

Beyond love

Citation for published version (APA):

Krugu, J. (2016). *Beyond love: promoting sexual and reproductive health and rights of adolescents in Ghana*. Maastricht University. <https://doi.org/10.26481/dis.20160913jk>

Document status and date:

Published: 01/01/2016

DOI:

[10.26481/dis.20160913jk](https://doi.org/10.26481/dis.20160913jk)

Document Version:

Publisher's PDF, also known as Version of record

Please check the document version of this publication:

- A submitted manuscript is the version of the article upon submission and before peer-review. There can be important differences between the submitted version and the official published version of record. People interested in the research are advised to contact the author for the final version of the publication, or visit the DOI to the publisher's website.
- The final author version and the galley proof are versions of the publication after peer review.
- The final published version features the final layout of the paper including the volume, issue and page numbers.

[Link to publication](#)

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal.

If the publication is distributed under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license above, please follow below link for the End User Agreement:

www.umlib.nl/taverne-license

Take down policy

If you believe that this document breaches copyright please contact us at:

repository@maastrichtuniversity.nl

providing details and we will investigate your claim.

Summary

Ghana's youthful population is sexually active and most of them are not or inconsistently using contraceptives which results in high rates of teenage pregnancy and sexually transmitted infections (STIs). Both teenage pregnancy and STIs pose serious adverse health and social consequences for the victims, their families, and for society as a whole. Promoting safe sex behaviours among adolescents and young people require a clear understanding of the personal and environmental factors as well as the social cognitive determinants influencing the sexual and reproductive health choices of teenagers and their decision-making regarding contraception. The studies reported in this dissertation have been conducted to gain more insight into the sexual choices of adolescents and suggest ways to promote safe sex behaviours towards preventing teenage pregnancy and STIs among adolescents in Ghana.

Chapter 2 presents a cross-sectional study on the antecedents of adolescents' intentions to use condoms in Bolgatanga, Ghana. The goal of this study was to increase our understanding of the predictors of adolescents' condom use intentions to assist intervention development towards reducing STI transmission and preventing teenage pregnancy. The study found that a perception that one is susceptible to STIs, a perception of behavioral control towards using condoms, and a belief that other relevant referent persons expect one to use condoms when engaging in sexual activities were the strongest correlates of condom use intentions among Ghanaian adolescents. Further analysis of the data showed that having no sex experience, being uncomfortable to carry condoms and not believing that peers expect one always to use condoms precisely predicted the intention not to use a condom. On the contrary, high-risk perceptions, positive attitudes towards carrying condoms, and high perception of behavioural control towards buying and using condoms specifically predicted strong intentions to use a condom.

The results show that programs that aim at promoting condom use among adolescents in Ghana are more likely to succeed if they target perceived susceptibility towards STIs, injunctive norms, attitudes and feelings towards having condoms available, and perceived behavioral control towards buying and using condoms. Targeting these determinants with the valid evidence and theory-informed methods that are applied under the required conditions for effectiveness may increase behavioral intentions, and ultimately, actual condom use.

Chapter 3 describes a study that used in-depth qualitative interviews involving girls *with* pregnancy experience and living in the Bolgatanga Municipality of Ghana. The aim of this study was to gain more insight into the individual, environmental and cognitive factors that put teenage girls at risk of pregnancy in Ghana. The study found that the girls were

from low-income families and did struggle to meet basic needs such as school supplies. At home, sex remains a taboo subject and in school, they are exposed to abstinence-only messages. The girls' knowledge of contraceptives was limited to condoms, and they were unable to obtain contraceptives and negotiate their use with sexual partners. Also, the girls seemed to have little awareness of pregnancy risk and believed that contraceptives other than condoms, often referred to as family planning methods, are linked to infertility. Regarding past sexual behaviours, the girls shared experiences of coercive, painful sexual debut and they often failed to use contraceptives to protect against unintended and unwanted pregnancy.

It was concluded that even though the majority adolescent girls do not want to become pregnant, the lack of a positive and open sex communication at home, the emphasis on abstinence-only messages at school, together with the poor economic situation of the families make it difficult for girls to make independent choices to prevent unwanted pregnancies. From a vulnerable position, they enter into sexual relationships without self-determination and agency to obtain contraception and negotiate for safe sex. The girls also seemed to have little awareness of the risk of pregnancy resulting from unprotected sex and had negative beliefs towards family planning methods. The girls' sexual and reproductive health behaviours were also partly shaped by generational cultural and religious beliefs.

