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PARENTING AND ADOLESCENTS' ADOPTION OF RISKY SEXUAL BEHAVIOURS IN AWUTU SENYA EAST MUNICIPALITY OF THE CENTRAL REGION OF GHANA

BY:

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DECLARATION

I, Corazon Aquino Awolugutu hereby declare that except for other people's works which have been duly acknowledged, this dissertation is the result of my own work, done under supervision.

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DATE: 6th May 2019

DEDICATION

This piece of work is dedicated to all friends and loved ones.

ACKNOWLEDGEMENTS

I thank the Almighty God for His immeasurable grace, infinite wisdom and divine strength granted me. I would never have been able to come this far without Him.

To my supervisor, PROF**. KWASI TORPEY**, I am most grateful and appreciative of your excellent supervision, guidance, time and constructive comments. You are indeed a father to me. Through you I have learnt a lot. I am sincerely grateful.

ABSTRACT

Adolescents represent the future leaders of every nation; therefore, their concerns should be given priority and handled as a public health issue. Adolescents are individuals between 10 – 19 years and constitute about 18% of the world population. However, one of the issues which threaten adolescent's potential to attaining their future goals is risky sexual behaviours and its undesirable outcome. Risky sexual behaviours are those that expose an individual (adolescents) to the risk of sexually transmitted infections (STIs) including HIV and unplanned pregnancies.

The study adopted a descriptive cross-sectional design using quantitative approach was adopted.

Data was collected using a structured questionnaire. The quantitative data were obtained from one adolescent per all households within five selected community. Both descriptive and inferential statistics used.

The study established that several factors accounted for this phenomenon. Among these are demographic characteristics of adolescents like age, ethnicity, religion, level of education and gender. The effects of parenting such as living with single or both parents, how close parent are to their adolescents' boys or girls, having sex education and knowing the sexual partners of the adolescent. The age at sex debut and drinking of alcohol and smoking determined whether an adolescent would use a condom or not during sexual intercourses.

The study concluded that 32% of the adolescent are sexually active but do not use a condom during sexual intercourse.

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LIST OF ABREVIATIONS

ADHD	Adolescent Health and Development
ASRH	Adolescent Sexual & Reproductive Health
CHPS -	Community Health Planning Services
CSE	Comprehensive Sexuality Education
GES	Ghana Education Service
GDHS	Ghana Demographic & Health Survey
GHS	Ghana Health Service
GNADHD	Ghana National Adolescent Health and Development
GSS	Ghana Statistical Services
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
IRB	Institutional Review Board
SRHR	Sexual Reproductive Health & Rights
STIs	Sexually Transmitted Infections
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Fund

DEFINITION OF TERMS

Adolescents: Young people aged 10-19 years

Antisocial: Opposed or detrimental to social order or principles on which society is constituted.

Contraception: The use of various devices, drugs, agents, sexual practices, or surgical procedures to prevent conception or impregnation (pregnancy)

Contraceptive: A method, device or drug that prevents pregnancy

Sexually Active: One who engage in sexual activities that involve penetration into the vagina or anus.

Unintended Pregnancy: Pregnancy occurring without one's intention to have it.

Peer Influence: Is the influence on a peer group, observers or individual that encourages others to change their attitudes, values, or behaviours to conform to groups.

Risky Sexual Behaviour: includes having multiple sexual partners and sex without condom which increases the risk of sexually transmitted infections and unintended pregnancies.

Sexual Debut: Having had first sexual intercourse at or before age 14 years

Non Risky Sexual Behaviour: Use of condom during sexual intercourse

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The World Health Organization defined adolescent as an individual between 10 – 19 years. Globally, about 18% of the world population is made of adolescents (WHO, 2014). More than half of them are from Asian Regions, 23% of these adolescents are from the developing countries in Sub Saharan Africa whiles 112 million are from developed countries. Adolescents form about 1.2 billion of the world's total population (UNICEF, 2016). In Ghana, the National Youth Policy defines an adolescent as persons between the ages of 10 – 14years and 15 to 19 years, whilst a teenager which is sometimes used simultaneously with the word adolescent is defined as persons between 13 – 19 years (Population and Housing Census Report, 2012). Adolescence is a transitional period of growth and development from childhood to adulthood. At this period, they experience biological and physical changes which could affect their sexual behaviour and lifestyle (Karl L Dehne & Gabriele Riedn, 2014). This transition is often associated with certain behaviours that expose adolescents to certain practices that endanger their health and lives. They engage in early sex, unprotected sex, smoking, multiple sexual partners and among others (Sawyer et al., 2012; Asekun-Olarinmoye et al., 2014). Studies have shown that age at first sexual debut have been reported among female adolescents to be 14 years in Jamaica (Stevenson et al., 2003) 15 years in Latin America and Caribbean Regions (UNICEF, 2011). In sub-Saharan African, evidence has shown that a significant minority of people aged 12 and 14 are sexually active. Recent surveys in several countries in sub-Saharan Africa have detected decreases in condom use and/or an increase in the number of sexual partners among 15 to 19 years respectively

(UNAIDS, 2013; In Ethiopia research finding noted that significant numbers of students were engaged in risky sexual behaviours (Cherie A, et al 2015). The story as suggested by Majelantle et al., (2014) is not different in Botswana. Statistics show that about only 16.3% of adolescents of students displaying adequate Knowledge about the effect of risky sexual behaviour.

There is a clear indication that the age at first sexual intercourse among young people varies from country to another. A longitudinal study in Nairobi, Kenya revealed that the average age at first sex for both males and females differed from that of slum dwellers to that of non-slum dwellers. For females, the average age at first sexual activity was 18 and 15 years for non-slum and slum dwellers respectively. The males, on the other hand, recorded 17 years for non-slum dwellers and 15 years for their slum counterparts (Kabiru et. al, 2010).

In Ghana, it is reported that both males and females have their first sexual debut before age 15 (GSS, 2015). Though it the finding by the Guttmacher Institute, (2004) that sexual coercion is quite common in Ghana with one in four sexually active young adolescents reporting to have ever been forced to have sex against their will. The study further observed that the median age at first sex in Ghana is reported to be 18.4 years. However, Asampong et al (2013) are of the view that a reduction in the age of eligibility for some cultural ceremonies (the Depo ceremony of the Krobos) into adulthood may increase the likelihood of sexual debut than normal.

Globally, evidence has shown that these adolescents engage in sex with multiple partners whilst others practice unprotected sex (Vasilenko & Lanza, 2014; Nelson et al., 2014). Consequently, these sexual risky behaviours lead to unwanted pregnancies, unsafe abortions and STIs (Nelson et al., 2014). According to the Ghana Statistical

Service report (2015), these risky sexual behaviour has led to an increase in teenage pregnancy and related unsafe abortions.

The factors motivating risky sexual behaviour elsewhere are not different in Ghana. Studies have shown that parenting, peer pressure, media, age and other factors are the predictors of risky sexual behaviour (Biney, 2013; Doku 2012). Religious beliefs and Knowledge and/use of Contraception are not left out (Marian Y. Donkor, 2014) as factors. Tadesse and Yakob, (2015) and Alamrew et al., (2013) however attributed alcohol and substance use, watching pornographic materials, multiple sexual partnerships, inconsistent use of condoms, and depression. The rest are the poor living arrangement, educational status of parents, family profile, and poor knowledge towards HIV/AIDS as the major predictors of risky sexual behaviours among youths.

Parents have an essential role to play in the lives of adolescents. Parenting through monitoring and control has an influence on the adoption of certain risky sexual behaviours of younger ones (Wamoyi et al., 2011). Presence of both parents is important in ensuring that adolescents are moulded into good citizens and make the right and informed decisions. However, the absence of either parents or single parenting could pose a problem in the upbringing of the adolescent. Adolescents with single parents may receive less supervised, monitoring and control as compared to those living with both parents which could expose them to risky behaviour. It is against this background that the study seeks to assess the influence of parenting on adolescents' risky sexual behaviour.

1.2 Statement of the Problem

Adolescents represent the future leaders of every nation; therefore, their concerns should be given priority and handled as a public health issue. Some of the major consequences identified with risky sexual behaviours are sexually transmitted infections including HIV/AIDS, unwanted pregnancy and its associated health implications. Examples of these health implications are unsafe abortions, bleeding, anaemia, gonorrhoea, syphilis among other conditions (UNFPA, 2000).

Apart from the health implications, adolescents also go through financial and socio-economic challenges including dropping out of school, social stigmatization and psychological trauma from teenage pregnancy and sexually transmitted disease. Both female and male adolescents may drop out of school and become a burden to society. This may be due to the fact that they may suffer stigmatization for impregnating or come under pressure to take up the role of parenting, rejection by the parent to cater for their education any longer (Levandowski et al., 2012). These challenges further lead to huge dependency on the government and society (Kann et al., 2014). In the USA, STI remains the leading cause of morbidity and mortality among young adult (STD Surveillance 2014). A lot of countries in sub-Saharan Africa including, Ghana, Mali, among other countries have all instituted adolescent and reproductive health services into their national policies (UNAIDS, 1999).

In Ghana, a greater proportion of young adolescents have sex before age 18 years (Biney, 2013). A study conducted in two of the regions in Ghana states that 42% of male students and 15% of female students have had sexual intercourse. A study Awusabo-Asare (2004) found that out of every three adolescent females who have ever had sex before, at least one had experienced pregnancy, has been corroborated by GDHS (2014) that currently, the teenage pregnancy rate in Ghana stands at 14.3 %. Among some of the risk factors that expose adolescents into such risky sexual

behaviours in Ghana include poverty, family, friends, media and personal choices (Biney, 2013).

Several factors such as demographic characteristic of adolescents, mass media, peer pressure, exposure to pornographic and substance abuse have been found to be associated with risky sexual behaviour (Imaledo et al., 2012; Vasilenko & Lanza, 2014; Nnebue et al., 2015). In addition, parenting has been identified as an important element in delaying early initiation of sexual behaviour as well as preventing children to engage in risky behaviours such as multiple sexual partners and unprotected sex (Romer et al., 1999; Wamoyi et al., 2011). The greatest danger to the reproductive and sexual health of the adolescent is their inability to make informed decisions about their own sexual behaviours. Parents play an important role in this regard and in shaping the lives of their young adolescents during the transitional period from childhood to adulthood. The situation seems better if both parents are around to give the necessary guidance and support to the adolescent during this period (Van De Bongardt, et al., 2014).

It has been observed that adolescents brought up by single parents are associated with challenges of risky sexual behaviour as compared to those brought up by both parents. Parental monitoring and supervision instil discipline on the adolescents to enable them to make informed decisions (Hoskins, 2014). The plethora of research on risky sexual behaviour mainly focused on early initiation of sex, peer pressure, poverty, family, friends, the media, and personal choice. No consideration is given to parenting as a critical issue. This study, therefore, seeks to fill the knowledge gap in the relationship between parenting and risky sexual behaviour

1.3 Justification

Even though there is abundant literature on child upbringing, parenting and the effects of single parenting on the growth and general wellbeing of children, there seem to be a much less of documented information on parenting and adolescent life.

A lot of studies have been carried out on adolescents and sexual behaviour patterns, however, only a few studies have been done in the area of sexual behaviours among adolescents with emphasis on parenting. The Awutu Senya East municipality, in particular, lacks information on the risky sexual behaviours of the adolescents and the role of parenting. This research, therefore, seeks to contribute to knowledge and also bridge the information gap in this area.

