

ENSIGN COLLEGE OF PUBLIC HEALTH

**SEX NEGOTIATION SKILLS AND FACTORS THAT AFFECT THE CHOICE OF
SKILLS USED BY FEMALE ADOLESCENTS IN THE GA EAST MUNICIPALITY IN
THE GREATER ACCRA REGION OF GHANA**

BY

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JUNE 2020

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KPONG, GHANA

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MPH-187100127

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DEGREE OF MASTER OF PUBLIC HEALTH (MPH)**

JUNE 2020


DECLARATION

I hereby declare that except for references to other people's work which have been duly acknowledged, this work is the result of the original research work taken by me under supervision. It contains no materials previously published by another person which has been accepted for the award of any degree elsewhere.

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ABSTRACT

Background: Adolescence (from 10 to 19 years of age) is an integral stage of human life, which transits a person from childhood into adulthood. During this phase, the individual may portray certain individual traits of adulthood while still a child hence exposing them to some risks and challenges. An adolescent who has gone through a comprehensive sex education that includes sex refusal and sex negotiation skills is not likely to experience pregnancy as compared to those who are educated on abstinence-only. It is imperative for adolescents who are not ready for sex to practice refusal skills. This is because there are adult's behaviours that an adolescent can exhibit such as sexual expression and fulfilment.

This study sought to find out from in-school young adolescent females, aged 12- 26 years in the Ga East Municipal of the Greater Accra Region, what sex negotiation skills they practice as well as the factors that influence their sexual choices.

Methods: A cross-sectional study was used to solicit the responses. Two hundred and seventeen respondents were selected for the study.

Result: The mean age of the respondent was 17 years. In addition, 82% of the respondent had sex without using condoms. The result showed that there was an association between level of education and contraceptive use ($p=0.020$). Again, about 80% of the respondents were of the view that using verbal communication skills during sex negotiation is the best. According to them, this will help the two parties come to a mutual agreement. About 50.23% said they were pushed into having sex while 56.52% said they were both threatened and forced into sexual activities

Conclusion: "Talking skills" (92%) was the key negotiations skills used by the respondents. However, 81% preferred using body gesture such as facial expression to demand sex from the opposite sex.

DEDICATION

I dedicate this work to my wonderful husband Mr. Prince Solomon Doku for encouraging me to take this challenging journey into this Master's program in Public Health. Also to my mother, siblings and Mr. Oscar Vetsi and Kofi Bondah for their support.

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
CHPS	
CHRPE	Committee on Human Research, Publication and Ethics
FP	Family Planning
GDHS	Ghana Demographic Health Survey
GHS	Ghana Health Service
HIV	Human Immunodeficiency Virus
JHS	Junior High School
MDG	Millennium Development Goals
PHC	
PNC	Post-natal Care
PPS	Probability Proportional to Size
SD	Standard Deviation
SDGs	
SIECUS	Sexuality, Information and Education Council of the United States
STDs	Sexually Transmitted Diseases
UN	United Nations
USA	United States of America
WORA	Women of Reproductive Age

CHAPTER ONE

INTRODUCTION

1.1 Background

This chapter describes the background information on the study, problem statement, and rationale of the study, conceptual framework, the objectives and profile of the study area. Adolescent sexuality and reproduction are issues that have gained global recognition as social problems of human development. An effective sex refusal and negotiation skills help adolescents to avoid sexual intercourse whether protected or unprotected (Francis, 2019). Sex education programs combine information on a variety of sexually related issues including abstinence, contraception, safe sex, the risks of unprotected intercourse and how to avoid them as well as the development of communication, negotiation and refusal skills. Teenagers who had comprehensive sex education such as sex refusal and negotiation skills is less likely to experience pregnancy as compared to those who only have abstinence education (Agbenorku, 2011). According to Almeida, effective sex education programmes lowers risky sexual behaviour by about one third (Almeida, 2003). Therefore, it is vital for young teens that are not ready for sex to practice refusal skills. Repeated practice boosts self-confidence in using these skills when they are needed especially in scenarios that involve many emotions. A well-practised skill can be used automatically, without requiring a lot of thinking (Ankomah, 2017). A comparison with the traditional knowledge-based sex education shows a focus on behavioural skill types such as sex refusal and negotiation skills have more promising results by postponing sexual activity and reducing the risk of practising unprotected sex. Such skills are active rather than passive strategies. They help adolescents to personalise sexual issues and develop specific negotiation and sex refusal skills needed in sexual relations. Effective sex refusal and negotiation skills have been shown to result in significant delay in the onset of sexual desires and fulfilment. They also have moderate effect in improving upon the use of

contraceptive among adolescents who are sexually active (Ankomah, 2011). The issues of adolescent sexual activity and reproduction are likely to become increasingly crucial in Africa in the future due to globalization and the dramatic growth in secondary schooling. Adolescent sexuality in Ghana is of a major concern in Ghana especially because some sections of the adult population, particularly some religious groups in country who do not endorse contraceptive use among sexually active adolescents (Balassone, 2016).

In the Ghanaian society, the male traditionally initiates a sexual activity while the female is expected to respond positively. Other scenarios and ideologies prevent a woman from asserting her sexual rights by way of sexual refusal or negotiation. The belief surrounding these ideologies is because women were created to serve and submit to men, poverty, illiteracy, ignorance and lack of a good self-image. The adolescent's ability to maintain a healthy sexual lifestyle is usually affected by their relative lack of experience with multifaceted issues of relationship and sexuality. In the absence of adequate guidance on sexuality from parents, social leader and school authorities, they are sometimes left on their own to decide how best to negotiate for their preference on sexuality. This study is aimed at assessing the sex refusal and sex negotiation skills used by in school young adolescent in the Ga East Municipality in the Greater Accra of Ghana.

