

What are the Characteristics of Adolescents Who are ‘Ready for Sex’?: Exploring the Sexual Self-Concepts of Urban Poor Youth in Accra

Introduction

According to Meekers (1994: 61), “...adolescent sexual activity and premarital sexual activity are a fact of life in most African countries, as in many western societies”. This statement reflects the current situation regarding adolescent sex as trends in sexual initiation in most developing nations, including those in sub-Saharan Africa, show a stall or an increase (Hindin and Fatusi, 2009). Adolescent childbearing contributes to high fertility in most countries in sub-Saharan Africa (Gupta and Mahy, 2003). Studies conducted in countries with relatively low total fertility rates (TFRs), such as South Africa, also show that teenage pregnancy is still high in the country although the rates have declined (Kaufman et al, 2001). In Ghana, the 2008 Ghana Demographic and Health Survey (GDHS) reports the proportion of adolescents that have begun bearing children as 13.3 per cent (GSS et al, 2009), suggesting that one in eight Ghanaian mid/late adolescents had experienced childbirth or was pregnant at the time of the survey.

Although adolescent sex is a global phenomenon, African nations may be hardest hit by its consequences (Meekers, 1994). Early sexual initiation can expose adolescents to increased risks of STIs/HIV infection, unintended pregnancy, and unsafe induced abortion. In addition, the health of young girls is compromised as a result of early childbearing as they are more prone to maternal morbidity and mortality due to their physiological immaturity (Manzini, 2001; Gupta and Mahy, 2003; GSS, 2009). Infant and child deaths are also more likely to occur to adolescent mothers (Ringheim and Gribble, 2010). Further consequences of early sex include both male and female adolescents discontinuing school in order to provide for the needs of the unplanned child. Low educational levels reduce the scope of employment opportunities for these adolescents, rendering them eligible only for low income occupations (Gupta and Mahy, 2003). Meanwhile, traditional practices that regulate sexual debut and

behaviors among young people have been eroded by the processes of modernization, particularly urbanization.

Adolescent and premarital sexual activity in sub-Saharan Africa has implications for the development of the region. Attaining the fourth, fifth and sixth Millennium Development Goals (MDGs) of reducing maternal and child mortality and decreasing the incidence of STI/HIV infection are heavily impinged upon reducing the proportions of adolescents initiating sex (Ringheim and Gribble, 2010). 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.

Theoretical Background

Studies suggest that residents of urban poor communities are especially susceptible to sexual and reproductive health challenges as a result of the contextual factors that make them prone to early sexual initiation and its consequences (Anarfi, 1997; Zulu et al, 2002; Dodoo et al, 2007). The rational adaptation theory suggests that adolescent or premarital sex results from poverty, with youth using sex as a means to “achieve certain goals” (Meekers, 1994: 48) such as provide for their basic or material needs, or secure a husband; while the social disorganization theory states that a variety of influences, namely urbanization and education, have resulted in the disintegration of adult control over children in society (Meekers, 1994; Djamba, 1997). These theories are relevant in explaining adolescent and premarital sex in the urban African context; however, they allude to adolescents being the agents which may not always be the case since coercion and forced sex are also means by which adolescents initiate sex (Manzini, 2001; Henry and Fayorsey, 2002; Koenig et al, 2004).

The question then remains; despite the physical, financial and social costs that the youth bear from their sexual activity, why do they continue to engage in it? Understanding

the reasons for their sexual behavior is essential for tackling it by means of policies and programs and with the purpose of raising the living standards of sub-Saharan Africans, including Ghanaians, by preventing the human resource consequences of early childbearing.

Marston and King (2006) allude to strong social and cultural forces influencing sexual behavior. Peer and partner influence was also found as greatly influencing sexual behavior (Marston and King, 2006). In addition to the social disorganization and rational adaptation hypotheses, used to understand sexual decisions and behavior, the ecological systems theory (EST) can also be used to look at societal and individual factors that influence adolescent and premarital sexual activity (Abbott and Dalla, 2008). The theory asserts that there are a variety of social factors or systems that interact to influence one's social development. Bronfenbrenner's (1989) four level model consists firstly of the microsystem which includes the people that directly influence and interact with a person in immediate spaces around that individual i.e. church, school, friends, family etc. Second, the interaction of two or more of these individual's microsystems form the mesosystem. Third, the interaction between the microsystem and other environments that do not directly affect the individual (such as a parent's workplace and even the media) gives rise to the exosystem. Finally, the influence of cultural beliefs, attitudes and other societal factors at large is termed the macrosystem. Amidst all this, the theory acknowledges that that individuals vary and thus different persons with the same familial and social interactions may exhibit varying personal beliefs and behaviors (Abbott and Dalla, 2008; Rose, 2010). This helps us understand that despite the evident influence of social, cultural and environmental factors on adolescent sexual behavior, what a person thinks about his or her sexual self could be a viable mediating factor.

The concept of adolescence has been referred to as "dynamic", varying across cultures by age, biological markers and traditions (Dehne and Riedner, 2001). However, one constant 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). Studies conducted in urban poor communities in Kenya and Ghana have reported early ages at first sex, multiple sexual partnerships, teenage pregnancy, and youth resolving some of their unintended pregnancies with induced abortions (Henry and Fayorsey, 2002; Zulu et al, 2002; Dodoo et al, 2007). As the rate of urbanization continues to rise and the majority of adolescents settle in urban poor communities, it will have implications for Ghana's population processes, and its economic development. Thus, improving the reproductive health of adolescents in these communities is a necessity.

