2015

Community opinion leaders in Ghana speak out on adolescent sexuality: What are the issues?

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Recommended Citation

Esantsi, Selina F., Francis Onyango, Gloria Quansah Asare, Emmanuel Kuffour, Placide Tapsoba, Harriet Birungi, and Ian Askew. 2015. "Community opinion leaders in Ghana speak out on adolescent sexuality: What are the issues?" STEP UP Evidence Brief, September. Accra: Population Council.

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EVIDENCE BRIEF

STEP UP

STRENGTHENING EVIDENCE FOR PROGRAMMING ON UNINTENDED PREGNANCY

September 2015

Community opinion leaders in Ghana speak out on adolescent sexuality: What are the issues?

INTRODUCTION

Understanding the sexual and reproductive behaviors of adolescents (especially young girls) is critical to supporting their attainment of healthy sexual and reproductive lives. It is especially important to understand the factors that protect or put them at risk of infection of HIV, other STIs, and unintended pregnancy. One factor that influences the attitudes and behaviors of these adolescents is their immediate environment: family and implicit social norms (taboos and expectations about sexuality) operating in communities and regulated by community opinion leaders.

Why are the perceptions of community opinion leaders important?

Although these environmental pathways of influence are each conceptually distinct, they are clearly linked in complex ways that ultimately shape an adolescent's sexual values and behaviors, especially considering the intimacy of home and community environments. This is particularly relevant in the light of recent studies in Zambia showing that a constellation of factors at the individual and community level does prevent the protection and fulfillment of sexual and reproductive health (SRH) and rights of some adolescents (Siziya et al. 2008).

About this study

This study is a component of a larger study that assessed the SRH needs of adolescents in four slums in two regions of Ghana. The study's focus on this perspective stems from the fact that there is a lack of evidence surrounding the outlook of community opinion leaders on adolescent reproductive health in this setting.

Understanding what key groups of adults think about major adolescent SRH issues in their communities (including the SRH rights of adolescents, adult-adolescent communication about SRH issues, and service seeking and sexual behavior outcomes) provides insight into how adults perceive and influence the lives of young people, and therefore, how programs could be designed to better serve the sexual health needs of adolescents.

KEY POINTS

- Opinion leaders are aware that adolescents are sexually active.
- The majority agree that the adolescents have a right to access SRH services. Those who disagree believe that recognizing that right would encourage promiscuity.
- Opinion leaders are not informed about all of the facets of SRH services (counseling, information provision etc.) They only know about clinical service provision.
- They would prefer to have the adolescents use contraceptives than them getting pregnant and attempting an abortion.
- They believe that adolescents are at risk of contracting STIs and becoming pregnant largely due to the practice of having multiple partners and not using any protection. They identified lack of parental control, poverty and the slum environment as contributing to these risks.
- They believe that unintended pregnancy among adolescents is a challenge in their communities especially because it creates a risk of unsafe abortion endangering adolescents' lives.
- They recommend that adolescents (both boys and girls), parents, and religious leaders should receive relevant support and information on ASRH issues to empower them to communicate about it.

STEP UP generates policy-relevant research to promote an evidence-based approach for improving access to family planning and safe abortion.

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METHODOLOGY

An exploratory study design utilizing a qualitative method of data collection was employed. Four Focus Group Discussions (FGDs) were conducted with 42 community opinion leaders from four urban slums in Ghana: two in the Greater Accra Region (Nima and Ashiaman) and two in the Brong Ahafo Region (Sunyani East and Atebubu). Data was collected in March 2013.

Communities had pre-existing groups of opinion leaders (gate keepers who are custodians of the norms and laws in the community) in the four sites and these groups were contacted with the assistance of the area assemblymen (local government authority representatives). Group discussions were held with an average of 10 persons (male and female) per site. The discussions were steered by a FGD guide, conducted in 'Twi' (local dialect) and audio-recorded with each lasting about one hour and half. Issues discussed included knowledge about adolescent SRH needs, accessibility of SRH information and services to adolescents aged 13-19 years, and recommendations for improving adolescent SRH services.

KEY FINDINGS

Characteristics of Participants

Four FGDs were conducted with a total of 42 opinion leaders. As can be seen in Table 1, the mean age of participants was 49 years, and the majority (64%) of participants were male.