1.4 Conceptual Framework Narrative Showing Linkages between the Identified Factors and Risky Sexual Behaviour

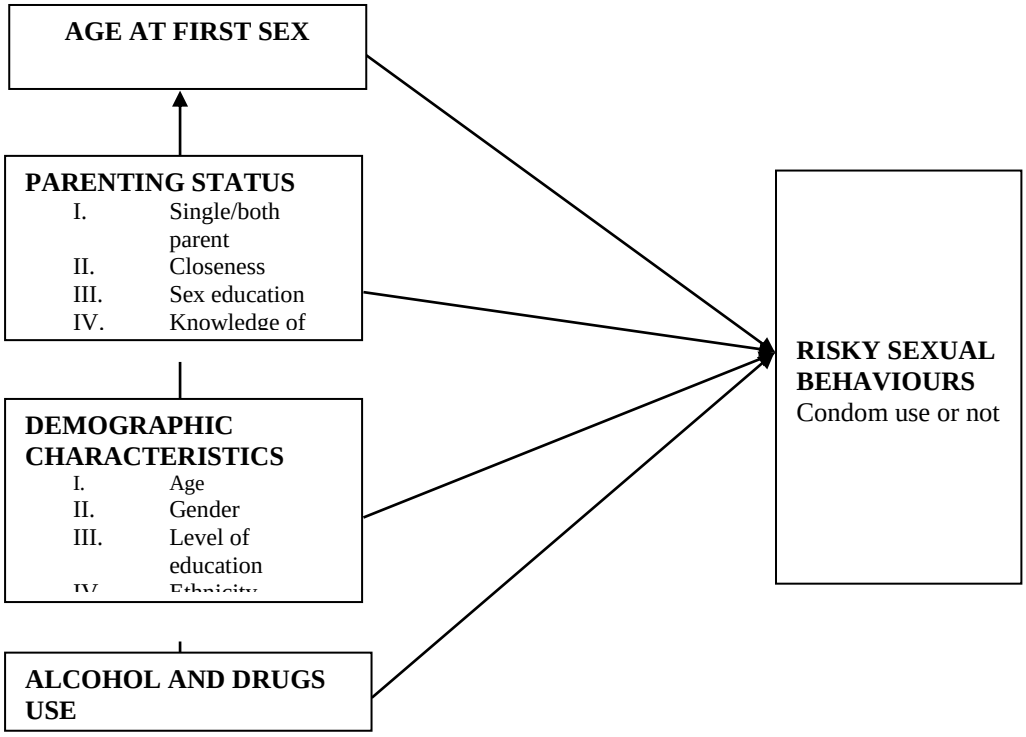

Figure 1. 1 Conceptual Frameworks Showing Linkages between the Identified Factors and Risky Sexual Behaviour

Figure 1.1 seeks to explain the various factors influencing risky sexual behaviour. This conceptual framework is a combination of the various studies findings that highlighted factors influencing risky sexual behaviours. Whilst Nnebue *et al*., (2015) identified single parenting as a factor influencing the risky sexual behaviour of adolescents, Imaledo *et al*., (2012) and Vasilenko & Lanza (2014) established among others that peer pressure, substance abuse, mass media and exposure to pornography influences risky sexual behaviour of adolescents. Biney, (2013); Doku (2012) on their studies revealed that demographics such as age, low education and place of residence of adolescents also have an influence on risky sexual behaviours. Kirby, (2007) included family size, socio-economic and the influence of religiosity and education.

Risky sexual behaviour means either unprotected sex or multiple sexual partnerships (Cherie and Berhanie 2015). From figure 1.1 above, there is a link among all the determinants. Literature has established that provision of socio- economic and emotional needs as well as the proper upbringing of an individual calls for a collective effort of both parents and that where one of the parents is absent, the above needs may not be fully provided (Nnebue *et al*., (2015). The impact of these factors will operate either collectively or alone to influence the adolescent's engagement in risky sexual intercourse without the use of a condom.

1.5 Research Questions

1. What is the proportion of adolescents who engage in risky sexual behaviour?
2. What are the effects of parenting on risky sexual behaviour among adolescents?
3. What is the relationship between socio-demographic characteristics and risky sexual behaviour?
4. What is the relationship between age at first sex and risky sexual behaviour

1.6 Research Objectives

Generally, the main objective of the study was to examine the risky sexual behaviour of adolescents with single or both parents in the Awutu Senya East Municipality.

1.7 Specific Objectives

The specific objectives are;

1. To determine the proportion of adolescents who engage in risky sexual behaviour?
2. To examine the effect of parenting on risky sexual activities/behaviour among adolescents.

3. To examine the association between socio-demographic characteristics and risky sexual behaviour.
4. To examine the association between age at first sex and risky sexual behaviour.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents a review of related studies pertaining to the topic and objectives of the study. The literature review covers, the meaning of risky sexual behaviours among adolescents, the factors that influence risky sexual behaviours among adolescents, the effect of parenting on sexual risky activities/behaviour among adolescents, the association between socio-demographic characteristics and risky sexual behaviour and the association between age at first sex and risky sexual behaviour.

2.2 Meaning of Risky Sexual Behaviours among Adolescents

Adolescents are described as a distinct population in a transitional period from childhood into adulthood (Sowah, 2012). They are neither children nor adults thus the major physical, psychological and sociological changes which occur during this period shapes their entire lives. Adolescence is a period when their decisions, behaviour and relationships determine their health and development and some of these decisions may bring them into conflict with themselves, peers, family and the society at large (Sowah, 2012).

Risky behaviours can be defined as sexual activities that expose an individual (adolescents) to the risk of sexually transmitted infections (STIs) including HIV and unplanned pregnancies (Oluwatoyin & Oyetunde, 2014). Cherie and Berhanie (2015) also defined risky sexual behaviour as sexual engagement characterized by either unprotected sex or multiple sexual partnerships. According to Sowah (2012), risky sexual behaviour is described as an act that augments the risk of getting sexually Transmitted Infections (STIs) or getting pregnant unintentionally. This act comprises of early sexual debut, sex with someone else apart from a regular sexual partner, non-use

of condoms during sex, non-use of family planning during sex, sex under the influence of other substances or alcohol. Oluwatoyin and Oyetunde (2014) also indicate that risky sexual behaviours include unprotected sexual intercourse, multiple sexual partners, forced or coerced sexual intercourse and sexual intercourse for a reward. These effects are a significant public health problem in cases of young people aged 15-29 years (Jørgensen, 2014).

The practice, however, cannot be said to conform to a particular country. Globally, it is established that risky sexual behaviour and its effects among adolescents are common phenomena (Vasilenko & Lanza, 2014; Nelson et al., 2014). Whilst at the age 17years that most adolescents in the USA engage in unprotected sexual intercourse, over 60% in Canada and in Nova Scotia had vaginal sex by the time they complete high school (Abera Mersha et al, 2018). However, the findings by Ntozi et al. (2000), and (Kabiru et. al, 2010) skewed more urban-rural differences as fueling risky sexual behaviour as. For females, the average age at first sexual activity was 18 and 15 years for non-slum and slum dwellers respectively. The males, on the other hand, recorded 17 years for non-slum dwellers and 15 years for their slum counterparts.

However, literature has shown that many of the factors influencing risky sexual behaviour cannot be generalized (McGrath et al. 2009). Among these findings are substance use, (Tapert S.F et al. 2001), stronger religions ties and sexual attitude (Odimegwu 2005), educational levels and family type (Deyessa &Tesfaye, 2013). It is therefore the conclusion of McGrath et al. (2009), that the various factors influencing risky sexual behaviour among adolescents are individual and contextually based.

2.3 The Factors That Influence Risky Sexual Behaviours among Adolescents

Adolescent transition is often associated with certain behaviours that expose them to certain practices that endanger their health and lives. Adolescents engage in early sex,

unprotected sex, smoking, have multiple sexual partners and among others whilst growing up. Adolescents' responses to these challenges are profoundly influenced by the social and cultural context in which they live. Thus, it is very important to identify factors that influence risky sexual behaviours among them (Sawyer et al,

2012). A study by Oluwatoyin and Oyetunde (2014) revealed that tribes and primary caregivers were factors that influenced risky sexual behaviours among adolescents. A similar study conducted by Bingenheimer, et al. (2015) on the topic peer influences on sexual activity among adolescents in Ghana used two waves survey data from adolescents (n=1275) in two towns in South-eastern Ghana where age, gender, and community differences in peer group characteristics were examined. The study revealed that antisocial peers and perceived peer norms favouring sex increased the odds of transition to first sex. Also, having more friends increased the odds of accruing multiple new sexual partners among younger respondents and among male adolescents, perceived peer norms favouring sex increased the odds of accruing multiple partners. A related study by Dekeke and Sandy (2014), revealed that religious attachment, living with friends, living alone, parental control, level of parental education, peer pressure and the number of friends who had experienced sex were some of the factors noted to influence youths to engage in risky sexual behaviours.

A study by (Udigwe, et al 2014), ascertained the factors influencing the sexual behaviour among female adolescents in Onitsha, Anambra state, Nigeria, revealed that adolescents who were not living with both parents, poor family background were factors that influenced risky sexual behaviours. Wrong knowledge of the fertile period, low-risk perception of HIV, and use of condoms among the respondents were associated with an increased chance to engage in sex.

2.4 The Effect of Parenting on Risky Sexual Activities/Behaviour among Adolescents.

Parents play a very vital role in the lives of their adolescents. Thus, the kind of parenting activities employed has a significant effect on risky sexual activities or behaviours among adolescents (Kincaida, et al., 2012). Clearly, parents act as social control and attachment models for their adolescents by providing emotional connections, behavioural constraints and modelling of relationship processes (Kincaida, et al., 2012). When parents show interest in knowing the kind of friends their adolescents have, it sends a clear message of love, concern and care to the adolescents that their welfare is of importance to them. This act offers emotional support for adolescents (Sowah, 2012). Adolescence is a time in the life of an individual where they often want to or begin to explore and practice a romantic and intimate relationship with others. Thus, they often draw on the minds, emotions and behavioural aspects of the parent-child context, examples of self-regulation, emotional expression, and expectations regarding behaviours and relationships. With regards to this, when parents are able to provide support, appropriately monitor behaviour and practice discipline in a non-coercive way. Adolescents will tend to develop interpersonal security and observe boundaries that would shape their involvement in sexual activities (Kincaida, et al., 2012).

In relation to adolescents' risky sexual behaviour, behavioural control (parental monitoring) is one of the parenting construct most commonly used by parents. According to Buhiand Goodson (2007), parental monitoring entails the knowledge of adolescents were about as well as activities they engage in among peers in the absence of parents. This affects sexual activity as it restricts the adolescent's opportunities to engage in risk behaviours. Parents' use of psychological control also has an effect on adolescent's risky sexual behaviour (Kincaida, et al, 2012). Thus, the use of a

psychologically-oriented, intrusive and manipulative form of parental control in which parents appear to maintain their own status at the expense of the child's autonomy by means of guilt induction, love withdrawal, and excessive criticism affects the child's relationship with them. Parents inhibit the development of mature decision-making skills and appraisal of the self as a competent, self-governing agent and in a long run these increases the vulnerability of risky sexual behaviour by damaging the sense of self-competence and relationship stability in the lives of the adolescents (Kincaida, et al., 2012).

