REGIONAL INSTITUTE FOR POPULATION STUDIES

AT THE

UNIVERSITY OF GHANA

PERCEPTION OF SEX AND ITS INFLUENCE ON REPRODUCTIVE SEXUAL BEHAVIOUR AMONG YOUNG ADOLESCENTS (15-24YEARS)

IN POOR URBAN COMMUNITIES IN ACCRA

BY

DESMOND KLU (10395678)

THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON IN PARTIAL FULFILMENT FOR THE AWARD OF MA POPULATION STUDIES DEGREE

JULY 2013

ACCEPTANCE

Acceptance by the Faculty of Social Sciences, University of Ghana, Legon in partial fulfillment of the requirement for the degree of Master of Arts in Population Studies.

SUPERVISOR

……

Prof. Ama de-Graft Aikins

Date……

DECLARATION

I, hereby declare that this submission is my own work towards the award of Master of Arts degree in Population Studies and that to the best of my knowledge no material previously published by another person nor material which has been accepted for the award of any degree of the University, except where due acknowledgement has been made in the text.

Signature…….

Date……..

KLU DESMOND

CANDIDATE

DEDICATION

This work is dedicated to my dear parents, Mr. Daniel Klu and Mrs. Bertha Dadzie for their care and support.

ACKNOWLEDGEMENT

My first thanks goes to the Almighty God that rules in the affairs of men for making this project a success. My most sincere gratitude goes to Professor Ama de-Graft Aikins, who patiently guided this work to the end. I will like to register my sincerest gratitude to Miss Adriana Andrea Ewurabena Biney for her tremendous contribution and immerse support to the success of this work. This work will be incomplete without names of my supportive friends, Fredrick Odame-Ofori and Promise Eweh whose contribution cannot be ignored.

TABLE OF CONTENTS

Table of Contents

LIST OF TABLES

LIST OF FIGURES

ABSTRACT

The study investigated the relationship between perception of sex and sexual behaviour among adolescents in poor urban communities in Accra. It also critically examined the attitudes of young adults towards sexual issues. The study further sought to investigate other sexual experiences of the adolescents in Ga-Mashie-a poor urban community in Accra.

Round two survey of the EDULINK Urban Health and Poverty Project-individual questionnaire was used. The sample size was a total of 326 adolescents aged 15-24 which included 179 females and 147 males were used for the study.

Out of this 326, 214(65.6%) perceived sex as not a form of monetary exchange, 29(8.9%) of them perceived sex as exchange for money and 83 (25.5%) did not share neither of the two perceptions. As far as perception of sex as morally wrong was concerned, 158(48.5%) perceived sex as morally right to engage in, 142(43.6%) of the respondents perceived sex as morally wrong and 26(8%) did not share neither of the two perception. On their knowledge of risk of getting infected with HIV/AIDS, about 60 per cent of the respondents thought they were at no risk of getting infected with HIV and the rest 40 per cent thought they have small, moderate and great risk of getting HIV.

On their sexual behaviour measured by number of partners, 164(50.3%) had no sexual partner in the last 12 months, 124 (38%) had only one sexual partner and 38(11.7%) had two or more sexual partners. Again, about 42 per cent of the respondents reported to have watched both pornographic film and watched television where sexual issues were being discussed. Other control variables that were significant in predicting adolescents' sexual behaviour were age, sex, media and their marital status.

The results of the multinomial logistic regression on number of sexual partners indicated that perception of sex as form of monetary exchange and as morally wrong were significant predictors of adolescents' sexual behaviour. However, this was more significant with the addition of the intermediate variable thus through their knowledge of risk of getting infected with HIV/AIDS.

Most adolescents (65.6%) in poor urban communities did not perceived sex as exchange for money or gifts and did not perceived sex as morally wrong hence their indulgence in risky sexual behaviour such as taking of multiple sexual partners. It is against this background that education needs to be intensified to change the perception of adolescents on sex and its related issues.

Again, strengthening community structures through non-governmental organizations and opinion leaders to assist young people in these communities to make good/healthy sexual and reproductive health decision is another relevant recommendation.

CHAPTER ONE

INTRODUCTION

1.1 Background

After the 1994 International Conference on Population and Development held in Cairo, the protection of adolescents' sexual and reproductive health had been a social and policy priority for many governments and non-governmental organizations in Sub-Saharan Africa. Addressing the sexual and reproductive health challenges faced by adolescents in the region is critical, given the high number of new HIV infections among young people and the large contribution adolescent childbearing makes to the high levels of fertility observed in many Sub-Saharan African countries (Glasier A et al.2006).

"Adolescence" or "young adulthood" is a relatively recent concept in relation to the focus of development programs, especially in developing countries where the transition from childhood to adulthood is rapid, marked by reproductive maturity and accompanying socioeconomic privileges and responsibilities. The social construction of adolescence occurs in response to expanded formal and non formal educational opportunities for young men and women.

Adolescence is the period of transition from childhood to adulthood, which starts with the onset of puberty. During this important period, a child undergoes biological transition, which is characterized by puberty, related changes in physical appearance and the attainment of reproductive capability, psychological or cognitive transition, which reflects an individual's thinking, and social transition, which is related to rights, privileges and responsibilities of an individual.

Recent research shows an increasing trend in sexual activity among adolescents in both developed and developing countries. This marked change of sexuality among teenagers is mainly caused by socioeconomic changes as urbanization and modernization, improved health and nutrition status resulting in low age at menarche.

Others are earlier sexual maturity, low level of knowledge concerning human reproduction, liberalization of attitudes regarding sexuality, relaxation of mechanisms of traditional and control over sexuality, and ignorance about sex and family planning (United Nations, 1998).

With the realization of the social norms of the sexual behaviour there is more of an emphasis on controlling reproductive behaviour than limiting sexual behaviour. However, adolescents in many developing countries of Africa, Asia, and Latin America have little knowledge about sex and reproduction. They put themselves at considerable risk of unwanted pregnancy (Porter JF, 1981 and Sai FT, 1980).

Adolescent sexual and reproductive health is critically an important policy and programmatic area in Sub-Saharan Africa. An estimated 4.6% of women and 1.7% of men aged 15-24 years were living with HIV at the end of 2005 (UNAIDS and WHO, 2005). With decreasing age of menarche and onset of sexual activity, young people are exposed early to unplanned and unprotected sexual intercourse. This leads to unwanted pregnancies and invariably abortions especially very common in many Sub-Saharan African countries (Okonofua, 1995 and Westoff, 2002).

For young girls, the consequences of pre-marital pregnancy are serious. In addition to medical complications that are more common among women who have not reached reproductive maturity, there are serious social, educational, and economic consequences. As morbidity and

mortality among adolescents increasingly become a focus of research and policy initiatives in developing countries, teenagers' problems of unprotected sexual activity, rising pregnancy rates and use of clandestine abortion methods become readily apparent (Uche A et al. 1997).

Almost one in four Ghanaians is an adolescent (GSS, 2012). This large proportion of Ghanaian adolescents has implications for Ghana's economic development as well as its future population size. The concept of adolescence has been referred to as "dynamic", varying across cultures by age, biological markers and tradition (Dehne and Riedner, 2001). However, one constant thing is that during this period of transition from childhood into adulthood, young people go through the various stages of puberty and begin to explore their sexuality (Dehne and Riedner, 2001).

A group of adolescents that needs special attention comprises those living in urban poor communities. This is a vulnerable group, especially susceptible to sexual and reproductive health challenges as a result of the combined effect of poverty and the urban environment (Zulu et al.2002; Dodoo et al.2007).

Results from a study conducted in 2010 in Ga Mashie, an urban poor community in Accra, show that about four out of five female had their first sexual encounter during adolescence compared to 63% of the males (RIPS, n.d). This is comparable to the proportions of women and men in Ghana who stated the same; about 77% of females and 56% of males (GSS et al. 2009). A qualitative study conducted years earlier in that same community reported that girls were engaging in sex at early ages, encountering unintended pregnancies and resolving some of those pregnancies through induced abortions (Henry and Fayorsey, 2002).

Human sexual behaviour is largely a result of sexual scripts. These sexual scripts are blueprints and guidelines for what we define as our role in sexual expression, sexual orientation, sexual

behaviours, sexual desires and the sexual components of our self-definition. Thus sexual scripts are leaned that is we learn how, when, where, with whom, why, and with which motivations we are sexual beings. Sexual scripts, once learned will shape how that drive is answered. Sexuality is learned via culture and socialization (Masters and Johnson's, 1979). Perception, thinking pattern, attitude, and belief about an issue, object or an idea can have an impact on observable behaviour (Olawale, 2001).

Adolescents who perceive that their peers engage in risky sexual behaviours are more likely to adopt the same behaviour (DiClemente et al.2007). From the foregoing, perception of individuals should be considered when sexual behaviour is being determined.

1.2 Statement of the Problem

As young people go through various stages of puberty, they begin to explore their sexuality (Dehne and Riedner, 2001). As a result, adolescents bear an increased risk of exposure to infection with sexually transmitted diseases (Brabin L. et al. 1995). It is estimated that half of all HIV infections occur among young people younger than 25 years (Merson M.N, 1993). As a result, the sexual behaviour of adolescents and the consequences of this behaviour is a major public concern.

This unsafe sexual activity among adolescents is a problem and has drawn attention from most parts of the world, including Ghana (Fiji S, 2005). Among adolescents in Ghana, 111 and 104 cases of AIDS were reported for 15-19-year-olds in 2002 and from January to September, 2003, respectively (Tweedie I and Witte K, 2000). Results from the 2002 report on STI attendees at clinics estimated the prevalence of syphilis to be 0.6% among 15-24-year-olds (Ghana Health Service, 2003).

Unfortunately, the subject matter of sexual and reproductive health is usually not discussed at home due to social, cultural and religious reasons (Glasier et al. 2006; Okereke, 2010). Also, adolescents' ideas are usually not taken into account in the planning of programmes and services for them (Awusabo-Asare and Abane, 2004). This is likely to cause more sexually transmitted disease related deaths among the adolescents who form the majority of the population structure of Ghana. This will have numerous negative repercussion on the nation which are but not limited to; loss of productive population which will result in low production national output, high dependency ratio (more less than 15 years and over 65 years) which bring additional burden on the country's coffers.

1.3 Rationale/Justification

This is timely because it is in line with the adoption of 2000 Adolescent Reproductive Health Policy. This was an adolescent reproductive health environment and policy framework within which young people can obtain information and service on reproductive health and exercise their reproductive rights. The major targets of this policy documents include but are not limited to:

1. To motivate young people to increase the age of the onset of sexual activity, which is currently around 12, to older than 15 by 2010.
2. To reduce the proportion females who marry before age 18 which is currently at 37% to 50% by 2010 and by 80% by 2020.
3. To reduce the incidence of STIs including HIV/AIDS, among 15-24 year-olds by 50% by 2010.
4. To reduce the incidence of abortion among young people by 50% by 2010.

This research seeks to contribute to knowledge concerning issues of sexual and reproductive health among the youth which is very crucial to the future development of the country.

1.4 Objectives

1.4.1 General Objectives

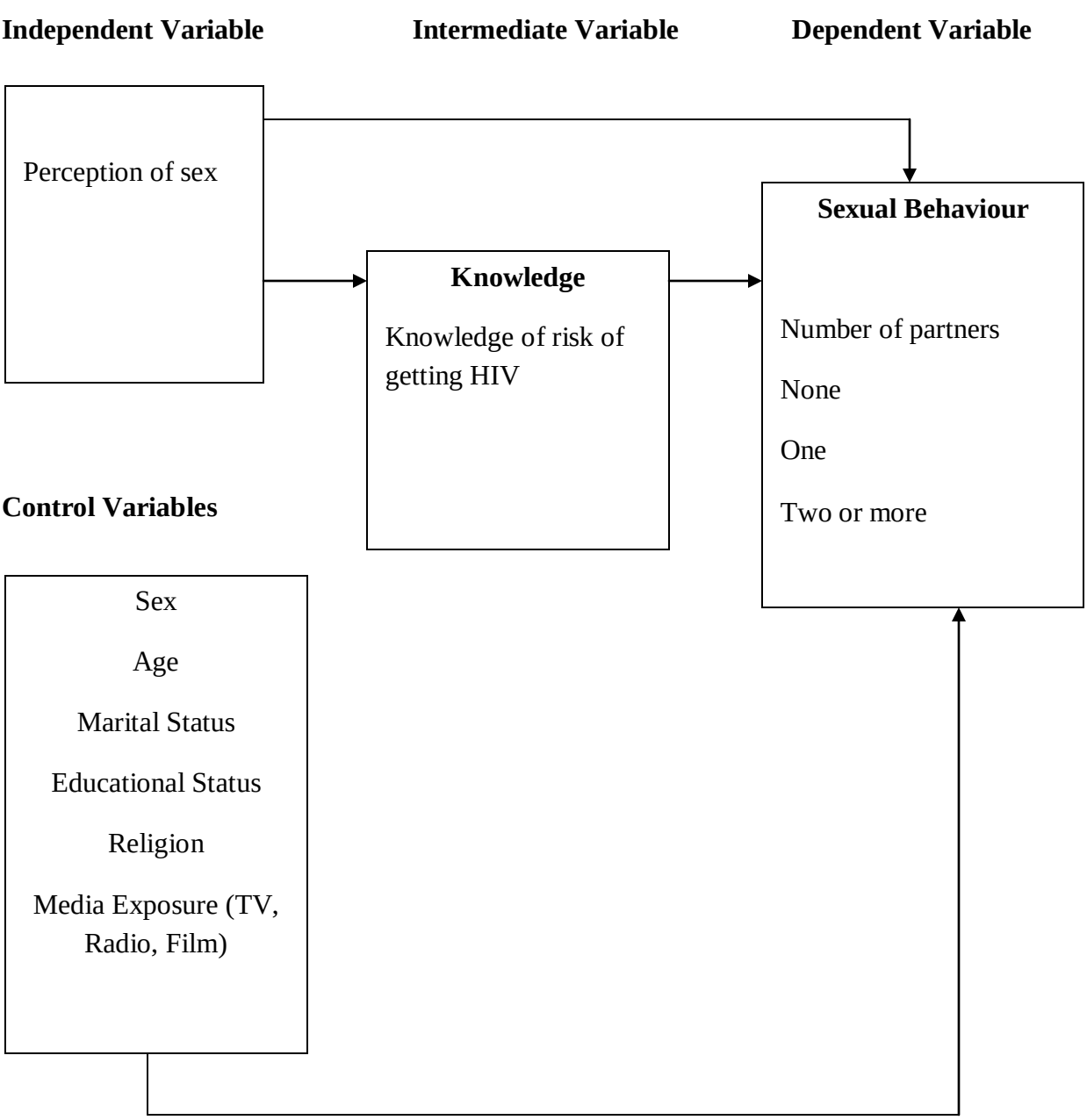
The objective of the study is to examine the association between perception of sex and the sexual reproductive behaviour among urban poor Adolescent.

