
Sexual Behaviour and Condom Use among Adolescents Living in Urban Poor Areas in the Brong Ahafo Region, Ghana

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***Abstract:** The study examines the sexual behaviour of adolescents living in two urban poor areas in two municipalities in the Brong-Ahafo region of Ghana – to ascertain the extent of sexual activity in the two areas and whether condom is patronized at high risk sex. Using systematic sampling, a total of 501 questionnaires were administered to adolescents in the two municipalities. Bi-variate and multi-variate statistical methods are used to examine the results. A logistic regression model is used to examine the correlates of adolescents' sexual behaviour. Odds ratio was calculated for adolescents' sexual behaviour. After calculating the odds ratios, a command 'listcoef, percent help' was run in STATA and this provide us with the percent increase per a unit change in a variable. The results show that male adolescents were having sex 0.8 years earlier than their female counterparts. First sexual intercourse among the adolescent was mostly planned. The results revealed that multiple sexual relations were uncommon among the adolescents. Logistic regression results shows that age had a direct and significant relationship with adolescents' sexual behaviour. Also, a direct and significant relationship was found between migration status and sexual behaviour. To prevent further damage to the future lives of these vulnerable adolescents, there is an urgent need for these communities to be targeted for further enlightenment with respect to sexual and reproductive health needs of adolescents. This should go beyond the efforts of NGOs to involve Government agencies such as the ministries of Health, Social Welfare, Women and Children among others.*

Keywords: Sexual Behaviour; Condom Use; Adolescents; Urban Poor; Ghana

1. Introduction

It is estimated that the largest ever generation of adolescents are approaching adulthood in a rapidly changing world. This number is expected to reach close to 200 million by 2015 (UN, 2006). This high proportion of adolescent population is both a potential for development and source of social and public concern. It is believed that the choices they make have implications for their lives today as well as their future (Juarez and Martin, 2006). With about half of the world's population under the age of 25 (UN, 2005), it is imperative to consider issues that border on their rights and well being particularly in the areas of education, work, relationships and health including sexual and reproductive health.

Sexual and reproductive health of adolescents has gained prominence in recent times possibly due to its contribution to the global health burden. It is considered an essential component of young people's ability to become well-adjusted, responsible and productive members of society (UN, 2002). Thus, there is a relationship between reproductive health and other dimensions of adolescent lives such as completing education, finding employment, economic position, and ensuring steady relationships which eventually lead to family formation ((NRM/IOM). (2005); UN, 2003).

Young people, the world over, experience a high risk of unplanned pregnancy and HIV, because of their inadequate knowledge about sexual and reproductive health. Sexual behaviours among youth, if uncontrolled, can lead to negative outcomes such as unplanned pregnancy and the spread of sexually transmitted infections (STIs). So, knowledge of contraceptives and contraceptive use are important indicators of sexual health among youth (Dann, 2009). Sexual activity among adolescents in developing countries is reported to be generally high, although there is considerable variation between countries (Bearinger et al., 2007; Singh et al. 2005), and data validity is often unreliable (Plummer et al., 2004).

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In sub-Saharan Africa, 75% of young women reported having had sex by age 20 (Blum, 2007). In addition, DHS data from Mali, Burkina Faso and Senegal show that 30 percent, 40 percent and 4 percent respectively of young unmarried women reported that they had been sexually active (Dann, 2009). If one is to go by this data, it shows that Senegal has the lowest levels of sexual activity in sub-Saharan Africa but this data reinforces Plummer et al.'s, (2004) argument about poor data. Interestingly, while levels of sexual activity increased with higher levels of education, urban residence and family wealth in Burkina Faso and Mali, it remained at 4 percent for Senegal. One is inclined to say here that this low level of sexual activity in Senegal may not represent the true situation because of the usual silence surrounding sexual matters in Africa (Bammeke and Nnorom, 2008).

