274	0.251	1.197	0.230	1.329	0.364
Rich	1.215	0.226	1.239	0.225	1.802*	0.450
<b>Religiosity</b>						
Regularly <sup>a</sup>	1.000	1.000	1.000	1.000	1.000	1.000
Less	1.674*	0.340	1.540*	0.304	2.532**	0.751
Never	2.957**	0.970	2.627**	0.853	2.162	1.038
<b>Age</b>	1.774***	0.065	1.693***	0.058	1.772***	0.090
<b>Community</b>						
High HIV prevalence <sup>a</sup>	1.000	1.000	1.000	1.000	1.000	1.000
Low HIV prevalence	0.615**	0.099	0.637**	0.100	0.651 <sup>+</sup>	0.143
Years of schooling	0.930**	0.024	0.944*	0.024	0.918*	0.035
<b>Gender</b>						
Males <sup>a</sup>	1.000	1.000				
Females	3.024***	0.513				
Constant	0.000	0.000	0.001	0.000	0.001	0.001
<b>Pseudo R-squared</b>					<b>0.289</b>	

OR=Odds Ratio, SE=Standard error a=Reference category \*\*\*<0.001 \*\*<0.01 \*<0.05 +<0.1

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