

# **Adolescent Sexual and Reproductive Health Behaviour in Dodowa, Ghana**

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### **Executive Summary**

This report presents findings from a study of sexual and reproductive health status of in-school and out-of-school adolescents in Dodowa, Ghana, carried out in 2001. The research aim was to help design a program to address adolescents' unmet needs and promote safer behaviours. The research design used both qualitative and quantitative methods, including focus group discussions, PLA techniques and surveys. Students of Junior and Senior Secondary Schools, out-of-school adolescents, teachers, parents and community opinion leaders were included in the study.

Major findings are:

- Adolescent premarital sexual activity is fairly common: 54 percent of the never-married male students, and 32 percent of the never-married female students reported sexual experience.
- Adolescents' sexual partners include their peers, teachers and "sugar daddies."
- Both female and male adolescents reported being forced to have sex.
- Three in five adolescents -- both female and male -- use condoms, but use is selective and inconsistent.
- Males refuse to use condoms with their regular partners.
- Female adolescents do not insist on condom use because they are afraid of losing their *boy lovers*, or need monetary support from older partners.
- Some teachers use their position to force female students to have sex with them.

Teenage pregnancy, its termination and unwed motherhood are not that uncommon: 29 percent of the sexually active female adolescents reported that they had been pregnant at some time.

- Female adolescents use harmful albeit inexpensive methods for terminating their unwanted pregnancies.
- Both male and female adolescents are at risk of sexually transmitted infections (STIs) and HIV/AIDS due to unprotected sex.
- The larger context of poverty, lack of opportunities for education, and unemployment are major concerns for the adolescents and their parents.
- Most parents think that sexual and reproductive health education should be offered to adolescents. Abstinence and condom use are their preferred methods of protection for their adolescents.

These findings indicate the need to promote safer sexual and reproductive health behaviours among adolescents and young teachers.

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# **Adolescent Sexual and Reproductive Health Behaviour in Dodowa, Ghana**

## **Part I: Background**

### **INTRODUCTION**

This report presents findings from a baseline study conducted by the Centre for Development and Population Activities (CEDPA) and the Ghana National Association of Teachers (GNAT) in support of a local sub-project, the *GNAT Initiative* under CEDPA's global ENABLE Project. Baseline data and information were gathered on the current sexual and reproductive health status of in-school and-out-of school adolescents and young teachers. Enabling environmental factors, reproductive health service and product utilization, sexual behaviour, unprotected sex, teenage pregnancy, STIs, HIV/AIDS and role of gender inequalities in these matters were the topics under investigation. Findings relevant to adoption of dual protection are published in a separate paper.

### **METHODOLOGY**

Quantitative and qualitative research methods were used to collect data. The quantitative and qualitative research instruments were designed in such a way that they complement each other.

#### ***The Qualitative Study***

The key qualitative research method used was focus group discussions, which were held with community opinion leaders, teachers, national service personnel as well as in- and out-of-school adolescents. Other tools typically used in Participatory Learning and Action (PLA), included scoring and ranking, mapping and guided walk, supported the focus groups. Individual sex histories were also taken from a cross-section of adolescents and young teachers.

Separate focus group discussion guides were prepared to guide the discussions with in-school adolescents, out-of-school adolescents, teachers and community opinion leaders. A total of 12 focus group discussions were held with separate groups including opinion leaders, teachers, national service personnel, male and female in- and out-of-school adolescents, including those in Senior Secondary School (SSS) and Junior Secondary Schools (JSS). Information was also gathered from secondary sources, including head teachers/masters, the local health centre, pharmacy shops and the District Assembly.

#### ***The Quantitative Study***

For the quantitative research, three questionnaires were designed and applied as instruments for data collection. One questionnaire was directed to adolescents (both in-

school and out-of-school), one to teachers and the third to parents and community opinion leaders. For the in-school adolescents, the questionnaire was administered at both the SSS and JSS level. The SSS questionnaire was self-administered, while trained research assistants administered the questionnaire to the JSS and out-of-school adolescents.

The adolescent questionnaire was administered to representative samples of adolescents and teachers. A sample size of 400 adolescents was decided by the research team to represent about 30 percent of adolescents (of the age group 15-20) in the Dodowa community. To be representative, this sample of 400 was drawn with emphasis on adequate representation of both sexes. Care was taken to ensure that both the junior secondary and senior secondary strata of the educational system as well as the different educational institutions spatially spread in different sections of the community were represented.

All five JSSs in the community were covered. Equal numbers of boys and girls in forms 1, 2 and 3 available at school that day were picked. There is only one SSS in the community, from which an equal number of boys and girls from forms 1 and 2 present at school that day were picked. The out-of-school samples were drawn from all the 16 identifiable suburbs (local units) of the Dodowa community. Equal numbers of females and males aged 15-24 were picked. Only 2 percent of the students and 27 percent of the out-of-school respondents (20% males and 34% females) were ever married or lived in cohabitation units.

**Table 1. Distribution of adolescents participating in the survey**

Category of Adolescents		Males	Females	Total (N) %
In school	JSS Day students	53	49	(102) 25.6
	SSS--Day students	52	52	(195) 49.0
	SSS--Boarders	48	43	
Out of school		50	51	(101) 25.4
<b>Total</b>		<b>203</b>	<b>195</b>	<b>(398) 100.0</b>

Of the 398 adolescents who participated in the survey, 51 percent were male, 49 percent were female, and 25 percent were out-of-school. Of the 195 SSS students, 104 were day students while 91 were in the boarding house (Table 1.)