In sub-Saharan Africa as many as 14 million unintended pregnancies occur yearly and about half is attributed to women aged 15 – 24 years (Hubacher et al, 2008). As the gap between sexual debut and age at marriage widens, sexual activity prior to marriage also increased leading to increased premarital exposure to pregnancy risks (Bearinger et al., 2007; Mensch et al. 2006). Yet, other studies have stressed the problem of young people not accessing services due to perceived fear of receiving negative reception from clinic staff (Kiluvia and Tembele, 1991; Rasch et al., 2000; Otoide et al., 2001; Wood and Jewkes, 2006)

In many countries of Africa including Ghana, young people aged between 10-24 years are most at risk of early child-bearing, unintended pregnancies, unsafe abortion, sexually transmitted diseases (STDs) and HIV infection, sexual exploitation and violence (Awusabo-Asare et.al., 2006). These factors account for the poor status of reproductive health among adolescents. Poor reproductive health status is further exacerbated by the early onset of sexual activity, limited knowledge and understanding of contraception including condom use and low access and utilization of quality health services (Awusabo-Asare et. al., 2006). The advent of HIV/AIDS has added a new and lethal

dimension to the Sexual and Reproductive Health (SRH) challenges faced by the youth.

Despite the large size of the youth population, their vulnerability and the intensity of the problems facing them, they are often marginalised especially when it comes to providing quality information and services to meet their specific SRH needs. SRH programmes have more often than not been focused on women especially and men to a lesser extent with the presumption that the needs of young people will automatically be taken care of by these programmes. Of even greater concern is the fact that the young people do not have the skills for influencing adult decision making, neither are they involved in identifying challenges facing them, let alone planning and implementing programmes aimed at addressing these challenges.

Context

Ghana, a country located in the west coast of Africa and English speaking, is where this study was conducted. Ghana Demographic and Health Survey (GDHS) report of 2008 shows that 8 percent of women and 4 percent of men initiated sex at age 15. The study also revealed that 69 percent of never married women aged 15 – 19 and 24 percent of those aged 20 – 24 had never had sex. The respective percentages for the males were 79 and 32. However, 23 percent of never married women in the 15 – 19 age category and 59 percent in the 20 – 24 age category had had sexual intercourse in the 12 months preceding the survey. For the men, it was 15 percent and 52 percent respectively. Altogether, 60 percent and 55 percent of never married men and women respectively had never had sex but 34 percent of females and 30 percent of males had had sex in the twelve months preceding the survey (GSS, GHS and ICF Macro, 2009).

Despite this high level of sexual activity, condom use is generally low. In the GDHS survey, condom use at first sex was found to be uncommon as only 25 percent of females and 32 percent of males used condom the first time they had sex. Among those who had sex in the 12 months preceding

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the survey, only 29 percent of the females and 45 percent of the males made use of condom. In addition, young men in the age group 15 – 24 are more likely to be involved in higher risk sex (87 percent) than females (52 percent) and also used condom more than their female counterparts (46 and 28 percent respectively). Seventy four percent of women aged 15 – 19 indulged in higher risk sex in the 12 months preceding the survey and only 24 percent used condom. For the men, 96 percent in the age category were involved in higher risk sex with only 40 percent using condom. For those in the 20 – 24 age category, 83 percent of men indulged in higher risk sex compared with 43 percent of women and 49 percent and 31 percent respectively used condom.

The problem of unemployment is also a real challenge to the development of young people in Ghana. According to the Ghana Human Development Report (2003) many economically active Ghanaians including the youth who are within the productive age have neither regular nor steady employment. Unemployment is high and increasing faster particularly among the youth aged 18-24 years who have either completed Junior High School (JHS) or Senior High School (SHS) but could not further their education for various reasons. Inclusive of this group are those who have not had any formal education at all. The inability of most young people to earn a living and be economically independent tends to increase their vulnerability to STI/HIV/AIDS and other SRH problems. Many of them end up on the street struggling for their daily survival. The absence of a secured home, coupled with the harsh urban conditions further exacerbates their plight. To them, survival is a daily struggle in an insecure and sometimes unfriendly environment.