The specific objectives are:

This research seeks;

1. To describe the socio-demographic variables associated with adolescents sexual behaviour
2. To critically examine the attitudes of adolescents towards sexual and reproductive health issues.
3. To find out the sexual experiences of young adolescents in poor urban communities in Ga Mashie, Accra.
4. To make recommendations to Health Management teams and other stake holders for improving sexual and reproductive health of adolescents in these communities and for future research and interventions.

Figure 1.1 A Conceptual Framework of Adolescence Perception of Sex and Sexual Behaviour



Source: Adapted from Adolescent Sexual and Reproductive Health in Ghana Survey Report, 2006

1.5 Profile of Ga-Mashie Community

The Ga Mashie community accommodates 6% of the slum population in Accra (UN HABITAT, 2011). Ga-Mashie as one of the major slum area located at the heart of the city Accra- capital of Ghana it had a slum population of 100, 342 persons, with a female population representing a percentage of 51.8 and that of the males 48.2 per cent (Based on 2010 Provisional census sex ratios for Greater Accra Region), and where most adults are engaged in low skilled occupations which comprises petty trading, transport work, artisans and craftwork. Others include fishing, sewing and food vending such as kenkey and fufu.

Ga Mashie comprises three communities namely James Town, Ussher Town and Agbogbloshie. It also comprise of members with majority who belong to the Ga ethnic group with other members of the community from other ethnic group such as Akan, Ewe and Hausa. Despite its central location in the capital city, the densely population is characterised by poor housing conditions, poor social services, poor basic amenities, poor health outcomes, insecurity, and unstable incomes and livelihoods.

There were other activities common in town; these were both outdoor and indoor games such as soccer, playing of cards, oware, ludo and other games. Also residents of the town were seen carving crafts and artifacts and other wooden architectural designs. There were few drinking bars in the town and what was common amongst them was that they were playing Ga kind of music or music which had a Ga rhythm. The group also observed a lot of motor bikes in the community with the men riding most. There were drinking bars where local music were played and a pub with various European league fixtures well outlined and pasted on the notice board at the entrance of the pub with some children watching football highlights.

Moreover, the settlement patterns in Ga-Mashie, lot of houses which were clustered or very close to one another with little or no space between them. Some houses were solely wooden structures whilst others had wooden extension, this was however not surprising since most common settlement. Also most houses were built very close to major road that passed through the neighbourhood. The percentage of vulnerable groups that sleep outside represents 16.6 per cent and there are 1,794 dwelling places (Based on CHF Ghana/ Housing the Masses Housing Feasibility Survey, 2010).

1.6 Sexual Culture in Ga-Mashie

The social environment of slums aggravates the situation of difficult that adolescents face as far as socialization and appropriate sexual behaviour is concerned. They are exposed often to early sexual activities such as prostitution. Some get support from rich men outside slum (Dodoo, 2003).

According to Henry and Fayorsey (2002), majority of adolescents in Ga-Mashie became sexually active at about age 16, after dropping out of school. Their first sexual partner was boyfriend either close to their own age or between 5 to 12 years older. The 'love' and 'chop money' provided by these boys or men were essential for the relationship to develop. Also, about a third of the girls described their first sexual experience as involving force and/or deception by boyfriend or as a rape by a non-boyfriend.

In general, parents in Ga-Mashie are liberal towards their children's early sexual activities thus they advice or ensure that the practice of sticking to one sexual partner is strictly adhered to. Another common trend/practice in Ga-Mashie is that most girls who were forced, coerced or lured into their first sexual experience usually end up cohabiting with these men and also having

children with them. In other words, violence in sex plays a pivotal role in the first or early sexual experience of adolescents in Ga-Mashie.

1.7 Definition of Key Terms

1.7.1 Perception

Perception is our sensory experience of the world around us and involves both the recognition of environmental stimuli and actions in response to these stimuli. Through the perceptual process, we gain information about properties and elements of the environment that are critical to our survival. Perception not only creates our experience of the world around us; it allows us to act within our environment.

1.7.2 Sexual Behaviour

Refer to whether or not adolescents engaged in sexual intercourse with no sexual partner, single partner (only one) and multiple sexual partners (two or more) in the last 12 months.

1.7.3 Sex

Any acts of sexual intercourse involving the opposite sex with an intention

1.7.4 Adolescence

The period following the onset of puberty during which a young person develops from a child into an adult thus a transitional stage of physical and psychological human development that generally occurs during the period from puberty to legal adulthood. The age range of adolescents usually varies

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter seeks to review other related research works on the perception of sex and sexual behaviours among adolescents especially concerning the number of sexual partners they have.

2.2 Definition and Operationalisation of Sex

Scholars over the years have tried to understand the meaning of sex, sexuality and gender, which they admit are very complex and difficult to define and operationalise (Zoë D. Peterson & Charlene L. Muehlenhard 2007). Despite the effort by researchers to explore individual's definition on concepts related to sex, there is yet little knowledge on how the lay people interpret the concept of sexuality (Stephanie A Sander & June Machover Reinisch, 1999).

Sander and Reinisch (1999), collected data on the sexual history of undergraduates in America, and they found out that 60% responded having oral-genital such as touched fondled or manually stimulated your breast or nipples did not consider those as sex. Others did not also consider penile-anal intercourse as sexual intercourse. This shows that there are different interpretations and meanings that people especially the youth give to sex, based on their sexual history and experiences.

Another study by Pitt and Rahmans (2001), found out the respondent interpretation of sex was consistent with the findings of Sander and Reinisch (1999) revealed that oral sex was not considered as sex. The dynamics that were found in the study of Pitts and Rahman (2001) among United Kingdom undergraduate was how males and females consider penile-anal intercourse and manual stimulation of genitals as sex. They found out that males were significantly more likely to consider manual stimulation of genitals (deep kissing, fondling of breast, nipples) as sex than

females. On the other hand, female respondents were significantly more likely or consider penile-anal intercourse as sex compared to males.

Also, a study by Faulknerin (2003), on definition of sex and sexual relationships by Latino girls found out that emotion and contexts affected or influenced respondents' definitions of sex. The meaning they give to sex largely depended on what kind of sexual activities women had engaged in, as well as the activities they considered to posses erotic potential. When it came to the definition of sex as intercourse their interpretations were influenced by their religious and social orientation, thus they considered penile-vaginal penetration as sex and manual stimulation of genitals was not considered as sex. Others define sex as virtually anything and everything including but not limited to oral sex, kissing, virginal intercourse, flirting, caressing and other forms of sexual activities.

A study by Virga (2001) sought to review the sexual and reproductive health research and programme with particular focus on boys and young men in Sub Saharan Africa. The research also had a framework which sought to consider how sexual partnerships, sexual acts and sexual meaning and enjoyment shapes their sexual and reproductive thoughts and eventually affects their reproductive outcomes. Sexually was defined as a broad concept that comprises both personal feeling, desires and beliefs as well as socially accepted and shared attitudes, norms and meaning with respect to (sexual) interaction with member of the same or opposite sex. Sexual partnership for instance, according to Dixon Mueller (1993) involves attention to the number of partners, timing of partner, pattern of partner selection and how social environment dynamics affects this selection and change. This pattern of partner selection and choice can affect their change of contraception and STIs/HIV infections.

2.3 Sexual Meaning

Another concept is sexual meaning which basically is the social construction of sexual feeling, ideology and more surrounding what is considered as inappropriate or appropriate sexual conduct. Sexual meaning involves thoughts, behaviour and conditions that give various interpretations and also give ascribed cultural meaning which is influenced by gender issues. According to Orubuloge et al.1994, men saw having multiple sexual partners as a cultural rights and a biological need. Similar studies in Zambia also have found that both male and female adolescents support the notion that masculinity is demonstrated through boys having multiple partners (Do et al.2008).

Sexual meaning as a concept offers a way of getting a firmer grip on the significance of sexual activity to young people. The meanings of sexual conduct and interests can vary greatly: meaning can be derived from collective and traditional rituals, or form a more modernized personal desire. Other sexual meanings can be generated in close interpersonal relationships, or are derived from more general societal expectations about sex.

2.4 Sexual Reproductive Knowledge and Behaviour

A study done by Maria (2007) among single youth in Ethiopia revealed a high prevalence of two or more life- time sexual partner and high prevalence rate of sexual intercourse, thus 25 percent of males aged 15-24 ever had sexual intercourse than their female counterparts (16 per cent). They had low contraceptive use despite their awareness of AIDS and how it could be avoided among those engage in the most recent sexual intercourse. Thus there is a high level of risk of

sexual behaviour evident by the high proportion of multiple sexual partners, low contraceptive use despite high level of knowledge and awareness of AIDS and other STIs.

A study by Fisher et al. 2002, examined the frequency of sexual cognitions (how often people think about sex) as a function of gender, erotophilia and social desirability. The finding had it that men tend to think about sex more than women (Stall, R, Paul, J.P., Greenwood, G. Pollack, L.M, Bein, E., Grosby. G.M., Mills, T.C Binson, D., Coates, T.J and Catania, J.A, 2001). They also found that societal expectations influence the frequency of sexual thought among men and women thus social desirability and expectation had a correction with sexual cognition. Again, a study done on the knowledge of adolescents on sexual development and reproductive health and this exposes them to high risk of STIs and AIDS through unprotected sex in young people (Awusabo-Asare, 2006). These higher rates of STD infection have been associated with early initiation of sexual intercourse (Jejeebjoy and S. Bott, 2003). These higher rates STD also came about as a result of poor sexual cognition of meaning given to sex and also influenced by the social environment within these young people live. It had also being argued that poor communication between parents and their children had also affected their perception of sex and hence their sexual behaviour (Stall, R et al.2001).

Other studies had indicated that use of contraceptives and STD prevention had been reported to vary across adolescence according to the age at which sex initiation occurs. Also condoms and contraception are more likely to be used when sex is initiated at a later adolescence age (John O.G Billy, Koray Tanfer William R.Grady and Daniel H Klepinger, 1993). Sexual partnership turnover, rate is also greater for adolescence in their early twenties than in their later years(Karin L Brewster, John O.G. Billy, and William R, 1993) for both casual partners and for those whose relationship is regarded as regular and monogamous (Rosenthal, D., Moore, S and Flynn, I,

1991). A study conducted in Nigeria to explore adolescence perceptions of sexual behaviour among their peer and their knowledge of STDs found out that adolescents perceived that sexual activity was very common among their peers. They also noted that physical attraction is the main reason for romantic relationship which also includes sex; there is a desire for financial or material gains as a basic motivation for sexual relationship.

Another study also found out that young men who had high knowledge about HIV/AIDS were more likely to have had three or more sexual partners but for young women with high HIV/AIDS knowledge level were more likely to have only one life time sexual partner (Uche A, Nancy S, Joan K and Daniel S. Obikeze, 1997). On the sexual experience in the last 12 months, it is an undisputable fact that adolescents who engage themselves in early sex can be said to be dangerous considering the fact that such exposures are not being guided by knowledge of safe sex practices.

2.5 Sexual and Reproductive Health

A qualitative study on the evidence on adolescent's view of sexual and reproductive health in Sub-Saharan Africa using Focus Group Discussion (FGD) found out that most adolescents consider sex as either a bad thing, misbehavior or prostitution. They also expressed their views on sexual activities as kissing, fondling, and masturbation and oral sex were seen to be a risky behaviour. Also the desires for money or gifts were mentioned as reasons why young adolescents engage in sexual relationships with older men and women. They also gained sexual experience from the already sexually experienced older men and women (Varga, 2001).

Focusing on the places where these sexual activities occur, the commonest places where young people often had sex were in their homes (or the home of their peers), or in the bush especially at night. Other common places that were mentioned and were rented for a short time period for the purposes of sex such as guest houses and lodge, others were uncompleted/unfinished or abandoned buildings or classroom after school hours and toilets or latrines. This means that adolescents tend to use any available accommodation for sexual activities. From the study, other issues which were often related to sex were homosexuality and lesbianism. This mostly occurs according to the study at boarding schools or prisons as reported in some countries such as Malawi. Also pornographic or "blue" films or books were mentioned as a source of information which they admit encourages or stimulates them to have sex thus putting into practice what they watch or read.