According to Coley, et al. (2009), parental warmth and support also has an effect on risky sexual activities/behaviour among adolescents. Thus, support such as praising, hugging, encouraging and even giving a pat on the back of the adolescents sends a message of them being appreciated by parents. There is a range of positive adolescent outcomes associated with parental warmth or support, whereas the lack of support from parents leads to risky sexual behaviour (Coley, et al., 2009). Parents are at an advantage of impacting their views and morals as well as help guide adolescents' decision-making skills due to a positive relationship which is characterized by a high level of warm and supportive acts they exhibit to adolescents (Coley, et al., 2009).

A study by Okigboet al., (2015) revealed that male adolescents' communication with their mothers were less likely to transition them to first sexual intercourse to those who did not. Parental monitoring, discipline, and communication with their fathers did not predict transition to first sexual intercourse for male adolescents but for female adolescents, parental monitoring, discipline, and communication with fathers predicted transition to first sexual intercourse.

A similar study by Cherie and Berhanie (2015) revealed that adolescents who live with both parents and perceived connected to their parents were less likely to experience

risky sexual behaviour. Also, adolescents from authoritative parents were more likely to have safe sexual practices as compared to adolescents from permissive parenting styles. It was also revealed that parent-child communication about sexual issues and parental monitoring was protective from risky sexual behaviour. Thus, appropriate parenting practicing shields adolescents from sexual risk behaviour.

2.5 The Association between Socio-Demographic Characteristics and Risky Sexual Behaviour

In a study conducted by Amoateng et al., (2014) on the effects of socio-demographic factors on risky sexual behaviours of adolescents in the North West province of South Africa, it was revealed that socio-demographic factors such as gender, grade, religiosity, peer influence, parental value of children, parent-child communication, school attachment, the use of alcohol and substance like tobacco and marijuana all affect risky sexual behaviours like lifetime sex, recent sexual activity and involvement with multiple sexual partners of adolescents.

Adolescents with a strong relationship with their peers are more likely to engage in lifetime sex as compared to those with weak ties to their peers. Also, religiosity plays a role in the early initiation of sex. Religious organizations prohibit antisocial behaviours such as sex outside marriage. Thus, adolescents who have strong religious background are less likely to engage in early sex initiation as compared to their counterparts who are religiously weak. Likewise, the use of alcoholic beverages, tobacco and drugs such as marijuana are all positively associated with lifetime sex by adolescents who have ever smoked cigarette.

2.6 The Association between Age at First Sex and Risky Sexual Behaviour

Early sexual debut has commonly been defined as having had first sexual intercourse at or before age 14 (Glynn, et al., 2010). Thus, risky sexual behaviours are shown to be

correlated with early age sexual debut. Similarly, the experience of sexual coercion or violence has been reported to contribute to unintended adolescent pregnancy. The increase in risk-taking behaviours, such as having multiple partners, decreased contraceptive, condom use, and with an incidence of sexually transmitted infections (STIs) has been associated with an early sexual debut (Glynn, et al., 2010).

A study by Ghebre Michael, et al. (2009) revealed that early age at first sex was associated with having a regular non-cohabiting partner, female circumcision and coercion at first intercourse. According to Lohman and Billings (2008), there are several risks for adolescents who engage in early sexual activities. The United States has a record of 48.5 births per 1,000 adolescents occurring each year and thus creating a series of negative consequences for adolescent (boys and girls). Approximately 76% of girls and 85% of boys have engaged in sexual intercourse by the time they reach the age of 19. About 18 to19% of adolescents have engaged in sexual intercourse prior to the age of 15 (UNFPA, 2000). Thus, adolescents who engage in risky sexual behaviour at especially young ages are at an increased risk for lower levels of academic achievement and increased levels of school problems and substance use.

A study by Langille et al. (2010) revealed that early vaginal intercourse was associated with not using a condom at last intercourse, unplanned intercourse in the previous year due to substance use, having a casual partner at last intercourse and having three or more partners for vaginal intercourse in the previous year. This depicts that having first intercourse before 15 years is associated with subsequent risky behaviours.

A similar study by Remschmidt, et al. (2014) on the sexual behaviour and factors associated with young age at first intercourse and HPV vaccine uptake among young women in Germany revealed that out of 823 women who participated in the study, 70%

of these women experienced first intercourse before the age of 18 years and less than 5% were younger than 14 years at sexual debut. According to Kaestle, et al. (2005), sexual intercourse is commonly initiated during adolescence thus early initiation of sexual intercourse can be linked to increased risk of sexually transmitted infections (STIs) and pregnancy during adolescence. The study revealed that the odds of having an STI for an 18- year-old who first had intercourse at age 13 were more than twice those of an 18-year-old who first had intercourse at age17. This means that younger age at first intercourse was associated with higher odds of STI in comparison with older ages.

This chapter has been examining the various pieces of literature underpinning the risky sexual behaviour of adolescents. Seen as a transitional period associated with psychological physical, social, and emotional changes, the adolescent is faced with many unhealthy lifestyles including risky sexual behaviour, defined to mean unprotected sex and multiple sexual partners.

A myriad of factors been identified as responsible for this behaviour. Among these are the type of parenting, peer pressure, religiosity, alcohol and substance use. Others are demographic factors such as age, gender, education level and family size.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This section describes the appropriate methods and techniques that were used for the study. The section covers research design, study area, target population, sampling technique and sample size, methods of data collection, analysis and ethical consideration.

3.2 Research Design

The study design was cross-sectional using quantitative techniques. The survey was to help estimate the effect of parenting as well as determining other predictors of adolescents‟ risky sexual behaviour.

3.3 Study Area

The study was conducted in Kasoa municipality of the Awutu Senya East District in the Central Region of Ghana. Kasoa is heavily populated covering an area of 180sq km which is about 18% of the total area of Central Region. The municipality which is made up of twenty-four communities shares boundaries with Amanfrom, Gomoa East district and Budumburam. Kasoa is made up of multi-ethnic groups. In terms of healthcare, the Kasoa Polyclinic is the biggest health facility in the municipality although there are one other public health facility and twenty-four (24) CHPS zones in the municipality within the twenty-four communities respectively. The municipality has twenty- four (24) communities.

Awutu Senya East was selected for the study because; teenage pregnancy rate in Awutu Senya East for 2018 was 16%. This figure is higher than the national figure of 14% as recorded by the Ghana Demographic Survey in 2014. Also, only 9% of the adolescent was recorded to have done Family planning in the municipality according

to the Municipal Health Directorate report.

The target population of the study was made up of adolescents aged 10 – 19 years old with either single or both parents residing in the Kasoa municipality.

3.3.1 Inclusion

1. Adolescent boys and girls aged 10-19, mothers or fathers or guardians of the selected adolescents in the Kasoa Municipality who were willing to take part in the study. Parents or guardians who consented and adolescents who assented participated in the study.

3.3.2 Exclusion

1. Adolescent boys and girls ages 10-19 years, and for reasons such as those not residing within the Kasoa Municipality. Those who do not assent or their parents fail to give consent to partake in the study were excluded.

3.4 Sampling Technique

A multi-stage sampling technique was employed for the study. A multi-stage random sampling approach was used to select participants for the study. The 2010 Population and Housing Census estimated the total population of the municipality to be 108,854 with twenty-four communities.

3.4.1 Selection of the Communities

Five communities were randomly selected for the study. Using a simple random sampling technique, all 24 twenty-four communities were assigned sequential numbers. The numbers were entered on computer software to generate five random numbers. All five selected communities were obtained using their corresponding random numbers.

3.4.2 Selection of Households

A list of all houses within each of the five selected communities with their respective

house numbers was obtained from the municipal assembly's local government officials and other key informants. Each community had a total population of; wallantu 578, Akweley 988, Opeikuma, 915 Ofankor 1133, and Zongo 516. In all a total of 4130 houses were obtained. This served as the sampling frame for each selected community. The number of households selected per community was proportional to the population.

Sequential numbers were assigned, corresponding to the house numbers. A code of H1 was used to map with the first house, up to H (4130), with 4130 representing the last house on the list for the selected communities. An interval $1/10^{th}$ was then obtained by dividing the total number of houses within the sampling frame by the sample size (4130/403= 10 approximately). Using a systematic random sampling technique, houses were selected by using the interval $1/10^{th}$.

Computer software was used to select random numbers between 1 and 10 for each selected community. Every 10^{th} house was selected and counted up to the last house number in each community.

The households were obtained by simple random sampling. Where there were more than two households, every 2^{nd} household was picked until all the households in that house were covered.

3.4.3 Selection of Participants

One adolescent per household was selected for an interview. Where there was more than one adolescent in the household, one of them was randomly selected through balloting. Where there was no adolescent in the household, the research assistant proceeded to the next household. The rationale of the research was explained and consent of the household sought. This process was followed until the minimum sample size was attained. The selection of the participants was done during the

evening hours of the day when most adolescents were back from school. A sampling of participants was scheduled to last for three days.

3.5. Sample Size

The sample will be estimated by using the Cochran (1977) formula

Where n = the desired sample size

z = 95% confidence interval (standard value1.96)

p = the proportion of adolescents age 10 – 19 years old

q = 1.0-p

d = degree of accuracy desired at 0 .05

According to Rose, Spinks and Canhoto (2014), if the proportion of the population (p) is unknown from prior research or other sources; then p = 0.5 which assumes maximum heterogeneity (i.e. a 50/50 split) must be used. Since the proportion of adolescents age 10 – 19 years old with either single or both parents residing in the Kasoa Municipality was unknown, 50% was assumed.

Therefore substituting, the sample size was computed as follows: n = n =384.16

A non-respondent rate of 5 % was factored in to give the required sample size of 403.

3.6 Data Collection

A questionnaire was used to solicit responses. The questionnaire comprises of closed-ended questions. Three research assistants/translators who assisted in the data collection were given a day's training on the objectives of the study, who the participants were, the study procedures, methods, sampling technique, consent and assent forms including the risk, benefits and compensations on the forms. The training was done in the form of a classroom session where samples of the forms were discussed with them. Each question was fully explained to the research assistants. They were made to understand the concepts each question seek to elicit. This gave

the research assistants an idea of the appropriateness of the responses. They were people who understood English and Twi/ Fante. These are the most widely spoken languages in the communities. The consent and assent forms were translated into Twi/Fante in case the respondent was unable to communicate in English. Community entry was done first to meet the chiefs and leaders of the communities selected to seek their permission to enter the community. A community durbar was organized to introduce the study and explain the rationale. With the help of the community, elders support was sought from parents who have adolescents in their household.

After the selection of households, parents of households with adolescents were given a consent form that contained information on the study. The consent and assent forms were left with the participants and their parents for a day interval after which the researcher went back to find out how many have asserted and consented to participate in the study before the interview began.

Pre-testing was conducted with adolescents of age 10 – 19 years in Buduburam a nearby community in between Kasoa and Winneba.

3.7 Data Analysis

Data were analyzed using STATA. The questionnaire data were entered into Microsoft Excel 2010 and later exported into STATA for processing. All data collected by research assistants were collected the same day and entered into Microsoft excel the following day. The data was then stored in a personal laptop with a copy on a personal email box. Both are with personal passwords to protect it from unauthorized persons.

In analyzing the data, the study made use of both descriptive (percentages, frequencies, means and standard deviation) and inferential statistics (Chi-square and Logistic regression). Again, the odds ratio and the chi-square test statistic were

assessed at a confidence interval of 95%. A p-value <0.05 implied significance while a p-value >0.05 implied non significance.