Results from a study conducted in 2010 in an urban poor community in Accra, show that about four out of five females 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). The study also found that most of these sexual encounters are pre-marital, resulting in its own set of challenges (Henry and Fayorsey, 2002). In addition, forced sex occurs in the community, with one out of three women stating that their first sexual encounter was forced.

There are a variety of reasons why adolescents become sexually active or stay abstinent. Using qualitative methods, and with a large Caucasian, female population, Abbott and Dalla (2008) found that both sexually active and abstinent adolescents stated personal

choice (among a midst of other reasons) as a reason for engaging in sex or not. Antecedents of adolescent sex can be individual characteristics such as age, religiosity, and education. Family characteristics such as parents' education, income, single parent versus two parent homes, parents with permissive attitudes about adolescent sex, older siblings who have children, being in an atmosphere resultant in seeing parents or hearing neighbors have sex; as well as being around peers who start sex early can also result in early sex (Dodoo et al, 2007; Abbott and Dalla, 2011). All these factors come together to shape adolescents' sexual self-concepts, or how adolescents think about their sexual selves, which has an influence on their sexual actions. These characteristics inform the sexual self-views of these youth and its assessment allows us to understand adolescents' thinking and ultimately their sexual behavior. It behooves us to understand what is going on in the minds of these adolescents, and thus, the study aims to explore some of their sexual self-concepts.

The sexual self-concept (SSC) can be defined as "an individual's view of him- or herself as a sexual person" (O'Sullivan et al, 2006). The self-concept is a multidimensional, hierarchical psycho-social construct. The sexual component of the self-concept is referred to as the sexual self-concept, and is basically what a person thinks about his/her sexual self. The self-concept in a particular domain has been shown to influence one's behavior in that domain. Thus, the sexual self-concept has been linked to adolescent and young adults' sexual experiences, sexual behavior, and mental health (Winter, 1988; Rosenthal, 1991; Buzwell and Rosenthal, 1996; Anderson and Cyranowski, 1994, Anderson et al, 1999; Breakwell and Millard, 2005; Vickberg and Deux, 2005; O'Sullivan et al, 2006; Aubrey, 2007; Rostosky et al, 2008; Holmes, 2008; Lou et al, 2010; Pai et al, 2010). Some studies have categorized the sexual self-concept into positive and negative groups and suggest that adolescents with positive SSCs are more sexually assertive and also engage in less risky sex and have better mental health (Winter, 1988; Holmes, 2002). Other studies use principal components analysis

(PCA) to determine subscales or latent variables that represent a specific dimension to an adolescent's sexual self-view. O'Sullivan et al. (2006) found that among 12-14 year old girls, those with high scores in the "sexual arousability" and "sexual agency" subscales had more sexual experience as well as an intention to engage in sex. Buzwell and Rosenthal (1996) also used cluster analysis to determine five sexual self-concept groups that adolescents ascribed to. The sexually "adventurous", "competent" and "driven" adolescents were more likely to express risky sexual behavior than their "naïve" and "unassured" counterparts. Although its methods of measurement vary and can become complex, the SSC is considered a useful means to understanding adolescent sexual behavior.

Studies have associated the sexual self-concepts of youth¹ with their sexual behavior, sexual experiences, and mental health (Winter, 1988; Rosenthal, 1991; Buzwell and Rosenthal, 1996; Anderson and Cyranowski, 1994, Anderson et al, 1999; Breakwell and Millard, 2005; Vickberg and Deux, 2005; O'Sullivan et al, 2006; Aubrey, 2007; Rostosky et al, 2008; Holmes, 2008; Lou et al, 2010; Pai et al, 2010). However, the majority of these studies have been conducted among mostly Caucasian, middle income, educated, sub-urban youth² in developed countries. Few studies have examined the sexual self-concepts of adolescents in urban poor communities (O'Sullivan et al, 2006) and few have studied the sexual self-concepts of youth in developing countries (Lou et al, 2010; Pai et al, 2010).

To our knowledge this is the first paper that assesses sexual self-concepts of adolescents in urban poor Accra. This paper is part of a larger study to develop and assess a sexual self-concept scale for adolescents in an urban poor community in Accra. Prior to that, it is necessary to explore the various items placed in the scales along with their correlates. Thus, as an exploratory study, this paper first seeks to discuss some of the main factors that

¹ The studies assessed sampled females and/or males between ages 12 and 25

² One exception to this would be the study by O'Sullivan et al (2006) which used a population of urban early adolescents consisting mostly of Latina and African American girls from low income families.

adolescents residing in an urban poor community in Accra state are influencers and preventers of adolescent sex in the community. Second, it will assess the various correlates for three items that make up one aspect of the adolescents' self-concepts, their "sexual readiness".

Data and Methods

This study used mixed methods to explore the sexual self-concepts of adolescents in an urban poor community in Accra. First, focus group discussions (FGDs) were conducted with adolescents (aged 12-19 years) to discover the factors that encourage and deter adolescents in the community from engaging in sex. This is essential for understanding the contextual factors in the community that adolescents themselves suggest promote or deter their sexual activity. Results from these FGDs were used to find relevant items from extant sexual self-concept scales that best reflected what adolescents mentioned. Second, adolescents in the same community were administered a questionnaire which included questions about their demographic and socio-economic characteristics, sexual behavior, sexual experiences and their sexual self-concepts. Statistical techniques were then used to identify the background and sexual characteristics of adolescents related to one aspect of their sexual self-concept, their "sexual readiness". Thus, the main purpose of this study was to identify sexually relevant themes in the community, explore the "sexual readiness" self-views of adolescents, and assess the characteristics of those who see themselves as being "sexually ready".