1.2 Problem Statement

Often the adolescent female is initiated into early sex and those within the ages of 10-16 are the worse affected. Majority of them engage in unprotected sex and risk acquiring STI/HIV and unwanted pregnancy leading to early unplanned parenthood. It is noted that many adolescents are involved in sexually risky behaviours that result in unwanted pregnancies and STI/HIV infection (Kadlec, 2006). Statistics further indicate that about half (46%) of the USA high school students had sex in the year 2013 with 59.1% of them using condom during their last sexual intercourse (CDC, 2014) The Primary Health Care (PHC) report on children

adolescents and Young People living in Ghana shows that 8% of the female adolescents had sexual intercourse age 15years compared with 5% of males. By the time they were 18 years old, 44% of girls and 26% of boys had engaged in sex. This shows that nearly twice as many female adolescents have had sexual intercourse when compared with their male counterparts. This shows that girls are more likely to be introduced to the negative effects of early sex (Ankomah, 2012)

The Sustainable Development Goal (SDG) 5b that seeks to achieve universal access to reproductive health by 2015 has adolescent birth rate as one of its indicators. According to the MDG report 2013 (UN, 2013), births by adolescent age 15-19 years in the sub Saharan Africa was 125/1000births in 1990, 122/1000 births in 2000 and 118/1000 births in 2010. In Ghana, the adolescent (age 15-19) birth rate in 2000, 2010 and 2012 were estimated at 84, 66 and 58 respectively per 1000 births (Trading-Economics) (Reyna ,2014) This indicates that the female adolescent still practices unprotected sex resulting in unintended pregnancies and subsequent deliveries or abortions (Wingood, 2016).

The majority of adolescents affected are those with low socio-economic background, low educational background and those from broken homes. It is believed that adolescents who are school dropouts and those who had education up to the Junior High school are the victims who are easily lured into early sex. This is because they easily get enticed by money and material gifts that the male partner gives them and go to bed with them eventually.

1.3 Rationale of the study

This study is important because it focused on reproductive health of adolescent who form a very significant percentage of today's population. Reproductive health education begins with abstinence – the only completely certain way for young unmarried people to protect themselves against pregnancy, sexually transmitted diseases (STDs), human immunodeficiency virus and acquired immune deficiency syndrome (HIV and AIDS). Young people need skills such as

decision-making, communication and negotiation and refusal skills in order to avoid unwanted pregnancy and abstinence to be practiced successfully. When abstinence is taught as the sole option for young people, they may lack or may not receive the information and skills that will keep them safe when they become sexually active. The findings can assist policy makers and service providers to identify alternative solution that may enhance the reproductive health of adolescents. This study explores information on how female adolescents negotiate for sex, to form policy makers in the municipality.

1.4 Conceptual Framework

The conceptual framework as shown in (Figure1) shows how certain variables are associated with sex negotiation skills among young adolescents; It is partly based on reasons for delaying or engaging in early sexual initiation among adolescents in Nigeria by (Ankomah, 2011)The reasons were identified in four key themes regarding sex, these were found to be restraining factors, push and pull factors and coercive factors was studied using the model presented in figure 1.

Push factors were defined as enabling factors that were internal, i.e., that originates in the adolescent or the nuclear family. Pull factors offered attractions to engaged in first sex; these were from an external source and environment such as school as well as friendship and peer related issues. Coercive factors, which are centred on individual knowledge, were considered to be outside the control of the adolescent and bordered on illegal sexual violation. Finally restraining factors (societal and customs) were those that the motivated adolescents to delay early sexual initiation. The pull factors were identified in the role of the environment and the socio cultural beliefs, customs and practices played on the young adolescents regarding their choices where sex is concerned. The media was said to have both positive and negative influence, I particular television as it displays educative programmes on sex and sexuality. However, movies are identified as a key catalyst for engagement in the first sex particularly for

males. The natural sex drive is made difficult to control by what is watched on television, movies and sticking to one's resolve is made even more difficult. Whereas there are customs and cultural practices that favour delayed sexual debut, many myths and misconceptions provided some explanation for early sex and such views are held strongly by adolescent. For example, it was believed that failure to have early sex would make one develop pimples, grow lean, become infertile in the future or could even result in death. The push factors were found in the role parents and immediate family played. Parents' were considered as the primary shapers of their children's behaviour, including sexual behaviour. They have great influence over whether their wards abstain or otherwise. Children of 'good homes or parents 'have good upbringing and would grow up to be youth who abstain until marriage, while children (especially females) of 'bad' homes or parents stand a higher chance of being pushed consciously or unconsciously by their mothers into early sexual initiation. Where parents did not appear to care or take interest in what the adolescent did, sexual initiation was often earlier. Such environment went a long way toward pushing young persons to have early sex by breaking resistance or any resolve they may have. Parents or close family members mainly because of poverty, expose female adolescent to early sex by asking them to engage in street trading or goods hawking in the community (Bearinger, 2019).

A 'bad' mother will punish her daughter if she fails to make enough sales; this risky situation was exacerbated by the fact that many parents were unable or unwilling to tell their children directly to abstain from sex. Parents sometimes were not straightforward when giving advice, which ended up confusing adolescents.

One major enticement to engage in early is rewards, both financial and material, that may be gained from trading first and subsequent sexual interaction for money or gifts. Rewards included cash, gifts and in educational establishments, favour relating to admission and examination grades. Some saw sex as a means of 'survival', so abstinence was not an option

for them. Restraining factors were the ability to ‘be focussed and determined’. One must have a clear reason why they were abstaining and they must have something in mind they were pursuing (Scott, 2020).

The need to be determined and focused should not be left ‘within in you’, to succeed friends and peers should know so that the boys will ‘leave you alone’. There was the need to let boys know that you are not interested in sex and you like it that way. Boys were not to be given any chance to make advances. The study focused on the family and individual level factors because it’s the researcher’s beliefs that the effect of these two factors on sex negotiation far outweighs that of the other factor where young adolescents are concerned (Ott, 2018).