A study conducted by Gorgen et al. 1998, on the sexual behaviour and attitudes among unmarried urban youth in Guinea found out that generally, young men report beginning sexual earlier than women for the reason being that premarital sex is accepted for males but women were expected to postpone the initiation of intercourse until they marry (Jane H and Ann P. McCauley. 1998). It was found out that in most Sub Saharan Africa countries, the average age at first intercourse has remained the same or has increased especially in urban settings. Therefore, it is estimated that half of all HIV infections occur among people younger 25 years (Virga, 2001). They also described sexual activity as episodic, thus sex was perceived as a normal or inevitable part of friendship between young men and women, and others viewed sexual intercourse as a biological need. It was found out that adolescents were being pressured to have sex by both their partners and peers; others were also being forced to have sex. However, female partners expressed the fear of losing their partners if they refuse to have sex with them.

A research was conducted by Joint United Nation Programme on HIV/AIDS in a multi-comparative study of developing countries on the topic: ‘‘Sex and Youth: Contextual Factors Affecting Risk for HIV”. They tried to understand sexual experience and activities among young people by examining the three concepts of Sexual Culture, Sexual Identity and Sexual Meaning (UNAIDS 1999).

2.6 Sexual Culture

Sexual culture is a concept that recognizes that there are systems of sexual behaviour among any group of people. The term suggests that sexual activity is not simply a manifestation of biological drives or ‘natural’ processes. As used in this study, the concept of sexual culture allows us to understand the origin and source of information about sex and specific expectations of it.

In trying to understand the phenomenon of sexual culture and applying it to sexual behaviour in Ga-Mashie, there are two theoretical models that best explain this phenomenon. The social exchange theory propounded by Homans (1985) argues that at the social level, the basic formula for predicting the behavior for any individual in any situation is: Behavior (profits) = Rewards of interaction – costs of interaction. Linking this in the study of sexuality, people are portrayed as entering, staying in and leaving sexual relationships based on the reward-cost balance experienced by them. It further argues that the kind of social milieu a person lives influences his/her behaviour in a dyad relationship, thus the socio-economic conditions and both physical and psychological pressures from social facts (social conditions that are external , general and cannot be controlled) influences a person’s motive in a relationship, in this case a relationship that is sex oriented. This theory can be perfectly linked to the situation in Ga-Mashie (the study area), where a study by Henry and Fayorsey (2002) found that most adolescents in Ga-Mashie expect rewards from their sexual partners as a social reciprocity of being in a relationship with them. Some even confirm that their boyfriends financed their vocational training and provided them with capital to start their own business. This goes to suggest that taking a sexual partner or partners is crucial to their survival, considering the poor economic conditions (poverty) in the community.

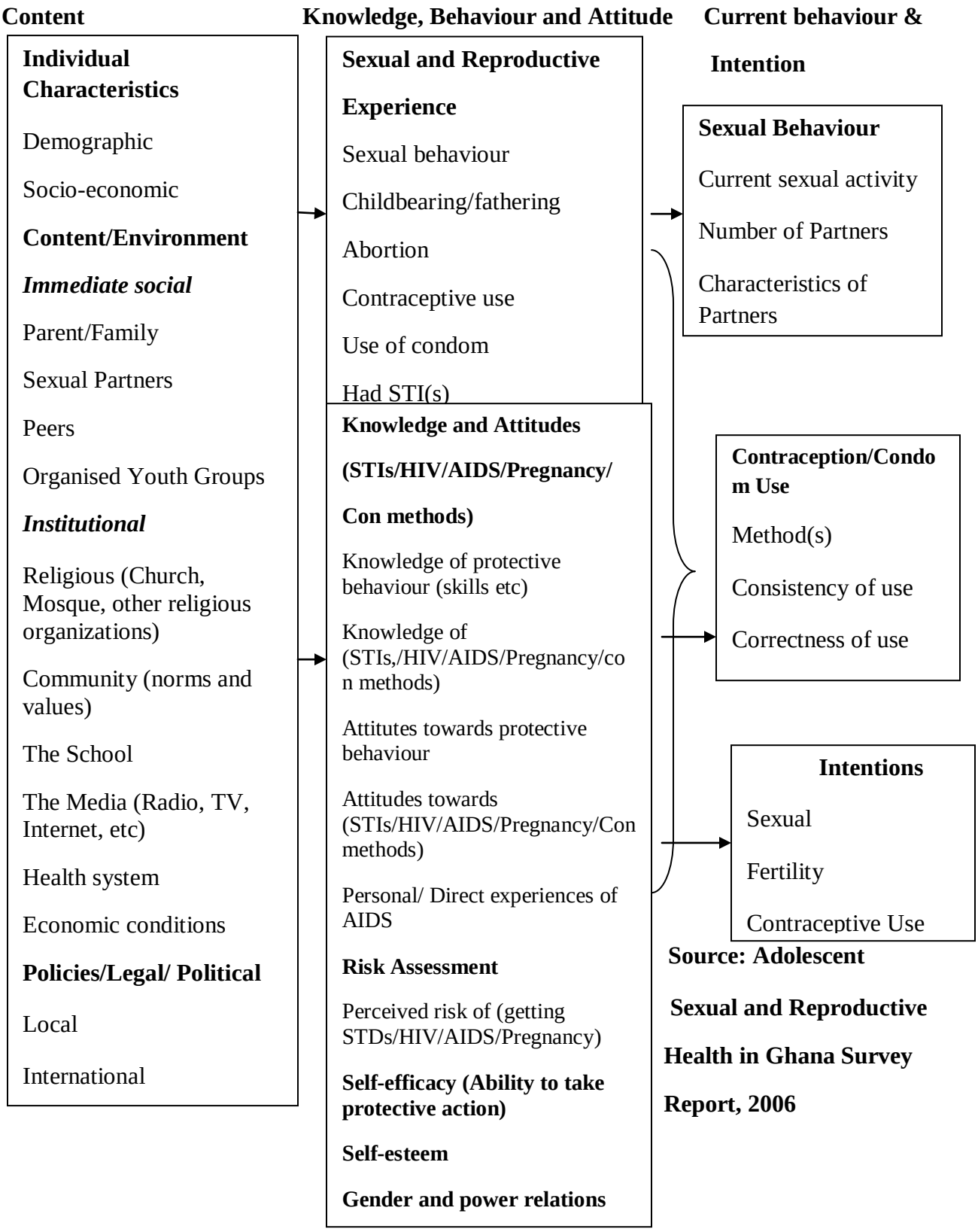
The Interpersonal Exchange Model of Sexual Satisfaction (Byers et al. 2006) is the second model use in explaining the sexual culture and sexual behaviour among adolescents in Ga-Mashie. This model is closely related to social exchange theory but focuses on the exchange of specifically sexual resources and consequences for sexual (as opposed to general relationship) satisfaction. It also argues that sexual satisfaction is influenced by the history of sexual rewards and costs rather than by rewards and costs at a particular point in time and decreases in sexual satisfaction is associated with sexual exchanges becoming less favorable. This suggests that the quality of long-term relationship of sexual satisfaction within a dyad is paramount to exchange of other material (money and gifts) and a fall in this sexual satisfaction negatively affects the concept of reciprocity.

The Interpersonal Exchange Model of Sexual Satisfaction (IEMSS) takes into account the interpersonal context in which sexual activity within a relationship occurs as well as the level of sexual rewards, level of sexual costs, comparison levels for sexual rewards and sexual costs, and the perceived equality of sexual rewards and sexual costs. The IEMSS proposes that sexual satisfaction depends on one's level of rewards and costs in the sexual relationship, one's comparison level for rewards/cost and one's perception of the dyadic equality of these rewards/costs. According to this model, sexual satisfaction is greater to the extent that, over time, relationship satisfaction is high, levels of sexual rewards exceed levels of sexual costs, and relative sexual reward levels exceed relative sexual cost levels and interpersonal equality of sexual rewards and of sexual costs are perceived to exist.

2.7 Sexual Identity

Sexual identity is a concept that provides a psychological (or psychic) place for situating the self in sexual activity. Thus it involves the recognition of the self in sex which comprises how one behaves, what one wants, what one expects of oneself and others. This is crucial to any individual's accurate assessment of risk in relation to potential HIV or STD infection. The distinction between sexual identity and gender identity can be difficult to maintain, as gender plays a crucial part in structuring the sexual identities of all young people.

Figure 1.2 A Conceptual Framework for Adolescence Sexual and Reproductive Behaviour



Source: Adolescent Sexual and Reproductive Health in Ghana Survey Report, 2006

The conceptual framework above was developed by Awusabo-Asare et al. in June 2006 based on a National Survey carried out on Adolescent Sexual and Reproductive Health. The survey looked at the holistic sexual and reproductive health and behaviour among adolescents in Ghana.

This comprises puberty and initiation rites, sexual activity and awareness, and sexual partners. Others are first sexual intercourse, sex in exchange for money or other items, knowledge of contraceptive methods, attitudes about HIV/AIDS transmission and prevention. The rest includes knowledge of others STIs, sources of STIs information and services, perception of risk and knowledge about HIV/AIDS and other STIs and sexual and reproductive health information and services.

CHAPTER THREE

3.1 Introduction

This section comprises the sources of data, the method of analysis, the profile of the study area, the topographical map of the study area and sexual culture in the study area.

1.8 Methodology

1.8.1 Sources of Data

This study used the second round of EDULINK Urban Health and Poverty Project data set. The main purpose is to understand the inequalities in health and human welfare of the people living in urban areas. Another aim of this survey is to understand the relationship that exists between population, health and poverty in Ga-Mashie. This is a cross-sectional data that was collected amongst inhabitants of Ga-Mashie (James Town and Ussher Town) and Agbogbloshie between November 25th and December 22nd, 2011.

The study was conducted using quantitative methods sampled from the EDULINK individual second round data set. The sampling design consisted of selecting 29 enumeration areas (EAs) in these localities and consequently sampling 40 households from each EA. Since this study is focusing on Adolescents aged 15-24 years, a sample of 326 respondents, both males and females adolescents were filtered from the data set.

In addition, other journals, books and information from various international development organizations relating to reproductive health and sexual behaviour were used. The adolescents answered questions on their perception of sex, their sexual histories, their current sexual activity, their knowledge of risk of getting infected with HIV/AIDS and the number of sexual partners they had in the 12 months preceding the survey.

1.8.2 Method of Analysis

The study analyzes the data at three levels:

i. Univariate analysis to describe various summary indices using percentages and rates.

ii. Bivariate analysis using cross-tabulations to relate perception of sex and background socio-economic and demographic factors (control variables) to adolescents' knowledge of risk of getting HIV/AIDS and Sexual behaviour.

iii. Multivariate analysis using multinomial logistic regression to examine the relationship among adolescents' perception of sex, their knowledge of risk of getting HIV/AIDS and their sexual behaviour while controlling for the effects of the demographic and socio-economic variables. The multinomial logistic regression involves analysis of nominal response variables with more than two categories.

It is useful in classifying subjects based on values of a set of predictor variables. With the multinomial logistic regression analysis, three models were run. The first model had the independent variable- perception of sex run against the dependent variable – number of sexual partner- without the intermediate and control variables.

The second model had the independent variable run against the dependent variable with the addition of the intermediate variable and without the control variables. The third model had the independent variable, run together with the intermediate variable and the control variables against the dependent variable.

1.8.3 Operationalisation, Measurement and Analysis of Variables

This section basically deals with how the independent variable, intermediate variable, control variables and the dependent variable were operationalised, measured and analyzed.

The independent variable which is perception of sex was operationalised on how adolescents in Ga-Mashie (a poor urban community in Accra) perceived sex generally. The perception of sex among these adolescent (15-24 years) was influenced by the meaning they give to sex, thus the social construction of sexual feeling, mores and ideology surrounding of what is considered appropriate or inappropriate sexual behaviour.

Also the sexual culture in Ga-Mashie was also considered as far as the operationalisation of their perception about sex was concerned. Sexual culture basically deals with system of sexual behaviour among any group of people. It deals with how their perception of sex, will be influenced by their origin and source of information about sex and specific expectation of it which will help shape erotic sensation and help understand why one form of sexual expression may be taken for granted in one culture but eschewed in another. Last but not least, is sexual identity which will also influence the way these adolescents perceive sex. Sexual identity deals with situating the self in sexual activity which psychologically induced. This comprises what one wants, what one is expected of oneself and others and how one behaves will inform and shape the way sex is perceived.

In the measurement of perception of sex which was based on sexual meaning, culture and identity, statements depicting various sexual acts were made and respondents were made to

respond to those statements, based on the use of the likert scale 1-5 **[1. Strongly Disagree] [2. Disagree] [3. Undecided] [4. Agree] [5. Strongly Agree]**

Out of the numerous statements, three statements were selected with the guidance of literature. These statements were 1. *"When a person receives sex from another, she/he ought to repay that person right away with money"*. 2. *"I would do a special favour for a sexual partner, only if that person gave me money or gift"*. 3. *"I think it is wrong for me to have to have sex"*. The first two statements were developed into one theme considering their similarities and the other statement was also given a theme. The theme for the first two statements was "Sex as form of exchange for money" and for the last statement was "Sex as morally wrong".

This was analysed by creating three categories-Disagree, Neutral and Agree. Also respondents who chose strongly disagreed category, those who were undecided to both statements or strongly disagreed/disagreed with one statement and undecided to another were placed in the neutral category. Further, respondents who strongly agreed to both statements or agreed to one statement and undecided on other statement were placed in the agreed category.