Qualitative data used in the study consist of information from eight focus group discussions conducted in August 2011 with male and female, in-school and out-of-school adolescents aged 12-19 in James Town and Ussher Town, urban poor communities in Accra. Quantitative data used are from the 2011 EDULINK: Urban Health and Poverty Project. The EDULINK project was a study conducted in three urban poor localities in Accra (James

Town, Ussher Town and Agbogbloshie) surveying men and women in their reproductive ages. Early adolescents aged 12-14 were also interviewed with a smaller version of the main questionnaire which focused on their background characteristics, sexual self-concepts, sexual experiences, sexual behavior and mental health. Data collection lasted for four weeks and took place between November and December 2011. The data used for the paper were restricted to male and female adolescents aged 12 to 19 years residing in James Town and Ussher Town only.

In collecting the qualitative data, during each group discussion, adolescents were asked about the factors that encourage and deter adolescent sexual engagement in the community. Each group then reached a consensus and identified the main sex encourager and deterrent. During analysis, these identified factors were placed into the following six themes: poverty, family, friends, positive social institutions, personal choice and sexually explicit media. An extensive literature search was conducted on studies that had sexual self-concept/schema scales. Items from each scale were examined and those that addressed the various themes mentioned by adolescents were selected to form a 27 item sexual self-concept scale. A study assessed the scale using exploratory and confirmatory factor analyses on this same population of adolescents and saw that three of the SSC items came together to form a “sexual readiness” latent variable (Biney, forthcoming). The three items that formed this latent variable will be assessed individually in this study. Quantitative analyses involved descriptive statistics showing the proportions of adolescents with various individual, family and sexual characteristics. In addition, linear regression models were used to identify significant relationships between the sexual experiences, behaviors and background characteristics of adolescents and the three items that make up the “sexual readiness” sexual self-view.

Results

Qualitative Results

As Marston and King (2006) point out in their study, qualitative research helps provide reasons for why adolescents do what they do. Therefore, eight focus group discussions were held with 27 male and 23 female adolescents who were either in- school or out-of school and were placed into age groups 12-14 and 15-19. All the adolescents had ever been to school, with just under a third attaining primary and junior high school (JHS) levels each. The majority of those who stopped going to school did so during the primary level. Most respondents were Christian (80%), from the Ga ethnic group (84%) and lived with either one or both parents (72%), followed by one or both grandparent (16%). During the discussions, although participants mentioned a variety of sex “influencers” and “preventers”, they reached a consensus on the main factors. The main encouragers and deterrents of adolescent sex according to youth in Ga Mashie are shown in Table 1. The six themes that responses were classified under were poverty, family, friends, positive social institutions, personal choice and sexually explicit media.

Table 1: The main sex “influencers” and “preventers” identified by adolescents in Ga Mashie during eight focus group discussions

GROUP CHARACTERISTICS		SEX INFLUENCERS	SEX PREVENTERS
12-14 year olds	Boys	In-school	Media
		Out-of-school	Media
	Girls	In-school	Personal Choice
		Out-of-school	Poverty
15-19 year olds	Boys	In-school	Family
		Out-of-school	Friends
	Girls	In-school	Poverty
		Out-of-school	Poverty

Source: Regional Institute for Population Studies. Focus Group Discussions. EDULINK: Urban Health and Poverty Project 2011, Accra.

Family

Half of the groups agreed that parental care, parental control, or parental guidance were essential obstacles to them initiating sex. One participant from a group with in-school boys stated:

“...when your parents give you all you need and they love you, you will not need anything from anybody and you will not be influenced into sex.” (18 year old, in-school boy)

This same group of in-school boys also concluded that broken homes were the main factor that led adolescents to sexual involvement. Studies have shown that parents, whether present or absent, play a major role in their adolescents’ sexual development (O’Sullivan et al, 2006; Abbott and Dalla, 2008; Williams et al, 2012). While engaging in adolescent-parent discussions about sex may prevent early initiation (Baumeister et al, 1995; Namisi et al 2009), a study on child exploitation found that once the adult caregiver was absent from the home, children were more vulnerable to engaging in transactional sex (Williams et al, 2012).

Personal Choice

Three girl’s groups mentioned that one’s strong will was also a factor that could prevent adolescents from having sex; while conversely; one group mentioned it could also lead to one’s engagement in sex. One girl stated:

“Some adolescents will not engage in sex. Whether there is money, parental control, knowledge about sex or not, they have already made up their minds not to engage in sex. (17 year old, out-of-school girl)

Thus, adolescents have minds of their own and it is their personal decision as to whether to remain abstinent or become sexually active (Abbott and Dalla, 2008).

Poverty

Three groups with girls mentioned poverty as a key promoter of adolescent sex. One girl stated during the discussion that:

“Most children when there is no money at home they tend to engage themselves in sex in order to get money.” (17 year old, out-of-school girl)

In poor communities, girls are at risk of engaging in sex for their basic needs (survival sex) as well as for luxurious material possessions which parents cannot provide (Williams et al, 2012). In addition, the sex can occur in committed relationships or as one-time casual acts. Unlike in casual prostitution-like instances, in transactional relationships, men are expected to provide women’s needs and women are expected to reciprocate with sex (Ankomah, 1999; Henry and Fayorsey, 2002). This understanding between the couple is a socially accepted norm; thus, when men fail to meet their partners’ needs they can leave them for others who can meet those needs (Ankomah, 1999).