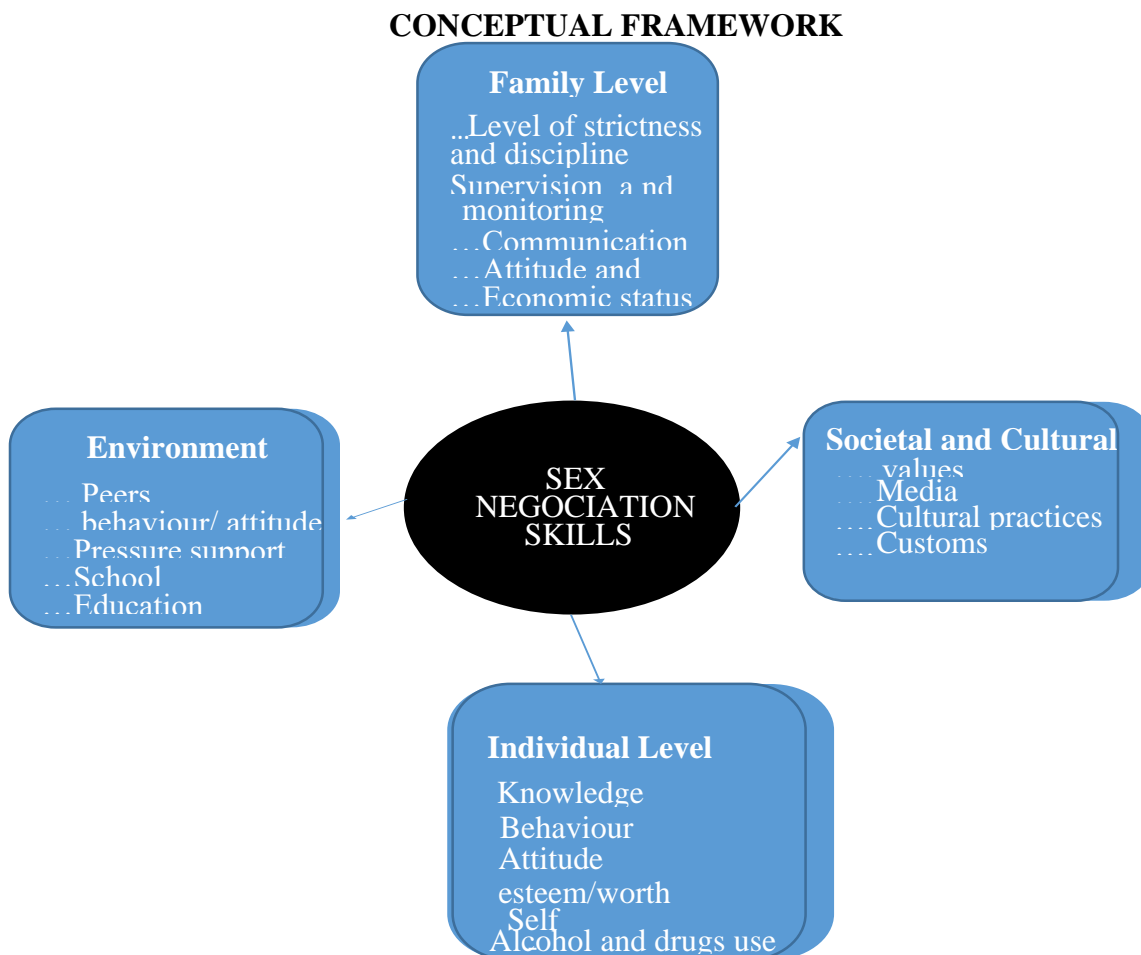


Figure 1:0 Conceptual Framework for Sex Negotiation Skills

1.5 Research Questions

1. How early do female respondents in the Ga East Municipality engage in sex?
2. What are the sex negotiation skills used by female adolescents?
3. What factors determine the choice of skills used by these adolescents in negotiating for sex?

1.6 Objectives

1.7 General Objectives

The general objective for this study is to determine the sex negotiation skills and the factors that affect the choice of skills used by the female adolescents in the Ga East Municipal in the Greater Accra Region.

1.8 Specific Objectives

The specific objectives are to

- a. determine the level of knowledge and education of young school adolescent girls know about sex.
- b. assess their attitude (opinions, feelings, and behavior) towards sex.
- c. determine what sex negotiation skills they know and practice.
- d. assess the relationship between education and contraceptive use.

1.9 Profile of Study area

1.10 Population

The Ga East Municipal as shown in (figure 2) is one of the 29 Municipals/Districts in the Greater Accra Region of Ghana, which shares boundaries with Madina La Nkwantanang, Accra Metro, Ga West Amasaman, all in the Greater Accra Region and Akuapim in the Eastern Region. It is currently made-up of five sub-districts namely; Dome, Abokobi, Taifa, Haatso and Ashongman sub-districts. There are 83 communities comprising mixed settlements, i.e.

urban, peri-urban and rural. Two-thirds of the entire district settlement is peri-urban and rural. The total population is 147,742 with the growth rate of 2.0%. (Ga East Report, 2018)

1.12 Geography

The Ga East Municipal (Figure 2) is located at the northern part of the Greater Accra Region. It covers an area of land of about 85.7square kilometres. The land area consists of gentle slope landscape interspersed with plain hills in the west. There are a few streams, rivers, and underground water, which have been tapped to provide portable water for the communities and for agriculture. The municipality experiences two main climatic conditions, which are dry and rainy seasons. The major festival celebrated by the residents is Homowo.



Figure 2:0 Map of Ga East Municipal (in Orange) within the Greater Accra Region of Ghana

Source: Ghana District

1.12 Health and Social Infrastructure

The municipality's large towns have good road network, and the other small towns are linked to the trunk roads via feeder roads. The roads are asphalted and are good in general. Culverts, drains and speed humps are fairly improved to improve the flooding and pedestrian accidents. The largest hospital in the Municipality is the Ga East Municipal Hospital and there are thirty-nine CHPS zones with one CHPS compound in the municipality. The area has extensively registered the residents under the health insurance scheme which operates in the various health facilities in the municipality.

1.13 Education

The distribution of schools in the municipality is quite even. There are six (6) private owned senior high school and public one (1) community day senior high school. There are 31 public Basic schools, which are made up of the kindergarten, primary and junior high schools. There are also numerous private basic schools in the municipality. The leadership in the municipality placed a ban on playing snooker, video games and other unhealthy places for children under aged and most especially students. They also instituted various awards program for students and teachers to perform at their best. These reforms made brought improvements in teaching and learning for the municipality.