Owing to the fact that they do not have any employable skills, they consequently engage in all kinds of practices to survive. Among the decent ones are head portering (Kayayee), truck pushing, shoe shining, street hawking and domestic service. Apart from the hustle and bustle they go through in carrying out these activities, these activities do not provide them with any security against the future. In extreme situation, some engage in transactional sex, stealing

(pick pocketing) just to make a living. Such practices as drug and alcohol abuse are also common particularly among the males. Owing to their vulnerability, the females are always at the receiving end, being exposed to rape, sexual harassment and advances, and other violent practices perpetrated against women. In this era of HIV/AIDS, engaging in such practices is certainly risky and makes them even more vulnerable to the pandemic.

While some may have lower risk status, others may have a higher risk. It is in this regard that the study examines the sexual behaviour of adolescents living in two urban poor areas in two municipalities in the Brong-Ahafo region of Ghana – to ascertain the extent of sexual activity in the two areas and whether condom is patronized at high risk sex.

Theoretical Consideration

Handel (2006) sees socialization process of children from both the agents and peer group influence where both influence the eventual life style of a child. Where the peer group norms are at conflict with the ones passed down by the socialization agents, the possibility of conflict manifesting is high. Since the children take part in making the rules in peer group and also derive immediate gratification through them, chances are that they will adopt such at the expense of the laid down rules by adults. Similarly, Gecas and Seff (1990) speculated that peers and parents act as competing influences during adolescence. They attributed this to the fact that parents and peers may possess opposing values and opinions due to their respective associations with dominant or youth culture. As a result, Steinberg (2001) suggested that conflict is created as children attempt to emotionally detach from parents.

However, other researchers have emphasized more harmonious relations. Rather than assuming conflicting impacts, parents and peers are each seen as playing unique but important roles in the process of identity development (Raja et al. 1992; Wilks 1986). Because youth become much more concerned with how the significant people in their lives view them at this stage of life (Erickson 1950), they are more

likely to adopt the peer values. Researchers have further shown that older adolescents prefer their parents as an information source when making purchase decisions that rely heavily on price, social acceptance, and product performance while peers are preferred when decisions primarily relate to issues of social acceptance (Moschis and Moore 1979). Parents and peers may also exert different levels of influence depending on whether a product is publicly or privately consumed (Childers and Rao 1992).

The Social learning theory posits that an individual learns in small, informal groups (Akers and Sellers, 2004; Bahr, Maughan, Marcos and Li, 1998) and it is in these intimate settings that people are taught, through imitation and reinforcement, to hold attitudes that are favorable or unfavorable (Reed & Rountree, 1997). Many social learning theorists focus on peers because of the significance adolescents place on friends as adolescents mature and gain autonomy from their parents. Adolescents are likely to listen to and give priority to individuals who they admire and look up to. If those individuals have attitudes that are favorable or unfavorable, adolescents are likely to imitate and internalize those attitudes and behaviors (Bahr et al. 2005).

But the premise of social control theory is that deviance is normal and conformity, rather than deviation, must be explained (Akers and Sellers, 2004; Hirschi, 1969). By implication, the theory assumes that all adolescents have impulses toward deviance and would act on these desires if not for pro-social controls provided through families and other social institutions (Hirschi, 1969). In the context of adolescent sexual behaviour, social control theorists maintain that when adolescents are close to their parents, they feel obligated to act in non-deviant ways that please their parents (Rankin & Kern, 1994; Wright & Cullen, 2001). Hence, they are likely to refrain from sex and condom use if their parents are opposed to them. When they are not close to their parents, however, adolescents may not feel as constrained to conform to the desires of their parents and they are more likely to experiment with sex.

2. Data and Methods

Data for the study were collected from four communities in two municipalities – Sunyani and Techiman in the Brong Ahafo Region. The Four communities: Dwumoh and Ahebrono in Techiman and Area 3 and Zongo in Sunyani were selected. These communities are considered to be among the poorest areas in the districts. The communities were randomly selected from a total of 6 communities in each of the municipalities. Data collection began on the 22nd of November, 2010 and ended on the 1st of December, 2010.