3.8 Ethical Consideration

Ethical clearance was obtained from the Noguchi Memorial Institute for Medical Research, Institutional review board-IRB. As can be found in appendix iii.

Permission was also obtained from the Municipal Health Directorate to cover the communities within the sub-districts. Additionally, permission was sought from the municipal assembly, chief and elders in the Awutu Senya East Municipality to conduct the research. Informed consent was also sought from the respondents before they participated in the study. For respondents aged below 18 years, consent was sought from their parent/guardian and assent sought from the respondents. Such respondents were however required to give assent to their parent/guardian's consent. The researcher ensured that information received from respondents was treated with a high level of care and confidentiality. The study data was stored under lock and key, unauthorized persons did not have access to it. The soft copy was stored with a password on the researcher's computer at home. Data will be stored for a maximum of 5 years after which it will be destroyed according to rules and regulations. Thus, information cannot be traced to any particular individual because each individual was identified by a special code. Name and other facts that could identify you will not appear when the research is published. Privacy and identity will be protected.

There were no likely risks for any participation in this research. Participation was voluntary; however, any information provided was to help gain insight into risky sexual behaviours of adolescents which help stakeholders and policymakers plan programs for adolescents in Ghana.

The study was not without limitations. Among some of the limitations faced by the

researcher was time and financial constraints, some of the households that fell within the selected communities were not numbered, therefore could not be selected.

CHAPTER FOUR

RESULTS

4.1 Introduction

This chapter presents the results of the study by giving information on the socio-demographic characteristics of all the respondents, the result of the chi-square analyses of independence of the factors on risky sexual behaviour as well as the results of the logistic regression analyses.

4.2 The Socio-Demographic Characteristics of All the Respondents.

During the primary data collection, a total number of 403 adolescents were given questionnaires each to fill. However, only 387 respondents answered successfully the questionnaires accounting to 96% of response rate. Though all the questionnaires were retrieved, the 4% (16) of the questionnaires were incompletely or inappropriately filled and were excluded. Among some of the errors were multiple ticking of age ranges and ticking of the gender (both the boy and girl).

The socio-demographic characteristics of the respondents are presented in table T. 4.1 below. Out of those who successfully answered questionnaires, 64% were filled by females and 36% by males. About 84% of the respondents were more than 13 years old while the remaining 16% were between 11 and 13 years. No respondent was less than 11 years. Most of the respondents (71%) were in Senior High School, a few (16%) in Junior High School and only 11.5% in the Basic and Vocational school. In relation to the ethnicity, Akans were in the majority (about 59%), whereas 18%, 12% and 11% were Ewe, Ga/Adangbe and Northerners respectively. 84% of the respondents are Christians. More than half of them (52%) reported that they come from a family of size between 4-6 members. Only 8% of them said they come from a family with less than three members.

Table 4. 1 Socio-Demographic Characteristics of the Respondents (N = 387)

Characteristics	Frequency	Percentage (%)
Gender		
Male	138	36
Female	249	64
Age		
11 to 13	61	16
14 to 16	158	41
17 to 19	168	43
Education Level		
None	2	0.5
Vocational	3	0.8
Basic	45	11.6
JHS	62	16
SHS	275	71.1
Ethnicity		
Akans	229	59
Ewe	69	18
Ga/Adangbe	17	12
Northerners	42	11
Religion		
Christians	323	83.5
Muslims	60	16.5
Traditionalist	3	0.8
Other	1	0.2
Family Size		
3 or below	29	8
4 to 6	202	52
7 to 10	105	27
More the 10	51	13

Source: Field data

4.3 The Socio-Demographic Characteristics of the Respondents with Risky Sexual Behaviour

In order to determine the association between socio-demographic characteristics and risky sexual behaviour as one of the objectives of this study, the research question

that needed to be answered was, what is the proportion of adolescents who engaged in risky sexual behaviour? In an effort to estimate this proportion, the blank spaces in the column of the variable ‘use of a condom ‘which corresponds to the blank spaces under the column of the variable ‘age at first sex’ were coded as ‘98’. The rationale behind the coding follows from the assumption that a respondent who has not had any sexual intercourse will leave both spaces blank, indicating that he/she has no idea. This segments the respondents into three categories: as displayed in figure 4.2 below, the first and second categories termed non-risky sexual behaviour is a summation of those who are not sexually active and those who are sexually active but use a condom during sexual intercourse. This forms the non-risky sexual category. The third category is those who are sexually active but do not use a condom during sexual intercourse. This also forms the risky sexual behaviour category. Figure F 4.2 indicates that more than half (68%) of the respondents are not in risky sexual behaviour as opposed to 32% of the respondents who are in risky sexual behaviour.

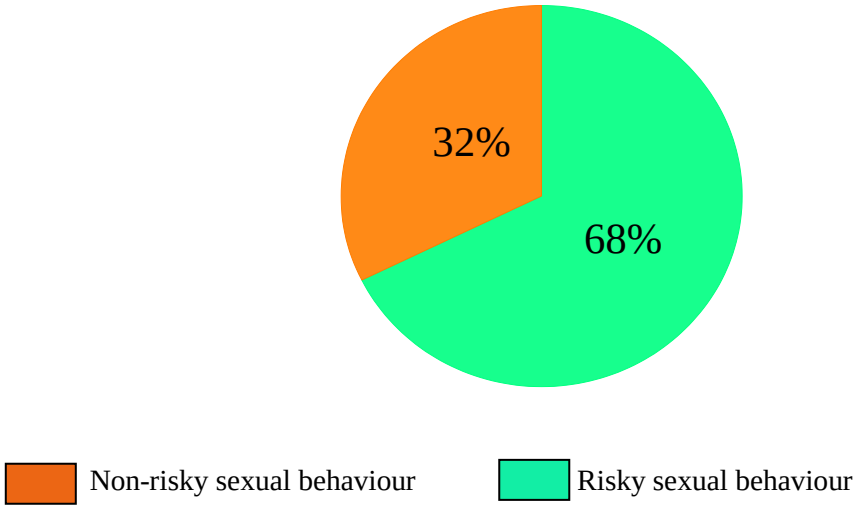

Figure 4. 1 The Distribution of the Respondents Based On Their Risky Sexual Behaviour.

It is important to illustrate the criteria used to arrive at the categorization in figure 4.1 above. Table T.4.2 below indicated that a total of 164 out of the 387 respondents said they are sexually active.

Using condom as a yardstick, 125 respondents representing approximately 32% out of the 164 respondents do not use a condom during sexual intercourse and are therefore considered the risky sexual behaviour respondents. It is important to note that 39 respondents used a condom during sexual intercourse and are therefore not considered risky in terms of sexual behaviour.

As displayed in the tablet.4.2, about 58% of these adolescents who are sexually active are female and the remaining 42% are males. Out of the number, 57% of them are between 17 and 19 years old. Majority of the respondents (82%) are in Senior High School. A larger proportion of them (80%) asserted that they come from Christian homes as opposed to 20% who come from Muslim, traditional and other religious affiliations. A little more than half of them (54%) are Akan while 21%, 13% and 12% are Ewe, Ga/Adangbe and Northerners respectively. Furthermore, about half (52%) of the respondents reported their family sizes to be from four to six members.

Table 4. 2 The Socio-Demographic Characteristics of Sexually Active Respondents (N=164)

Characteristics	Frequency	Percentage (%)
Age		
11 to 13	23	14
14 to 16	47	29
17 to 19	94	57
Gender		
Male	69	42
Female	95	58
Education Level		
None	3	2
Vocational	8	5
Basic	16	10
JHS	10	6
SHS	127	77
Ethnicity		
Akans	89	54
Ewe	34	21
Ga/Adangbe	21	13
Northerners	20	12
Religion		
Christians	131	80
Muslims	30	18
Other	3	2
Family Size		
Below 4	16	10
4 to 6	86	52
7 to 10	44	27
More the 10	18	11

Source: Field data

4.4 The Socio-Demographic Characteristics of Risky Sexual Behaviour Category

A total of 125 respondents were identified to engage in risky sexual behaviour. As displayed in table T4.3 below, the majority (63%) of these adolescents are female Out of the number, 53% of them are between 17 and 19 years old. In terms of their educational levels, the majority of the respondents (78%) are in Senior High School. A larger proportion of them (81%) asserted that they come from Christian homes as opposed to 17% who come from Muslim. More than half of them (60%) are Akan

while 11% each, are Ga/Adangbe and Northerners respectively. Again, more than half (53%) of the respondents reported their family sizes to be from four to six members.

Table 4. 3 The Socio-Demographic Characteristics of Risky Sexual Behaviour Category (N = 125)

Characteristics	Frequency	Percentage (%)
Age		
11 to 13	11	9
14 to 16	48	38
17 to 19	66	53
Gender		
Male	46	37
Female	79	63
Education Level		
None	2	2
Vocational	1	1
Basic	15	12
JHS	9	7
SHS	98	78
Ethnicity		
Akan	75	60
Ewe	22	18
Ga/Adangbe	14	11
Northerners	14	11
Religion		
Christian	101	81
Muslim	21	17
Others	3	2
Below 4	6	5
4 to 6	66	53
7 to 10	35	28
More than 10	18	14

Source: Field data

4.5 Socio-Demographic Characteristics of Non-Risky Sexual Behaviour Respondents

A total of 262 respondents were found not to be of risky sexual behaviour. This group consists of adolescents who are not sexually active or are sexually active but use a condom, 39 respondents out of the 164 sexually active respondents are included. Table T.4.3 indicates that 35% of these adolescents are male and 65% are female. 42% of non-

risky adolescents are between 14 to 16 years, 39% are between 17 to 19 years and 19% are between 11 to 13 years. Moreover, 68% are in Senior High School, while 20% and 11% are in the JHS and Basic School respectively. Only 1% was in vocational school. With respect to ethnicity, more than half (59%) said they are Akans, 18% are Ewe, 12% are Ga/Adangbe and 11% are northerners. In addition, most of these non-risky adolescents (84.7%) are Christians, and about 15% are Muslim. In relation to the family size, a little more than half, (52%) of the not risky sexual respondents come from families with size between 4 to 6 members, 27% claimed their family sizes are between 7 to 10 members are 13% said they are more than 10 members in their family. Only 8% said they are less than 4 members in their family.

Table 4. 4 Socio-Demographic Characteristics of Non Risky Sexual Respondents (N = 262)

Characteristics	Frequency	Percentage (%)
Age		
11 to 13	50	19
14 to 16	110	42
17 to 19	102	39
Gender		
Male	92	35
Female	170	65
Education Level		
None	0	0
Vocational	2	1
Basic	30	11
JHS	53	20
SHS	177	68
Ethnicity		
Akan	154	59
Ewe	47	18
Ga/Adangbe	33	12
Northerners	28	11
Religion		
Christian	222	84.7
Muslim	39	14.9
Others	1	0.4
Family Size		
Below 4	22	8
4 to 6	136	53
7 to 10	70	27
More than 10	33	13

Source: Field data

4.5.1 The Distribution of Parent-Adolescent Related Factors

Literature has indicated how the type of parenting may influence the risky sexual behaviour of adolescents. To situate this in the context of this study, one of the objectives of the study was to determine the proportion of adolescents with a single parent who engages in risky sexual behaviour. A questionnaire was therefore subjected to the respondents to indicate whether they live with either parent, either parents or a guardian (who could be a relative but not a friend). The respondents were

also asked to reveal how close they are to their parents (guardians) as well as indicating whether their parents (guardians) discuss sex issues with them. The results are presented in Table T 4.5 below.