However, for the third statement, those who either strongly disagreed or disagreed with the statement were placed in the disagreed category; those whose response was undecided were coded as neutral and those who either strongly agreed or agreed to the statement were placed in the agreed category.

1.8.4 Operationlisation, Measurement and Analysis of Intermediate Variable

The intermediate variable comprises knowledge of risk of getting HIV/AIDS. This variable was measured in such a way that the respondents were asked, *"Do you think your chances of getting HIV/AIDS are small, moderate, great or no risk at all?"* This was also in five categories [1=Small] [2=Moderate] [3=Great] [4=No risk at all]

1.8.5 Operationalisation, Measurement and Analysis of the Dependent Variable

The dependent variable comprises sexual behaviour which is further divided into, number of sexual partners.

On the measurement of the number of partners, respondent will be asked to state how many persons they had sex with in the last 12 months, irrespective of the kind of sexual partners whether occasional, regular, and casual sexual partners.

In analysis, those who do not have any sexual partner will be coded as 0, those who have single partners will be coded as 1, and those who have two or more will be coded as having multiple partners.

CHAPTER FOUR

SOCIO-DEMOGRAPHIC BACKGROUND CHARACTERISTICS OF THE RESPONDENTS AND THEIR PERCEPTION OF SEX

4.1 Introduction

This section deals with the percentages and frequency distribution of the variables. These are perception of sex, their knowledge of risk of getting infected with HIV/AIDS, their sex, age, educational status, religion, media exposure and their marital status and also the number of sexual partners they have.

4.2 Perception of Sex

Perception of sex was operationalised by how adolescents in Ga-Mashie – a poor urban community in Accra perceive sex in general. The perception of sex among these adolescents (15-24) will be influenced by the meaning they give to sex, thus the social construction of sexual feeling, mores and ideology surrounding what is considered appropriate or inappropriate sexual comported. Based on this background information, relevant statements were chosen from a list of statements and two themes were developed. The first theme was sex must be paid for and the second, Sex is not morally right.

4.3 Sex as Exchange for Money

Studies have shown that adolescents and youth often perceive sex as a means of survival and exchange sex for money (Henry and Fayorsey, 2002). These studies reported that adolescents especially girls got sexually involved with their peers or boys because of money or other benefits such as gifts, as this is a common phenomenon in various socioeconomic groups in Ghana (Pellow, 1977). Since the study area is a vulnerable area which lacked so many amenities and infrastructure. It is imperative to know whether the poor socio-economic conditions might influence their perception of sex.

Table 4.1 Percentage Distribution of adolescents by Perception of Sex as Exchange for Money

Responses	Number of Respondent	Percent
Disagree	214	65.6
Neutral	83	25.5
Agree	29	8.9
Total	**326**	**100.0**

Source: EDULINK Urban Health and Poverty Project, 2011

Table 4.1 shows the percentage distribution of adolescents who perceives sex as a means of exchange money and other forms of gifts. About 66 per cent of these adolescents disagree that sex can be used as a means of exchange for money and other gifts. In other words, they think sex is not a means through which money can be obtained or they cannot become sexually involved with another person because of money and other gifts. About 26 per cent and 9 per cent of these adolescents were neutral as far as perception of sex as a form of exchange is concern and agreed that sex is a form of monetary exchange. This study confirms a similar study done by Henry and Fayorsey, 2002 who also reported that minority of adolescents especially girls got sexually involve with their peers because of money.

4.4 Sex as Morally Wrong

Few studies have researched on the moral aspect of sex. It is impossible to conceive of any directed sexual behaviour moral content (Ausubel, 1950). Moral standard states that sex outside marriage is bad for old and young alike. The timing of the onset of sexual intercourse raises moral, legal and developmental issues. Moral perspectives suggest that intercourse should be postponed until marriage and few adolescents marry (Brooks-Gunn et al. 1989). This research

seeks to explore the perception of sex as a moral phenomenon in poor urban communities in Ga-Mashie, Accra.

Table 4.2: Percentage Distribution of Adolescents by Sex as Morally Wrong

Respondent	Number of Respondents	Percent
Disagree	158	48.5
Neutral	26	8.0
Agree	142	43.6
Total	**326**	**100.0**

Source: EDULINK Urban Health and Poverty Project, 2011.

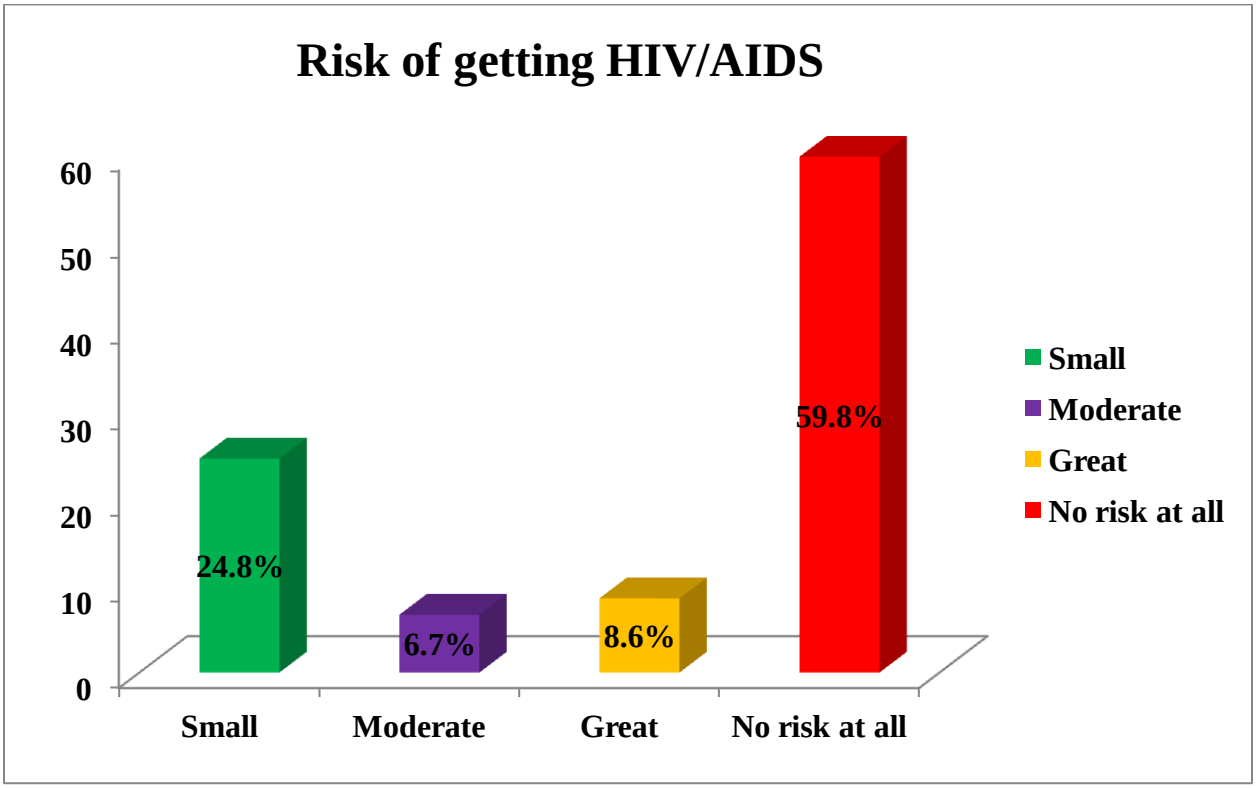
Table 4.2 above illustrates the percentage distribution of adolescents as to whether they perceive sex as morally wrong or right. Out of 326 respondents, 158 adolescents in poor urban communities represented by 48.5 per cent disagree with the statement that it is wrong for them to have sex. 26 (8%) per cent of them neither disagree nor agree with the statement and 142 respondents representing 43.6 per cent agrees with the statement that it is wrong to have sex.

This means that the majority of adolescents in Ga-Mashie between the ages 15 and 24 years think it is not morally wrong to have sex.

4.5 Knowledge of risk of getting AIDS

This section is on what the respondents think of their chances of getting HIV/AIDS, whether they have small, moderate, great or no risk at all.

Figure 4.1 Percentage distribution of respondents by risk of HIV/AIDS infection



Source: EDULINK Urban Health and Poverty Project, 2011.

Figure 4.1.1 illustrates the distribution of adolescents by their chances of getting HIV/AIDS. More than half per cent (59.8%) of adolescents in Ga-Mashie thinks that, they are not at risk at all of getting infected with HIV/AIDS and about 25 per cent thought their chance of getting HIV/AIDS is small. Just about 7 per cent and 9 per cent of the adolescents thinks they have moderate and great chance of the risk of getting infected with HIV/AIDS. In general, majority of adolescents (15-24) in Ga-Mashie thinks their chance of getting HIV/AIDS is low.

4.6 Sex Composition

This section was included in this study to know the sex distribution of the adolescents and also know which sex engages (males or females) more in sexual behaviours.

Table 4.3: Percentage Distribution of Adolescents by sex

Sex	Number of Respondents	Percent
Female	179	54.9
Male	147	45.1
Total	**326**	**100.0**

Source: EDULINK Urban Health and Poverty Project data, 2011

Out of the 326 adolescents whom copies of the Edulink questionnaires were administered, 179 were females and 149 were males (Table 4.3). This is represented by 54.9 per cent and 45.1 per cent respectively, out of the three places where the research was conducted (James Town, Ussher Town and Agbogbloshie) in the Accra Metropolis. This result clearly shows and confirmed the population sex ratio thus where there are less number of males for every 100 females.

4.7 Age Composition

The age distribution was aimed at knowing which age category either 15-19 or 20-24; engage in no sexual partnership, single sexual partnership or multiple sexual partnerships. The United Nations (UN) defines age as the estimated or calculated interval of time between the date of birth and the date of the census/survey expressed in completed solar years.

Table 4.4: Percentage Distribution of Adolescents by age

Age	Number of Respondents	Percent
15-19	149	45.7
20-24	177	54.3
Total	**326**	**100.0**

Source: EDULINK Urban Health and Poverty Project data, 2011

As can be seen from table 4.4, 149 (45.7%) adolescents are between the ages 15-19, and adolescents who were in the age group 20-24 were 177 (54.3%). As far as this survey is concern, adolescents within the ages 20-24 are more predominant in Ga-Mashie.

4.8 Education

For the purposes of this research, the researcher re-categorized the education variable by combining those respondents with no education with those who had pre-school education into a single category, while the other categories comprise primary, middle/JHS, Secondary/SHS and Higher.

Table 4.5: Percentage Distribution of educational level of Adolescents

Education	Number of Respondents	Percent
No education/ Pre-school	11	3.4
Primary	64	19.6
Middle/JHS	141	43.3
Secondary/SHS	98	30.1
Higher	12	3.7
Total	**326**	**100.0**

Source: EDULINK Urban Health and Poverty data, 2011

From table 4.5 above, 11 (3.4%) adolescents had a no formal education or had a pre-school education thus those who had crèche or kindergarten education. Adolescents who had primary education and Middle/Junior High School were 64 (19.6%) and 141 (43.3%) respectively and 98 (30.1%) had Senior High School education and 12 (3.7%) adolescents had higher formal education which comprises University, Polytechnic or any Professional form of education. The results clearly show that majority between the ages 15-24 had JHS education in Ga-Mashie.

4.9 Religion

As far as this research is concerned, the religion variable had been recorded and re-categorised. Respondents with no religion and other religions which included Traditional/Spiritual and Eastern Religions were categorized into one category. Another category was created is the Orthodox Christian category which combined Catholics and Protestants. The third category is the Pentecostal/ Charismatic, this was combined with other (specify) response which was given as

Amazing Harvest Ministry. The fourth and fifth categories are Other Christian and Islam respectively.

Table 4.6: Percentage Distribution of Adolescents by Religion

Religion	Number of Respondents	Percent
No/Other religion	24	7.4
Orthodox Christian	88	27.0
Pentecostal/Charismatic	149	45.7
Other Christian	24	7.4
Islam	41	12.6
Total	**326**	**100.0**

Source: EDULINK Urban Health and Poverty Project data, 2011

From table 4.6, adolescents who had no religion or belong to other religion which comprises traditional/ spiritual religion and Eastern religion were 24 represented by 7.4%. Those adolescents who are Orthodox Christian and other belong to Pentecostal/Charismatic were 88 (27%) and 149 (45.7%) respectively. 41 (12.6%) belong to the Islamic religion and 24 (7.4%) were Other Christian. The results indicate that those who belong to Pentecostal/Charismatic form the highest percentage among adolescents in Ga-Mashie.