Using systematic sampling, houses were selected in each of the communities for the study; from which households were selected. Subsequently, adolescents aged 10-24 years were recruited to respond to the questionnaires designed for the study. In situations where there was more than one adolescent, the first person to have availed him/herself was interviewed. This was done to prevent contamination that could occur if we were to interview the other adolescent. Questionnaires were used to collect data from young people living in the communities.

A total of 501 questionnaires were administered to adolescents in the two municipalities. All the administered questionnaires were edited by the research assistants before submission to the field supervisors for further editing. The questionnaires were then numbered by the data entry clerks and the responses to the open-ended questions in the questionnaire were coded. Data entry was done using Statistical Product and Service Solutions (SPSS) version 16. The data was then transferred into STATA version 11 using the Stat transfer version 7 for analysis. Bi-variate and multi-variate statistical methods are used to examine the results. A logistic regression model is used to examine the correlates of adolescents' sexual behaviour. Odds ratio was calculated for adolescents' sexual behaviour. After calculating the odds ratios, a command 'listcoef, percent help' was run in STATA and this provide us with the percent increase per a unit change in a variable.

3. Results

Socio-demographic characteristics of respondents

A total of 501 (209 males and 292 females) respondents aged between 10-24 years were interviewed for the study. More than 52 percent of the respondents were aged 20-24 years with more females in this age category than males. The mean age of the respondents was 19.2 years for both males and females. Majority of the respondents had had some form of formal education. Less than 2 percent of the males and about 4 percent of the females had ever married. More than 7 in 10 of the adolescents were Akans and about 2 in 10 of them were of northern extraction. A little above 70 percent of the respondents professed Christianity (belonged to different denominations) and about 16 percent were Moslems (more males than females). Thirty-one percent of the adolescents were students at the time of the study and another 31 percent were apprentices learning one trade or the other with about 14 percent indicating that they were involved in hawking/petty trading (see table 1).

Table 1: Socio-demographic characteristics of respondents

Variables	Males N= 209	Females N= 292	Total N= 501
Age			
10-14	16.7	10.6	13.2
15-19	38.3	31.5	34.3
20-24	45.0	57.9	52.5
Ever attended school			
Yes	85.6	78.8	81.6
No	14.4	21.2	18.4
Marital status			
Married	1.9	3.8	3.0
Not married	98.1	96.0	97.0
Ethnicity			
Akan	75.1	72.3	73.4
Northern extraction	19.1	25.0	22.5
Ewe	2.4	1.0	1.6
Ga/Dangbe	0.48	0.34	0.4

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Others	2.9	1.4	2.0
Religion			
Protestant	30.1	25.0	27.1
Catholic	13.4	18.8	16.6
Pentecostal/Charismatic	28.2	41.8	36.1
Moslem	23.4	11.3	16.1
None	4.8	3.1	3.8
Occupation			
Potter/truck pusher	6.7	0.7	3.2
Trading/Hawking	16.3	12.3	14.0
Student	44.5	22.9	31.9
Unemployed	4.8	5.8	5.4
Artisan	11.0	3.4	6.6
Apprentice	12.0	45.2	31.3
Others	4.8	9.6	7.6

Fieldwork, 2010

Sexual Behaviour of Respondents

Sexual practices

Mean age at first sex was 17.5 years (17.0 and 17.8 years respectively for males and females) among the adolescents. About 63 percent of the respondents had ever had sex with more females (69.2%) than males (54.1%) reporting ever having had sexual intercourse (Table 2). Consistent with the mean age at first sex, 65 percent of the adolescents (59.3% males and 68.1% females) had first sex when they were aged 15-19 years. About 10 percent of them had first sex when they were aged 10-14 years with more males (15%) than females (6.8%) having first sex at this age. For about 66 percent of the adolescents, first sex was planned with more females (68.1%) and males (61.6%) expressing so. A little more than 3 in 10 adolescents reported that their first sex occurred through coercion. More males (38.4%) than females (31%) indicated that their first sex was through coercion. Asked about their last sexual activity, more than 4 in 10 indicated that they had sex less than a month before the survey and another 26 percent had sex between one and three months before the survey. Over 70 percent of the adolescents had one sexual partner. There was a wide