Table 4. 5 Distribution of Risky Sexual Behaviour of Adolescents Based On Their Parenting (N=387)

Variable	Frequency	Percentage
Type of parenting		
Single parent	107	28
Both parents	217	56
Guardians	63	16
Closeness to parents		
Not close to parents	26	8
Somehow close to parents	111	28
Very close to parents	250	64
Parents educating their wards on sex issues		
Yes	245	63
No	142	37

Source: Field data

It can be noted from the table above that more than half (56%) of the adolescents sampled are very close to their parents while 28% is not too close to their parents (guardians), with a few (8%) claiming they are not close to their parents(guardians) at all. Moreover, 63% of the respondents said their parents (guardians) educate them on sex issues as opposed to 37% indicating that their parents (guardians) do not discuss sex issues with them.

Figure F4.3 confirms from the table T 4.5 that the greater proportion of the respondents, a little more than half of them (56%), live with both parents, followed by 28% living with single parents, with only 16% living with a guardian.

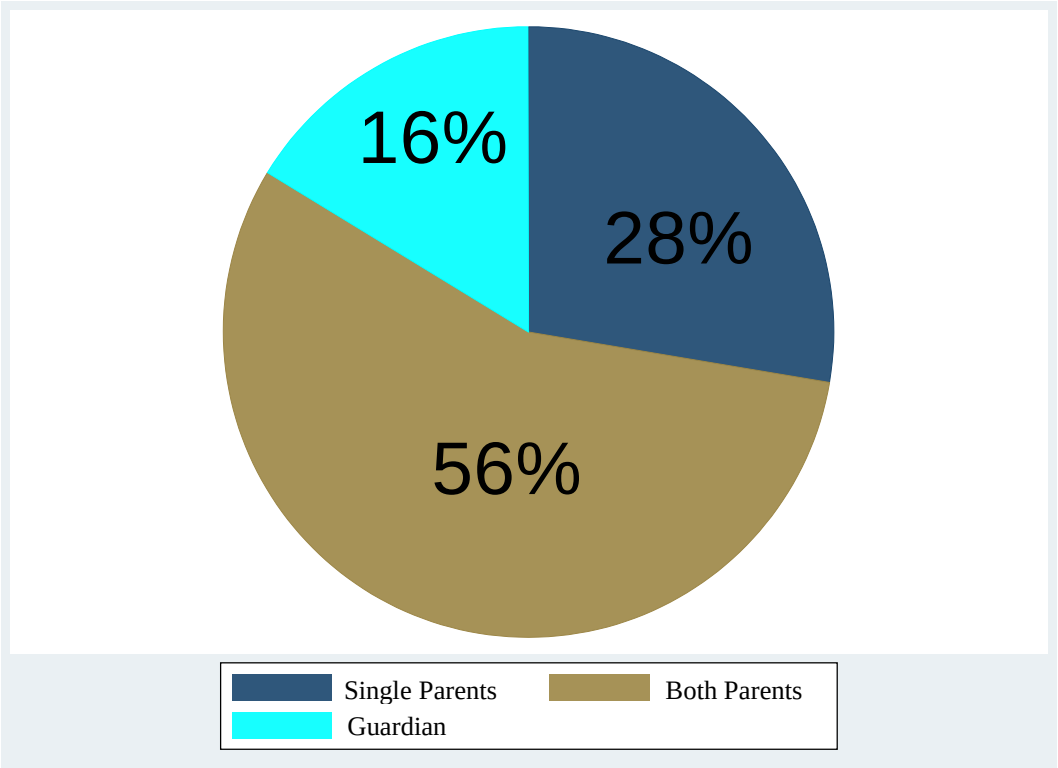

Figure 4. 2 Distribution of Respondents Based On the Type of Parenting

From the figure above that more than half (56%) of the adolescents live with their two parents while 28% and 16% live with one parent and guardian respectively.

4.5.2 Distribution of Risky Sexual Behaviour Category Adolescents Based On Their Parenting

The collaboration between the two parents in every home is indispensable to a good upbringing of children. However, the circumstances in life sometimes leave children under the care of one parent or in some cases under the care of a guardian. In order to determine the type of parenting that fosters and catalyzes risky sexual behaviour among adolescents, the latter were asked to indicate whether they stay with one parent, both parents, or a guardian. Figure F.4.4 shows the distributions of their responses.

Figure F.4.4 indicates that majority of the respondents (44.8 %) who are not into risky

sexual behaviour live both parents as opposed to 33.6% living with a single parent.

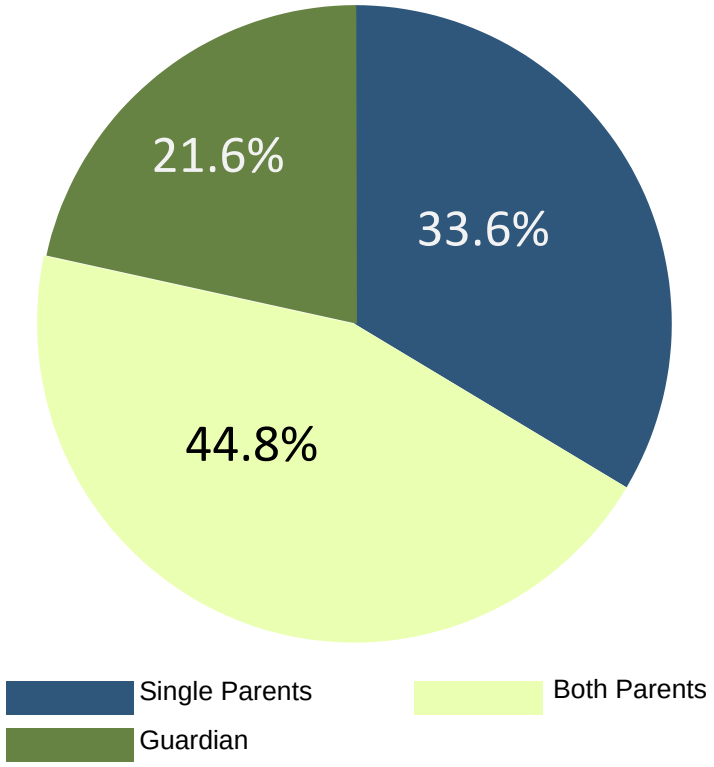

Figure 4.3. Distribution of Risky Sexual Category Based On Their Parenting

4.6 The Socio-Demographic Factors That Influence The Indulgence Of An Adolescent In Risky Sexual Behaviour.

An objective of the study was to determine the relationship between a socio-demographic characteristic and risky sexual behaviour. The research question asked was 'what are the effects of parenting on a risky sexual behaviour of adolescents'. To answer this question, a chi-square test of independence was primarily conducted to analyze the influence of the socio-demographic factors on the decision of adolescents to indulge in sexual behaviour, the p-values less than zero (0) signify that the variables in question are significant. Table T 4.4 presents the results of the analysis.

Table 4. 6 The Socio-Demographic Factors That Influence Risky Sexual Behaviour among Adolescents

Variables	Risky Sexual Behaviour		Chi-square value
	Non- Risky	Risky	P- value
Age			
11 to 13	50	11	0.008
14 to 16	110	48	
17 to 19	102	66	
Gender			0.746
Male	92	46	
Female	170	79	
Education Level			0.006
None	0	2	
Vocational	2	1	
Basic	30	15	
JHS	53	9	
SHS	177	98	
Ethnicity			
Akan	154	59	
Ewe	47	18	
Ga/Adangbe	33	12	
Northerners	28	11	
Religion			0.254
Christians	222	101	
Muslim	39	21	
Others	1	3	
Family Size			0.619
Below 4	22	6	
4 to 6	136	66	
7 to 10	70	35	
More than 10	33	18	

Source: Field data

It can be found from table T 4.4 that, age (p-value = 0.008) and educational level (P-value = 0.006) were significant while gender, religion and family size were reported not to have a noticeable effect on risky sexual behaviour. Thus, the age of adolescents, their educational level determine significantly whether or not they will protect themselves by using a condom during sexual intercourses.

4.7 The Parent-Adolescent Related Factors That Have an Effect on Risky Sexual Behaviour among Adolescents

The relationship between parents (guardians) and their wards could have a significant effect on the adolescent's decision on sexual behaviour. In order to confirm, four variables were used to measure this in the questionnaire. These variables include the type of parenting that is whether the respondents live with either parent (a single parent), both parents, or a guardian, whether they reveal their sexual partners to their parents, their closeness to their parents and whether parents discuss sex issues with them. Table T.4.7 reveals that the type of parenting (P-value =0.008) and whether the parent knows the sexual partner(s) of their wards (P-value =0.000) have a significant effect on sexual behaviour. It is obvious from table T.4.7 below that the proportion of adolescents living with single parents are susceptible to risky sexual behaviour (39.2%) as oppose to those living with both parents (25.8%).

Table T 4.7 reveals that the type of parenting (p-value = 0.008) and whether parents know the sexual partner(s) of their wards (p-value = 0.000) have a significant effect on sexual behaviour. It is obvious from table T.4.7 below that the proportion of adolescents living with single parents are susceptible to risky sexual behaviour (39.2%) as opposed to those living with both parents (25.8%).

Table 4. 7 The Factors That Have Effect on Risky Sexual Behaviour among Adolescents with Single or Both Parents

Variables	Risky Sexual Behaviour		Chi-square value
	Non-Risky	Risky	P-value
Parenting			**0.008**
Single Parents	65(60.74%)	42(39.25%)	
Both parents	16194.2%)	56(25.8%)	
Guardians	36(57.1%)	27(42.8%)	
How close are to your parents?			0.072
Very Close	17(65.38%)	9(34.6%)	
Somehow Close	179(71.6%)	71(28.4%)	
Not Close	66(59.45%)	45(40.5%)	
Do your parents know your sexual partner?			**0.000**
Yes	40(49.38%)	41(50.6%)	
No	139(69.2%)	62(30.8%)	
No Idea	83(79%)	22(21%)	
Do your parents educate you on sex issues?			0.247
Yes	171(69.8%)	74(30.2%)	
No	91(64%)	51(36%)	

Source: From field data

4.8 Other Determinants of Risky Sexual Behaviour among Adolescents

In a holistic sense, the set of determinants of risky sexual behaviour is not confined to only the socio-demographic and parent-adolescent related factors. Accordingly, the age at first sex, use of condom during sexual intercourse, the intake of alcohol, smoking and the adolescent's knowledge of HIV among other determinants were also examined. The age at first sex provided by the respondents was categorized into groups as follows: below 12 years, 12 – 14 years, 15 – 17 years and 18 or 19 years. The results of the analysis were presented in table T 4.6.