Sexually Explicit Media

Both the in and out-of-school 12-14 year old boys mentioned pornography as a cause of their peers partaking in sex. One boy stated:

“Some people go to watch pornographic films and after that they go in search for girls.” (14 year old, in-school boy)

These movies make adolescents curious and want to try out what they see. In her study, Aubrey (2007) found that watching television changed the sexual self-concepts of college aged white females. Although the blame tends to be placed on foreign movies, the internet or other sexually explicit forms of media (Djamba, 1997), Dodoo et al. (2007) found through qualitative means that urban poor adolescents seeing their parents have sex or hearing neighbors engage in sex was linked to their early sexual activity.

Positive Social Institutions

Two boys' groups mentioned that attending church and school were means of preventing the youth from engaging in sex at early ages. These are two social institutions which are seen to reinforce the youth with appropriate ideals and manners in which to behave for the good of the society. Research has shown that religious youth do abstain (Abbott and Dalla, 2008). In addition, when youth of school going ages drop out of school and become idle, it leads them into sex (Dodoo et al, 2007). One 14 year old male respondent stated:

“The church makes us see sex as bad because most of your friends will be reading the Bible and this will influence you.” (14 year old, out-of-school boy)

Friends

Finally, peer pressure was also mentioned as a sex influencer by the older out-of-school boys.

“Also when the friends you grow up with all have partners and you don't, especially when you go out to a party and their girls are sitting on them and being romantic it influences you.” (15 year old, out-of-school boy)

Through peers' comments and actions, adolescents learn and want to imitate their friends. Peer influence had been seen to influence adolescent sexual activity or abstinence as well as their sexual self-concepts (O'Sullivan et al, 2006; Abbott and Dalla, 2008)

Quantitative Results

A total of 196 youth, aged 12-19 years, residing in James Town and Ussher Town, participated in the study. Background characteristics of the adolescents are shown in Table 2.

They have similar characteristics to the adolescents in the focus group discussions.

Individual: The majority of respondents was in (or had completed) junior high school (JHS), and were currently students. Adolescents who were not currently in school were either not

Table 2: Background characteristics of male and female respondents aged 12-19 years

RESPONDENTS' CHARACTERISTICS	All		Female		Male	
	Freq	%	Freq	%	Freq	%
Age						
12-14	68	34.7	38	37.3	30	31.9
15-19	128	65.3	64	62.8	64	68.1
Education - highest level attained						
None/Pre-school	4	2.0	3	2.9	1	1.1
Primary	61	31.1	33	32.4	28	29.8
Junior High School (JHS)	88	44.9	49	48.0	39	41.5
Senior High School (SHS)	43	21.9	17	16.7	26	27.7
Occupation						
Student	141	71.9	68	66.7	73	77.7
None	19	9.7	13	12.8	6	6.4
Sales/Services	18	9.2	14	13.7	4	4.3
Other	14	7.2	5	4.9	9	9.5
Religion						
Christian	160	81.6	81	79.4	79	84.0
Moslem	23	11.7	13	12.8	10	10.6
None/Other	13	6.6	8	7.9	5	5.4
Attendance of religious service in past month						
Once a week or more	113	57.6	56	54.9	57	60.6
Once a month or more	39	19.9	23	22.6	16	17.0
Never	44	22.5	23	22.6	21	22.3
Ethnicity						
Akan	43	21.9	23	22.6	20	21.3
Ga/Dangme	131	66.8	65	63.7	66	70.2
Other	22	11.3	14	13.7	8	8.5
Locality						
James Town	78	39.8	41	40.2	37	39.4
Ussher Town	118	60.2	61	59.8	57	60.6
TOTAL	196	100.0	102	100.0	94	100.0

Source: Regional Institute for Population Studies, EDULINK: Urban Health and Poverty Project 2011, Accra.

working, in the sales and services sector or in other forms of employment (professional, technical, managerial, clerical and skilled/unskilled manual). About four-fifths of the youth were Christian, and the most were from the Ga/Dangme ethnic group. Also, more males than females had completed – or are currently in – senior high school, and gender differences reveal that more males than females were still in school.

Family: Characteristics of the adolescent’s family have been deemed essential in studies that explore adolescent sexual behavior (Abbott and Dalla, 2008). The majority of respondents had parents who had completed middle school/JHS. More fathers had completed secondary/SHS and/or higher educational levels than mothers (20.9% vs 7.1%).

Table 3: Family characteristics of male and female respondents aged 12-19 years

FAMILY CHARACTERISTICS	All		Female		Male	
	Freq	%	Freq	%	Freq	%
Father's Highest Educational Level Attained						
None/Pre-school	16	8.2	12	11.8	4	4.3
Primary	11	5.6	3	2.9	8	8.5
JHS/Middle	65	33.2	35	34.3	38	31.9
Secondary/Higher	41	20.9	15	14.7	26	27.7
Don't Know	63	32.1	37	36.3	26	27.7
Mother's Highest Educational Level Attained						
None/Pre-school	30	15.3	17	16.7	13	13.8
Primary	28	14.3	12	11.8	16	17.0
JHS/Middle	68	34.7	35	34.3	33	35.1
Secondary	14	7.1	6	5.9	8	8.5
Don't Know	56	28.6	32	31.4	24	25.5
Who respondent lives with						
Parent(s)	135	68.9	69	67.7	66	70.2
Other relative/partner	22	11.2	14	13.7	8	8.5
Alone/Other	36	18.4	17	16.7	19	20.2
Wealth Index						
Poorer	64	32.6	32	31.4	32	34.0
Middle	71	36.2	34	33.3	37	39.4
Richer	56	28.6	33	32.4	23	24.5
Missing	5	2.6	3	2.9	2	2.1
TOTAL	196	100.0	102	100.0	94	100.0

Source: Regional Institute for Population Studies, EDULINK: Urban Health and Poverty Project 2011, Accra.