The results highlighted the need to expose young girls to open and positive sex communication at home and comprehensive sexuality education in school. However, the Ghanaian society, with its embedded cultural and religious beliefs, may not be prepared for an open discussion on sexuality topics. Therefore, any sustainable solution ought to start with the engagement of community key stakeholders, including parents, teachers, health workers and religious leaders to secure broad support for the implementation of CSE in schools. An ecological approach that includes objectives to change gender-based norms and incorporate activities to help girls earn income to be able to make independent and informed decisions may help to prevent teenage pregnancies in Ghana.

Chapter 4 also describes data from individual in-depth interviews but with *never been* pregnant girls living in the Bolgatanga Municipality of Ghana. The goal of the study was to find out the differences in beliefs and perceptions towards contraceptive decision-making between girls with and without pregnancy experience. The study discovered that contrary to their peers with pregnancy experience (Chapter 3), these never pregnant girls came from a home environment where they could more easily discuss sexuality issues with their mothers and friends, and some girls had received safe sex advice to prevent unintended pregnancy. These girls also received sex education beyond abstinence-only messages at school. They

exhibited protective factors such as high awareness of pregnancy risk through unprotected sex, positive attitudes towards carrying and using condoms, and they indicated high self-efficacy beliefs towards negotiating condom use with a sexual partner. In addition, the girls' narratives also showed that they had clear future goals, including staying longer in school and coming out with successful learning outcomes. They also seemed to have formulated clear plans towards achieving their goals, including plans to use protection against unintended pregnancies that may derail their future goals. However, similar to their pregnancy-experienced peers, the never-been-pregnant girls also believed that boys were responsible for buying condoms, and they also had high perceptions that the use of family planning methods will lead to infertility.

The results suggest that a positive attitude towards contraception, high-risk perception towards getting pregnant and high condom use self-efficacy are important protective factors in girls' contraceptive decision-making processes. These factors can enable girls to take specific actions such as carrying condoms and initiating discussions towards condom use in a relationship. Therefore, a successful intervention may require prior assessment of the particular cognitive beliefs that can influence the performance of action-specific sub-behaviours that will culminate in the performance of the actual safe sex behaviours such as using condoms. It may also be more effective to encourage the 'double-dutch' approach: the combined use of both condoms and other family planning methods among girls to secure full protection against both teenage pregnancy and STIs. Also, since there seems to be a link between working towards a clear future goal and using protection to avoid unintended pregnancy until the goal is achieved, programs that include goal-setting activities may have a higher chance of succeeding in preventing teenage pregnancy.

Chapter 5 describes another in-depth qualitative study but this time the participants were boys living in the Bolgatanga Municipality of Ghana. The aim of the study was to understand the personal, environmental and social cognitive factors that shape boys' contraceptive decision-making processes and how the sexual behaviours of boys may impact on girls' failure or success to use contraception to protect against teenage pregnancy. An unexpected result was that love was hardly mentioned as a reason for engaging in a sexual relationship. At the same time, the study found that boys believed that girls are mostly interested in material gain and cannot be trusted to be faithful and fidel in a relationship. The boys also shared that they do engage in multiple sexual relationships to ensure that when one or two of their girlfriends leave for the next more resourceful guy, they can still have girlfriends to fulfill masculine social requirements always to have a girlfriend.

The study also showed that despite boys high perception of STIs risk and high awareness of the consequences of impregnating a girl, the boys reported failing to use protection on regular basis, citing several reasons, including feeling safe without protection, trusting that the girl was in her 'safe period of the month', not have condoms available at the point of need or using the physical appearance of the girl to decide whether protection was necessary or not. Similar to both groups of girls in Chapter 3 and 4, the boys' knowledge of contraception was also limited to condoms, and they mostly relied on the 'withdrawal method' or the girls 'safe period' of the month for contraception. Also, the boys' experiences of sex communication at home and sex education in school were limited. Mostly, sex communication occurred within peer groups.