Table 4.8 Other Determinants of Risky Sexual Behaviour among Adolescents

Variables	Risky Sexual Behaviour		Chi square value
	Non-risky	Risky	p-value
Age at first sex			**0.0001**
Below 12	15	20	
12-14	33	30	
15-17	38	40	
18-19	15	7	
Sexually Inactive	189	0	
Number of sexual partners			**0.0001**
One Partner			
More than one partner	34	88	
Do you drink alcohol?			**0.002**
Yes	27	30	
No	224	92	
No idea	11	3	
Do you smoke?			**0.003**
	23	19	
Yes	23	19	
No	212	104	
No idea	27	2	
Do you know of HIV-AIDS ?			0.188
	237	118	
Yes	237	118	
No	25	7	

Source: Field Data

4.9 The Logistic Regression Analysis of the Significant Determinants of Risky Sexual Behaviour among Adolescents.

To further investigate the strength of the dependent factors on risky sexual behaviour, simple logistic regression and multiple logistic regression analyses were conducted. In fitting the multiple logistic regression model, the forward inclusion and the backwards elimination methods were used to choose the most significant variables. The crude and adjusted odds ratios (OR) together with the 95% confidence intervals (CI) and the respective p-values were the essential measures used in the selection of variables as presented in table T 4.7. P-values were the essential measures used in the selection of variables as presented in table T 4.7.

Table 4. 9 The Logistic Regression of the Significant Factors That Influence Risky Sexual Behaviour among Adolescents

Variables adjusted OR Age (ref: 11 to 13years)	**Crude OR 95%**	**P-value 95%**		**P- value**
14 to16years	1.98	0.068	0.05	0.059
17 to19years	2.94	0.003	0.0396	0.037
Education (ref: None)				
Basic	0.9	0.93	0.1779	0.251
JHS	0.9	0.765	0.569	0.579
SHS	2.78	0.32	0.27	0.11
Parenting (ref: Single Parent)				
Both Parents	0.54	0.014	0.25	0.007
Guardians	0.16	0.644	1.24	0.755
Age at first sex (ref: below 12)				
12 to 14	0.68	0.367	0.218	0.185
15 to 17	0.789	0.564	0.148	0.093
18 or 19	0.35	0.066	0.0129	0.001
Sexually Inactive	0.13	0	0.6588	0.119

Source: Field data

Variables	Crude OR	P-value	Adjusted OR	P-value
Number of Sexual Partners (ref: one)				
More than one partner	0.769	0.511	0.825	0.684
No sexual partner				
Do you drink alcohol? (ref: Yes)				
No	0.37	0.001	0.36	0.073
Not willing to tell	0.245	0.045		
Do you smoke? (ref: Yes)				
No	0.59	0.117	1.747	0.42
Not willing to tell	0.09	0.002	0.1999	0.087

Source: Field data

Table T 4.7 has revealed that the age of an adolescent (OR = 2.94, p-value = 0.003) is the most significant factor that influences the decision of an adolescent not to use a condom during sexual intercourse. Interpretation of significant odds ratios of the predictive variables Age (ref: 11 to 13 years)

The odds ratio corresponding to an adolescent from 17 to 19 years who are susceptible to risky sexual behaviour was estimated to be 2.44, implying that an adolescent who is 17, 18 or 19 years old is 2.4 times more likely not to use condom during sexual intercourses than adolescents who are 11, 12 or 13 years old.

The odds ratios corresponding to the adolescents who have not been engaged in sexual intercourse and for that matter are not exposed to risky sexual behaviour is 0.13, implying that young adolescent's first sexual engagement at age, at most 12 years of age are more susceptible to risky sexual behaviour than the sexually inactive adolescents.

Parenting (ref: single parent)

Using single parents as the denominator, the odds ratio of the adolescent who stays with both parents is (OR = 0.54). This ratio of less than 1 indicates that adolescents staying with one parent are susceptible to risky sexual behaviour while those staying with both parents are protected from risky sexual behaviour. Alcohol (ref: Yes)

The odds ratio corresponding to the adolescents who do not drink alcohol is 0.37, suggesting that the teenagers who drink alcohol are more likely to indulge in risky sexual behaviour than those who do not drink alcohol.

CHAPTER FIVE

DISCUSSIONS OF THE FINDINGS

5.1 Introduction

This chapter introduces discussions of the findings by examining the proportion of the respondents who are into risky sexual behaviour and their socio-demographic characteristics. It further examines types of parenting, age at first sex and other determinants of risky sexual behaviour. With the conceptual framework as a guide, the findings are aligned with the stated objectives of the study and provide answers to the research questions. These questions are: what is the proportion of adolescents who engage in risky sexual behaviour, the effects of parenting on adolescents with risky sexual behaviour and the relationship between socio-demographic characteristics and risky sexual behaviour. The study also sought to answer the question of what the relationship between age at first sex is and risky sexual behaviour.

5.2 Socio-Demographic Characteristics of Respondents

The finding of this study indicated that 43% of the respondents are between the ages of 17 to 19 years. This adolescent period is defined by WHO (2014) as an individual between 10 – 19 years. This demographic period presents a critical point linking with various developmental features that elicits positive and or negative sexual behaviours. According to the California Department of Public Health (2012), it is a dynamic period of development and marked by rapid changes in growth and development with emotional, psychological and biological changes. This transition is associated with certain behaviours that expose adolescents to certain practices that endanger their health and lives (Sawyer et al., 2012).

It is a period of both opportunities and challenges to most of the adolescents. It is at this age that the adolescent enters his or her secondary and vocational levels of

education. a critical level postulated by the conceptual framework as a factor facilitating risky sexual behaviour. As single young adults in tertiary institutions, they get excited with the liberal conditions of the campus life that predisposes them to high-risk sexual activities (Deyessa & Tesfaye, 2013). Besides experiencing exciting physical changes in their bodies, it comes with and it's economic, social and emotional needs. The level of education, for example, takes the adolescent out of close daily contact with parents. As this opportunity enables intermingling pees, it will also go with associated influences. This corroborates Bingenheimer, et al. (2015) findings that antisocial peers and perceived peer norms favours and increased the odds of transition to first sex.

Equally, the finding also corroborates that of findings on the global, African and Ghanaian levels. According to the Guttmacher Institute, (2014), the average age at first sexual activity globally is 17 years and 16 years in Sub-Saharan Africa I whilst that of Ghana is between 15- 19 years. This age group could also be turbulent as the adolescent is left with the confusion as to whether they are independent or not. This further reinforces the tendency to experiment on some of the activities like drinking, smoking and risky sexual behaviour.

The conceptual framework again indicated that gender is a major factor in determining whether the adolescent will engage in risky sexual behaviour or not. The females constituted the majority (64 %) of the respondents as compared to the male. Literature shows that the economic, physical and social needs of the adolescent girl are more than that of the boys. The combined effect of their numbers and needs have translated into more of the female adolescent (63%) being engaged in risky sexual behaviour compared therefore not surprising that majority of the respondents were Akan and the least being of northern to male (37%) counterparts.

The study revealed the area is Akan dominated settlement. This correlated with the

finding that more of the Akan (60%) are into risky sexual behaviour compared to the rest of the ethnic groups.

5.3 Socio-Demographic Of Characteristics Risky Sexual Behaviour Category

The conceptual framework provided that demographic characteristics such as age, gender, level of education, ethnicity and religion constitute one of the major factors influencing risky sexual behaviour. These constitute a driving force to the kind of behaviour likely to be exhibited. According to Amoatenget al., (2014) gender, grade, religiosity, peer influence, parental value of children, parent-child communication, school attachment, the use of alcohol and substance like tobacco and marijuana all affect risky sexual behaviours, which Cherie and Berhanie (2015) defined as sexual engagement characterized by either unprotected sex or multiple sexual partnerships.

This has established that not only the proportion but 125 respondents representing 32% of the adolescent are also engaged in risky sexual behaviour. An inference can be made from the data that age, gender (especially females) and level of education (especially SHS level) which constituted 53%, 63%, and 78% respectively, have a critical and mutual influence on each other in exposing the adolescent into risky sexual behaviour.

Religiosity plays a role in the early initiation of sex. There is a strong relationship between religion and sexual attitudes (Odimegwu, 2005). As suggested by Odimegwu (2005), the adolescent with solid religious attachments is more likely to delay sexual debut than those with lower levels of religiosity. Religious organizations prohibit antisocial behaviours such as sex outside marriage thus adolescents with a strong religious background are less likely to engage in early sex as compared to their counterparts who are weak. It is established in this study that religion and for that matter, more of adolescents from the Christian background (81%) engaged in risky sexual behaviour than the Muslims (17%). Aligning this finding with the conceptual

framework, it can conclude that there is stronger Islamic religiosity than that of the Christian religion in the Awutu Senya municipality.

A study by Envuladu, et al., (2017) revealed among others that females trying to please their males' sexual partners were reasons associated with risky sexual behaviours among adolescents. This study has also established that gender is a factor influencing risky sexual behaviour. 63% of the female adolescent engaged risky sexual behaviour than male adolescents (37%). This finding can be aligned with literature which has established that female adolescents have more social and economic needs than their male counterparts. Where these needs are not met, the female adolescent may be forced by such circumstance to engage in risky sexual behaviour.

The age at which the adolescent attains his or her secondary level of education (between 17 to 19 years), exposes the adolescent to opportunities and challenges for which he or she learns to adopt and adapt to various behaviours from peers. Aligning this with the findings made by Bingenheimer et al. (2015) in their study, which stated that peers have an influence on sexual activities on the adolescent in Ghana. Their study further pointed out that age, gender, and community differences in the peer group, peer norms have the propensity of making the adolescent engaged in early first sex. These then constitute the grounds for risky sexual behaviour.

In large families, it may become difficult for the parent to meet all the needs of the adolescents. 58% of the respondents who engaged in risky sexual behaviour come from a family size ranging from 4 to 6. Family size less than 4 had less number of adolescent (5%) engaging in risky sexual behaviour. This study showed that risky sexual behaviour is associated with larger family size.

5.4 Parenting as Factors Influencing Risky Sexual Behaviour among Adolescents

The upbringing of an individual to a larger extent depends on the type and kind of

parents he or she has. As Kincaid et al., 2012, in their study revealed, parents play a very vital role in the lives of their adolescents thus the kind of parenting has a significant effect on risky sexual activities or behaviours among adolescents. The nurturing process encompasses showing love and openness that draws the adolescent closer. The result of this study has shown that a lack of closeness of the parent(s) to the adolescent (43%) exposed the adolescent to indulge in risky sexual behaviour. Clearly, closeness to parents is one act of social control and attachment for their adolescents by providing an emotional connection, behavioural constraints and modelling of relationship processes between the adolescent and the parents (Kincaida, et al., 2012). The finding of this study is that 30% of the adolescents who received sex education from their parents indulged in risky sexual behaviour. If compared with 34% of the adolescents who are very close to their parents, the conclusion is that sex education reduces the likelihood of the adolescent to engage in risky sexual behaviour rather than just being close to the parent. One will have opined that closeness to parents which is an ingredient for openness would have made it possible for the adolescents to reveal their sexual partners to their parents. This hypothetically should have reduced risky sexual behaviour. However, about 51% of the adolescent who revealed their sexual partners to their parents rather engaged in risky sexual behaviour than those who did not (about 31%).

According to research by Cherie and Berhanie (2015), adolescents who live with both parents and are perceived to be connected to their parents were less likely to experience risky sexual behaviour. The finding of this research confirmed that approximately 39% of adolescents with single parents engaged in risky sexual behaviour than those with both parents (26%). This is because the functions of both parents are mutually supportive to keep the adolescent within acceptable boundaries of behaviour. A study

by Okigboet al., (2015) on this can be summarized as male adolescents" communication with their mothers was less likely to transition them to first sexual intercourse. However, that of the father's communicating with the male adolescent does not produce the same effect. The study also established that the adolescent girl's communication with the father has a more positive effect than that of the mother. Where both parents are available, there is an assumption of combined efforts, materially and socially in nurturing the adolescent. It is also important to observe that though living with a guardian is not part of the research question to be answered, it worth noticing that adolescents living with guardians engaged more (42%) in risky sexual behaviour than single and both parents.