1.14 Economic activities

Farming is a major economic activity for the active population. The major agricultural activities are crop and livestock productions. Some of the vegetables produced are pepper, tomato, cabbage. Livestock production includes rearing of turkeys and cattle often around Abokobi. The municipality is well known for its poultry feed mill production and pig feed. The major centre where the feed mill is located is Abokobi, which is the capital of the municipality. The factory employs 300 and supports people in the area.

1.15 Adolescent's Sexual and Reproductive Health

The Ga East Municipal with a population of 147,742 has an adolescent population, which is similar to that of the country as a whole . As shown in Table 1.1 below, in 2018 and 2019 the municipality recorded 987 and 2,023 in adolescent registrations, Deliveries, PNC and Family Planning at antenatal clinics. This shows that the total populations in the municipality of adolescent girls who are engaged in sexual activities were from the ages of 10 to 19 years.

Table 1: Antenatal registrations, PNC and Family planning Deliveries (2018)

Age Group	10 – 14 years	15 -19 years
Antenatal Registration	15	210
Deliveries	0	85
Postnatal Care	0	10
Family planning	94	682

Table 1:2 Antenatal Registrations, PNC and Family planning Deliveries (2019)

Age Groups	10 – 14 years	15 -19 years
Antenatal Registration	17	283
deliveries	2	115
Postnatal registration	2	117
Family planning	285	1508

Source: Ghana Health Service DHIMS 2

1.16 Scope of Study

1.17 Organization of Report

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

This chapter reviews relevant literature on the adolescent sexual refusal and negotiations skills. The section tries to give meaning to the different concepts, and describes the different theories used in this study based on available literature on adolescent's sexual behaviour.

2.2 Sexuality Education

Globally, the content of sexuality education curricula varies widely by region, by school, district and sometimes by classroom. The highly charged political debate concerning sex education could lead most people to believe there are hard and fast divisions between educational approaches. In fact, there are multiple programme designs, many of which resist clear classification, or share components of seemingly opposing approaches (Melendez, 2003) According to (Williams, 2001) sexuality education in the schools is a hot button issue in part because it is closely intertwined with social and parental interpretations of right and wrong, and with people's feeling about religion and personal autonomy. Yet sex education is also intended to serve a very practical public health purpose – to reduce STIs, HIV, AIDS, and unintended pregnancy among the country's young people. These are goals of sex education that virtually everyone agrees on as shown in table 2:1. The debate centres on a question of methods (i.e., how to prevent negative health outcomes) and the ancillary goals of advocates on all sides (e.g., teaching particular moral values, or encouraging autonomous decision-making).

Table 2:1 Major Paradigms in Sex Education

Abstinence-Plus Education	Abstinence-Only Education
<ul style="list-style-type: none"> • Abstinence-plus education programs explore the context for and meaning involved in sex. • Promote abstinence from sex • Acknowledge that many teenagers will become sexually active. • Teach about contraception and condom use. • Include discussion about contraception, abortion, STIs and HIV 	<ul style="list-style-type: none"> • Abstinence only education includes discussion of values, character building, and in some cases refusal skills • Promote abstinence from sex • Do not acknowledge that many teenagers will become sexually active. • Do not teach about contraception or condom use. • Avoid discussions of abortion. STI's, HIV and unwanted pregnancy as reason to remain abstinence

Source: Valleroy et al, 2000

2.3 Sex Negotiation

Sex Negotiation is the interpersonal interaction, physical or verbal that arises during the quest for sex, which results in agreement, or rejection (Farris, 2008). Therefore, sex negotiation occurs when a person decides to pursue another for the purposes of sex with discussion(s) stimulating sexual consent and establishing an encounter that results in sex or otherwise due to non-consent.

2.4 Negotiation Skills

Negotiation skills are the abilities and methods used to maximise the expected result of an interaction with another person through lucid thinking, which is based on information, enlightened choices, and effective communication to get the other person to accept or compromise on what is being offered. To negotiate effectively, the negotiator must have good thinking and social skills to organise needs, put the situation in the right perspective, process fact and assess alternatives (Bazerman, 1992).

2.5 Adolescence

Adolescence is defined as the time in the growth and development of a person that follows childhood and precedes adulthood; usually identified with the ages 10 to 19 (WHO). It is a period for the preparation into adulthood and is characterised by physical and sexual maturation. Adolescence is also the period, which is characterised by identity development, desire to be socially and economically independent and the learning of skills for adult relationships and responsibility. During this transitional period of adolescence growth and potential are remarkable just as the risk posed by social influence and emotional pressure

2.6 Sexual consent

Sexual consent is the observed or definite agreement by a person to engage in a sexual activity initiated by another person. This can be voiced or acted physically to show affirmation. Silence and the absence of physical refusal are also sometimes considered as sexual consent (Lee, 2019). The context of the relationship between the people involved determines the manner in which sexual consent is expressed (Bearinger, 2019).

2.7 The Historical and Social context of Adolescence in Ghana

Although Ghana is a multi-ethnic country, there are common features in the traditional roles, status, responsibilities and socialization process for adolescents. Among the various ethnic groups, adolescence is the stage after childhood within which the individual attains physical, sexual and social maturity. Historically, this stage began for women with their first menarche or initiation and ends with marriage or childbearing. For males, the period is marked by initiation into being a man and marriage. For instance, among the Krobos and Akans puberty rites is performed to signify their maturity into womanhood after their first menarche. Known as 'Dipo among the Krobos and 'Bragoro' among the Akans, the initiation ceremony becomes a community affair and usually the ceremony is held by the queen mothers or an elder woman

respected in the community. A girl who becomes pregnant before this initiation ceremony faces the harsh punishment of banishment ostracized from the community. Over the period of decades, some of these traditional ceremonies have undergone changes as a result of modernization, urbanization, migration and formal education. One outcome of these changes is that the responsibilities of the extended family and the community to socialise adolescents, including the selection of future marriage partners have eroded (Cohen, 2017)