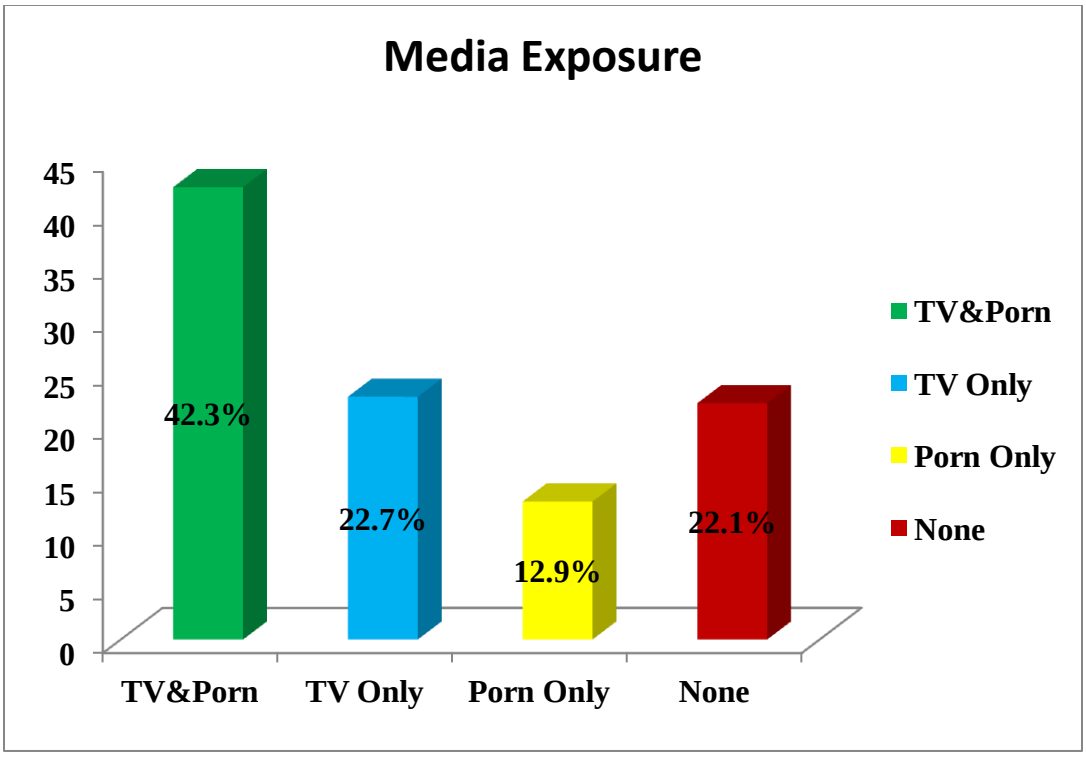
4.10 Media

This comprises TV/Radio and Pornographic/blue film. The researcher re-categorise these variables into different categories. The first category was categorized by combining respondent who watch/listen to TV/Radio and watch a pornographic/blue film simultaneously. The second category was coded which included only respondents who watched/ listened only to TV/Radio

shows that discussed/ showed sexual issues and situation. The third category includes respondents who only watched pornographic/blue film.

Last but not least of the categories were respondents who neither watched/listened to TV/Radio showed/discussed sexual issues nor watched a pornographic/blue film.

Fig 4.2: Percentage distribution of respondents by Media Exposure



Source: EDULINK Urban Health and Poverty Project data, 2011.

From the table and diagram above, adolescent who both watch TV/Pornographic films and listen to radio shows which discuss sexual are 138 represented by 42.3%. 74 (22.7%) adolescent listened or watch radio/TV only which discuss sexual issues and those who watch pornographic/blue films only and those who neither watch nor listen to pornographic/ blue films

and TV/Radio programmes that discuss sexual issues were 42 (12.9%) and 72 (22.1%) respectively.

These figures vividly show that majority of adolescents between the ages 15-24 in Ga-Mashie watched and listened to both TV/Pornographic films and radio shows which discuss sexual issues.

4.11 Marital Status

For the purpose of this study the marital status of the respondents was categorise into three categories (Not married, separated, married).

Table 4.7: Percentage Distribution of adolescents by Marital Status

Marital Status	Number of Respondents	Percent
Not married	254	77.9
Separated	10	3.1
Married	62	19.0
Total	**326**	**100.0**

Source: EDULINK Urban Health and Poverty Project, 2011.

From table 3.1.6 above, majority of the adolescents represented by 77.9 per cent were not married, 10 (3.1%) of the respondents were separated from their spouses and just 19 per cent of the 326 adolescents aged 15-24 in Ga-Mashie were married.

4.12 Number of Sexual Partners

This section seeks to know how many persons the respondents had sex with in the last 12 months. This was categorized into three categories which were [1. No Partners] [2. Single Partner] [3. Multiple Partners]. Those who reported that they did not have sex with any person in the last 12 months were coded as having no sexual partner. Respondents who reported that they had sex with only one person in the last 12 months were coded as having single sexual partner and for respondents who indicated that they had sex with two or more persons in the last 12 years.

Table 4.8: Percentage Distribution of adolescents by Number of Partners

Number of Partners	Number of Respondents	Percent
No Partner	164	50.3
Single Partner	124	38.0
Multiple Partners	38	11.7
Total	**326**	**100.0**

Source: EDULINK Urban Health and Poverty Project data, 2011

Table 4.8 above, shows the distribution of adolescents in Ga-Mashie by number of partners. About 12 per cent of adolescents had multiple partners (two or more partners), while those who had no partner and only one partner in the last 12 months were 50.3 per cent and 38 per cent respectively. Thus greater proportion of adolescents aged 15-24 in Ga- Mashie had no sexual partner in the last 12 months as far as this study is concern.

CHAPTER FIVE

PERCEPTION OF SEX AND SOCIO-DEMOGRAPHIC DETERMINANTS OF SEXUAL BEHAVIOUR

5.1 Introduction

Various factors influence adolescence's sexual behaviour including the number of sexual partners they take. This chapter is aimed at using bivariate analyses (Pearson's chi-square) to behaviour of adolescence poor urban communities. However, is important to state that these factors are being controlled for, to eliminate their influence on the main independent variable-perception of sex.

5.2 Sex of Respondent and Number of Partners

Sex (male and female) alongside gender differences have been reported on number of sexual partners (Voh et al. 2004). Many researchers have found that young men significantly had more partners than young women do (Oliver and Hyde, 1993), other research had conflicting result where young women were found to have more partners than their male counterparts. This study seeks to find out how the situation is among adolescents in poor urban communities as far as sexual partnership is concerned. The table 3.2.4 below illustrates the percentage distribution of the sex of these adolescents and the number of sexual partners they take.

Table 5.1: Percentage Distribution of Adolescents by Sex and the Number of Partners

	Number of Partners			
Sex of Respondent	**No Partner 0**	**Single Partner 1**	**Multiple Partners (2+)**	**Total**
Female	42.5	48	9.5	179(100)
Male	59.9	25.9	14.3	147(100)
Total	**50.3**	**38**	**11.7**	**326(100)**

(χ^2=16.901) P.Value=0.000

Source: EDULINK Health and Poverty Project, 2011

From table 5.1 above, the chi-square test indicates that there is a significant relationship between sex of the adolescents and the number of sexual partners they have (χ^2=16.901, P.Value=0.000). Less than 10 per cent of female adolescents have multiple partners (2 and more) in the last 12 months preceding the survey. Ghana Youth Reproductive Health Survey in 1998 found out that 3% of the females and 10% of males reported having had two or more sexual partners (GYRHS, 1998). Also, a study by Mandela Foundation HSRC National Survey (2002) found that 9% of females and 23% of young males had more than one sexual partner in the year before the survey. Another study conducted in Ethiopia among single youth reported that 65.8% of males and 24.6% of females had two or more sexual partners in the last 12 months (Maria, 2007). Also, 4% of females and 19% of males had three or more lifetime sexual partners (Awusabo-Asare et al. 2006).

With regards to those adolescents who had single partners, 48 per cent of the female adolescents had only one sexual partner compared with 25.9 per cent of males who had only one sexual partner in the last 12 months before the survey. Similar findings were conducted where 78% of females and 60% males who had ever had sex reported only one sexual partner (Awusabo-Asare et al.2006). This clearly implies that more adolescent males are having multiple partners than females in poor urban communities.

5.3 Age and Number of Partner

Age had over the years been strongly associated with the number of partners. National Surveys on adolescents in Ghana had found out different proportions in the number of partners adolescents age 12-24. Tweedie and Witte (2000), reported that 79% of females and 68% of males had one current sexual partner while 3% of females and 10% of males reported having had two or more sexual partners within the three months prior to the survey (Tweedie I and Witte K, 2000). The 2008 Ghana Demographic and Health Survey had found differences in the number of partners those adolescents aged 15-24 had, thus 11% and 6% males engaged in single and multiple partnerships respectively. Also, 8 per cent and 2 per cent of women within this age group engaged in single and multiple partnerships respectively. It is therefore necessary to know how the situation is among adolescents in poor urban communities in Accra.

Table 5.2: Percentage Distribution of Adolescents by Age and Number of Partners

	Number of Partners			
Age group	**No Partner 0**	**Single Partner 1**	**Multiple Partners (2+)**	**Total**
15-19	76.5	18.1	5.4	149(100)
20-24	28.2	54.8	16.9	177(100)
Total	**50.3**	**38**	**11.7**	**326(100)**

(χ^2=75.380) P.Value=0.000

Source: EDULINK Urban Health and Poverty Project, 2011.

The results from Table 5.2 indicate that is a significant relationship between age of adolescents and the number of partners they had. Poor urban adolescents between the ages 15-19 who had multiple sexual partners were less than 6 per cent relative to those who are aged 20-24 with a proportion of 16.9 per cent who engaged in multiple sexual partnerships. This means that adolescents in Ga-Mashie who are between the ages 20-24 are more likely to have more multiple partners relative those within the ages 15 and 19. On single partnership, respondents who were between the ages 20-24 had the highest percentage of 54.8 per cent and just about 18 per cent for those within the age group 15-19. For those who did not have any sexual partner in the last 12 months before the survey, the highest percentage of 76.5 per cent among 15-19 year group and 28.2 per cent for respondents in their 20s.

Similar study on sexual behaviour among unmarried youth in Guinea found out that sexually active adolescents in their 20s (20-24) had more sexual partners than adolescents in the age range

15-19 (Gögen et al.1995). On single partners, similar situation was observed where 54.8 per cent of adolescents age 20-24 had single partners and 18.1 per cent of adolescents aged 15-19 years had single partners in the 12 months preceding the survey.

5.4 Education and Number of Partners

Formal educational background of adolescents and its relation with the number of partners that adolescents are likely to have over the years has been studied by numerous researchers.

Studies have shown that adolescents with no education are more likely to have more number of partners relative to those with some form of formal education (Dodoo et al. 2007).

Table 5.3: Percentage Distribution of Adolescents by Education and Number of Partners

	Number of Partners			
Education	**No Partner 0**	**Single Partner 1**	**Multiple Partners (2+)**	**Total**
no education/Pre-school	63.6	27.3	9.1	(11)100
Primary	40.6	45.3	14.1	(64)100
Middle/JHS	48.9	38.3	12.8	(141)100
Secondary/SHS	59.2	31.6	9.2	(98)100
Higher	33.3	58.3	8.3	(12)100
Total	**50.3**	**38**	**11.7**	**(326)100**

(χ^2=8.597) P.Value=0.377

Source: EDULINK Urban Health and Poverty Project, 2011.

On the contrary, the chi-square test from Table 5.3 above clearly shows there is no significant difference in the respondents' number of partners by educational status at a significant level of

0.05. In other words, there is no significant difference between the educational background of adolescents in Ga-Mashie and the number of partner they have (In the last 12 months preceding the survey).

5.5 Religion and Number of Partners

Religion had long been considered an important force shaping formation of attitudes and practices regarding sexual behaviour including number of partners. Other studies had demonstrated a statistically significant correlation between the importance of religion and religious denomination in relation to number of lifetime sexual partners (Agardh et al. 2011).

Table 5.4: Percentage Distribution of Adolescents by religion and Number of Partners

	Number of Partners			
Religion	**No Partner 0**	**Single Partner 1**	**Multiple Partners (2+)**	**Total**
No/Other religion	45.8	41.7	12.5	24(100)
Orthodox Christian	58	30.7	11.4	88(100)
Pentecostal/Charismatic	49.7	40.3	10.1	149(100)
Other Christian	41.7	54.2	4.2	24(100)
Islam	43.9	34.1	22	41(100)
Total	**50.3**	**38**	**11.7**	**326(100)**

(χ^2=10.383) P. Value=0.239

Source: EDULINK Urban Health and Poverty Project data, 2011.

The result from the chi-square test indicates that at a statistical significant level of 0.05, there is no relationship between the religious background and affiliation of adolescents in Ga-Mashie and the number of sexual partners during the last 12 months preceding the survey.

5.6 Media Exposure and Number of Partners

Exposure to sexual content in media has consistently been linked with increasing risky sexual behaviours and attitudes among youth. In longitudinal studies, exposure to sexual media among adolescents often predicts more sexual partners (Rich, 2005).

Table 5.5: Percentage Distribution of Adolescents by Media and the Number of Partners

	Number of Partners			
Media Exposure	**No Partner 0**	**Single Partner 1**	**Multiple Partners (2+)**	**Total**
TV & Porn	35.5	47.8	16.7	138(100)
TV Only	67.6	29.7	2.7	74(100)
Porn Only	42.9	33.3	23.8	42(100)
None	65.3	30.6	4.2	72(100)
Total	**50.3**	**38**	**11.7**	**326(100)**

(χ^2=37.033) P.Value=0.000

Source: EDULINK Urban Health and Poverty Project, 2011.

The results from the table above show a significant relationship between sexual media exposure and number of sexual partners at a statistical significant level 0.05. Adolescents who watch

pornographic movies had the highest proportion of those who had multiple sexual partners in the last 12 months with a figure of 23.8 per cent relative to other adolescents who watch TV only (2.7%) and who watched both TV programmes that shows or discusses sexual issues and pornographic movies (16.7%). One study found out that African American adolescents who viewed pornography were more likely to have more sexual partners (Wingood et al. 2001). Concerning single partners, adolescents from Ga-Mashie who watched TV and pornographic movies had a proportion of 47.8 per cent compared with those who watched TV only and pornographic movies only with percentage of 29.7 and 33.3 respectively. Other studies found out that African Americans who saw many portrayals of sexual stereotypes in music videos on television were more likely to have negative body image and to have multiple sexual partners then those who saw fewer such portrayals (Peterson et al. 2007).