Close to one-third and just over a quarter of respondents did not know the highest educational levels attained by their fathers and mothers, respectively. Most of the respondents lived with their parent(s) and their household was calculated to be in the middle wealth category. Gender patterns were similar except that most female respondents did not know their parents' educational levels compared to the males.

Sexual: Table 4 displays the sexual characteristics of respondents. Results show that one-third of the respondents had engaged in kissing or fondling with a member of the opposite sex. While one-fifth of the adolescents had experienced sexual intercourse, a similar proportion stated that they had ever been forced to engage in a sex act or have sex. A higher percentage of females stated this (24.5% vs 13.8%). About 9% of the adolescents had regular sexual partners and double the number of girls stated this compared to the boys; while more boys mentioned being in relationships with casual partners than girls (3.2% vs 1.0%).

Table 4: Sexual Characteristics of male and female respondents aged 12-19 years

SEXUAL CHARACTERISTICS	All		Female		Male	
	Freq	%	Freq	%	Freq	%
Ever Had Sex						
Yes	40	20.4	27	26.5	13	13.8
No	156	79.6	75	73.5	81	86.2
Relationship Status						
No Sexual Partner	170	86.7	87	85.3	83	88.3
Regular Sexual Partner	18	9.2	12	11.8	6	6.4
Casual Sexual Partner	4	2.0	1	1.0	3	3.2
<i>Missing</i>	4	2.0	2	2.0	2	2.1
Pre-coital Experience						
Yes	65	33.2	38	37.3	27	28.7
No	131	66.8	64	62.8	67	71.3
Negative Sexual Experience						
Yes	38	19.4	25	24.5	13	13.8
No	158	80.6	77	75.5	81	86.2
Risky sexual behavior in past year						
Yes	26	13.3	17	16.7	9	9.6
No	170	86.7	85	83.3	85	90.4
TOTAL	196	100.0	102	100.0	94	100.0

Source: Regional Institute for Population Studies, EDULINK: Urban Health and Poverty Project 2011, Accra.

With respect to recent sexual encounters, just over 13% of the adolescents stated they had engaged in risky sexual behavior in the past 12 months. This consists of either having sex with multiple partners, sex with a casual partner, engaging in sex for money or gifts, and/or having sex without a condom all or some of the time in the past year. Risky sexual activity was more likely among females than males.

In summary, the backgrounds of the respondents indicate that they are educated, “religious”, Ga-Dangme adolescents. They reside with one or both parents in homes categorized as “poor” or “middle” from the wealth index. One out of every five adolescents had ever had sex or ever been coerced into sex or a sexual act. Also, more than half of the sexually active teenagers engaged in risky sex in the past year. Results also suggest that in this community, females are more sexually experienced than males. Bivariate analyses show that significantly higher proportion of girls state their first sexual encounter was with a boyfriend who was older than them. In addition, with the exception of males engaging in sex with more casual partners, females were more likely to exhibit risky sexual behavior which was largely characterized by their non- or inconsistent use of condoms with sexual partners. These outcomes speak to the vulnerability of young women in the community who are experiencing higher rates of sexual coercion and risky behavior than their male counterparts.

Sexual Self-Concepts: The three sexual self-concept items that form the “sexual readiness” subscale were selected from three different extant scales. The items were taken from the following three scales/sub-scales: Items a and b were from O’Sullivan et al’s (2006) Sexual Self-Concept Inventory; item a was from the Sexual Arousability subscale and item b from the Negative Sexual Affect subscale, while item c was adopted from Winters’ (1988) 14-item Sexual Self-Concept scale. The items, shown in Table 5, ranged from strongly disagree (1) to strongly agree (5). Items b and c were reverse coded so that among all three items higher scores represented an adolescent that was “ready for sex”. Although we know that the three

items represent a common underlying factor, it is important to also assess the items individually.

Table 5: Summary Statistics of the ‘Sexual Readiness’ Sexual Self-Concepts

SEXUAL SELF-CONCEPT ITEMS	N	Mean	Std. Dev.	Min	Max
TOTAL					
a. I think I am ready for sex	196	2.015	1.121	1	5
b. I think I am too young to have sex (<i>reverse coded</i>)	196	2.357	1.379	1	5
c. I think it is wrong for me to have sex (<i>reverse coded</i>)	196	2.337	1.316	1	5
MALES					
a. I think I am ready for sex	94	2.000	1.182	1	5
b. I think I am too young to have sex (<i>reverse coded</i>)	94	2.415	1.447	1	5
c. I think it is wrong for me to have sex (<i>reverse coded</i>)	94	2.458	1.427	1	5
FEMALES					
a. I think I am ready for sex	102	2.029	1.067	1	5
b. I think I am too young to have sex (<i>reverse coded</i>)	102	2.304	1.318	1	5
c. I think it is wrong for me to have sex (<i>reverse coded</i>)	102	2.216	1.199	1	5

Source: Regional Institute for Population Studies, EDULINK: Urban Health and Poverty Project 2011, Accra.

Results from Table 5 show that adolescents were not as ‘ready for sex’ (2.015) as they were to think it not wrong for them to have sex (2.337), and to think they were not too young for sex (2.357). Although t-tests indicated that the mean values of males and females were not statistically significantly different, they do follow a pattern that society tends to dictate to the genders. The idea that girls must remain passive concerning issues of sex and their sexual desires reflects in more females saying that they are wrong to have sex compared to males (2.216 vs 2.468). Also, males had higher means showing they were not too young for sex, which suggests they feel more of a maturity to handle sexual issues compared to females (2.415 vs 2.304). Finally, probably due to the fact that a larger proportion of adolescent females in the community are sexually active, we see them stating that they are just slightly more ready for sex than males (2.029 vs 2.000).