2.8 The shift away from the abstinence – only sex education

There are many different organisations in the United States of America advocating abstinence –only sex education in schools. These and other proponents of abstinence-only education argue primarily that sex before marriage is inappropriate and that abstinence is the only method which is hundred percent effective in preventing pregnancies and STIs. Many abstinence only advocates are deeply concerned that information about sex, contraception and HIV can encourage sexual activity among young people (Dadasovich, 2017). These advocates credit the decrease in teenage pregnancy largely to the advancement of the abstinence only message. These proponents argue that sex education is not simply an issue of morality, but a matter of public health concern. The problems that have become so entrenched in our country such as HIV and AIDS, increasing crime and the breakdown of the nuclear family, can be attributed to the decreasing effects of a public policy that condones sex without love and responsibility. In addition, abstinence-only advocates, argue that traditional values and religious faith, which they believe are consistent with abstinence only message, have measurable positive effects and that religion acts as a deterrent to early sexual activity (Davis, 2018)

2.9 Emphasis on Comprehensive Sex Education

Most proponents of comprehensive sex education argue that sexuality education should encourage abstinence but should also provide young people with information about

contraception, STD's and HIV prevention. According to the sexuality, information and Education Council of the United States (SIECUS), comprehensive school base sexuality education that is appropriate to students' age, developmental level, and cultural background should be an important part of the education program. SIECUS defines comprehensive sexuality education program as one that respect the diversity of values and beliefs represented in the community and will complement and augment the sexuality education children receive from their families ((SIECUS, 2010)).

Comprehensive sex education advocates argue that by denying teens the full range of information regarding human sexuality, abstinence only education fails to provide young people with the information they need to protect their reproductive health and well-being. Surveys of young people and their sexuality indicate that students who have sex education regardless of the curriculum know more and feel better prepared to handle different situation and make better decisions than those who have not. An analysis of the decline in teen pregnancy in the 1990's published by the Alan Guttmacher Institute shows that approximately 25% of the decrease was due to a lower proportion of teenagers who were sexually experienced, while 75% of the decrease can be attributed to lowered pregnancy rates among those young women who were sexually experienced.

2.10 Sex negotiation skills used by adolescents

Generally, there are several types of sex negotiation used by adolescents. Some of these skills are generic while others are specific to prevailing circumstances. While some adolescents plan beforehand the type of sex negotiation skill to use, others also improvise skills to negotiate for sex depending on their circumstances, socio-cultural influence, previous experience, personal interest and other factors.

2.11 Communication

Communication is broadly the main skill used by adolescents to negotiate for sex. In heterosexual relationships, sex negotiation through communication is a complex process. The main complexity is found in the language used for communication on sexuality. In many cultures, the issues that are discussed on sex are limited by the gender of the speaker, with girls and boys using different words and phrases to express the same thing

Whereas males are socially expected to talk directly about any topic of sexuality using any words, females are socially expected to talk respectfully about sexual issues using romantic language and often limited to emotional side of sexuality. Also silence and hinted gestures are often used as the feminine language of sex. This results in differences, misperceptions, misunderstandings and inconsistencies in male and female communication on sex and sexuality (Melendez, 2003)

Both adolescent males and females use verbal direct, nonverbal direct and non-verbal indirect strategies but in different degrees. In a verbal speech approach, the adolescent is clear in his or her interest in sex and sometimes request for condom use. He or she openly discussed sexual issues, sometimes using Sexually Transmitted Disease (STDs) or pregnancy as a reason to use condoms. Though adolescent males often use the verbal direct approach, some females also find it useful depending on the duration of their relationship with the male partner. Some female adolescent sometimes tell their partners directly and exactly what they want and make the (male partners) understand their (the females) negative feelings about things they (females) do not like (Agbenorku, 2011)

Many adolescent but prefer verbal indirect approach to girls in negotiating for sex. Here the adolescent is verbal but subtler in his or her requests. Suggestive hints, flattery and teasing are among the tools used in this sex negotiation skill. Adolescent males usually use this skill to get the interest of the female partner for sex. Through persistent flattery and teasing, they get the

girls to give their consent for a sexual encounter. An adolescent girl may drop hints such as ‘so and so just pregnant because they did not use condom ‘or flatter her partner as a way of motivating him to use the condom. She may give relationship related reasons or offer to do something for the partner in exchange for him to use condom. The girl may choose to mislead her partner, for example by telling him to use a condom to avoid pregnancy when she really knows she has an STD (Cohen, 2017).

In nonverbal direct negotiation, the adolescent is direct in his or her request but does not express it verbally. To negotiate for sex, the boy may initiate sex through actions sometimes by undressing himself or the girl directly. He may also begin with normally acceptable gestures like holding hands and the hugging and proceed to putting his hand on her or her thigh and with time start rubbing. The co-operation or silence of the girl suggests she has given her consent while her withdrawal suggests her refusal for sex. In other instances, she may put a condom somewhere in sight, help her partner to wear the condom, physically move away from her partner if he is not resistant, or present the condom directly to her partner.

With nonverbal indirect negotiation skills, the adolescent is subtle in the request. The adolescent boy may request for sex through a friend who acts a mediator (Wingood, 2016); World Health Organization, 1992). The mediator’s role is to get the other partner interested in the popularity, talents, potentials, wealth, intelligence or physical features of the initiating partner. Upon several back and forth communication, the mediator may succeed in getting the deal done for a reward from the initiating partner. In the case of the girl, when she wants to negotiate for condom use, for example, she may put a safe sex article in sight expecting her partner to notice it, deliberately search through her purse to show her wish to use a condom or use sedative methods to increase her partner’s arousal and facilitate condom use (Lam.2006)

2.12 Sexual Assertiveness

Assertiveness is the ability to communicate opinions, sentiments and beliefs in a clear and

precise manner. In other words, it means being able to express thoughts clearly, for example whether a person agrees or disagrees with an issue, without imposing the thought on another person. Typical examples of statements that an assertive adolescent makes during sex negotiation are ‘I don’t want to have sex’ and ‘Yes I want to have sex but only if we use a condom’. Assertive adolescents negotiate sex purposely to prevent unwanted pregnancy, STIs and maintain cultural and traditional beliefs on morality and chastity.

Research suggests that adolescent girls with low skills in sexual assertiveness are likely to have sex regularly against their wish and usually without condoms (Florin, 2018). Further, these girls are also at risk of being coerced by their sexual partners thus making them vulnerable to the risks and danger associated with sexual behaviors.