5.5. Other Determinants of Risky Sexual Behaviour

The socio-demographic and type of parenting are not exclusive determinates of risky sexual behaviour. There are other behavioural tendencies such as age at first sex, intake of alcohol, and smoking. Once an adolescent is involved in any of these, he or she is likely to initiate and engage in risky sexual behaviour.

Glynn, et al., (2010), defined early sexual debut as having had first sexual intercourse at or before age14. Thus, risky sexual behaviours are shown to be correlated with the sexual debut. The chi-square analysis of this study has found that age at first sex is a significant determinant of the adolescent engaging in risky sexual behaviour. The adolescent who engaged in his or her first sexual intercourse at the least age of 12years (p-value =0.000) will engage in risky sexual behaviour. This corroborated Glynn, et al., 2010 findings that increase in sexual risk-taking behaviour, such as having multiple partners, decreased contraceptive, condom use, and with an incidence of sexually transmitted infections (STIs) has been associated with an early sexual debut.

Drinking of alcohol and or smoking can negatively influence the adolescent's sense of judgment predisposing them to risky sexual behaviour. It has been established in the USA, South Africa that substance use correlates to higher numbers of sexual partners and non-condom use (Tapert et al. 2001). With a statistically significant p-value of 0.002 in this study, alcohol and substance use as captured in the conceptual framework is a significant factor influencing risky sexual behaviour.

CHAPTER SIX

CONCLUSION AND RECOMMENDATION

6.1 Conclusion

Based on the results of this study, it is established that 164 representing 42.3% are sexually active. Using condom as a yardstick, 125 representing 32% indulged in risky sexual behaviour. From this study, various factors have been identified as the causes for the adolescents to indulge in risky sexual behaviour.

The factors identified were type and kinds of parenting, age, and level of education. Religious background, age at first sex, gender and family size also play significant roles as factors inducing risky sexual behaviour. The last but not the least been intake of alcohol and smoking. The conclusion from this study is that 39.2% of adolescents with single parents are engaged in risky sexual behaviour. The reasons for this occurrence hinges on the absence of an invaluable role by either parent. Secondly, the inability of the single parent to fully and timely meet the social, economic and psychological needs of the adolescent accounted for this situation.

The study was to identify the effect of parenting on risky sexual behaviour among adolescents. It was established that closeness of the adolescent to the parent, sex education and parents knowing the sexual partners of their adolescents have different levels of effect on risky sexual behaviour. The closeness of the adolescent to the parent is an effective means of controlling risky sexual behaviour (34%) followed by sex education (36%) and parent knowing the sexual partners (50%). What this could mean is that the familiarity and confidence the adolescent have about their parent's awareness of their sexual activities is interpreted to mean being licensed to engage in sexual activities.

The study was also to examine the association between socio-demographic characteristics and risky sexual behaviour. It is the finding that gender, age, level of education, family size and religious background has various degrees of influence on the adolescent engaging in risky sexual behaviour. It was established that 98% of the respondents at their secondary level of education engaged in risky sexual behaviour. 66% were between the ages of 17 to 19 years. As already stated in the discussions, the female adolescent is more exposed to risky sexual behaviour (79%) than their male counterpart. It can also be concluded that adolescents from family size ranging from 4 to 6 (66%) and those from a Christian background (81%) engaged more in risky sexual behaviour compared their counterpart from smaller family size and the other religious background respectively.

Finally, the association between age at first sex and risky sexual behaviour was examined. It is established that young adolescents‟ first sexual engagement at age, at most 12 years of age are more susceptible to risky sexual behaviour than their counterparts who delayed in engaging in sexual intercourse.

6.2 Recommendation

Based on the finding of this research, the following recommendations need to be considered by all stakeholders particularly parents, policymakers, churches, and schools. The Ministry of Health and Education must ensure comprehensive sex education in schools.

For schools,

1. The authorities of secondary institutions should establish functional Counseling Centres to cater for the needs of students in all areas of life, especially on sexual engagement.

2. The Counseling Centres should frequently organize Seminars and Workshops aimed at moderating students on sex-related matters, with the need for them to live a healthy life.
3. The authorities of tertiary institutions should develop and maintain Parents' Forum where students' behavioural issues will be discussed at regular intervals.
4. The authorities establish recreational centres for relaxation during their leisure time, while those who have sports inclinations would have the opportunity to redirect their energy in productive engagement.
5. The sex education should be taught at all levels.

The various churches,

1. The various churches, especially in the Awutu Senya Municipality should encourage their leaders to support the moral development of adolescents and youth especially in the areas of risky sexual behaviours.
2. The churches should be practical and be open to talk at all front about risky sexual behaviour to the adolescent rather than been dogmatic.
3. The church should be culturally tolerant, synchronizing their preaching with cultural values and morals.

For a parent, the following should be observed

1. Parents should be more supportive of their adolescents by knowing where they go and whom they spend time with.
2. Parents should avoid scolding their adolescents who express themselves on sexual issues.
3. Parents should also strengthen the communication bond with their adolescents in discussing sexual issues with them.

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APPENDICES

Appendix I: Consent Information

PARENTAL CONSENT FORM

Title: Parenting and Adolescents ‟Adoption of Risky Sexual Behaviour in Awutu Senya East Municipality

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Introduction

My name is Corazon Aquino Awolugutu and I am from the Department of Population, Family and Reproductive Health Unit at University of Ghana School of Public Health. I am conducting a research study entitled Parenting and adolescent adoption of risky sexual behaviour in Awutu Senya East Municipality. I am asking your child to take part in this research study because I am trying to learn more about Parenting and Adolescent adoption of risky sexual behaviours. This will take a maximum of 20 minutes of your child's time. Information obtained would be used for purely academic purposes and treated with absolute confidentiality. I would like you to provide me with information on the factors that influence risky sexual behaviours, effects of parenting on risky sexual behaviour, the association between age at first sex and socio-demographic characteristics.

I will use English language during our conversation but for respondents (adolescent and parents) who cannot read and write, the research assistant/translator will translate the information on the questionnaire into the Twi/Fante for responses and completion of the questionnaire. Your child will be required to sign an assent form before the start of the interview to show that he/she is willing to participate. The interview will not include anything to identify him/her, such as name. Special codes will be used to protect your child's identity and he/she has the right to

withdraw at anytime during the filling of the questionnaire and will not have to face any charges or questioning.

General Information
If your child agrees to be in this study, he or she will be asked to complete a questionnaire.

Possible Benefits
Your child's in this study will provide information to help us gain insight into risky sexual behaviours of adolescents and will help stakeholders and policy makers plan programs for adolescents in Ghana.

Possible Risks and Discomforts
There are no likely risks of your child's participation in this research

Voluntary Participation and Right to Leave the Research
Your child can stop participating at any time if he/she feels uncomfortable. No one will be angry with him/her if he/she does not want to participate.

Confidentiality
Your child's information will be kept confidential. No one will be able to know how he/she responded to the questions. The study data will be stored under lock and key and soft copy will be stored with a password on my computer at home, unauthorized persons will not have access to it. Furthermore, data analysis will be done using all the data collected from all respondents. Thus information cannot be traced to any particular individual. Only I and supervisor will have access to your information.

Compensation
There will be no compensation for individuals who participate in this research.

Contacts for Additional Information
You may ask me any questions about this study. You can call me at any time Corazon Aquino on 0209740765 or talk to me the next time you see me.

Your rights as a Participant
This research has been reviewed and approved by the Institutional Review Board of Noguchi Memorial Institute for Medical Research (NMIMR-IRB). If you have any questions about your rights as a research participant you can contact the IRB Office between the hours of 8am-5pm through the landline 0302916438 or email addresses: nirb@noguchi.ug.edu.gh

VOLUNTEER AGREEMENT

The above document describing the benefits, risks and procedures for the research title Parenting and adolescent adoption of risky sexual behaviour in Awutu Senya East Municipality has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree that my child should participate as a volunteer.

Date	Name and signature or mark of parent or guardian

If volunteers cannot read the form themselves, a witness must sign here:
I was present while the benefits, risks and procedures were read to the child's parent or guardian. All questions were answered and the child's parent has agreed that his or her child should take part in the research.

Date	Name and signature of witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Date	Name Signature of Person Who Obtained Consent

CONSENT FORM

Title: Parenting and Adolescents' Adoption of Risky Sexual Behaviour in Awutu Senya East Municipality

Principal Investigator: Corazon Aquino Awolugutu

Address: School Of Public Health
Department of Population, Family and Reproductive Health
University Of Ghana Legon
0209740765/02429988038

General Information about Research

This study is to explore your perspectives on **Parenting and adolescents' adoption of risky sexual behaviour in Awutu Senya East Municipality**. Participation will require a maximum of 20 minutes of your time. Information obtained would be used for purely academic purposes and treated with absolute confidentiality. I would like you to provide me with information on the factors that influence risky sexual behaviours, effects of parenting on risky sexual behaviour, the association between age at first sex and socio-demographic characteristics.

I will use English language during our conversation but for respondents (adolescent and parents) who cannot read and write, the research assistant/translator will translate the information on the questionnaire into Twi/Fante for responses and completion of the questionnaire. You will be required to sign a consent form before the start of the interview to show that you are willing to participate. The interview will not include anything to identify you, such as your name. Special codes will be used to protect your identity. You have the right to withdraw at anytime during the filling of the questionnaire and you will not have to face any charges or questioning

Possible Risk and Discomforts

There are no foreseeable risks associated with the study.

Possible Benefits

Any information provided will help us to gain insight into risky sexual behaviours of adolescents and will help stakeholders and policy makers plan programs for adolescents in Ghana.

Confidentiality

You will not be required to write your name. Any information received from you will be treated with a high level of care and confidentiality. The study data will be stored under lock and key, unauthorized persons will not have access to it. Furthermore, data analysis will be done at the aggregate level to ensure anonymity. Thus information cannot be traced to any particular individual. Only I and supervisor will have access to your information.

Compensation

There will be no compensation for study respondents who participate in this research.

Voluntary Participation and Right to Leave the Research

Participation in this study is strictly voluntary. Thus, you are at liberty to withdraw from the study at any time. However, your answers are greatly needed to help this research meet its objectives.

Contacts for Additional Information.

In case of any clarification, you could contact the following persons who are responsible for

Corazon Aquino Awolugutu

0242988038/0209740765

Prof Kwesi Torpey,

0244563322

Your Rights As a Participants

This research has been reviewed and approved by the institutional Review Board of Noguchi Memorial Institute for Medical Research (NMIMR-IRB). If you have any questions about your rights as a research participant you can contact the IRB Office between the hours of 8am-5pm through the landline 0302916438 or email address: nirb@noguchi.ug.edu.gh

The questionnaire used by the study will be under the care of the principal investigator. The hard copy will be coded into the data base of statistical software. The hard copy of the data will be under lock whiles the soft copy will be saved on a computer under a password known only to the principal investigator. A back up of the soft copy will also be kept on a pen drive and kept under lock by the principal investigator.