5.7 Marital Status and Number of Partners

This section aimed at showing the relationship between marital status of the respondents and the number of sexual partners they took in the 12 months before the survey took place.

Table 5.6: Percentage Distribution of Adolescent by Marital Status and Number of Partners

Marital Status	Number of Partners			Total
	No Partner	Single Partner	Multiple Partners	
	0	1	(2+)	
Not Married	59.8	31.1	9.1	(81)100
Separated	60	30	10	(22)100
Married	9.7	67.7	22.6	100
Total	**50.3**	**38**	**11.7**	**326(100)**

(χ^2=50.732) P.Value=0.000

Source: EDULINK Urban Health and Poverty Project, 2011.

The results from the table above shows a significant ($p<0.05$) relationship between the marital status and the number of sexual partners they took. The results indicate that those who were married and had two or more sexual partners in the last 12 months preceding the survey had the highest proportion of 22.6 per cent. Also, 10 per cent of those who engaged in multiple sexual partnerships were separated from their spouses and 9.1 per cent of them were not married. This shows that majority of young people in poor urban communities in Accra are married and have multiple partners. On single partnership, about 68 per cent of them were married and had a single sexual partner, 30 per cent and 31.1 per cent were engaged in single sexual partnership were separated and not married.

5.8 Knowledge of risk of getting HIV/AIDS and Number of Partners

This section is to test the relationship that exists between adolescents' knowledge of risk of getting HIV/AIDS thus their chances of getting infected with HIV/AIDS (small, moderate, great, and no risk at all) and the number of partners. This clearly illustrated in percentage distribution in the table below.

Table 5.7: Percentage Distribution of Adolescents by Knowledge of risk of getting HIV/AIDS and Number of Partners

	Number of Partners			
Knowledge of risk of getting HIV/AIDS	**No Partner 0**	**Single Partner 1**	**Multiple Partners (2+)**	**Total**
Small	44.4	40.7	14.8	81(100)
Moderate	27.3	54.5	18.2	22(100)
Great	32.1	50	17.9	28(100)
No risk at all	57.9	33.3	8.7	195(100)
Total	**50.3**	**38**	**11.7**	**326(100)**

(χ^2=14.758) P.Value=0.022

Source: EDULINK Urban Health and Poverty Project, 2011.

The result above shows a statistically significant ($p<0.05$) relationship between respondents' knowledge of risk of HIV infection and the number of sexual partners. The result clearly illustrates that respondent who thought their risk of getting infected with HIV/AIDS was moderate and were engaged in multiple sexual partnership had the highest proportion of 18.2 per cent. There was a similar result for those whose knowledge of risk of getting infected with HIV/AIDS was great and was also engaged in multiple sexual partnerships were 17.9 in proportion. These results clearly indicate that respondents had enough knowledge of risk of

getting infected with HIV but still indulge in risky multiple sexual partners and perceived risk of HIV infected in Zambia that increase knowledge of risk of getting HIV increase with multiple sexual partnerships (Do and Meekers, 2008). About 44 and 58 per cent of adolescent reported that they had no sexual partner in the last 12 months preceding the survey and their knowledge of risk of getting HIV was small and no risk at all.

Similar results were recorded for the single sexual partnership of the adolescents' vis-à-vis their knowledge risk of getting infected with HIV/AIDS. About 54.5 per cent of the respondents were engaged in single sexual partnership and their knowledge of risk of getting HIV/AIDS was moderate. Closely related to this proportion, 50 per cent of the adolescents had great knowledge of risk of getting HIV/AIDS and also had a single sexual partner.

CHAPTER SIX

ADOLESCENTS' PERCEPTION OF SEX AND NUMBER OF SEXUAL PARTNERS

6.1 Introduction

This chapter presents the results of the multinomial logistic regression analyses conducted to examine the association between the adolescents' perception of sex and the number of sexual partners they have in poor urban communities precisely Ga-Mashie.

For each set of tables the results of the test of significance and three regression models are presented. In Model 1 the adolescents' perception of sex as form of exchange of money and sex as morally wrong are the only predictors. Model 2 has the intermediate variable thus the knowledge of risk of getting HIV/AIDS added to the main independent variable and Model 3 has all the other control variables added to perception of sex and knowledge of risk of getting HIV/AIDS.

The aim of the first model is to examine the influence of the adolescents' perception of sex on the number of sexual partners they take with controls. Model 2 adds their knowledge of risk of getting HIV/AIDS to their perception of sex which in itself is an essential predictor of their sexual behaviours. This is to help examine the variation in the number of sexual partners that is explained by their perception and their knowledge of risk of getting HIV/AIDS. Adding on the control variable in Model 3 shows how well the model fits the data structures, as indicated by the pseudo R^2 estimates for three models. This model also indicates the changes in the log odds of the first two predictors when the control variables are added.

6.2 Influence of Adolescents' Perception of Sex (Sex as Exchange for Money) on the Number of Sexual Partners

Table 2.1.5 shows the parameter estimates and pseudo R^2 values for all the three models fitted to find out the influence of adolescents' perception of sex on the number of sexual partners. It again presents which predictors were significant in influencing adolescents' sexual partnership. Model 1 suggests that 3.5 per cent of the variation in the young people's number of sexual partners could be explained by adolescents who perceived sex as form of exchange for money. Also, perception of sex as exchange for money was significant at the 5 per cent level in predicting the number of sexual partners the adolescents had in the last 12 months. In model 2 on the other hand, explained 8.2 per cent of the variation in the number of sexual partners they had. All two predictors were significant in determining the sexual partnership of these young people. Again, the variables in model 3 explained 50.7 per cent of the variation in sexual partnership among these adolescents and were significant in determining it.

In model 1, perception of sex as a form of exchange for money is not a significant predictor of single sexual partnership and multiple sexual partnerships among adolescents in the last 12 months. When compared with those who were undecided with the perception of sex as a form of exchange of money, those who were undecided were less likely to have had multiple sexual partners in the last 12 months preceding the survey than to have had a single partner in the last 12 months. The addition of the intermediate variable-knowledge of risk of getting infected with HIV/AIDS in Model 2 had an influence on the independent variable (neutral perception of sex as form of monetary exchange) and was significant in predicting those who had a single partner in the last 12 months and had multiple sexual partnerships. Those who do not perceive sex as form of exchange was not significant in predicting both outcomes.

In model 3, the addition of the other variable that were being controlled for influenced the perception of sex as form of money exchange and it was not significant predictor of both outcomes. Again, for those who were undecided as far as perception of sex as form of monetary exchange is concern was not significant to both outcomes of number of sexual partners. The reason for this finding may be partially due to the fact that majority of these same control variables were earlier found to be significant predictors of their sexual partnerships at the bivariate level.

Table 2.6 shows the odds ratio (O.R) and 95% confidence intervals for the regression models run to investigate the influence of perception of sex (form of monetary exchange) and sexual partnership among adolescents in Ga-Mashie. In model 1, an adolescent who is undecided about sex as being a form monetary exchange was 83.1 per cent less likely to have had multiple partners when compared to one who perceived sex as form of monetary exchange ($p<0.01$). Also in model 2, compared to adolescents who perceived sex as a form of exchange for money, those who were undecided on the subject matter were 82.1 per cent less likely to have engaged themselves in multiple partnership via the risk of getting infected with HIV/AIDS. Young people who think they have moderate chance or risk of getting infected with HIV are 3.3 times as likely as to engage in single sexual partnership compared to those with no risk at all. Also, adolescents who think they have great risk of getting infected with HIV, have 2.7 times as likely as to engage in single sexual partnership in the last 12 months preceding the survey and are 4.0 times as likely as having had multiple sexual partners compared to those with no risk at all.

Sex: In model 3, females were 3.020 times as likely as males to have a single partner in the last 12 months.

Age: Adolescents with ages 15-19 were significantly less likely as those within the ages 20-24 years to have had a single sexual partner (O.R 0.142) and significantly less likely as those within the ages 20-24 years to have had multiple sexual partners before the last 12 months preceding the survey (O.R 0.127)

Media Exposure: Young people who either watch or listen to Television or Radio where programmes concerning sexual issues are discussed and watched pornographic or blue films were 5.8 times as likely as to engage in single sexual partnership in the last 12 months compared with those who neither watch nor listen to them. Again in model 3, young people who watched and listened to TV/Radio and watched pornographic films were 13.9 times as likely as having had multiple sexual partners in the last 12 months. Also, adolescents who watched pornographic film only were 3.0 times as likely as to have had single sexual partner and 12.5 times as likely as having had multiple partners compared to those who did not watch.

Marital Status: In model 2, respondents who were not married were 88 per cent less likely to have had single sexual partner in the last 12 month as compared to those married. For those adolescent who are separated were 94 per cent less likely to have had single sexual partner compared to married ones. In model 3, those who were not married were 91 per cent to have had multiple sexual partners and 95 per cent less likely to be engaged in multiple sexual partnerships for those who were separated compared to those who were married.

6.3 Influence of Adolescents' Perception of Sex (Sex is Morally Wrong) on their Sexual Partnership

Table 2.1.7 presents the parameter estimates and pseudo R^2 values for all the three models fitted to investigate the influence of the adolescents' perception of sex on the number of sexual partners. It also shows which predictors were significant in influencing sexual partnership among adolescents in Ga-Mashie. The first model indicates that 17.6 per cent of the variation in the number of sexual partners could be explained by adolescents who perceived sex as something which is morally wrong to do. Again perception of sex as morally wrong was significant at the 1 per cent level in predicting the choice of the number of sexual partners among young people.

On the other hand, the second model explained 22.7 per cent of the variation in the number of sexual partners among the adolescents and all the two predictors were significant in determining the outcome. Again, the third model explained 52.7 per cent of the variation in sexual partnership among young people, and was significant ($p<0.01$) in determining the outcome variable.

From model 1, young people do not perceive sex as morally wrong was very significant (at the 1 per cent level) in predicting both single sexual partnership and multiple sexual partnerships. Those who are undecided as far as the perception of sex as morally wrong is concern was significant in explaining young people who had single sexual partner in the last 12 months and had multiple partners. In model 2, with the addition of knowledge of risk of getting infected with HIV/AIDS, respondents who do not perceive sex as morally wrong and also were undecided on the perception of sex were both significant ($p<0.01$) in predicting adolescents who were engaged in single sexual partnership and multiple sexual partnerships. The log odds of these who disagreed with the perception that sex is morally wrong and those who were undecided on the subject matter had increased the influence of sex as morally wrong on the number of sexual

partners they had in the last 12 months. This means that there is a significant relationship between perception sex as morally wrong and sexual behaviour.

The third model shows that with the addition of other variable that are being controlled for, those who perceived sex as morally right is a significant predictor of respondents who had multiple sexual partners. The same can be said for those who were undecided on the perception of sex as morally wrong.

Table 2.8 illustrates the odds ratio (O.R) and the 95% confidence intervals (this is lower bound and the upper bound) for the multinomial logistic regression model aimed at investigation the influence of perception of sex (moral aspect) and the number of sexual partners of adolescents in Ga-Mashie.

According to model 1, adolescents who perceived that is it morally right for them to have sex are 3.4 times and 12.8 times as likely as to have had a single sexual partner and multiple sexual partners respectively compared with those who perceive that is morally wrong for them to have sex. Also, compared to those who perceived sex as morally wrong, those who are undecided are 6.8 times and 21.0 times as likely as to have engaged in single sexual partnership and in multiple sexual partnership respectively.

In model 2, those whose perception of sex is that it is right for them to have sex are 3.7 times as likely as and 14.5 times as likely as to have had only one sexual partner and several sexual partners respectively as compared to those who think it is wrong for them to have sex. In addition, respondents who thought they had moderate chance or risk of getting HIV were 4.0 times more likely to have had single sexual partner and 5.7 the odds of having multiple sexual partners as against those who with no risk at all. Also, respondents who thought they had great

chance were 3.3 times as likely as to have as to have had single sexual partner in the 12 months, and 5.2 times as likely as to have had multiple sexual partners compared to those with no risk at all.

Sex: Females adolescents were 3.0 times as likely as having had a single sexual partner compared to males.

Age: Respondents between the ages 15-19 were 83 per cent significantly less likely to have had only one sexual partner in the last 12 months preceding the survey as against those between the ages 20-24. Also, compared to respondents whose ages were in the age group 20-24, those between the ages15-19 years are 82.6 per cent significantly less likely to have had multiple sexual partners.

Media Exposure: Young people who watched television and listen to radio programmes where sexual issues were discussed and watched pornographic/blue films were 5.9 times as likely as to have engaged in single sexual partnership in the last 12 months and 16.8 times as likely as to have engaged in multiple sexual partnerships as against those who watched neither of them. On the other hand, respondents who watched pornographic/blue films only have 3.4 times as likely as having had a single sexual partner and 18.1 times as likely as having had multiple sexual partners in the 12 months compared to those who did not watched.

Marital Status: Those adolescents who are not married are 85 per cent significant less likely to have had a single sexual partner and 86 per cent significantly less likely to have had multiple sexual partners in the last 12 months compared to those respondents who are married. Again, adolescents who are separated 92 per cent less likely to have engaged in multiple sexual partnerships as against the married ones.