In a study of the perceptions of sexual assertiveness among adolescent girls undertaken by (Davis, 2018), they reported that of the 280 sexually experienced adolescent girls, aged 14 through 21, 15% of them perceive themselves as only expressing their sexual wishes to their partner about 25% of the time. Some girls think they do not have the right to demand sex (Leyva-Moral, 2018) or express desire for sex in way unlike the routine. Other girls also keep their sexual wishes to themselves because they fear expressing it may put them at risk of physical abuse; earn them bad name or losing the relationship (Francis, 2019)

2.13 Condom use

Negotiating condom use is a skill employed by adolescents, especially girls in negotiating for sex. Adolescent use different approaches at different times when negotiating condom use (Choi, 2004; Lam, 2004; Lam, 2006). They often employ indirect strategies successfully to negotiate sex though some prefer to use direct strategies. The mantra of these assertive girls is ‘no condom, no sex’ and boys who really want to have sex have no option but to comply or forget about sex altogether. Nevertheless, research shows new signs of surge in the skills among girls to say no to sex without condom (Glover, 2003). In Botswana, a study conducted

among in and out of school girls revealed that two out of five declined unprotected sex (Kgosidintsi, 1997). This evidence corresponds to Argentina's study of adolescent girls (Gogna, 1996).

In Argentina, study of adolescents in public health care facilities on their patronage of reproductive health services revealed some differences in how males and females to sex (Pantelides, 1991). To the boy, there was often a report of having conquered while the girls often reported a feeling of having shared something good with their mate. This made the boys more assertive, decisive and gave them an upper hand in determine the terms of the sexual encounter, especially with respect to condom use. According to study, the girls usually feared that they would annoy the boys, or risk losing the relationship they are having with the boy.

A similar research in Botswana discovered the same fact of females being afraid of breaking their relationships with male adolescents when using condom use to negotiate for sex (Kgosidintsi, 1997). In the Botswana study, a third of adolescent respondents indicated that they were not bold enough to refuse sex if their mates overruled the use of condom while 5% said they would surely have sex even if their partner declined to use condom. The reason of the latter is to preserve their relationship. Interestingly, adolescent girls in Korea were afraid to assert condom use because they fear being stigmatized as bad and immoral girls (Kwon Tai-Hwan, 1994). This has brought to light the thought for many adolescents it is better to have unsafe sex against their will just to obtain and preserve the rewards of emotional intimacy, acceptability, trust and financial strength (Sobo, 1995).

2.14 Family support in sex negotiation

Many adolescents are unable to communicate with their parents about their sexual health issues. A family's silence on sex education can indirectly give the message that sexuality is bad and should not be discussed. With no clear source of knowledge and values, adolescents often look to the popular media and their peers for information. Family involvement in adolescent sexual

health can create more opportunities for dialogue between adolescents and adults and help refute the myth about sexuality that young people often hear from the media and their peers. Schools supplementing the education provided by the family can help adults overcome the difficulties they face when they are the only providers of information and guidance.

2.15 Dealings (Mediation)

Dealings or mediation is a type of sex negotiations skill used by adolescents. According to (Wilson, 2016) dealings is often used by boys who are too shy to interact directly with girls. Sometimes they claim it is for reasons attributable to fear of intimidation or rejection by the girl. Other boys employ this method to cover their nervousness in communicating openly or publicly with girls. These boys initiate the negotiation for sex through person who acts as mediators or dealer to get the consent of the girl. In Ghana, the dealers are also called 'betweeners'. The dealers are usually popular in the community or school and known well for their confidence and ability to convince girls to agree to have sex with any boy who engages their services. Dealers would normally use nice words to praise the girl and present the boy in question as having something material or money from which the girl can benefit if she agrees. They may also use deception on girls who try to be difficult to convince. The dealer's main responsibility is to ensure that the girl quickly accepts to have sex with the boys. Until the girl gives a positive response, the dealer does not relent in the sending information to and from the girl. To her the dealer's information is about the deep love the boy has for her, his ability to take care of her and provide for her material needs. The dealer also sends various gifts to the girl and her close associates sometimes to prove the boy's ability to provide for her. While doing these, the dealer continues to relay the response of the girl to the boy on regular basis. These responses from the girl may include questions and requests from the boy to prove himself in other areas. The back and forth exchange comes to an end immediately the dealer succeeds in getting the boy and girl to have sex or fails to do so because the girl has persistently refused

to allow the boy to have sex with her. When the deal is done, the boy rewards the dealer for the effort. On the other hand, a failed deal may attract little or no reward at all.

2.16 Factors that affect the choice and effectiveness of sex negotiation skills

There have been series of series of studies to determine the factors that affect how adolescents choose to negotiate for sex and the consequence of these choices. Gloria (2018) contends that girls are trapped in a difficult situation where they continually struggle with their sexual self. Their discoveries put forward the notion that the way girls identify or define themselves sexually is a factor that determines the skills they will choose to use to negotiate for sex. Boys on the contrary, usually see themselves as naturally and culturally empowered to do what they desire, when they desire and according to how they desire. The level of knowledge, availability of information, fear of violence, relationship security, physical, strength, peer pressure, socio-cultural norms, substance and economic need are factors that affect the choice and effectiveness of sex negotiation skill

2.17 Natural desire for pleasure

Most of the adolescent said it is a natural instinct and so must be enjoyed. In Uganda, (Gutierrez, 2018) report that some of the girls argue that the proceeds from sex are relatively insubstantial and they had sex because they enjoyed it. Their reason is that, sex is natural and they enjoy it. In such relationships, girls also give the boys gifts and they said that they are attracted by qualities other than money appearance, voice, academic brilliance, good behaviour – these relationships last longer than those on money do. In the same study, one 18-year-old male adolescent said ‘the libido is extremely high in adolescence and the person experience an intense need to have this expressed’.