The double standards of boys expecting girls to be fidel and faithful in sexual relationships but at the same time they (boys) are engaging in multiple sexual partnerships puts young people at risk of not only pregnancy but higher risk of STIs, since they may not be able to maintain consistent condoms use across the different partners. Boys and girls need to know that even in faithful relationships, family planning or condom use is still necessary to prevent teenage pregnancy. Also, the boys' sexual behaviors are partly driven by masculinity beliefs and the pressure from peers to conform to the social construction of the African man, who must have a girlfriend or remain a laughing stock among colleagues. Therefore, efforts to promote consistent condom use among boys should project it as a positive, progressive and healthy quality of a 'cool' masculinity, along with the promotion of gender equity and male participation in sexual and reproductive health. Also, since among boys, much of sex communication occurs within the peer group, peer education may be an important strategy to reach boys with correct and accurate information on safe sexual practices. Future research that explores the social construction of masculinities among the adolescent population in northern Ghana and how such hegemonic beliefs influences safe sex choices will be a valuable addition to efforts to prevent teenage pregnancy in Ghana.

Chapter 6 describes a systematically re-designed skills- and rights-based comprehensive sexuality education (CSE) program based on both empirical evidence and theories of sexual behaviours. The goal of the study was to find out whether a rigorously designed peer-led CSE, using the Intervention Mapping approach to planning health promotion programs, can positively change specific social cognitive factors towards the performance of safe sex behaviours of adolescents in Bolgatanga. Intervention Mapping is a theory-guided approach that supports intervention planners to design evidenced based health promotion programs, taking into consideration the local culture and context. A

randomized controlled trial (RCT) was used including intervention schools and waiting-list control schools.

Although no significant effects of the SPEEK sex education program on the social cognitive factors of the participants were detected after a six-month follow-up survey, the immediate post-test measure showed that the intervention group scored significantly higher in over 40% of the social cognitive determinants of safe sex behaviours targeted by the intervention. In particular, students in the intervention group had significant higher scores on their ability to explain condom use, their perceived knowledge of condom use, actual knowledge on pregnancy and STIs testing as compared with the students in the control group. Also, at posttest, the students in the intervention group were significantly more confident of exercising their sexual rights, more likely to carry condoms with them when going out for social activities, perceived themselves more capable of deciding when and with whom to engage in sexual activities, perceived themselves more able to delay sexual intercourse until they were ready for it and were more confident towards future condom use compared with the control group. Also, at posttest, students who received the SPEEK sex education program perceived themselves to be more at risk of contracting STIs through unprotected sex compared with students of the control group.

The evaluation study confirmed that theory and evidence-based CSE, that is systematically designed to incorporate interactive skills development activities such as condom use demonstration can positively change the determinants of adolescents safe sex behaviours in African rural settings. Advocacy actions to convince decision-makers at the Ministry of Education to include theory-driven CSE in the school curriculum is a major step towards addressing the high rates of teenage pregnancy and the spread of STIs among young people in Ghana.

Finally, **Chapter 7** summarized and discussed the findings of the various studies, made recommendations for further intervention development towards addressing the high rate of teenage pregnancy and STIs among young people, and suggested directions for future research to generate more evidence to support the promotion of adolescent sexual and reproductive health in Ghana.

First, it is important for programs aimed at promoting condom use among adolescents to do a thorough needs assessment to identify the specific target determinants to change and carefully select evidence-based methods, taking into consideration the necessary parameters for the effectiveness of those methods to guarantee program success. Second, a positive and open communication on sexuality topics is very necessary to prepare children at home towards sexual self-determination and safe sex negotiation. Third, besides

the fact that young people have a right to CSE, they need it to be able to make independent and informed choices in responding to their sexual and reproductive health needs and development. Fourth, besides condoms, supporting girls to change from a negative perception towards other family planning methods to using hormonal contraceptives for pregnancy prevention may help them to take full control of their sexual wishes and boundaries. Fifth, sexual health information alone may not be enough to secure girls sexual self-determination and autonomous decision-making on contraception. CSE programs may have to combine sexual health messages with income generating activities to empower young girls to avoid transactional and intergenerational sexual activities for economic reasons – a situation that makes it difficult for them to negotiate for safe sex. Sixth, effective CSE programs require a systematic design, using the best available evidence, guided by theoretical concepts and implemented with a reasonable fidelity and dosage.

Finally, Ghana may not be able to address the high rates of teenage pregnancy without context-specific evidence to ensure that intervention efforts have broad acceptance and participation by key stakeholders such as parents, school authorities, religious leaders, and community-based health workers. Future research should explore the social cognitive determinants of the behaviour of these important reference people towards adolescent sexuality. Such knowledge will provide a more comprehensive picture on the best entry points for interventions aimed at preventing teenage pregnancy and STIs spread among young people in Ghana.