Table 2.5 Parameter estimates for log odds of adolescents Number of Sexual Partners (no partner, single partner or multiple partners): Results of a multinomial logistic regression model, 2011 EDULINK

Variable	Single Partner			Multiple Partners		
	Model 1B(s.e)	Model 2B(s.e)	Model 3B(s.e)	Model 1B(s.e)	Model 2B(s.e)	Model 3B(s.e)
Intercept	-0.486(0.449)	-0.729(0.467)	-0.857(1.210)	-0.486(0.449)	-0.861(0.494)	-0.699(1.778)
Perception of sex						
Sex as exchange for money						
Disagree	0.305(0.473)	0.253(0.478)	0.051(0.597)	-0.930(0.502)	-0.987(0.514)	-1.074(0.654)
Neutral	0.016(0.506)	0.062(0.514)	0.299(0.638)	-1.776(0.650)**	-1.720(0.665)*	-1.436(0.797)
Agree(RC)	0.000	0.000	0.000	0.000	0.000	0.000
Risk of getting HIV						
Small		0.450(0.289)	0.294(0.377)		0.674(0.431)	0.283(0.531)
Moderate		1.178(0.532)*	0.888(0.729)		1.378(0.710)	1.072(0.883)
Great		1.006(0.456)*	0.739(0.592)		1.388(0.627)*	1.152(0.789)
No risk at all (RC)		0.000	0.000		0.000	0.000
Sex						
Female			1.105(0.337)**			-0.019(0.483)
Male (RC)			0.000			0.000
Age						
15-19			-1.953(0.334)**			-2.065(0.518)**
20-24(RC)			0.000			0.000
Educational Status						
No/Pre-school (RC)			0.000			0.000
Primary			1.623(1.023)			1.545(1.502)
Middle/JHS			1.727(0.990)			1.556(1.449)
Secondary/SHS			1.315(0.992)			0.812(1.485)
Higher			1.890(1.192)			0.583(1.900)
Religion						
No/Other Religion			0.300(0.587)			0.347(0.828)
Orthodox Christian			-0.600(0.375)			-0.146(0.527)
Pentecostal/Charismatic(RC)			0.000			0.000

Other Christian			0.025(0.671)			-1.560(1.252)
Islam			0.033(0.516)			0.717(0.665)
Media Exposure						
TV/Radio and Porn			1.765(0.446)**			2.630(0.757)**
TV/Radio Only			0.357(0.476)			-0.049(1.036)
Porn Only			1.110(0.559)*			2.528(0.848)
None (RC)			0.000			0.000
Marital Status						
Married (RC)			0.000			0.000
Not married			-2.077(0.539)**			-2.451(0.671)**
Separated			-2.785(0.953)**			-2.964(1.335)*
Model -2 Log Likelihood	25.887	64.840	605.763	25.887	64.840	605.763
χ^2 (significance)	(0.043)	(0.009)	(0.000)	(0.043)	(0.009)	(0.000)
Model R^2	0.035	0.082	0.507	0.035	0.082	0.507

(RC)=Reference Category; s.e=Standard Error**;** *Significant at α=0.05; **Significant at α=0.01

Source: EDULINK Urban Health and Poverty Project, 2011

Table 2.6 Odds ratios and confidence intervals for Number of Sexual Partners (no partners, single partner and multiple partners): Results from a multinomial logistic regression model, EDULINK data, 2011.

Variable	Single Partner			Multiple Partner		
	Model 1	**Model 2**	**Model 3**	**Model 1**	**Model 2**	**Model 3**
	Exp β (95% C.I)	Exp β (95% C.I)	Exp β (95% C.I)	Exp β (95% C.I)	Exp β (95% C.I)	Exp β (95% C.I)
Perception of sex						
Sex as exchange for money						
Disagree	1.357(0.537,3.425)	1.288(0.504, 3.288)	1.052(0.326, 3.393)	0.394(0.148, 1.054)	0.373(0.136,12.021)	0.342(0.095,1.230)
Neutral	1.016(0.377,2.738)	1.064(0.388,2.914)	1.349(0.386,4.711)	0.169(0.049, 0.603)	0.179(0.049,0.659)*	0.238(0.050,1.135)
Agree(RC)	1.000	1.000	1.000	1.000	1.000	1.000
Risk of getting HIV						
Small		1.568(0.889,2.764)	1.342(0.641, 2.807)		1.963(0.843,4.569)	1.326(0.468,3.759)
Moderate		3.249(1.146, 9.210)*	2.429(0.582,10.139)		3.967(0.986,15.960)	2.923(0.517,16.505)
Great		2.734(1.119,6.680)*	2.091(0.656,6.665)		4.005(1.171,13.697)*	3.165(0.674,14.855)
No risk at all(RC)		1.000	1.000		1.000	1.000
Sex						
Female			3.020(1.559,5.852)**			0.981(0.381,2.530)
Male(RC)			1.000			1.000
Age						
15-19			0.142(0.074,0.273)**			0.127(0.046,0.350)**
20-24(RC)			1.000			1.000
Educational Status						
No/pre-school(RC)			1.000			1.000
Primary			5.069(0.683,37.651)			4.689(0.247,89.012)
Middle/JHS			5.624(0.808,39.131)			4.738(0.277,81.054)
Secondary/SHS			3.723(0.532,26.037)			2.253(0.123,41.383)
Higher			6.617(0.639,68.493)			1.792(0.043,74.198)
Religion						
No/Other Religion			1.350(0.427,4.268)			1.415(0.279,7.165)
Orthodox Christian			0.549(0.263, 1.143)			0.864(0.307,2.431)
Pentecostal/Charismatic(RC)			1.000			1.000

Other Christian			1.025(0.275, 3.818)			0.210(0.018,2.444)
Islam			1.034(0.376,2.843)			2.048(0.556,7.540)
Media Exposure						
TV/Radio and Porn			5.840(2.436,14.001)**			13.871(3.146,61.159)**
TV/Radio only			1.429(0.562,3.637)			0.952(0.125,7.255)
Porn only			3.036(1.016,9.073)*			12.531(2.379,66.003)**
None(RC)			1.000			1.000
Marital Status						
Married(RC)			1.000			1.000
Not married			0.125(0.044,0.361)**			0.086(0.023,0.321)**
Separated			0.062(0.010,0.399)**			0.052(0.004,0.707)*
Model -2 Log Likelihood	25.887	64.840	605.763	25.887	64.840	605.763
χ^2(significance)	(0.043)	(0.009)	(0.000)	(0.043)	(0.009)	(0.000)
Model R^2	0.035	0.082	0.507	0.035	0.082	0.507

Exp β – Odds Ratio; C.I – Confidence Interval; (RC) – Reference Category; *Significant at α=0.05 **Significant at α=0.01

Source: EDULINK Urban Health Poverty Project, 2011.

Table 2.7 Parameter estimates for log odds of adolescents Number of Sexual Partners (no partner, single partner, multiple partners): Result of a multinomial logistic regression model, 2011 EDULINK

Variable	Single Partner			Multiple Partners		
	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3
	B (s.e)	B (s.e)	B (s.e)	B (s.e)	B (s.e)	B (s.e)
Intercept	-1.004(0.192)**	-1.361(0.233)**	-1.204(1.124)	-3.229(0.510)**	-3.808(0.566)**	-4.066(1.796)*
Perception of sex						
Sex is Morally Wrong						
Disagree	1.238(0.261)**	1.321(0.270)**	0.474(0.350)	2.553(0.559)**	2.674(0.568)**	1.841(0.623)**
Neutral	1.920(0.520)**	1.995(0.529)**	1.436(0.651)*	3.047(0.792)**	3.139(0.805)**	2.809(0.928)
Agree(RC)	0.000	0.000	0.000	0.000	0.000	0.000
Risk of getting HIV						
Small		0.511(0.305)	0.316(0.380)		0.877(0.452)	0.401(0.542)
Moderate		1.410(0.552)*	0.900(0.738)		1.732(0.452)*	1.211(0.906)
Great		1.191(0.484)*	0.898(0.604)		1.644(0.673)*	1.461(0.816)
No risk at all(RC)		0.000	0.000		0.000	0.000
Sex						
Female			1.100(0.343)**			0.081(0.489)
Male(RC)			0.000			0.000
Age						
15-19			-1.775(0.347)**			-1.749(0.524)**
20-24(RC)			0.000			0.000
Educational Status						
No/Pre-school(RC)			0.000			0.000
Primary			1.401(1.004)			1.746(1.582)
Middle/JHS			1.522(0.973)			1.722(1.529)
Secondary/SHS			1.169(0.975)			0.958(1.571)
Higher			1.652(1.179)			0.514(1.960)
Religion						
No/Other Religion			0.380(0.597)			0.563(0.803)
Orthodox Christian			-0.517(0.376)			-0.176(0.549)

Pentecostal/Charismatic(RC)			0.000			0.000
Other Christian			0.051(0.666)			-1.715(1.245)
Islam			0.064(0.522)			0.757(0.671)
Media Exposure						
TV/Radio and Porn			1.771(0.445)**			2.820(0.761)**
TV/Radio Only			0.426(0.484)			0.234(1.056)
Porn Only			1.213(0.569)*			2.895(0.862)**
None(RC)			0.000			0.000
Marital Status						
Married(RC)			0.000			0.000
Not married			-1.894(0.548)**			-1.995(0.681)**
Separated			-2.536(0.966)**			-2.778(1.391)*
Model -2 Log Likelihood	25.282	66.804	401.255	25.282	66.804	401.255
χ^2(significance)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)
Model R^2	0.176	0.227	0.527	0.176	0.227	0.527

(RC)=Reference Category; s.e=Standard Error**;** *Significant at α=0.05; **Significant at α=0.01

Source: EDULINK Urban Health and Poverty Project, 2011

Table 2.8 Odds ratios and confidence intervals for Number of Sexual Partners (no partner, single partner and multiple partners): Results from a multinomial logistic regression model, EDULINK, 2011

Variable	Single Partner			Multiple Partners		
	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3
	Exp β (95% C.I)	Exp β (95% C.I)	Exp β (95% C.I)	Exp β (95% C.I)	Exp β (95% C.I)	Exp β (95% C.I)
Perception of sex						
Sex is morally wrong						
Disagree	3.488(2.065,5.756)**	3.749(2.206,6.370)**	1.606(0.809,3.188)	12.846(4.229,38.387)**	14.504(4.762,44.175)**	6.303(1.860,21.354)**
Neutral	6.824(2.463,18.905)**	7.354(2.608,20.733)**	4.203(1.173,15.064)*	21.042(4.460,99.279)**	23.075(762,111.808)**	16.586(2.688,102.333)**
Agree(RC)	1.000	1.000	1.000	1.000	1.000	1.000
Risk of getting HIV						
Small		1.667(0.917,3.032)	1.371(0.651,2.890)		2.405(0.992,5.826)	1.493(0.516,4.323)
Moderate		4.096(1.389,12.077)*	2.459(0.578,10.452)		5.651(1.293,24.708)	3.356(0.569,19.805)
Great		3.292(1.275,8.500)*	2.455(0.751,8.028)		5.177(1.384,19.363)	4.309(0.870,21.340)
No risk at all(RC)		1.000	1.000		1.000	1.000
Sex						
Female			3.005(1.534,5.885)**			1.085(0.416,2.828)
Male(RC)			1.000			1.000
Age						
15-19			0.169(0.086,0.335)**			0.174(0.062,0.486)**
20-24(RC)			1.000			1.000
Educational Status						
No/Pre-school(RC)			1.000			1.000
Primary			4.058(0.567,29.029)			5.732(0.258,127.256)
Middle/JHS			4.580(0.681,30.808)			5.595(0.279,112.121)
Secondary/SHS			3.220(0.477,21.746)			2.606(0.120,56.610)
Higher			5.216(0.517,52.599)			1.672(0.036,77.843)
Religion						
No/Other Religion			1.462(0.454,4.710)			1.756(0.324,9.530)
Orthodox Christian			0.596(0.285,1.247)			0.839(0.286,2.460)
Pentecostal/Charismatic(RC)			1.000			1.000

Other Christians			1.052(0.285,3.883)			0.180(0.016,2.066)
Islam			1.066(0.384,2.963)			2.133(0.573,7.946)
Media Exposure						
TV/Radio and Porn			5.876(2.458,14.049)**			16.779(3.773,74.610)**
TV/Radio Only			1.532(0.593,3.956)			1.263(0.159,10.006)
Porn Only			3.362(1.102,10.258)*			18.091(3.342,97.925)**
None(RC)			1.000			1.000
Marital Status						
Married(RC)			1.000			1.000
Not married			0.150(0.051,0.441)**			0.136(0.036,0.517)**
Separated			0.079(0.012,0.526)**			0.062(0.004,0.950)*
Model-2 Log Likelihood	25.282	66.804	401.255	25.282	66.804	401.255
χ^2(significance)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)
Model R^2	0.176	0.227	0.527	0.176	0.227	0.527

Exp β – Odds Ratio; C.I – Confidence Interval; (RC) – Reference Category; *Significant at α=0.05 **Significant at α=0.01

Source: EDULINK Urban Health Poverty Project, 2011.

CHAPTER SEVEN

SUMMARY, CONCLUSION AND RECOMMENDATIONS

7.1 Introduction

This study sought to examine the association between perception of sex and sexual behaviour among urban poor adolescents.

Using frequencies, cross tabulations, and their linear and multinomial logistic regression techniques, the association between the perception of sex among urban poor adolescents and their sexual behaviours was investigated. Also, the association between their perceptions, their knowledge of risk of getting infected with HIV/AIDS and their sexual behaviour was established. Again, a link was established between the background characteristics of these adolescents and their sexual behaviour.