Voluntary Withdrawal

Participation in this study is strictly voluntary. Thus, you are at liberty to withdraw from the study at any time. However, your answers are greatly needed to help this research meet its objectives.

VOLUNTEER AGREEMENT

The above document describing the benefits, risks and procedures for the research title **Parenting and Adolescents' Adoption of Risky Sexual Behaviour in Awutu Senya East Municipality** has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

_____ _____

Date Name and signature or mark of volunteer

If volunteers cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

_____ _____

Date Name and signature of witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

_____ _____

Date Name Signature of Person Who Obtained Consent

CHILD ASSENT FORM

Title: Parenting and Adolescents' Adoption of Risky Sexual Behaviour in Awutu Senya East Municipality

Principal Investigator: Corazon Aquino Awolugutu

Address: **School Of Public Health**
Department of Population, Family and Reproductive Health
University Of Ghana Legon
0209740765/02429988038

Introduction

My name is Corazon Aquino Awolugutu and I am from the Department of Population, Family and Reproductive Health Unit at University of Ghana School of Public Health. I am conducting a research study entitled **Parenting and Adolescents' Adoption of Risky Sexual Behaviour In Awutu Senya East Municipality.** I am asking you to take part in this research study because I am trying to learn more about Parenting and Adolescent adoption of risky sexual behaviours. This will take a maximum of 20 minutes of your time. Information obtained would be used for purely academic purposes and treated with absolute confidentiality. I would like you to provide me with information on the factors that influence risky sexual behaviours, effects of parenting on risky sexual behaviour, the association between age at first sex and socio-demographic characteristics.

I will use English language during our conversation but for respondents (adolescent and parents) who cannot read and write, the research assistant/translator will translate the information on the questionnaire into **Twi/Fante** for responses and completion of the questionnaire. You will be required to sign a consent form before the start of the interview to show that you are willing to participate. The interview will not include anything to identify you, such as your name. Special codes will be used to protect your identity. You have the right to withdraw at anytime during the filling of the questionnaire and you will not have to face any charges or questioning

General Information

If you agree to be in this study, you will be asked to complete a questionnaire.

Possible Benefits

Your participation in this study will provide information to help us gain insight into risky sexual behaviours of adolescents and will help stakeholders and policy makers plan programs for adolescents in Ghana.

Possible Risks and Discomforts

There are no likely risks for your participation in this research

Voluntary Participation and Right to Leave the Research

You can stop participating at any time if you feel uncomfortable. No one will be angry with you if you do not want to participate.

Confidentiality

You will not be required to write your name. Any information received from you will be treated with a high level of care and confidentiality. Thus information cannot be traced to any particular individual. Only I and supervisor will have access to your information.

The questionnaire used by the study will be under the care of the principal investigator. The hard copy will be coded into the data base of statistical software. The hard copy of the data will be under lock whiles the soft copy will be saved on a computer under a password known only to the principal investigator in my house. A back up of the soft copy will also be kept on a pen drive and kept under lock by the principal investigator

Compensation

There will be no compensation for your participation in this study.

Contacts for Additional Information

You may ask me any questions about this study. You can call me at any time Corazon Aquino on 0209740765 or talk to me the next time you see me.

Please talk about this study with your parents before you decide whether or not to participate. I will also ask permission from your parents before you are enrolled into the study. Even if your parents say "yes" you can still decide not to participate.

Your rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of Noguchi Memorial Institute for Medical Research (NMIMR-IRB). If you have any questions about your rights as a research participant you can contact the IRB Office between the hours of 8am-5pm through the landline 0302916438 or email : nirb@noguchi.ug.edu.gh

VOLUNTARY AGREEMENT

By making a mark or thumb printing below, it means that you understand and know the issues concerning this research study. If you do not want to participate in this study, please do not sign this assent form. You and your parents will be given a copy of this form after you have signed it.

This assent form which describes the benefits, risks and procedures for the research titled **Parenting and Adolescents' Adoption of Risky Sexual Behaviour in Awutu Senya East Municipality** has been read and or explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate.

Child's Name:…… **Researcher's Name:……**

Child's Mark/Thumbprint……... **Researcher's Signature:…….**

Date:……... **Date:……**

Appendix II: Questionnaire

SCHOOL OF PUBLICHEALTH
UNIVERSITY OFGHANA

QUESTIONNAIRE

Questionnaire Number

This study questionnaire seeks your views on a study on ***'Parenting and Adolescents' adoption of risky sexual behaviour in Awutu Senya East Municipality'.*** Your participation is voluntary and you are allowed to withdraw from the study at any time. Information obtained shall be used for academic purposes only and will be treated with utmost confidentiality. Please answer all questions with all honesty

Instructions: Please circle or tick the alphabets to appropriately respond in the **ANSWER** columns in relation to the **QUESTION** column. Please provide appropriate written answers within spaces provided as required. **Section A: Demographic Data**

Q#	QUESTION	ANSWER	CODE
1.	Age	a) 10 and below [ ] b) 11 – 13 years [ ] c) 14 – 16 years [ ] d) 17- 19 years [ ]	AGE
2.	Sex	a) Male [ ] b) Female [ ]	GENDER
3.	Educational Level	a) None [ ] b) Vocational [ ] c) Basic [ ] d) JSS [ ] e) SSS [ ]	EDUCA
4.	What is your Ethnicity	a) Akan b) Ewe c) Ga/Adangbe d) Northerner	YOUETH
5.	Religion	a) Christian [ ] b) Islam [ ] c) Traditionalist/Spiritualist [ ] d) Other [ ]	RELIG
6.	Size of family (***Including you***)	a) Below 3 [ ] b) 3 – 6 [ ] c) 7 – 10 [ ] d) 11 or more [ ]	FAMSIZE

7.	Age at first sexual Encounter	……..……..	FIRSTSEX

Section B: Risky Sexual Behaviour

Q#	QUESTION	ANSWER	CODE
8.	Do you have more than one sexual partners	a) Yes [ ] b) No [ ]	SEXPAT
9.	Which sexual intercourse do you engaged in ***(Tick more than one if possible)***	a) Vaginal [ ] b) Anal [ ] c) Oral[ ]	TYPSEXIN
10.	Do you always use condoms during sex	a) Yes [ ] b) No [ ]	USECONT

Section C: Factors that influence risky sexual behaviours among adolescent

Q#	QUESTION	ANSWER	CODE
11.	Do you drink alcohol	a) Yes [ ] b) No [ ]	ALCOHOL
12.	**If yes, how often do you drink Alcohol**	a) Daily [ ] b) Weekly [ ] c) Monthly [ ]	**ALCOFRE**
13.	**Do you smoke**	a) Yes [ ] b) No [ ]	**SMOKE**
14.	**If yes to question 15, how often do you smoke**	a) Daily b) Weekly c) Monthly [ ]	**SMOKFRE**
15.	How often do you watch pornography	a) Always [ ] b) Sometimes [ ] c) Never [ ]	PORNO
16.	Are you teased by your peers on sexual issues	a) Yes [ ] b) Sometimes [ ] c) No [ ]	PEER
17.	Do you know of HIV and other sexually transmitted Diseases	a) Yes [ ] b) No [ ]	EDUCONT

18.	If yes to question 19, which source did you first hear of HIV and other sexually transmitted Diseases	a) Radio [ ] b) TV[ ] c) Internet [ ] d) Friends e) Parents f) School g) Worship centre h) Hospital i) Other (Please specify)	AFFCONT

Section D:Parenting

Q#	**QUESTION**	**ANSWER**	**CODE**
19.	What is your parental status	a) Single parent b) Both parents c) Guardian (other relative)	PARENT
20.	If a, b or c above does any of them taken interest in the kind of friend you	a) Yes b) No c) Can tell	INTFRD
21.	From your answer above, do you make them know you your sexual partner(if any)	a) Yes b) Mo c) Not applicable	KNSET
22.	If none to above, who do you live with	a) Extended relative b) Friends c) Alone d) Others (specify)…….	LIVWIT
23.	How close are you to your parents?	a) Not close [ ] b) Very close [ ] c) Somehow close [ ]	HCLOS
24.	Do they discuss issues of sex with you?	a) Yes [ ] b) No [ ]	DODISC

Appendix III: Plan of work

Schedule of Activity

Time	Activity
August-October 2017	Approval and Development of proposal
31st October 2017	Submission of proposal
December 2017– January	Ethical clearance of proposal
February – May 2018	Data Collection and Analysis
June 2018	Submission of Final Dissertation

Budget

Item/Activity	Cost (GH¢)
Transportation (to meet respondents and other stakeholders to conduct the pre-testing and the actual data collection for the study)	600
Stationery (It will include stationery for writing, printing of questionnaires, draft of study and final four copies of the study)	550
Data Analysis (allowance for an entry clerk to assist in the data entry process)	200
Printing and Binding (this includes cost of printing questionnaires, draft of the products, and the final four copies of the study and binding)	900
Miscellaneous (to cater for unplanned expenditure that may arise during the study)	600
Total	2,850

Budget Justification
The budget is estimated based on the current cost of items in Ghana Cedis. A total of Two Thousand, Eight Hundred and Fifty Ghana Cedis (GH¢2,850) will be needed to carry out the study.

Transportation
There will be the need to meet respondents and other stakeholders to conduct the pre-testing and the actual data collection for the study. A total of GH¢600 is estimated for transportation cost.

Stationery
This will include stationery for writing, printing of questionnaires, draft of study and final four copies of the study. A total of GH¢550 has been budgeted for this expenditure.

Data Analysis
The allowance will be provided to an entry clerk to assist me in the data entry process to help to eliminate errors. A total of GH¢200 has been budgeted for this expenditure.
Printing and Binding

This includes cost of printing questionnaires, draft of the products, and the final four copies of the study and binding. The amount budgeted for this activity is GH¢900.

Miscellaneous
The miscellaneous budget will cater for unplanned expenditure that may arise during the study. The budget for this is GH¢60.

ETHICAL APPROVAL

NOGUCHI MEMORIAL INSTITUTE FOR MEDICAL RESEARCH
Established 1979
A Constituent of the College of Health Sciences
University of Ghana

INSTITUTIONAL REVIEW BOARD

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E-mail: nirb@noguchi.mimcom.org
Telex No: 2556 UGL GH

Post Office Box LG 581
Legon, Accra
Ghana

My Ref. No: DF.22
Your Ref. No:

10th January, 2018

ETHICAL CLEARANCE

FEDERALWIDE ASSURANCE FWA 00001824 **IRB 00001276**

NMIMR-IRB CPN 056/17-18 **IORG 0000908**

On 10th January, 2018, the Noguchi Memorial Institute for Medical Research (NMIMR) Institutional Review Board (IRB) at a full board meeting reviewed and approved your protocol titled:

TITLE OF PROTOCOL : **Parenting and adolescent adoption of risky sexual behaviour in Awutu Senyan East Municipality**

PRINCIPAL INVESTIGATOR : **Corazon Aquino Awolugutu MPH Cand.**

Please note that a final review report must be submitted to the Board at the completion of the study. Your research records may be audited at any time during or after the implementation.

Any modification of this research project must be submitted to the IRB for review and approval prior to implementation.

Please report all serious adverse events related to this study to NMIMR-IRB within seven days verbally and fourteen days in writing.

This certificate is valid till 9th January, 2019. You are to submit annual reports for continuing review.

Signature of Chair:.....
Mrs. Chris Dadzie
(NMIMR – IRB, Chair)