Multiple linear regression results are displayed on Table 6. One model was run for each item and show that sexually active respondents are significantly more ready for sex, do not think it is wrong to have sex and are not too young to have sex compared to their

Table 6: Multiple Linear Regression Models (Items a to c)

"SEXUAL READINESS"	READY		YOUNG		WRONG	
	Coef.	Std. Err.	Coef.	Std. Err.	Coef.	Std. Err.
Gender						
Male (RC)	0.000		0.000		0.000	
Female	-0.108	0.162	-0.350+	0.202	-0.509*	0.206
Age in single years						
Age	-0.042	0.055	0.040	0.068	-0.006	0.070
Education						
Primary and below	0.000		0.000		0.000	
JHS	0.065	0.215	-0.121	0.267	-0.291	0.273
SHS	0.454	0.319	-0.095	0.397	-0.257	0.404
Occupation						
Student (RC)	0.000		0.000		0.000	
None	0.161	0.313	0.401	0.390	0.093	0.397
Sales/Service	-0.473	0.339	0.311	0.422	0.128	0.430
Other	0.391	0.381	0.627	0.475	0.431	0.484
Religion						
Christian (RC)	0.000		0.000		0.000	
Moslem	0.139	0.285	0.046	0.355	0.549	0.362
Other	0.491	0.343	-0.421	0.427	-0.218	0.436
Religious Service Attendance in a month						
Once a week or more (RC)	0.000		0.000		0.000	
Once a month or more	0.041	0.203	0.111	0.253	-0.027	0.258
Never	0.234	0.208	0.242	0.259	0.124	0.264
Ethnicity						
Ga/Dangme (RC)	0.000		0.000		0.000	
Akan	-0.130	0.209	-0.352	0.261	-0.356	0.266
Other	0.358	0.286	-0.010	0.356	-0.073	0.363
Locality						
Ussher Town	0.000		0.000		0.000	
James Town	-0.162	0.174	0.327	0.217	0.162	0.221
Father's Educational Level						
None/Preschool (RC)	0.000		0.000		0.000	
Primary	-0.232	0.521	-0.609	0.649	-0.896	0.662
JHS/Middle	0.220	0.393	-0.005	0.490	-0.200	0.499
SHS/Secondary/Higher	0.062	0.426	-0.148	0.530	-0.252	0.540
Don't Know	0.085	0.406	0.052	0.505	-0.083	0.515
Mother's Educational Level						
None/Preschool (RC)	0.000		0.000		0.000	
Primary	-0.170	0.357	0.649	0.445	0.479	0.454
JHS/Middle	-0.262	0.313	-0.034	0.389	-0.014	0.397
SHS/Secondary/Higher	-0.218	0.413	0.343	0.514	0.316	0.524
Don't Know	-0.504	0.335	-0.246	0.417	-0.240	0.425

Table 6: Multiple Linear Regression Models (Items a to c) continued

"SEXUAL READINESS"	READY		YOUNG		WRONG	
	Coef.	Std. Err.	Coef.	Std. Err.	Coef.	Std. Err.
Who Respondent Resides With						
Parent(s) (RC)	0.000		0.000		0.000	
Other relative	0.043	0.261	-0.298	0.325	0.327	0.331
Other	0.347	0.213	0.409	0.266	0.190	0.271
Household Wealth						
Poorer	0.000		0.000		0.000	
Middle	-0.465*	0.192	0.011	0.239	0.294	0.244
Richer	-0.399+	0.212	-0.127	0.264	0.395	0.269
Sexual Experience						
No (RC)	0.000		0.000		0.000	
Yes	0.966*	0.400	1.208*	0.498	1.181*	0.508
Sexual Partnerships						
None (RC)	0.000		0.000		0.000	
Regular Partner	-0.341	0.381	-0.622	0.475	-0.025	0.484
Casual Partner	0.081	0.590	-0.677	0.736	-0.865	0.750
Pre-coital Experience						
No (RC)	0.000		0.000		0.000	
Yes	0.074	0.248	0.437	0.309	0.282	0.315
Negative Sexual Experience						
No (RC)	0.000		0.000		0.000	
Yes	0.044	0.218	-0.230	0.272	0.251	0.277
Risky Sex in Past 12 Months						
No (RC)	0.000		0.000		0.000	
Yes	0.284	0.397	-0.093	0.495	-0.362	0.504
Constant	2.693	0.875	1.444	1.090	2.356	1.111

***p<0.001; **p<0.01; *p<0.05; +p<0.10 RC=Reference Category

Source: Regional Institute for Population Studies, EDULINK: Urban Health and Poverty Project 2011, Accra

virgin counterparts. Hence, sexual experience is linked to an adolescent's readiness for sex. Studies show that adolescent and young adults' pre-coital and coital experiences were significantly linked to sexual self-concepts that denote sexual assertiveness, agency and 'arousability' (Breakwell and Millward, 1999; O'Sullivan et al, 2006). Similar to the bivariate results, gender was significant in predicting one sexual self-view, where girls thought it more wrong for them to have sex than boys. This is an expected finding, as societal norms indicate that girls are raised to think about sex negatively as well as be sexually

passive and indifferent (Breakwell and Millward, 1997; Tolman, 1999). Boys, on the other hand, are trained to believe that “the sexual is central to their masculinity” (Breakwell and Millward, 1997 p. 38). Household wealth was inversely related to being ready for sex. Therefore, the “wealthier” youth in this community are not as ready for sex as their poorer peers. This finding implies that it may be the poorest of the poor that are the adolescents with sexually ready mindsets. Thus, in targeting youth with programs to improve their reproductive health, the poorer individuals should be treated different from the middle and richer ones.