Fifty teachers (29 female and 21 male) responded to the teachers' survey. They were drawn from both JSS and SSS levels, and included National Service Personnel. The third instrument was a community-level questionnaire directed at parents and opinion leaders, including district assembly personnel, chiefs, heads of institutions and religious leaders. A total of 99 adults, both men and women comprising parents and opinion leaders, responded to these questionnaires. The results from the teachers' survey and the community survey are not presented in detail here, but they are referred to at various points.

Local CEDPA staff and key contact persons of GNAT in Accra and Dodowa organized community entry. A day's reconnaissance visit was conducted to sensitize local GNAT

members at Dodowa and to enable technical personnel from CEDPA to gain a first-hand view of the community's spatial and social organization as a basis for effective sampling. Research assistants were selected from within and outside the GNAT's membership and trained to help test and administer the research instruments. CEDPA's headquarters in Washington, DC and KEADS Development Services, an Accra-based consultancy firm, provided technical backstopping. The authors of this report moderated focus group discussions and the first author conducted the surveys.

## **DODOWA: SOCIO-ECONOMIC AND CULTURAL CONTEXT**

The target project community where this research was carried out is the district capital of the Dangbe west District of the Greater Accra. Dodowa is located in the rural section of the most urbanized region of Ghana, less than 50 kilometres from the national capital Accra and the harbour city, Tema. The population of the community is estimated at 7,000.

### ***Poverty***

From a Ghanaian perspective, poverty is described as a composite personal and community life situation. On the personal level, poverty is manifested in the inability of the individual or the household to acquire basic necessities of life in terms of food, shelter and clothing. At the community level, it is manifested in the lack of access to basic community services such as health, education, water supply and sanitation.

Poverty was noted to be of particular significance to the present research. It was very frequently cited as a major driving force in the social, sexual and reproductive health behaviour of adolescents in the project area. At the level of the individual adolescent, poverty (as reported by all the focus groups of opinion leaders contacted) has resulted in parents' inability to provide the needs (food, school fees and clothing) of their adolescent sons and daughters. A focus group of female adolescents from SSS students estimated that six in 10 of their peers faced serious financial difficulties while in school.

### ***Education***

Dodowa has one pre-school institution, four primary schools, four Junior Secondary Schools, one Senior Secondary School and one community-based vocational institute (Integrated Community Centre for Employable Skills). Christian churches and the local authority (District Assembly) run most of these educational institutions.

By the age of 15 years, most adolescents are expected to have completed JSS, progress into SSS or other forms of secondary education, go into apprenticeship to learn employable or marketable skills, be employed or become self-employed as traders, farmers or artisans. Of the 101 out-of-school adolescents interviewed in Dodowa, 18 percent indicated they had completed SSS. Dropping out of the formal educational echelon was largely attributed to an inability to pay fees and, in the case of some girls, to pregnancy.



### ***Marital Status***

Most (90%) of the adolescents were single. Out-of-school girls (66%) and boys (74%) were more likely to be married. Among the out-of-school boys, 16 percent were currently married, 6 percent divorced and 4 percent cohabitating; among the out-of-school girls, 26 percent were currently married, and 8 percent cohabitating.

### ***Employment***

Unemployment was an issue for all out-of-school youth, but especially for the females. One in four (24%) female out-of-school adolescent respondents were unemployed, compared with 5 percent of their male peers.

### ***Health Facilities***

A single health post, two pharmacy/chemist shops and a private midwifery clinic serve the Dodowa community. Traditional herbalists also provide health services.

### ***Religious Orientation***

The predominant religious institutions in the Dodowa community are Christianity and Islam, with some limited degree of traditionalism. Specifically, the Christian denominations identified are the Presbyterian, Roman Catholic, Methodist and the Pentecostals.

### ***Ethnicity***

The indigenous and predominant ethnic group of Dodowa are the Shais, a sub-ethnic group of the Dangmes of the Greater Accra Region of Ghana. In their local dialect the term adolescent is referred to as “Zangbawe” for females and “Zangbaniewi” for males. Other important ethnic groups identified during the present research were the Ewes, Akans, Gas and, to a much lesser extent, those of the Northern parts of Ghana.

## Part II: Research Results

### ADOLESCENT SEXUAL BEHAVIOURS

One of the key objectives of the present research was to obtain data and information that will help explain the sexual and reproductive health situation of adolescents and young teachers in the project area.

*Table 2. Percentage of adolescents with sexual experience*

School Category	Males	Females	Total
JSS	49	39	44
SSS-All	63	27	46
Day	67	27	47
Boarders	58	28	44
Out of school	84	80	82
Total % (n)	65 (203)	44 (195)	55 (398)

Overall 55 percent of the adolescents interviewed reported having ever had sex. Among the in-school students 65 percent of the males and 44 percent of the females had ever had sex.

#### *Pre-marital Sex*

Pre-marital sex by adolescents appears to be a fairly common phenomenon in the Dodowa community. About nine in 10 (88%) of all sexually experienced adolescents were never married. Of these never married, 54 percent of the males and 32 percent of the females have had sex. Of those ever married, 58 percent of the males and 83 percent of the females reported that their first sexual partner was not their spouse.