2.18 Gender Roles

Gender roles sometimes affect the ability of adolescents to choose a particular sex negotiation skill. Research shows that females are comparatively less dominant in sexual decision-making. Due to the gender roles and their associated responsibilities and privileges, females are sometimes left helpless when the sexual (Engelbert, 2017). Also, the perceived negative consequences of condom use were seen to be contrary to widely known standards concerning family, womanhood and relationship. Further, girls report to enjoy sex better when trust exists. However, to men, trust is better established through unprotected sex. The ability to perform the gender role of childbearing makes it difficult for girls to insist on condom use when (Malone, 2018).

2.19 Power and authority

The level of power and authority a person in an organisation has determined the type of skill the person uses in negotiation for sex. According to Moran (Moran, 2018), about twenty percent of participant testified being coerced and abused sexually by people in positions of authority. Notably, teachers have been mentioned as having taken advantage of their position and the powers that came with it to coerce adolescent for sex. In another research, 54% of the student identified as being one of the three well-known types of sugar daddies'. While recounting their experiences, the adolescents said that teachers sometimes seduced, intimidated and forced them to engage in sexual activities with them'.

According to them, the teachers used enticing words of praise, sometimes the promise of marriage and future security. The teachers also promised them undeserved high marks. The teachers to coerce adolescents also used threats of hard labour and corporal punishment. The students also identified other sugar daddies who prefer to coerce them because they claim school-girls are free of infections.

Among adolescents also, boys who were in the position or higher levels of authority were found to use various coercion to influence girls for sex. Few adolescents with higher positions use communication to request for sex from partners who are below them in rank. With the perceived elevation that comes with it, adolescent's girls are often willing to concede to sexual request from boys who are ahead of them in rank and profile.

2.20 Traditional and Socio-cultural Norms

The choice of sex negotiation skills by adolescent is influenced by the traditional and sociocultural norms. In many cultures, issues like when to have sex, the use of condoms and the number of sex partners are understood within a certain framework which determines how the people, including adolescents go about negotiations (De Keersmaecker, 2017).

Some research on sociocultural matters affecting sexual behaviour suggests that a great image is attached to unprotected sex and negative undertones of condom use (Poppelaars, 2019). In spite of the knowledge of HIV risk, some intimate partners almost prefer to have sex without condom for this social image. Further research by (Blanc, 2018) also discovered that the use of condom was associated with the social stigma of infidelity, in such societies sex negotiation skills like communication, coercing may be preferred to condom use.

2.21 Personality Orientation and Self Esteem

Being in transition between childhood and adulthood, it is characteristic of adolescents to have a pressing need to prove themselves as being capable to handle issues as adults. This desire to present themselves as people of adults' status exposes them to view risks in a way that ultimately affect their sexual decisions and action. According (Gittins, 2019), the self-esteem of girls affects their involvement to remain in a particular relationship. Further, their ability to express their preferences for abstinence or safe sex is affected. This ultimately affects their ability to be sexually assertive. Similarly, when the girls have low self-esteem, they find it

difficult to negotiate for sex with condom use as partners may interpret such actions as being insulting and disrespectful. As a sign of respect for their partners, and to maintain the 'superior image' of their partners, some girls may accept to have sex without condom. This helps them to also keep their image as perceived by their partners (Leyva-Moral, 2018).

2.22 Relationship Type, level and Security

The type and duration of a relationship determines the way the partners go about their negotiation for sex. Girls in the Philippines reported that when they are in public relationships or mere friendships, being coerced were not an acceptable way to initiate sex (Valleroy, 2010). In a qualitative research in the Philippines, some adolescent (both girls and boys) mentioned that being coerced by their partners for sex gave them the impression that their partners viewed them as being irresistible in the relationship and as such gave them a feeling of high value. When coercion occurs in a romantic relationship, it is assumed to be normal, with the explanation that it happened because the couple had intimate moments. A man, at the height of arousal, can have difficulty controlling his urges and therefore convince a woman to give in to his sexual desires, on the other hand, if the relationship is still new and the woman is 'first timer', then sexual coercion is said to have occurred.

Adolescents who see their romantic relationships as being very treasured have higher self-esteem and maintain good standards on romance and sexuality for extended (Bearinger, 2019). Such adolescents choose skills like communication and gift sharing to negotiate for sex and build their relationships to last longer.

CHAPTER THREE

METHODOLOGY

3.1 Study Design

The study is a descriptive cross-sectional study in which structured questionnaire was formulated for data collection for collection from female adolescents within the ages of 10-19 years. It was carried out from January to February 2019. Cross-sectional design offers information about a population at a given point in time (Salome, 2011). This design was chosen as it was intended to gain immediate information about the level of knowledge and education, attitudes, sex negotiation skills the respondents know and practice and their sense of self-worth. The study design is, therefore, appropriate as it explored all the necessary information concerning the study objectives.

3.2 Study Population

A sample was drawn from female adolescents in school with the ages of 10-19years in the Ga East Municipality.

3.3 Sampling Size

The total population of the Municipality is 147,742 (GHS, 2018) the adolescent in the Municipality is estimated to be 26,926 making up 18% of the population. It was estimated further that 14,742 representing 51% of the total adolescent population were female. The proportion of female adolescent to the entire population is 9% (i.e. 15,574 / 147,742= 0.15).

The sample size was calculated using the formula (Ankomah, 2017) below. The sample size formula used to estimate the sample size is as follows:

$$n = \frac{Z^2 p(1 - p)}{d^2}$$

Where:

n = sample size

z = statistical certainty chosen (95% confidence interval ($z = 1.96$))

p = estimated proportion of female adolescents in the population which is 0.09

$q = 1 - p = 0.91$

d = precision desired (tolerated margin of error) = 0.05

Therefore;

$$n = \frac{Z^2 p(1 - p)}{d^2}$$

$$n = \frac{1.96^2 \times 0.15(1 - 0.05)}{0.05^2}$$

$$n = 195.92$$

$$10/100 * 195.92$$

$$N = 19.6$$

To cover non-response and incomplete response 10% was added to bring the number to 217.

3.4 Sampling Technique

The Ga East Municipality has five (5) sub-municipalities; yet it has only one Senior High School which is located at Kwabenya. On this basis, the study was carried out in that only school (Kwabenya Senior High).

Based on the sampling size of 217, purposive sampling was used to take responses from the participants.