Table 1: Characteristics of Participants

Characteristic	N=42
Sex	
Male	27
Female	15
Mean age	49 years
Education	
Up to secondary	24
Secondary	7
Secondary +	8
No education	3
Marital Status	
Married	29
Separated, widowed or divorced	5
Never married	8
Religion	
Muslim	31
Christian	11
# of Children	
>4	10
4+	25
No children	7

Most of the participants (93%) had primary, secondary or tertiary education. About 69% were married and less than 20% of participants reported never having married. Close to 60% had more than 4 children (Table 1).

Perceptions of adolescent sexual activity

The majority of participants said they knew that the adolescents in their communities had sexual partners and were having sex. This according to them was evidenced in the increasing number of teenage pregnancies and commercial sex activities. Some of their responses were as follows:

"They are having sex, because we see 14year old girls who are pregnant… most of the time we see them late in the night around 12midnight roaming about. Some of them become pregnant by the time they get to JHS 1… I am a member of a watch dog committee and sometimes we stumble on some of them having sex. So they are really having sex." *FGD, Sunyani*

"They are very very sexually active, simply because with research we conduct as social service work for the District Assembly, we realized that in fact, the ages between 14 to 8, some have like 2 children, and some of them are even into commercial sex." *FGD, Ashiaman*

The adolescents are having sex both days and nights…Majority in the ages 13, 14 to 19 are getting pregnant and they take drugs to abort the pregnancy which ends up in death or destruction to their womb". FGD, Atebubu

Perception of the right of adolescents to access SRH services

As early as 1989, the Convention on the Rights of the Child emphasized the importance of giving children a say in matters that affect them (UNCF, 2010). By 1994, the International Conference on Population and Development focused specifically on protecting and promoting adolescents' reproductive health rights. To gauge the awareness of this right, community opinion leaders were asked if adolescents had any right to access SRH services. There were mixed reactions:

"The adolescent in the community have the right to access SRH services but they feel shy of the health workers and also are worried about their privacy." *FGD, Atebubu*

"They have the right but it all borders on education… what to do and what not to do, that will actually make them to be enlightened." *FGD, Ashiaman*

"…why should we allow them to go for FP because they are promiscuous, that will mean giving them their freedom to be more promiscuous. What we should do is to continue to advice and put fear in them to stop." *FGD, Sunyani*

"I consent to the adolescent child having access to these services but just imagine a mother accessing health service at a facility only to meet her adolescent child at an FP point, hell will break loose that day the mother would not understand why her adolescent child who is not married would go for FP method or counseling… that adult would make faces at the child that would insinuate she is a 'spoilt' child and they will gossip about it in the community. They have every right to access these services though." *FGD, Nima*

Perception of communication with adolescents about SRH

Many participants expressed the view that parents are shirking their responsibility to communication with adolescents about sexuality:

"I think parents don't educate their adolescents about these issues because most of them don't have the time, the men go to work and come back home late, the women who are supposed to take care of that too are busy with their various trades." *FGD, Sunyani*

"Oh, we tell them 'don't do it oh …when you do it you either become pregnant or you will contract a certain disease and you will have to stop schooling err….' So we have been telling them." *FGD, Ashiaman*

"What I want to say is that sometimes they tell you don't do this but they don't give you the real reason why you shouldn't do it and I think that is where the problem is coming from… Looking at the African culture it is a taboo to talk about sex …when we talk about sex people look at you in a certain way, for an adult to sit with a 14 or 15yr old to talk about sex will seem completely out of place." *FGD*, *Nima*

Perception of contraceptive usage

There was recognition that adolescents had some knowledge about modern and traditional contraceptives and knew where to get them, but were possibly not using them.

"Judging from the way they are getting pregnant rampantly, I think they are not using it, because we see many of the12-14 year old girls pregnant in this community. They would not be getting pregnant if they were using it… We hear some of them talking about N tablets." *FGD, Sunyani*

"Most of the female adolescents go to the drug store to buy pills and other tablets to prevent pregnancy…They buy Secure…Some buy a black powder like gunpowder for FP…Others also insert something under their armpit." *FGD, Atebubu*

Adolescent girls *Photo credit: Selina F. Esantsi*

When asked how they felt about adolescent use of contraception, the community leaders indicated the belief that it was better to use contraception than be faced with an unintended pregnancy:

"It is true that our religion frowns on it, but rather than having to do it unprotected and come home with an unwanted pregnancy or be at risk of STIs we will take it like that… They say prevention is better than cure, so it is better for them to prevent than to become pregnant and attempt to abort which can cost them their lives… Would you rather she came home with a pregnancy that she may not even know the paternity of, for you to be saddled with the added responsibility of having to raise your children and their children also?" *FGD, Sunyani*

"I think it is better for them to do the family planning than getting pregnant and going for abortion. It is more shameful to be pregnant and go for an abortion than to use contraceptives to prevent pregnancy." *FGD*, *Nima*

Perception of the risk of adolescent risk of pregnancy and STIs

There was universal agreement that there are many risks associated with adolescent sexual activities, including unintended pregnancy, HIV and other STIs.