variation in the proportion of sexual partners between males and females. More females (85.1%) than males (42.4%) had one sexual partner. Twenty-nine percent of the respondents had 2 or more partners. This also varied by sex with more males (57.6%) than females (14.9%) reporting multiple sexual partners. Majority of the respondents were aware of the existence of same-sex relationships in their communities. However, only few (6.4%) of them had ever engaged in same-sex relationships.

Table 2: Sexual practices

Variables	Males	Females	Total
Ever had sex	N=209	N=292	N=501
Yes	54.1	69.2	62.9
No	45.9	30.8	37.1
Age at first sex	N=113	N=207	N=320
Less than 10	1.8	0.0	0.6
10-14	15.0	6.8	9.7
15-19	59.3	68.1	65.0
20-24	15.0	16.4	15.9
Can't remember	8.8	8.7	8.7
Was first sex planned	N=112	N=204	N=316
Planned	61.6	69.1	66.5
Coerced/Forced	38.4	30.9	33.5
Last sex	N=113	N=204	N=317
Less than 1 month	39.8	45.1	43.2
Between 1-3 months	26.6	25.5	25.9
More than 3 months	33.6	29.4	30.9
No of sexual partners in the last year	N=92	N= 174	N=266
1	42.4	85.1	70.3
>2	57.6	14.9	29.7
Knowledge of same-sex relationships	N=110	N=201	N=311
Yes	78.2	91.0	86.5
No	21.8	9.0	13.5
Ever had sex with same-sex partner	N=92	N=189	N=281
Yes	7.6	5.8	6.4
No	92.4	94.2	93.6

Fieldwork, 2010

More than 6 in 10 adolescents had ever used condoms with more males (73%) than females (66%) indicating that they had ever used condoms. More than 46 percent of the respondents used condoms at their first sex. This also varied by sex with more females (48%) than males (43%) reporting condom use at first sex. Asked about frequency of condom use, about 37 percent of the adolescents indicated that they used condoms once in a while with more males (42.7%) than females (34.65%) indicating that they used condoms once in a while. About 26 percent of the adolescents used condoms always with slightly more males (26.8%) than females (25.7%) reporting that they used condoms always. About 4 in 10 of the respondents indicated that they were not confident about using condoms. More males (45.6%) than females (36.2%) are in this category. About 25 percent of the respondents however, indicated that they were very confident about using condoms (see table 3). The major source of condoms among adolescents was drug store (79%). Another 10 percent of the respondents indicated that their main source of condoms was peer educators working for Non-Governmental Organisations (NGOs) in the communities.

Table 3: Condom Use

Variables	Males	Females	Total
Ever used condom	N=113	N=207	N=320
Yes	72.6	65.7	68.1
No	27.4	34.3	31.9
Used condom at first sex	N=82	N=139	N=221
Yes	42.7	48.2	46.2
No	57.3	51.8	53.8
How often do you use condoms	N=82	N=136	N=218
Always	26.8	25.7	26.2
Sometimes	22.0	22.1	22.0
Once in a while	42.7	34.6	37.6
Never	8.5	17.6	14.2
How confident are you to insist on condom use	N=81	N=130	N=211
Very confident	27.2	23.1	24.6
Confident	13.6	29.2	23.2
Not confident	45.6	36.2	39.8

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Not sure	13.6	11.5	12.3
Source of condoms	N=78	N=123	N=201
Peer Educators	19.2	5.7	10.9
Drug store	78.2	79.7	79.1
Hospital/clinic	0.0	0.8	0.5
Others	2.6	13.8	9.5

