Reproductive Health Risk and Protective Factors among Youth in Ghana

Background

As in much of sub-Saharan Africa, the HIV/AIDS epidemic has become a priority public health concern in Ghana. Prior studies have investigated the individual-level determinants of sexual risk behaviors and adverse reproductive health outcomes among Ghanaian youth. This study examines in a more comprehensive manner the effects of factors operating at the family, school, and community levels, and seeks to identify factors associated with behaviors leading to elevated risk of pregnancy and sexually transmitted infections among Ghanaian youth.

Data and Methods

The data used in the study derive from a nationally representative survey of 5,632 youth 12-24 years of age, undertaken in 1998. The outcomes considered included ever having had sex, number of lifetime sexual partners, number of partners in the three months prior to the survey, whether those studied had ever become pregnant or impregnated someone, condom use during first and last sexual intercourse, and consistency of condom use with current sexual partner. Nine categories of risk and protective factors were considered: socio-demographic factors, household economic position, communication with/support from family members, community “connectedness”, peer influence, gender role perceptions, perceived self-efficacy, communication with partner, and non-sexual high-risk behaviors. Multivariate statistical methods were used to isolate the effects of the various risk and protective factors considered. Gender differences of the effects of each factor considered were also tested. The universe for this study was the 4,530 youth who responded “yes” to a screening question on the survey questionnaire “have you heard of sexual intercourse”, a filter question used to avoid exposing younger respondents who had never heard of sexual intercourse to further sensitive questions.

Findings

Background characteristics

- 48 percent of respondents (43% of males and 55% of females) reported ever having had sex, with a higher proportion of females than males reporting having had sex in each age group. The median age of first intercourse was 17 years for youth of both genders. Sexually initiated males reported an average of 1.9 lifetime partners, as compared with 1.5 lifetime partners among females. Older youth of both genders were more likely to have had sex.

- A quite high percentage of sexually initiated females (45% overall) reported having been pregnant (24% of 15-19 year olds and 59% of 20-24 year olds. Older females were more likely to report ever getting pregnant.
• Higher educational levels were associated with a higher likelihood of ever having had sex, but also with a higher likelihood of having used a condom during first sex, fewer lifetime sex partners and, among females, a lower likelihood of having been pregnant.

• The effects of socio-economic status varied by gender. Among females, higher socio-economic status was associated with a lower likelihood of ever having had sex and of having ever been pregnant. Male youth from higher socio-economic status families were more likely to have ever had sex and to have had a sexual partner during the past three months.

• Females not living with either biological parent were more likely to have ever had sex. Youth residing in rural areas were less likely to use condoms consistently with their current partner and, among males, were less likely to have used a condom during last sex. However, females living in large towns were more likely to use condoms during last sex than those living in big cities.

• Having had a change in residence since age 10 was associated with a higher likelihood of ever having had sex and with having more lifetime sexual partners.

Communication with and support of family members

• Communication with family members regarding avoiding and delaying sex was associated with a lower likelihood of ever having had sex for youth of both genders and, among females, with fewer lifetime sexual partners and a higher likelihood of having used a condom at first sex.

• Communication with family members regarding use of contraceptives was associated with a higher likelihood of condom use at last sex and consistent condom use with one’s current partner.

• Higher levels of perceived support from family members regarding use of contraceptives was associated with a higher number of lifetime sexual partners for male respondents.

Peer influence

• Having unmarried peers who had had sex was associated with a higher likelihood of ever having had sex, having had more than one partner in the last three months and, among females, a higher likelihood of ever having been pregnant.

• Youth reporting that friends would laugh at them for not having sex were more likely to ever have had sex and to have had more lifetime sexual partners.
• Respondents reporting that many people their age think that sex is okay before marriage were more likely to have ever had sex and, among females, were more likely to have had more than one sexual partner in the past three months.

• Youth with a sister who had been pregnant before marriage were more likely to have had sex and had more lifetime sexual partners, and female youth were more likely to have been pregnant themselves.

• Having unmarried female friends who had had an abortion was associated with a higher number of lifetime sexual partners, higher likelihood of having more than one partner during the past three months and, among females, with a higher likelihood of ever having been pregnant.

• Among males, having unmarried female friends who had gotten pregnant before marriage was associated with a lower likelihood of using a condom at last sex.

Gender role perceptions

• More “egalitarian” gender role perceptions were associated with having fewer lifetime sexual partners, a lower likelihood of having had multiple partners in the past three months, and consistent condom use with one’s current sex partner. Males scoring high on the “egalitarian” index were also more likely to have used a condom at first sex.

Perceived self-efficacy

• Perceived self-efficacy concerning sexual partner relationships was associated with a lower likelihood of ever having had sex, fewer lifetime sex partners, a higher likelihood of having used a condom at first sex and, among females, a lower likelihood of having had more than one partner in the past three months.

• Perceived condom self-efficacy was associated with a higher likelihood of having used a condom at last sex and consistent condom use with one’s current partner.

• High perceived partner communication self-efficacy was associated with a higher likelihood of having used a condom at last sex and consistent condom use with one’s current partner. Similar effects were observed for youth reporting communicating with their current partner about sexual health risks.

Non-sexual risk behaviors

• Drinking alcohol was associated with a large number of lifetime sexual partners, but also a higher likelihood of having used a condom at last sex and consistently using a condom with one’s current partner. Smoking cigarettes was positively associated with condom use at first sex.
Implications

The study findings are consistent with prior studies in indicating that Ghanaian adolescent behaviors are influenced by a large number of factors operating at several levels (individual, family, community and society). Because of the number and diverse nature of factors related to adolescent behaviors, it is unlikely that a single “magic bullet” intervention will be found to markedly change adolescent sexual risk-taking in Ghana (or elsewhere). The findings provide justification for programs in Ghana that target multiple antecedents via multi-component, community-based interventions.


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