The selection and measurement of their perception was based in a list of statements about what they strongly disagree, disagree, undecided, agree, strongly agree. Moreover, their perception of sex was divided into two, (i) Sex is used as a form of exchange for money and (ii) Sex is morally wrong to practice. The first theme was selected based on the idea that since the study area is poor in terms of socio-economic conditions, young people especially females may use sexual intercourse as a form of survival strategy. The selection of the second theme was based on the idea that since most of these respondents are not married, engaging in pre-marital sex generally is prohibited in many Ghanaian cultures and this is likely to influence their views about sex.

7.2 Summary

Majority of respondents did not hold the perception of sex as transactional (used as a form of exchange for money) was represented by 65.5 per cent neither disagreed nor agreed with the perception that sex is used as form of monetary exchange. The rest (8.9%) had a strong perception that sex can be used as a means to get money or other gifts. This response was quite unexpected considering the socio-economic environment of the study area and what literature had indicated. This may result as most adolescents will feel like exchanging sex for money may label them as prostitute, which is prohibited among most Ghanaian cultures. The other theme as far as this research is concerned, indicated that about 49 per cent of the respondents perceived that it is not morally wrong for them to have sex. Those who thought sex was morally wrong to be engaged in were represented by 44 per cent. Other who had neutral view as far as the morality aspect of sex is concern was just 8 per cent. This meant that adolescents' perception of sex in poor urban communities were almost equally divided on the issue of the morality aspect of sex.

With regards to other variables that were controlled for, females were more than their males counterparts represented by 54.9 per cent and 45.1 per cent respectively. Those whose ages were between 15 to 19 years were 45.7 per cent and 54.3 per cent for adolescents aged between 20-24 years. Again, those who indicated that they both watched and listened to television and radio programmes where sexual issues and situation were being discussed and also watched pornographic/blue films were 42.3 per cent. Respondents who watched and listened to TV/Radio only or watched pornographic films only were represented by 22.7 per cent and 12.9 per cent respectively. The rest (22.1%) represents those who did not do any of the above. On the marital status of the respondents, majority of the respondents (77.9%) were not married, 19 per cent were married and just 3.1 per cent were separated.

The analysis further looked at the relationship between these control variables and sexual behaviours through cross tabulation of these variables. This linear regression analysis carried out showed that the significant predictors of adolescents' number of sexual partners were sex, age, media exposure and marital status of the respondents.

With respect to sex, the highest proportion of respondents who engaged in multiple sexual partnerships (in the last 12 months) were males representing 14.3 per cent as against their female counterpart who were also represented by a proportion of 9.5. Regarding age, the smallest percentages of adolescents engaging in multiple sexual partnerships (in the last 12 months) were those aged 15-19, who were 5.4 per cent. However, 20-24 year- olds had the largest percentage of respondents (16.9%). Furthermore, adolescents' exposure to only pornographic or blue films was significant because of the higher proportion (23.8%) of those adolescents were engaged in multiple sexual partnerships in the last 12 months preceding the survey as against 16.7 per cent and 2.7 per cent of those who were exposed to both sexual content on television/radio and pornographic films and TV/radio respectively.

Marital status of the respondents was also a significant predictor of sexual behaviour of adolescents. Higher percentage (22.6%) of those who had multiple sexual partners in the last 12 months was associated with adolescents who were married. Those who were not married but had two or more sexual partners were 9.1 per cent and only 10 per cent of them were separated.

Set of nested models were used to investigate the association between adolescents' perception of sex and their sexual partnership. Those whose perception of sex as form of exchange was neutral had a small but significant effect on the outcome. However, when other controlled variables were added in model 3, it significance was totally lost. Concerning their perception of sex as morally

wrong, those who thought it was not wrong to have sex and those who were neutral was a significant predictor of the outcome variable, even with the addition to both the intermediate variable and control variables.

7.3 Conclusion

Sexual behaviour can be influenced by perception of sex and these perceptions are sex as exchange for money and sex as morally wrong. Also adolescents' knowledge of risk of getting infected with HIV and other STIs plays a part in determining their sexual behaviour in an extent. Since these young people are living in an environment that lacked the necessary socio-economic conditions to warrant a decent living, they engage in risky sexual behaviour as a means of survival. Also, they may have adequate knowledge about the risk of getting infected with HIV and Other STIs but majority thinks they are not at risk of getting infected hence engaging in risky sexual behaviour. Similar results were found by Awusabo-Asare et al.(2004).

As far as media contents are concerned, most of the adolescents according to the finding of this study watched both pornographic/blue films and watched sexual contents and discussion on television and this was a significant predictor of the number of sexual partners they took. On their sexual behaviour, most of the adolescents (50.3%) had no sexual partner in the last 12 months preceding the survey.

On their perception of sex, it can be concluded that adolescents in the study area perceived sex as not morally wrong for them to engage in. This means that most of the adolescents did not see anything wrong with having sex at their adolescence stage before they get married. However,

most of them thought that they do not engage in sex for monetary reasons, similar finding also by Henry and Fayorsey (2002).

It is therefore important for the stake holders to pay much attention to adolescents especially those who are in poor urban communities and vulnerable to sexual activities and susceptible to HIV/AIDS and other sexually transmitted infections.

7.4 Recommendations

Based on the findings of this study, the following recommendations were suggested

First, more sex education should be intensified to change the perception of sex among adolescents in poor urban communities with special emphasis on the morality aspect of sex since almost half (48.5%) of them sees nothing wrong with engaging in premarital sexual acts.

Also, more education and sensitization needs to be embarked upon on the knowledge about risk of getting HIV/AIDS vis-à-vis engaging in risky sexual behaviours. This is because most of them think they have no risk of getting infected with the disease.

More attention should be devoted to those adolescents who do not have sexual partners since they are susceptible to sexual exploitation considering the nature of the social environment in terms of the sexual culture of the study area. This shows adolescents in this community needs partners to survive in the area.

Finally, there is a need for media regulation by parents, guardians and opinion leaders in such communities. There must be appropriate monitoring of the contents these young people watch or listen to on these media platforms since it shapes the way they perceive sex and it came out as a significant predictor of their sexual behaviour.

REFERENCES

Adanu, R.M., Seffah J., Anarfi J.K, Lince N., and Blanchard K. (2012), 'Sexual and Reproductive Health in Accra, Ghana'. Ghana Medical Journal, June 2012 Volume 46, Number 2.

Amazigo U, Nancy S, Joan K and Daniel S. Obikeze (1997) : Sexual Activity and Contraceptive Knowledge and Use among In-School Adolescents in Nigeria. International Family Planning Perspective, Vol.23, No 1(Mar.1997)

Awusabo-Asare K and Anarfi JK (1999), 'Rethinking the circumstances surrounding the first sexual experience in the era of AIDS in Ghana'. The Continuing African HIV/AIDS Epidemic, 1999, 9-18.

Awusabo-Asare K, Albert M. Abane and Kumi-Kyereme A (2004), Adolescent Sexual and Reproductive Health in Ghana. A Synthesis of Research Evidence.

Biddlecom A, Singh S, Awusabo-Asare K (2007), 'The role of the family environment in Adolescent sexual activity in four African countries'.

Billy, John O.G, Tanfer Koray, Willam R. Grady and Daniel H. Klepinger (1993), 'The Sexual Behaviour of Men in the United States. Family Planning Perspective Vol. 25, No. 2 (Mar-Apr. 1993), pp 52-60.

Brad K, Manohar S, Cecile M and Mihoko T (2011). 'Adolescent sexual and reproductive Health in humanitarian settings'.

Brewster Karin L., John O.G. Billy, and William R. Grady (1993), 'Social Context and Adolescents Behaviour: The impact of community on Transition to Sexual Activity.' Social Forces (1993) 71(3): 713-740. Doi: 10.1093/sf/71.3.713.

Byers, E. (2005). Relationship satisfaction and sexual satisfaction: A longitudinal study of individuals in long term relationships. Journal of Sex Research,42,113-118.

Dodoo F. Nii-Amoo (2004),'Sex and survival, the sexual behaviour of the poor in African cities'.

Faulkner S.L (2003), 'Good Girl or Flirt Girl: Latinas' Definition of Sex and Sexual Relationships'. Hispanic Journal of Behavioral Sciences 2003 25:174.

Gail B. Slap, Lucy L, Bin H, Comfort A. Daniyam, Therese M Zink, Paul A Succop (2003), 'Sexual behaviour of adolescents in Nigeria: cross sectional survey of Secondary school students'. BMJ VOLUME 326.

Hallman Kelly (2004), 'Socioeconomic Disadvantage and Unsafe Sexual Behaviours among Young Women and Men in South Africa'. The Population Council, Inc.

Hughes Jane and Ann P. McCauley (1998), Improving the Fit: Adolescents' Need and Future Programs of Sexual and Reproductive Health in Developing Countries. Studies in Family Planning, Vol. 29. No.2 Adolescent Reproductive Behaviour in the Developing World (June, 1998), pp 233-245.

Hulton J. Linda (2001), 'Adolescent Sexual Decision-Making: An integrative Review. Journal of Knowledge Synthesis for Nursing. Volume 8, Document number 4.

Jejeebhoy S and Bott S (2003), 'Non-Sexual Experience of Young People: A Review of the Evidence from Developing Countries'. South and East Asia Regional Working Paper No. 16 New Delhi, India. The Population Council.

Korra A and Mesfin H (1997), 'Sexual behaviour and level of awareness on reproductive health Among youths: Evidence from Harrar, Eastern Ethopia'. Ethiopia Journal on Health and Development 1999; 13(2): 107-113.

Mai D and Meekers D (2008), 'Multiple sex partners and perceived risk of HIV infection in Zambia: attitudinal determinants and their gender differences'. AIDS Care : Psychological and Socio-medical Aspect of HIV/AIDS. Volume 21, Issue 10, 2009. DOI: 10.1080/09540120902730047. Pages 1211-1221.

Miangotar Y and LeGrand T (2004), 'Association between Age at First Sexual Relation and Some Indicators of Sexual Behaviour among Adolescents'. African Journal on Reproductive Health 2012 (Special Edition); 16[2]: 173-188.

Milly M, Donatien B, Caroline K, and John C, (2009),'Predictors of Sexual Debut Among Young Adolescents in Nairobi's Informal Settlements'. International Perspectives in Sexual and Reproductive Health, 2013, 39(1): 22-31.

Negussie T, Johanne S, Carola Holm H, and Gunnar B (2002),'HIV prevalence and socio-cultural contexts of sexuality among youth in Addis Ababa, Ethiopia Journal on Health Development, 2002; 16(2):139-145.

Ralph J. DiClemente, Laura F. Salazar, and Richard A. Crosby (2007), 'A Review of STD/HIV Preventive Interventions for Adolescents: Sustaining Effects using an Ecological Approach'. Journal of Pediatric Psychology 32(8) pp: 888-906

Regina G, Mohamed L. Yansane, Micheal M, and Dominique M (1995), 'Sexual Behaviour and Attitudes among Unmarried Urban Youths in Guinea'. International Family Planning Perspectives. 1998, 24(2): 65-71.

Rich M, (2005), 'The Influence of Entertainment Media on Sexual Attitudes and Behaviour'. National Campaign to Prevent Teen and Unplanned Pregnancy, 2008. Dec. 18-38.

Rosenthal D, Moore S, and Flynn I, (1991), 'Adolescent Self-efficacy, Self-esteem and Sexual Sexual risk-taking'. J. Community Appl. Soc. Psychol, 1:77-88 doi: 10.1002/casp:2450010203.

Sanders SA and Reinisch JM (1991), Would You Say You "Had Sex" If.…? The Journal of the American Medical Association, 1999.

Shireen J. Jejeebhoy (2006), 'Sexual and Reproductive Health of Young People: Expanding the Research and Program Agenda'. Population Council, New Delhi. David and Lucile Packard Foundation Population Program Review Task Force, January, 2006.

Simona R and Krugu J.K (2009), 'Knowledge, Attitude and Practices study on Reproductive Health among Secondary School Students in Bolgatanga, Upper East Region, Ghana'. African Journal on Reproductive Health 2009; 13[4]: 51-66.

Terri D. Fisher, Zachary T. Moore and Jo-P Mary (2012): Sex on the Brian? An Examination of Frequency of Sexual Cognitions as a Function of Gender, Erotophilia and Social Desirability, Journal of Sex Research, 49:1, 69-77.

Tweedie I and Witte K (2000), Ghana Youth Reproductive Health Survey Report, Accra, Ghana: Ghana Social Marketing Foundation, 2000.

UNAIDS (1999), Sex and youth: contextual factors affecting risk for HIV/AIDS. A comparative analysis of multi-site studies in developing countries.

Varga C.A (2001), The Forgotten Fifty Per Cent: A Review of Sexual and Reproductive Health Research and Programs Focused on Boys and Young Men in Sub-Saharan Africa. African Journal of Reproductive Health.

Wingood G.M, DiClemente, R.J, Harrington K, Davies S.L, Hook III EW and Oh M.K (2001), Exposure to X-rated movies and adolescents' sexual and contraceptive-related attitudes and behaviours. Pediatrics, 107(5), 1116-1119.

Wouhabe M (2007), 'Sexual Behaviour, Knowledge and Awareness of Related Reproductive Health Issues among Single Youth in Ethiopia. Africa Journal of Reproductive Health.

Zoë D. Peterson and Charlene L. Muehlenhard (2007), What Is Sex and Why Does It Matter? A Motivational Approach to Exploring Individuals' Definitions of Sex, The Journal of Sex Research, 44:3, 256-268, DOI: 10.1080/00224490701443932.