A number of reasons were adduced for the practice of pre-marital sex among adolescents in the Dodowa community. The main reasons identified from the present research are: money, sexual pleasure and peer pressure.

#### *Sex for Money*

About one-third (33%) of the sexually-active female adolescents and 13 percent of the sexually-active males indicated they had had sex for a financial reward. The highest percentage were JSS girls (68%), compared with 23 percent for the SSS and 22 percent for the out-of-school girls.

An out-of-school female adolescent apprentice said she engaged in a sexual relation with a man to obtain money to buy training materials for her apprenticeship.

*“Parents do not provide; if a man provides and proposes, I will give sex to him and get what I want.”*

--SSS female student

Members of a focus group of in-school adolescent girls at SSS said many of their peers engaged in sexual relations with *sugar daddies* to obtain money to meet their needs. Separate focus groups of JSS boys and girls opined that because some parents were not able to give money to their adolescent girls to buy food in school, many of the girls gave in to sex with boys (their peers), teachers and businessmen, including strangers, for money. Two separate focus groups of in-school female adolescents affirmed that some heads of institutions had sex with students with a promise to pay their school fees.

A male SSS adolescent explained that some male students entered into sexual relationships with their peer female adolescents who were perceived to have money. Some “boy lovers” (peer sexual partners) encouraged their female partners to have sex with wealthy men and bring money for their joint use.

Poverty was apparently the major driving force underlying the practice of sex for money.

### ***Sex for Academic Favours***

In-school adolescents reported that some students engaged in sexual relations with teachers and sometimes school administrators for favours related to their schooling. Such relationships were for one or more of the following benefits: extra tuition; award of undeserved marks; and leakage of examination questions.

### ***Sex for Pleasure***

The issue of sex for pleasure was raised by several focus groups, including those of community opinion leaders as well as male and female focus groups of adolescents. Some female adolescents said that beyond sex for money, they had sex for pleasure with peers they called “boy lovers”. In contrast, male adolescents reported sexual pleasure as the main reason for their sexual activity.

### ***Sex due to Peer Pressure***

Peer pressure was identified as one of the very important factors driving the sexual behaviour of many male and female adolescents in the Dodowa community. Peer pressure was manifested in adolescents engaging in sexual activity to raise their ego among their peers.

Male students emphasised that some of their peers indulged in sex to make them belong to the group of exciting self-acclaimed “champions” popularly called by other students *Ogboo* or *Oshe*. Some girls took delight in developing relationships with high-class personalities such as “a boy whose father has an E-class Mercedes Benz” and “lives at East Legon”, or “with the rich man himself”.

A focus group of female students felt that peer pressure was often stronger among female students living in the boarding house than those who were day students. For male

adolescents, peer pressure was suggested as the most important driving force in their sexual life. A focus group of out-of-school adolescents estimated that six of every 10 sexual activity by their peers might be due to peer pressure.

### **Casual Sex**

Casual sex was the practice of having sex with a stranger, often occurring once and never again. In the survey 14 percent of the males and 13 percent of the females reported that their first sexual partner was a stranger. According to the both focus group discussions and the survey, casual sex was more common at the JSS level.

**Table 3. Percentage of sexually active females who had sex with a stranger**

<b>Practice</b>	<b>JSS</b>	<b>Senior Secondary School</b>	<b>Out-of-School</b>	<b>Total</b>
With a stranger (in general)	63	0	7	17
With a stranger for financial reward	47	0	7	14
Total (n)	(19)	(52)	(41)	(86)

Members of a focus group of female SSS Day students described this practice in their local terminology variously as *wo shikome* (meaning slept once) or *one touch* (meaning having sex with a partner at the first meeting). Almost two-thirds of JSS females reported having sex with a stranger, while SSS and out-of-school females reported none.

*“If a man calls you, talks to you and gives you ten thousand (10,000) Cedis, if he calls you next time, you will go.”*

--Female JSS student

*“Because we cannot afford the gate fees to dance parties, it is normal practice that the man who offers to pay your gate fee will have sex with you afterwards.”*

--Female JSS student

The types of casual sex described by informants from different focus groups of adolescents suggest that the practice was sometimes driven by the need of or the desire for financial favours, particularly for females. Overall, 17 percent of the females and 9 percent of the males had sex for financial rewards, with the highest percentage among JSS females (30%). Among the sexually active JSS females, almost half (47%) of them have had sex with a stranger for money (Table 3).

### **Multiple Partners**

Two times more adolescent males than females reported having multiple partners over the past year. The number of sexual partners of male adolescents over the past year ranged from 0 to 12 while those of the females ranged from 0 to 22. In the upper extreme three SSS day students indicated they had 16, 21 and 22 sexual partners.

**Table 4. Percentage of adolescents who had multiple partners in the past year**

<b>School Category</b>	<b>Male</b>	<b>Female</b>	<b>Total Percent (n)</b>
JSS	58	16	40 (43)
SSS--All	68	31	58 (60)
Day	68	50	63 (32)
Boarders	68	0	54 (28)
Out of school	38	28	33 (79)
<b>Total % (n)</b>	<b>55 (108)</b>	<b>26 (74)</b>	<b>43 (182)</b>

- Males were more than twice as likely to have multiple sexual partners as females (55% vs. 26%).
- A higher proportion of male in-school adolescents engaged in multiple sexual partner behaviour than male out-of school adolescents; and
- A higher proportion of day school females engaged in multiple sexual partner behaviour than their female boarder peers.