"…they don't stick to one sexual partner…almost always we hear of the young girls fighting each other over boyfriends, they are sleeping with each other's boyfriend, they jump from boy to boy and from girl to girl so that will put them at risk of infection." *FGD, Sunyani*

"They are really at risk. The risk is high…100% challenge because education is not going down…They don't use any preventive measures to protect themselves, …it is not only about education, it's about poverty and then lack of the parental control…, …school dropout is another, broken homes… when you live in a community where sex is on commercial basis, … where we live also contributes towards it … the slums or what we call the 'ghettoes' because 'ghettoes' are places that are unplanned…" *FGD, Ashiaman*

Perception of adolescents seeking SRH services

Participants noted that fear or shyness can often hinder adolescents from seeking services, but that even those who do visit heath centres can receive a cold shoulder from service providers and be further discouraged.

"Some feel shy". *FGD, Ashiaman*

"They are shy to seek care for sexual and reproductive health problems thinking that their secret will be exposed… They are afraid to be shouted at and disgraced in public… They think they are not old enough to do FP so would not go for them (health providers) since people will tell others about them…Poverty is also a factor because purchasing these contraceptives involves money." *FGD, Atebubu*

"…attitude of the nurses, sometimes the way they welcome them and the sort of questions they pose to them are even enough to scare them." *FGD, Nima*

"…fear of not being able to conceive later on in life. Some people claim to have done FP and when later on they wanted to have children, it became difficult." *FGD, Sunyani*

Perception of adolescent unintended pregnancy

Participants identified unintended pregnancy as a major problem because of the potential negative consequences on a young person's life.

"The adolescents are having sex both days and nights…Majority in the ages 13, 14 to 19 are getting pregnant and they take drugs to abort the pregnancy which ends up in death or destruction of their womb." *FGD, Atebubu*

"We have a lot of the adolescents getting pregnant in this community and some of them lose their lives in trying to abort it, so it's a real problem." *FGD, Nima*

Participant recommendations to improve adolescent SRH

Participants believe that educating all stakeholders (parents, religious institutions and the community at large) on adolescent sexual health will assist in efforts to de-stigmatize adolescent sexuality and thus enable their improved SRH.

"We seem to be putting all the blame on the adolescent girls but I think that the boys also need education… I think that the parents need more education…most of them don't know …I think that our religious leaders must also educate on these issues because they must preach and educate on SRH issues even before we enter marriage." *FGD, Sunyani*

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Suggested citation:
Selina F. Esantsi, Francis Onyango, Gloria J. Quansah Asare, Emmanuel O. Kuffour, Placide Tapsoba, Harriet Birungi And Ian Askew. "Community opinion leaders speak out on adolescent sexuality: What are the issues?" STEP UP Evidence Brief, September 2015. Accra: Population Council.

CONCLUSIONS

- There is confusion regarding reproductive health versus family planning at the community level. Participants believed that reproductive health consists solely of the provision of contraceptives. This shows that opinion leaders and potentially the community are ignorant of the fact that reproductive health services include a range of important clinical and information services. This lack of knowledge is a barrier to supporting the SRH of adolescents.
- Opinion leaders know that parent-adolescent discussions about sexuality are important but most parents are uncomfortable and uncertain how to go about it. Supporting the SRH of adolescents requires the introduction of SRH programs that link adolescents and their parents and communities in addressing stigma and other cultural barriers preventing communication.
- There is the need to strengthen program linkages and referral pathways with related sectors; health, education and family structures must connect for a holistic multi-sectoral response. This will ensure that adolescent SRH needs are met.
- Participants unambiguously support abstinence-until-marriage. However, they believe in sexual education, and agree that abstinence plus contraception, sex education and access to services is preferable to teenage motherhood or unsafe abortion. There is therefore the community support to improve strategies which could reduce gaps in access to healthcare services, taking into account cultural issues and social participation.