Fieldwork, 2010

Table 4 presents two logistic regression models used to predict the correlates of sexual behaviour among adolescents in urban poor areas in the Brong-Ahafo region of Ghana. In model one, we controlled for the effect of current relationship status. The results show there was a significant and direct relationship between age and sexual behaviour of adolescents. At .001, there was more than 519 percent increase in the likelihood of adolescents aged 15-19 years engaging in sexual intercourse. This increased to about 2960 percent among those aged 20-24. Level of education above primary had a direct but insignificant relationship with sexual behaviour of adolescents (see table 4). The result also shows a direct and significant relationship between migration status and sexual behaviour. For instance, a unit increase in adolescents' migration status resulted in a more than 144 percent increase in their likelihood of engaging in sexual intercourse. The effects of occupation were mixed in model I.

Adolescents involved in some form of training (schooling/apprenticeship) were more likely to have had sexual intercourse (see table 4). For instance, there was a more than 290 percent increase in the likelihood for adolescents who indicated that they were students to engage in sex than potters/truck pushers (the reference). Adolescents who were engaged in apprenticeship were more than 676 percent more likely to engage in sexual intercourse than their counterparts who were potters/hawkers (see table 4). In model II, we added current relationship to the background variables used in model I to estimate their effects on adolescents' sexual behaviour.

The result reveals that, like in model I, there is a direct and significant relationship between age and sexual behaviour of adolescents. For instance, adolescents aged 15-

19 years were 250 percent times more likely to engage in sex than those aged 10-14 (reference) (.05). Adolescents aged 20-24 years saw their likelihood to engage in sexual intercourse increasing by 1706 percent over those aged 10-14 years at .001 significance level.

The effect of migration status was direct and significant in model II with non-migrants being more likely to engage in sexual intercourse. For instance, adolescents who were non-migrants were 139 percent more likely to engage in sexual intercourse (.05). The result further shows that, adolescents who were involved in apprenticeship and artisanal occupations were more likely to engage in sexual intercourse than those who were potters/truck pushers (reference). For example, adolescents who were engaged in apprenticeship were 597 percent more likely to engage in sexual intercourse than those in the reference category (.05). A direct and significant relationship was established between current relationship status and sexual behaviour of adolescents. Results in table 4 shows that adolescents who were currently in relationship were 836 percent more likely to engage in sexual intercourse compared to their counterparts who were not in relationships (.001).

Table 4: Logistic regression on correlates of sexual behaviour among adolescents

Variable	Model I	% increase	Model II	% increase
Sex				
Female	Ref	-	-	-
Male	- 0.212	-19.1	0.012	1.2
Age				
10-14	Ref	-	-	-
15-19	1.823 ***	519.4	1.254 **	250.6
20-24	3.421 ***	2960. 4	2.894 ***	1706
Level of education				
No education	Ref	-	-	-
Primary	- 0.521	-40.6	- 0.756	-53.0

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Junior High School	0.504 0.666	65.6 94.6	0.118 0.227	12.6 25.5
Secondary/Senior High	0.457	57.9	0.231	26.0
Post-secondary				
Migration status				
Migrant	Ref	-	-	-
Non-migrant	0.895 **	144.8	0.874 **	139.7
Ethnicity				
Akan	Ref	-	-	-
Northern extraction	0.009	1.0	- 0.165	-15.2
Ewe	0.574	77.5	0.785	119.2
Ga/Dangbe	- 0.245	-21.7	- 1.650	-80.8
Others	- 0.542	-41.9	0.069	7.1
Religion				
Protestant	Ref	-	-	-
Catholic	- 0.031	-3.1	- 0.077	-7.4
Pentecostal/Charismatic	0.234	26.4	0.223	25.0
Moslem	0.542	71.9	0.236	26.7
None	- 0.361	-30.3	- 0.361	-30.3
Occupation				
Potter/truck pusher	Ref	-	-	-
Trading/Hawking	0.542	69.0	0.798	122.2
Student	1.368 *	292.7	1.376	295.8
Unemployed	0.341	40.7	0.470	60.0
Artisan	1.409	309.4	- 1.661	426.3
Apprentice	2.050 **	676.6	1.942 **	597.7
Others	0.808	0.306	0.767	115.3
Current relationship status				
No	Ref	-	-	-
Yes	-	-	2.237 ***	836.4