### **Forced Sex**

The survey data show (Table 5) that male and female adolescents, as a whole, were equally exposed to forced sex (15-16%), with the highest percentage being among JSS females (27%).

**Table 5. Percentage of students ever forced to have sex**

<b>School Category</b>	<b>Males-all</b>	<b>Females-all</b>	<b>Females-sexually active</b>	<b>Total (n)</b>
JSS	11	27	63	(102)
SSS- All	20	14	50	(195)
Day	19	14	50	(104)
Boarders	21	14	50	(91)
Out of school	13	6	7	(98)
<b>Total % (n)</b>	<b>16 (200)</b>	<b>15 (195)</b>	<b>33 (86)</b>	<b>(395)</b>

The evidence from focus group discussions suggests that forced sex was a common phenomenon, and this observation was further reinforced by quantitative data on sexually active females: 33 percent of 86 sexually active females reported ever having been forced to

have sex. This varied from a high of 63 percent for JSS, to a low of 7 percent for out-of-school females.

In the female out-of-school focus group, one woman said she became pregnant from a rape. The matter was settled amicably, and the man was requested to compensate her financially and take care of the child. However the support she received from him was sporadic. A female SSS student said her aunt's husband raped her when she lived with them as a day student attending SSS. In-school female adolescents were more susceptible to forced sex, and JSS female adolescents were the most susceptible. Across the different categories, female adolescents were most likely to be forced to have sex by their male peers. Beyond their peers, the female students were most likely to be forced into sex by strangers and *sugar daddies*. Teachers, church fellowship members, cousins, and uncles were the others mentioned in connection with forced sex.

Teachers accounted for only 5 percent of those forcing female adolescents to have sex. Female students described how teachers force them into sex. In this scenario, the teacher invites a female student to his home on a Saturday to wash his clothes. After the washing the teacher makes sexual advances; if he fails he tries to force the student to have sex. If he does not succeed, he makes things difficult for her in the classroom.

### ***Same-sex Activities***

Little information on same-sex activities could not be elicited during focus group discussions. Female students in boarding houses acknowledged the occurrence of same-sex activities among girls. Male students, on the other hand, denied knowledge regarding male same-sex activities.

### ***Sexual Networks***

Both qualitative and quantitative data suggest that adolescents' sexual networks could be wide, including their peer male students, National Service Personnel, teachers, sugar daddies, strangers, church fellowship members, cousins and heads of educational institutions. The predominant sexual partners for most adolescents, both male and female, were their peers. This was true in both consensual and forced sex.

### ***Unprotected Sex***

Unprotected sex was common among the adolescents in the project community. The qualitative information as well as the quantitative data indicate non-use of condoms as well as other contraceptives.

Of the 190 sexually active adolescent respondents, 41 percent did not use a condom, 34 percent did not use any modern contraceptive (e.g. vaginal foaming tablet, pill, condom, IUD, injectables, Norplant) and 30 percent did not use any family planning method at all during their last sexual encounter.

## **TEACHER-STUDENT SEXUAL RELATIONSHIPS**

Five of 145 (or 3%) of the in-school female adolescents interviewed reported that they had had sex with a teacher. Of these two students were in JSS and three were in SSS. All 3 female SSS students were boarders (or 7% of the female boarders interviewed). One of the 45 male SSS boarders also indicated ever having had sex with a teacher.

One teacher reported that he had had sex with four female students. He did not use any contraceptive method the last time he had sex with a student. About one-third of the 50 teachers interviewed -- six males and 11 females -- reported that they knew one or more teachers who had had sex with students.

Focus groups suggest that such relationships existed mainly between female in-school adolescents and national service personnel, younger teachers, and some heads of institutions in that order.

An important aspect of the teacher-student sexual relationships was the fact that most students never reported such relationships to school authorities. Even the coercive sexual relationships went unreported. In explaining this issue, one female student retorted saying, "who do you report to?," as some heads of institutions were themselves culprits. Through scoring and ranking, a focus group of female in-school adolescents suggested that six out of every 10 sexual relationships between students and teachers was based on mutual agreement related to marks, money or love. Coercion by false pretences (popularly called by the students "azaa") accounted for four out of every 10 of such relationships.

A focus group of female students expressed no confidence in the capacity of the educational authorities to deal with the issues, nor could they rely on support from their student peers.

*"If you report, you will become 'Tupak', all eyes on you; friends, students and teachers will all desert you".*

--Female student

### ***Sexual Relations and Networks of National Service Teachers***

National Service is a scheme institutionalized by the Government of Ghana, making it mandatory for graduates, particularly those from the tertiary institutions of the country, to offer voluntary service to the nation for one year as a way of paying for educational subsidies or scholarships received by the individual during his/her education. The NS teachers were perceived as the biggest culprits in teacher-student sexual relationships.