Discussion

This study sought to first identify the sex influencers and preventers among youth in Ga Mashie. The group discussions revealed the different systems that influence or prevent adolescent sex in the community. Family played a key role in both encouraging and deterring sex. While friends encouraged, church and school prevented adolescent sexual engagement. Poverty in the community and the sexually explicit media viewed by adolescents suggest macrosystem level influences on these young individuals in the community to shape their sexual behavior and sexual self-concepts. The idea that every individual behaves differently was also indicated by the youth since personal choice was mentioned as a reason for both young people abstaining and becoming sexually active. Responses from discussions with adolescents also fit into the social disorganization and rational adaptation theories. The breakdown in the “organization” of that community due to modernization, the urban environment, and the media is made evident in adolescents being influenced by peers, lacked parental care, control and guidance, had access to pornographic movies, and made the personal choice to engage in sex. This culminates in their early sexual engagement. Positive social institutions, such as school and church, were mentioned as effective ways curb them

initiating sex, however, the urban context comprises of many vices that may lure adolescents away from these institutions, such as negative peer influence and poverty. Poverty and personal choice fit into the rational adaptation theory (Djamba, 1992) since adolescent sexual activity and pregnancy may be means through which adolescents benefit. It provides an escape from poverty, and gets them into stable relationships, gives them a home and a family for those who lack parental monitoring and control (Meekers, 1994).

The second study aim was to determine which characteristics were significantly associated with the three items that make up the “sexual readiness” sexual self-view. Findings show that sexually active, poor males are the adolescents who are “sexually ready”. Factor analyses results from an earlier work also show that the “I think I am ready for sex” item loaded heavily on another factor that denotes adolescents’ “sexual interest” (Biney, forthcoming). This latent variable consists of three other items: “I would like to try the sexual things my friends are doing”, “I would like enjoy talking to my friends about sex”, and “If I had sex my friends would want to know about it”. Regression results (not shown) indicate significant associations of these other “sexual interest” items with age, sexual experience, pre-coital experience, religion and ethnicity. These findings suggest that adolescents’ sexual behaviors are linked to what they think about their sexual selves. In addition, different individual, family and sexual characteristics are linked to particular sexual self-perceptions. Thus, how young people think about their sexual selves is a viable mediator between social, cultural and environmental factors and sexual initiation. Therefore, any appropriate programs or interventions developed to improve adolescent sexual and reproductive health must target adolescents according to their different characteristics. These results help, to an extent, answer the “who” question; however, further research through qualitative means is needed to help understand the “why”. The next question to ask is why do adolescents with particular characteristics think the way they do about sex?

REFERENCES

- Abbott, D.A. and Dalla, R.L. (2008). 'It's a choice, simple as that': youth reasoning for sexual abstinence or activity. *Journal of Youth Studies*, 11 (6): 629-649
- Anarfi, J. (1997). Vulnerability to sexually transmitted disease: Street children in Accra. *Health Transition Review*, 7, 281-306.
- Andersen, B., & Cyranowski, J. (1994). Women's sexual self-schema. *Journal of Personality and Social Psychology*, 67, 1079-1079.
- Andersen, B., Cyranowski, J., & Espindle, D. (1999). Men's sexual self-schema. *Journal of Personality and Social Psychology*, 76(4), 645-661.
- Ankomah, A. 1999. Sex, Love, Money and AIDS: The Dynamics of Premarital Sexual Relationships in Ghana. *Sexualities* 2; 291.
- Aubrey, J. S. (2007). Does television exposure influence college-aged women's sexual self-concept? *Media Psychology*, 10(2), 157-181.
- Awusabo-Asare, K., Abane, A.M. & Kumi-Kyereme, A. (2004). Adolescent Sexual and Reproductive Health in Ghana: A Synthesis of Research Evidence. Occasional Report No. 13. Accessed on February 12th, 2010. Retrieved from http://www.gutmacher.org/pubs/or_no13.pdf
- Baumeister, L.M., Flores, E., & Marin, B.V (1995). Sex information given to Latina adolescents by parents. *Health Education Research*, 10, 233-239.
- Biney, A.A.E. (forthcoming). *Developing and Assessing a Sexual Self-Concept Scale for Adolescents in Accra, Ghana*. PhD Dissertation.
- Breakwell, G., & Millward, L. (1997). Sexual self-concept and sexual risk-taking. *Journal of Adolescence*, 20(1), 29-41.
- Bronfenbrenner, U., 1989. *Ecological systems theory*. In: R. Vasta, ed. Six theories of child development: revised formulations and current issues. Philadelphia: Jessica Kinglsey Publishers, 187-249.
- Buzwell, S., & Rosenthal, D. (1996). Constructing a Sexual Self: Adolescents. *Journal of Research on Adolescence*, 6(4), 489-513.
- Dehne, KL and G Riedner. Adolescence: A dynamic concept. *Reproductive Health Matters*. Vol 9, No. 17, pp 11-15.
- Dixon-Mueller, R. (2007). *Sexual and Reproductive Transitions of Adolescents in Developing Countries*. IUSSP Policy and Research Paper, No. 20.
- Djamba, Y.K. (1997). Financial Capital and Premarital Sexual Activity in Africa: The Case of Zambia. *Population Research and Policy Review*, 16(3): 243-257.