Fieldwork, 2010

*p<.10 ** p<.005 *** p<.001

4. Discussion

This study examined the sexual behaviour of adolescents living in urban poor areas in two municipalities in the Brong-Ahafo region of Ghana to ascertain the extent of sexual activity, and the correlates of sexual activity

The mean age of the respondents was 19.2 years for both males and females. Majority of the respondents had had some form of formal education. Less than 2 percent of the males and about 4 percent of the females had ever married.

Mean age at first sex was 17.5 years (17.0 and 17.8 years respectively for males and females) among the adolescents with more than half of both male (69.2%) and females (54.1) reporting having ever had sex at the of time of the study. The results show that male adolescents were having sex 0.8 years earlier than their female counterparts. The age at first sex is 1.2 years higher than what is reported in 2008 GDHS (GSS/GHS/ICF Macro 2009). Consistent with the mean age at first sex, 65 percent of the adolescents (59.3% males and 68.1% females) had first sex when they were aged 15-19 years.

First sexual intercourse among the adolescents was mostly planned. For instance, 68 percent of females and 62 percent of males indicated that their first sexual intercourse was planned. However, it is worth noting that there was some level of sexual coercion among the adolescents with 3 in 10 adolescents reporting sexual coercion.

The results of the study revealed that 29 percent of the adolescents were involved in multiple sexual relations. More males (57.6%) than females (14.9%) reported having multiple sexual partners. Condom use among the adolescents was higher among the study population than what has been reported in studies such as the 2008 GDHS. For instance, 73% of males and 66% of females indicated that they had

ever used condoms. However, condom use was not consistent among the adolescents with about 37 percent of the adolescents indicating that they used condoms once in a while.

The logistic regression results shows that age had a direct and significant relationship with adolescents' sexual behaviour. For instance, at .001, there was more than 519 percent increase in the likelihood of adolescents aged 15-19 years engaging in sexual intercourse. This increased to about 2960 percent among those aged 20-24. Similar results were found in model 2 (see table 4). Also, a direct and significant relationship was found between migration status and sexual behaviour. For instance, a unit increase in adolescents' migration status resulted in a more than 144 percent increase in their likelihood of engaging in sexual intercourse. The effect of migration status was direct and significant in model II with non-migrants being more likely to engage in sexual intercourse. For instance, adolescents who were non-migrants were 139 percent more likely to engage in sexual intercourse (.05).

The type of job/apprenticeship the adolescents was involved in had a direct and significant effect on their sexual behaviour. For instance, there was a more than 290 percent increase in the likelihood for adolescents who indicated that they were students to engage in sex than potters/truck pushers (the reference). Adolescents who were engaged in apprenticeship were 676 percent more likely to engage in sexual intercourse than their counterparts who were potters/hawkers (see table 4). The result further shows that, adolescents who were involved in apprenticeship and artisanal occupations were more likely to engage in sexual intercourse than those who were potters/truck pushers (reference). For example, adolescents who were engaged in apprenticeship were 597 percent more likely to engage in sexual intercourse than those in the reference category (.05).

A direct and significant relationship was established between current relationship status and sexual behaviour of adolescents. Results in table 4 shows that adolescents who were currently in relationship were 836 percent more likely

to engage in sexual intercourse compared to their counterparts who were not in relationships (.001).

5. Conclusion

The study had established a high risk sexual activity among adolescents living in the two communities investigated in spite of their social and personal characteristics. It also revealed that this high sexual practice is devoid of condom use thereby exposing them to reproductive health problems such as unwanted pregnancies and HIV/AIDS. To prevent further damage to the future lives of these vulnerable adolescents, there is an urgent need for these communities to be targeted for further enlightenment with respect to sexual and reproductive health needs of adolescents. This should go beyond the efforts of NGOs to involve Government agencies such as the ministries of Health, Social Welfare, Women and Children among others.

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