Most of the service personnel said they had regular sexual partners outside Dodowa, mostly in Accra, and that they had other partners in Dodowa, including students and female NS personnel. They explained the nature of such sexual relationships:

*“It is a way of taking out the heat, you con the girl to release the stress after the service you go”.*

*“Village girls are beautiful but their educational background is low, you cannot take them anywhere, you can only have fun with them and leave”.*

*“Having sex with students has been a source of pride and fun for the service personnel. It even becomes competitive as personnel discussed the highest scores (number of students they had sex with)”.*

### ***Sexual Relations and Networks of Young Teachers***

Two separate focus groups of young teachers -- one male and the other female -- were conducted during this research. A commonality in the sexual lifestyles of both the male and the female teachers was that they were mostly unmarried. Of those who had regular sexual partners, most of these partners lived outside Dodowa.

Out of the 49 (male and female) teachers who responded to the survey, 20 percent were married and living with their spouses. The rest were either not married or had spouses who lived outside the Dodowa community. Only five (26%) male teachers and five (17%) female teachers were married and living with their spouses in Dodowa.

The simultaneous practice of unprotected and multiple partner sexual behaviour by teachers may put their sexual and reproductive health at risk, as well as that of their partners.

## **CONTRACEPTION AND CONDOM USE**

The condom was the contraceptive method known to most adolescents. To a limited extent others mentioned vaginal foaming tablets (VFT), secure pills (oral contraceptives), withdrawal, and vasectomy. However, some believed that if girls drink soda (fanta) after sex, they would not get pregnant.

### ***Condom Negotiation***

***Table 6. Percentage of adolescents who ever insisted on condom use***

<b>School Category</b>	<b>Male</b>	<b>Females</b>	<b>Total</b>
JSS	83	74	79
SSS-All	49	82	57
Day	41	70	63
Boarders	58	100	68
Out of school	62	59	61
Total % (n)	60 (110)	68 (73)	63 (183)



The data indicate that 63 percent of sexually active adolescents had ever insisted on condom use (Table 6). Male students in SSS, out-of-school male adolescents, and out-of-school female adolescents were the least able to insist on condom use. Female boarders in SSS were much more able to insist on condom use than the female day students. Even though many of the adolescents reported that they had ever insisted on condom use, information from focus group discussions suggests that such insistence was neither necessarily successful nor consistent. The common experience of female out-of-school adolescents was that they often encountered difficulties getting their adult partners to use condoms even though they could easily insist on condom use with their peer “boy lovers.”

Two different explanations were offered as to why adolescent girls could not insist on condom use. A male student said that in order to avoid condom use, he and his friends usually say to the women:

*“If you love me, let me do it without a condom.”*

According to him, the girl agrees because she wants to show the boy that she loves him. On the other hand, with older partners, female adolescents’ bargaining power is compromised by their desire for money, marks, examination questions and extra-tuition.

The popular term used by JSS students for condom was *CD*. Some of the reasons given by those JSS girls who indicated they could not insist on condom use were:

*“Some will beat you up if you refuse”.*

*“Some will rape you”.*

*“I will accept for the man to do it without the condom”.*

*“The man may stop buying things for me.”*

Despite the difficulties involved in condom negotiation, the fact that many of the adolescents, both male and female, had ever insisted on condom use presents a potential for improving condom negotiation.

### ***Condom Use***

Consistent with the knowledge patterns, condoms were the most used contraceptives among the adolescents, with highest use among JSS females and SSS males (Table 7). While the overall levels of non-use of condoms were similar between both sexes, out-of-school adolescents (both male and female) and female SSS day students were the least likely to use condoms and other family planning methods.

**Table 7. Percentage use of family planning methods**

Type of Contraceptive	Male				Female				Total
	JSS	SSS	Out-of School	Sub-Totals	JSS	SSS	Out-of School	Sub-Totals	
The Pill	20	0	5	6	6	5	8	7	6 (12)
Condom	56	68	52	60	71	62	53	59	59(113)
Others*	4	4	0	3	5	10	5	6	5 (7)
None	20	28	43	31	18	24	34	28	30 (57)
<b>Total % (n)</b>	<b>100 (25)</b>	<b>100 (47)</b>	<b>100 (42)</b>	<b>100 (114)</b>	<b>100 (17)</b>	<b>100 (21)</b>	<b>100 (38)</b>	<b>100 (76)</b>	<b>100 (190)</b>

\*Others include safe period, withdrawal, herbs and VFT

Despite the above average figures representing condom use, information from several focus groups suggests that use of condoms was inconsistent and they were at best selectively used.

The adolescents said that condom use negotiation was not always feasible for certain types of partners, given the wide sexual networks within which many of the adolescents operated. Young male teachers and NSS personnel were not particularly enthusiastic about condom use and felt that condoms reduced sexual pleasure.

Men reported using condoms with new female partners, but once they were convinced that the partner is a virgin, they stopped using condoms. The common scenario was that young men used condoms for their non-regular partners, but not for their regular partners because they expected their regular partners to be faithful. Even when men had other partners, they did not hesitate to refuse condom use with regular partners.

Consistent with their difficulties in condom negotiation, the female day students in SSS were less successful (43%) in condom use than their female peers in the boarding house (89%). Further, condom use among adolescents was intended more to prevent pregnancies than sexually transmitted infections (STIs). The inconsistent and selective use of condoms within the context of a high-risk sexual environment could have hazardous consequences for the adolescents and their partners.

### ***Female Condoms***

According to focus groups a very small proportion of adolescents had heard about female condoms. According to the survey, 43 percent of the sexually-active adolescents (including males and females) had ever heard of a female condom, 29 percent had seen it and only 4 percent had ever used it.