- Dodoo, F.N., Zulu, E.M. and Ezeh, A.C. (2007). "Urban–rural differences in the socioeconomic deprivation–Sexual behaviour link in Kenya". *Social Science & Medicine*, 64: 1019–1031.
- Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF Macro. 2009. *Ghana Demographic and Health Survey 2008*. Accra, Ghana: GSS, GHS, and ICF Macro.
- Ghana Statistical Service (2012). *2010 Population and Housing Census of Ghana. Summary Report of Final Results*. Accra: Sakoa Press Limited.
- Glover, E., Bannerman, A., Pence, B., Jones, H., Miller, R., Weiss, E., et al. (2003). Sexual Health Experiences of Adolescents in Three Ghanaian Towns. *International Family Planning Perspectives*, 29(1), 32-41.
- Henry, R., & Fayorsey, C. (2002). Coping with pregnancy: experiences of adolescents in Ga Mashi, Accra. *Calverton, MD, USA: ORC Macro*.
- Hindin, M.J. & A.O. Fatusi (2009). Adolescent Sexual and Reproductive Health in Developing Countries: An Overview of Trends and Interventions. *International Perspectives on Sexual and Reproductive Health*, 35(2): 58-62.
- Holmes, M.C. (2002). "Mental Health and Sexual Self-Concept Discrepancies in a Sample of young Black Women". *Journal of Black Psychology*, 28(4): 347-370.
- Kaufman, C.E., de Wet, T. & Stadler, J. (2001). Adolescent pregnancy and parenthood in South Africa. *Studies in Family Planning*, 32 (2): 147-160.
- Koenig, M.A., Zablotska, I., Lutalo, T., Nalugoda, F., Wagman, J. and Gray, R. 2004. Coerced First Intercourse and Reproductive Health among Adolescent Women in Rakai, Uganda. *International Family Planning Perspectives*, 30 (4): 156-163
- Lou, J.H., Chen, S.H., Li, R.H. & Yu, H.Y. (2010). Relationships among sexual self-concept, sexual risk cognition and sexual communication in adolescents: a structural equation model. *Journal of Clinical Nursing*, 1-9.
- Meekers, D. (1994). Sexual Initiation and Premarital Childbearing in Sub-Saharan Africa. *Population Studies: A Journal of Demography*, 48:1, 47-64.
- Manzini, N. (2001). Sexual initiation and childbearing among adolescent girls in KwaZulu Natal, South Africa. *Reproductive Health Matters*, 9 (17): 44-52.
- Marston C. and E. King. (2006). Factors that shape young people's sexual behaviour: a systematic review. *Lancet*, 368:1581-86.
- Namisi et al. (2009). Sociodemographic variations in communication on sexuality and HIV/AIDS with parents, family members and teachers among in-school adolescents: A multi-site study in Tanzania and South Africa. *Scandinavian Journal of Public Health*, 37(Suppl 2): 65–74

- O'Sullivan, L., Meyer-Bahlburg, H., & McKeague, I. (2006). The development of the sexual self-concept inventory for early adolescent girls. *Psychology of Women Quarterly*, 30(2), 139.
- Pai, H.C., Lee, S. & Chang, T. (2010). Sexual self-concept and intended behaviour of young adolescent Taiwanese girls. *Nursing Research*, 59(6): 433-440.
- Regional Institute for Population Studies (RIPS). (forthcoming). *EDULINK: Urban Poverty and Health Report, 2011*.
- Ringheim K. and J. Gribble. 2010. *Improving the Reproductive Health of Sub-Saharan Africa's Youth*. Washington DC, Population Reference Bureau.
- Rose, S. 2010. My Degree Diary. Multi Agency Work. Retrieved from <http://mydegreediary.blogspot.com/2010/05/multi-agency-work.html>. Accessed on September 11th, 2012
- Rosenthal, D., Moore S. & Flynn, I. 1991. Adolescent sexual self-efficacy, self-esteem and sexual risk-taking. *Journal of Community and Applied Social Psychology*, 1: 77-88.
- Rostosky, S., Dekhtyar, O., Cupp, P., & Anderman, E. (2008). Sexual Self-Concept and Sexual Self-Efficacy in Adolescents: A Possible Clue to Promoting Sexual Health? *Journal of Sex Research*, 45(3), 277-286.
- Salazar, L. F., DiClemente, R. J., Wingood, G. M., Crosby, R. A., Harrington, K., Davies, S., et al. (2004). Self-concept and adolescents' refusal of unprotected sex: A test of mediating mechanisms among African American girls. *Prevention Science*, 5(3), 137-149.
- Shavelson, R. J., Hubner, J. J., & Stanton, G. C. (1976). Self-Concept - Validation of Construct Interpretations. *Review of Educational Research*, 46(3), 407-441.
- Vickberg, S. M. J., & Deaux, K. (2005). Measuring the dimensions of women's sexuality: The women's sexual self-concept scale. *Sex Roles*, 53(5-6), 361-369.
- Williams T.P., Binagwaho, A. & Betancourt, T.S. (2012). Transactional sex as a form of child sexual exploitation and abuse in Rwanda: Implications for child security and protection. *Child Abuse and Neglect*, 36: 354-361.
- Winter, L. (1988). The Role of Sexual Self-Concept in the Use of Contraceptives. *Family Planning Perspectives*, 20(3), 123-127.
- Zulu, E.M., Dodoo, F. N. & Ezech, A.C. (2002). Sexual Risk-Taking in the Slums of Nairobi, Kenya, 1993-98. *Population Studies*, 56(3), 311-323.