### ***Condom Distribution***

According to the adolescents and pharmacy shop operators in the area, young people procured condoms from pharmacy or chemists' shops. Beyond these, several focus groups of adolescents suggested that condom distribution through teachers would not be feasible,

rather they would prefer to access condoms through their peer group leaders such as prefects.

### **PREGNANCY, PREGNANCY TERMINATION AND MOTHERHOOD**

According to this research, adolescent pregnancy, pregnancy termination and motherhood were not uncommon within the Dodowa community.

#### *Adolescent Pregnancy*

Consistent with the perceived levels of sexual activity by adolescents in the Dodowa community was an equally high incidence of adolescent pregnancy. Of the 195 sexually active female adolescents surveyed, 19 percent said they already had a child (Table 8). Out-of-school adolescents (39%), who are older, were most likely to become teen mothers. According to the focus groups, many of them were not married nor financially supported. For those who received some support, it did not continue beyond a couple of years. The adolescent mothers were mostly unemployed and still needed parental support; their babies often became a burden on their already impoverished parents. Due to inadequacy of the support these adolescent mothers receive, some of them develop other sexual relationships for additional support.

**Table 8. Percentage of sexually active females who had been pregnant and who already had a child**

<b>Pregnancy Status and Outcome</b>	<b>JSS</b>	<b>SSS</b>		<b>Out-of-School</b>	<b>Total % (n)</b>
		<b>Day</b>	<b>Boarders</b>		
Had ever been pregnant	11	7	25	50	29 (86)
Had a child	6	0	0	39	19 (78)

Even though 19 percent of sexually active female adolescents indicated that they already had a child, 29 percent indicated they had ever been pregnant, suggesting that some pregnancies did not progress to delivery. Similarly, though none of the SSS adolescents indicated they had a child, 10 percent of all SSS females, comprising 7 percent of day students and 25 percent of boarding students, indicated they had ever been pregnant.

Information from various focus group discussions suggests that the strong factor influencing adolescents' reaction to their pregnancy (females) or a pregnancy they were responsible for (males) has been the fear of a hostile reaction from parents. One common scenario was for adolescents to be driven away from home, both the females who became pregnant as well as the males who were responsible for a pregnancy. However, in many cases parents also help their daughters to support and take care of the babies. In a few cases, parents might help their daughters to obtain an abortion.

In case of pregnancy, female adolescents affirmed that they would first consult their sexual partners, followed by their peers to try to obtain an abortion. In case they fail, then they reveal their pregnancy status to their parents. The male adolescents were more likely to first consult their peers for advice if they impregnated a girl.

### ***Pregnancy Termination***

According to all the focus groups as well as the community leaders, the practice of pregnancy termination is not uncommon among adolescents in Dodowa.

***Table 9. Percentage of sexually active adolescents who ever terminated or were responsible for a pregnancy that was terminated***

<b>School Category</b>	<b>Males</b>	<b>Females</b>	<b>Total</b>
JSS	13	7	10
SSS-All	15	10	14
Day	18	0	13
Boarders	11	25	14
Out of school	28	28	28
Total % (n)	18 (117)	18 (71)	18 (188)

Nearly one in five (18%) of the sexually active adolescents reported that they had ever terminated or been responsible for a pregnancy that was terminated (Table 9). Out-of-school youth and female SSS boarders reported relatively higher rates.

Apart from fear of parental reaction, female adolescents mentioned other pressures that led them to pregnancy termination, such as:

- She did not wish to drop out of school;
- Partner (man/boy responsible for the pregnancy) was financially incapable of taking responsibility for her and the baby; or
- Partner denied responsibility for the pregnancy.

Most of the pregnancy termination methods mentioned by the adolescents were unsafe. Pregnancy termination at home referred to the inducement of termination at girls' own house or in the house of a private informal practitioner. In focus groups, in-school and out-of-school female adolescents described a wide range of concoctions used by their peers to terminate pregnancies at home without the knowledge of their parents. The concoctions mentioned include:

- One cup of coffee and one margarine tin of sugar;
- Broken bottles ground smooth and inserted into the vagina;
- Finely granulated broken bottles mixed with washing blue and taken orally;
- The juice and cutting of a herbal plant *stachytapheta sp* inserted deep into the vagina;
- High doses of septrin, chloroquine or paracetamol;

- A solution of saltpetre;
- High doses of sugar and lemon; and
- A solution of *guinness* drink and sugar.

Female adolescents explained that even though they have heard of girls/women dying of attempted pregnancy termination through such methods, these practices are still prevalent. Cost was very important for the adolescents in deciding which method they chose. Pregnancy termination services at the hospital cost at least 100,000 cedis, which is a large amount of money for many young people. Adolescents who were in school, out-of-school, largely unemployed, and who also did not want their parents to know about the pregnancy, opted for cheap, unsafe methods. They even bartered sex to obtain some methods, as one respondent indicated:

*“As for the herbalists, they will take anything, including sex”.*

--Female adolescent

Some adolescents said they would only seek hospital service for pregnancy termination if things went wrong. For example, a female teacher said that:

*“I know of a 15-year-old class 6 girl who induced pregnancy termination using herbs; there was a complication and she was rushed to the hospital”.*

Thus female adolescents are caught in a vicious cycle of unsafe sexual behaviours, unwanted pregnancies, and unsafe and painful pregnancy termination methods.

### **VULNERABILITY TO STIs AND HIV/AIDS**

The two major sexually transmitted infections known to most adolescents in the project area were Gonorrhoea and HIV/AIDS.

#### ***Sexually Transmitted Infections***

The scope of knowledge of the typical adolescent about other STIs apart from HIV/AIDS was particularly limited, and was apparently worse for the female adolescents. Several focus groups of male JSS and female SSS adolescents were pro-active in seeking more information about STIs from the research team.

**Table 10. Percentage of adolescents who reported symptoms of STIs**

School Category	Males	Females	Total
JSS	31	68	47
SSS- All	21	35	25
Day	3	36	12
Boarders	46	33	43
Out of school	19	29	24
Total % (n)	22 (131)	23 (86)	22 (217)

Data presented in Table 10 are self-reported and have no clinical basis. Despite that caution, these are high rates. JSS females had the highest proportion of respondents reporting symptoms of STIs. The high-risk sexual behaviours in which female JSS students surpass all others and which could explain their reports of STI symptoms were sex for money, sex with strangers, sex with strangers for money as well as forced sex. Even though female JSS students also reported higher use of condoms during their last sexual activity, they seem to be at higher risk, which indicates inconsistency in condom use.

**Table 11. Percentage of adolescents who sought treatment for STIs**

School Category	Males	Females	Total
JSS	88	92	90
SSS- All	31	35	33
Day	0	36	36
Boarders	33	33	33
Out of school	88	70	78
Total % (n)	62 (29)	57 (49)	59 (78)

Three in five (59%) adolescents who reported symptoms of STIs indicated they sought treatment. Two NS personnel reported separate incidents of a male NS personnel and a young male teacher who had contracted gonorrhoea. Two main sources of medication mentioned by focus groups were the hospital and herbalists. An NS informant mentioned that ampicillin dissolved in palm-wine is used as a gonorrhoea treatment.

Knowledge of the incidence of HIV/AIDS cases within the Dodowa community was unanimous across all the different focus groups contacted during the present research. A focus group of opinion leaders affirmed that HIV/AIDS cases are becoming common. However, many observed that due to social stigma HIV/AIDS cases are kept hidden.

Four of the 15 opinion leaders said they had seen actual cases of HIV/AIDS in town. Two female opinion leaders said they each knew of more than three HIV/AIDS cases in town. Some SSS students reported that an HIV test conducted on students in their school in 1999 revealed that two girls and four boys were HIV-positive. Several claimed that they know of people who died of AIDS. They were assumed to be young (20-30 years) and mostly female. While we cannot confirm whether these claims are true, they indicated growing

awareness of HIV/AIDS and possible incidence of such cases within the area. Out-of-school female adolescents expressed concern that they might get HIV/AIDS. Out-of-school young men wanted to know more about HIV/AIDS.

### **ENABLING ENVIRONMENT FOR SAFER BEHAVIOURS**

This section explores the influence of the social, economic and cultural environment on the sexual and reproductive health behaviour of adolescents.

#### ***Dipo***

Traditionally, the people of Dodowa publicly ushered their female adolescents into adulthood through the performance of puberty rights called *Dipo*. *Dipo* is a traditional institution comprising rituals, ceremonies and marital training originally performed for adolescents between 19 and 21 years of age. Traditionally adolescents who did not go through this ceremony were unqualified to be married by local men. Those who got pregnant without having gone through *Dipo* were ostracised as outcasts and unfit to be married. Pre-marital sex was therefore uncommon, according to the opinion leaders.

However, with the advent of formal education this culture has broken down as educated adolescents were unwilling or too shy to go through the ceremonies, which involved going through town with exposed breasts and buttocks almost naked.

In an attempt to preserve and enforce the cultural rules despite the changing environment, families have tended to perform *Dipo* rites for children and even toddlers. A focus group of opinion leaders agreed that performance of *Dipo* rites for children gave such children the psychological impression that they were of age to have sex, get pregnant or get married. Some opinion leaders blamed this perversion of tradition as resulting in increases in premarital sexual activity by adolescents. Others, including NS personnel and female teachers, also observed that this practice had become entrenched in the community.

#### ***Marriage***

Focus groups participants also mentioned that the high cost of marriage rites was also blamed for the pervasive pre-marital sex practice in the community. Most of the men in the community, who were largely unemployed, would not be able to afford these high costs. Upon waiting in vain for a husband who will look after them, some women tended to practise commercial sex.

#### ***Lack of Mentoring***

A major problem that all the adolescents in the study referred to was lack of mentors. They have no facilities for mentoring or career counselling. Absence of positive role models was also mentioned as a problem.

### ***Parenting***

Most parents were poor due to unemployment. Many parents in the community were reported to be unable to provide some of the basic needs of their adolescent sons and daughters, including food, school fees, sponsorship for apprenticeship training materials for apprenticeship, clothing, and sanitary pads. Many adolescents have therefore had to fend for themselves, whether in school, apprenticeship or unemployed. Opinion leaders and parents were concerned that parent-child communication broke down in general, precipitated by parents' poverty, and consumerism and rude behaviour on the part of the adolescents.

*“It is difficult to approach adolescents to hold discussions with them as they tend to be rude”.*

--Opinion leader

However, a few adolescents were advised by their parents to take care of their sexual health. A JSS female adolescent said that she abstained from sex because her mother advised her to do so to avoid disturbing her schooling. Another female student said she used condoms regularly as she was taught by her mother.

### ***The School Environment***

Informants contacted during the research raised various school-related issues. Many felt that schools need to be integrated more into community life. The absence of fence walls to student dormitories and scattered nature of boarding school facilities of the only SSS in town made supervision difficult, and therefore students could easily escape to town without permission. According to the focus group participants official policy at the time of this research was that the pregnant students should be dismissed but they could be re-admitted in another school after delivery. Some community opinion leaders took issue with the gender insensitivity and ineffectiveness of the regulation. Some female students expressed much concern about the lack of its enforcement. According to one of the opinion leaders, when sexual activity between two students resulted in pregnancy, the former regulation was that both the boy and the girl were dismissed from the school. While out-of-school, the boy was expected to work and look after the girl and the baby. Currently while the girl leaves school the boy is allowed to continue schooling. The leaders thought that this was unfair.

Female students felt that there was no institutional protection for the sexually harassed female students. As teachers, administrators and heads of institutions were themselves mentioned as culprits, students felt that they could not seek help from any quarter.

### ***Community Attitudes towards Condom Use by Adolescents***

Despite upholding abstinence as the most plausible family planning method for adolescents, individual interviews with a cross section of 99 opinion leaders and parents revealed that community sensitization and advocacy for an enabling environment for condom use by sexually active adolescents might not prove too difficult. More than nine in 10 opinion leaders and parents accepted the need for sex education, and four in five (79%) approved



of sexually active adolescents using condoms. The use of other contraceptives by adolescents was much less acceptable to the respondents. Promotion of abstinence and condom use will be most acceptable to the community.

### ***Religious Environment***

The religious institutions of the Dodowa community have the potential to influence the sexual and reproductive behaviour and practices of in- and out-of-school adolescents in the community. Apart from their large following, they also run most of the educational institutions in the community.

### ***Language Mix***

Four key languages (in order of importance) -- Dangme, Ewe, Akan and the Northern Ghana ethnic mix (representable by Hausa) -- are used by Dodowa inhabitants. It is imperative to use all these languages in reproductive health advocacy, sensitization and education.

### ***Linkages with Socio-Economic Circumstances of Adolescents***

Beyond all the aforementioned issues the triple constraints of poverty, lack of access to educational opportunities beyond JSS and unemployment could make the typical adolescent lose hope in future, lose self-esteem, become frustrated and participate in activities that may not be the best for them, including unsafe sex.

### ***Sources of Reproductive Health Information***

Television, radio and reading materials (in order of importance) have been the predominant mass media sources of reproductive health information for most adolescents interviewed. Peers and teachers have been the most important interpersonal sources of RH information for most adolescents interviewed.

## **CONCLUSIONS AND RECOMMENDATIONS**

### ***Unmet Needs of Adolescents***

The adolescents in Dodowa, whether male or female, in-school or out-of-school, have certain crucial needs which have over-bearing influence on their sexual and reproductive health practices.

Five key unmet needs of adolescents emerged from the present research:

- Sexual and reproductive health information, education and communication;
- Family life, and reproductive health counselling services for adolescents and parents;
- Support for sustainable livelihoods for adolescents;
- A more enabling and supportive community environment; and

- Improved access to quality reproductive health services by adolescents.

Many of these needs are consistent with those identified by the Dangbe-West District Assembly in the District Development Plan. The District Assembly identified, among others, the incidence of adolescent fertility and pre-marital childbearing as key problems of youth development in the district and proposed entrepreneurship/vocational skills development, development of income-generating projects for the youth and family planning awareness as strategies for meeting the identified needs.

Some of the specific conclusions of this research include:

- High-risk sexual activity among adolescents was common and reflected in casual, multiple partner, unprotected and forced sex within a wide sexual network;
- Teacher-student sexual relations were observed and include NS teachers, young teachers, heads of institutions as well as school administrative staff;
- Adolescent pregnancy, unsafe abortion and young unwed mothers are not uncommon in Dodowa;
- Adolescent mothers have difficulties supporting themselves and sometimes enter into new sexual relationships for support;
- STI knowledge is low, particularly among females, although reported rates of symptoms are high;
- Though there was much awareness about HIV/AIDS among adolescents, this knowledge seemed not to have been reflected in their sexual lifestyles;
- Female adolescents in JSS, male SSS adolescents living in the boarding house, and male adolescents in JSS (in order of importance) were apparently the top three most vulnerable categories of adolescents with respect to STIs and therefore potentially with respect to HIV/AIDS;
- Female out-of-school adolescents and those in JSS were the ones most likely to become teen mothers; and
- Female out-of-school adolescents and female SSS boarders were the most likely to become pregnant and also terminate a pregnancy.

The economic, social and cultural environment seemed to very much account for the high-risk sexual behaviour of adolescents. The main issues were:

- Poverty;
- Lack of educational and training opportunities beyond JSS;
- Unemployment;
- Perversion of the *dipo* puberty rites;
- High costs of marriage;
- Negative role models/lack of positive role models;
- Lack of mentoring and counselling;
- Lack of open communication about HIV/AIDS;
- Inadequacies of school regulatory environment; and
- Difficulties of parenting in a rapidly changing social economic and cultural environment.

Local agencies need to address these issues along with providing information and services in order to promote safer sexual and reproductive health behaviours among adolescents and young teachers.