3.5 Data collection techniques and tools

A questionnaire used to collect information from participants. The questionnaire contains both closed and open-ended questions.

The paper-based questionnaire was re-designed in Open Data Kits (ODK), and Android phone was used by the research assistant to collect the responses. Two research assistants were

recruited and trained to administer the questionnaire. The research assistant used only English language to administer the questionnaire.

3.6 Pre-testing

Pre-testing was done at Madina Municipality because it shares similar demographic characteristics. This was done to ensure content validity, readability and ease of understanding by participants. It was discovered that though the respondents were literate, they found it difficult to understand some of the questions in the questionnaire.

3.7 Data handling and analysis

The final data after the administration was collated and analyzed Microsoft using Excel and STATA software. The final report was to be presented in the Microsoft Word 2016. All data will remain confidential and were kept only for the purpose of the study. The names of respondents was not recorded on the questionnaire. A descriptive analysis was performed on the variables.

3.8 Inclusion criteria

All adolescent girls aged 14- 25 years, resident at Ga East Municipal who are in Kwabenya Senior High School whose teachers have consented on their behalf.

3.9 Exclusion criteria

All adolescent girls aged 14-25 years, resident at Ga East Municipal who are not in Kwabenya Senior High School will not be included in this study.

3.9.1 Study Variables

Some variables were identified and classified dependent and independent.

3.9.2 Dependent variables

- Sex negotiation skills of the female adolescent

3.9.3 Independent Variable

- Age
- Relationship status
- Religion
- Occupation
- Number of sexual Partner
- Age of first sex
- Ever used contraception
- Type of contraception ever used
- Condom used at last sex

3.10 Ethical consideration

Ethical approval was sought from the Committee of Ethics and Human Research, at the School of Medical Sciences, Kwame Nkrumah University of Science and Technology. Permission was also sought from the District Director of Education and head of the school whose students will be used for the study. Informed consent was also sought from participants after explaining the purpose of the study and the benefits to them. However, the participants were informed of their right to participate in the study and that they have the freedom not to participate at all.

3:11 Assumptions

It was assumed that that adolescent girl would adopt effective sex negotiation skills, which will translate into outcomes of confidence and improved self-image of girls, which will bring about minimal, if not zero, teenage pregnancies in the district.

CHAPTER FOUR

RESULT

4.1 Introduction

This chapter presents the analysis of responses that was obtained from two hundred and seventeen (217) Senior High School Students in the Ga East Municipality. The analysis consists of results generated from Excel (2016) and STATA software (version 14) that are presented in tables as per the objectives of the study. It also presents some bivariate analyses to establish the relationship between the main study variables using chi-square, Fisher's exact test.

4.2 Demography Characteristics of the respondents

The mean age of the respondents was 17.7 years with the standard deviation of 2.77 as shown in Table 4:1. There were 154(70.97%) in Platonic relationship and 44(20.28%) in sexual relationship, only 19 representing 8.76% were single (Table 4:2).

Christians account for 162(74.65%) while Muslims were of the minority of the student respondent of 55(22.35%) (Table 4:2). Those in Senior High three (SHS3) (37.44%) were more than those in SHS1 (28.57%) and SHS2 (33.18%) who responded to the questionnaire (Table 4:2).

Table 4:1 Age distribution

Mean	Mode	Standard deviation
17.7	16	2.77

Table 4:2 Other Demographic Characteristics

Value	Frequency (N=217)	Percentage (%)
Relationship Status		
In a sexual relationship	44	20.28
Single	19	8.76
In a platonic Relationship	154	70.97
Religion		
Christian	162	74.65
Muslim	55	25.35
Level of Education		
SHS 1	62	28.57
SHS 2	70	33.18
SHS 3	79	37.44

Source: Field Data 2020

4.3 Attitude towards Sex

The majority (74.88%) of students had one sexual partner while only 0.47% had four sexual partners. The mean number of sexual partners was one (Table 4:2).

The ages of the respondent ranges from 12 years been the minimum and the maximum age was 23. The average age of the student was 15 years representing 49.53% (Table: 4.2)

Table 4:3 Number of Sexual Partners

Value	Frequency(N=217)	Percentage (%)
One	158	74.88
Two	46	21.80
Three	8	3.79
Four	1	0.47
Mean		1

Source: Field Data 2020

Table 4:4 Age of starting sex

Variable	Freq.	Percent(%)	Cum.	Mean	Mode	SD
12 Years	15	7.08	7.08			
13 Years	25	11.79	18.87			
14 Years	26	12.26	31.13			
15 Years	39	18.4	49.53			
16 Years	61	28.77	78.3			
17 Years	22	10.38	88.68			
18 Years	12	5.66	94.34			
19 Years	6	2.83	97.17			
20 Years	1	0.47	97.64			
22 Years	2	0.94	98.58			
23 Years	3	1.42	100	15	16	2.46

Source: Field Data 2020

4.4 Contraceptive use

Majority 180(82.95) of the respondents use all kind of contraceptives. The respondent commonly uses the male condom (48.55%). Pills usage represents 27.54% ((Table 4:4). However, 21.74% do not use any form or type of contraceptives. Intra Uterine Device (IUD) usage was low (0.72%) among all the contraceptives use. Exploring to find out if the respondents use condom the last time had sex, 69.12% responded yes while, 30.88% do not use condom the last time they had sex. Out of the respondent who use condom, the majority (99.33) said they used the male condom and only (0.67) do use both male and female condoms. (Table 4:4)

Table 4:5 Contraceptive use among respondents

Variable	Freq(N=217)	Percent(%)
No	37	17.05
Yes	180	82.95
Which type of modern contraception used		
Male Condom	67	48.55
Pill	38	27.54
None	30	21.74
Injectable	16	11.59
Jadelle	6	4.35
IUD	1	0.72
The Last time you had sex did you use condom		
No	67	30.88
Yes	150	69.12
If yes which type		
Male condom	149	99.33
Both Male and female condoms	1	0.67

4.5 Sex negotiation ways among the adolescents

The study further collected information from the respondents about their opinions regarding the ways they would consider as more appropriate when negotiating for sex. It was reported that talking representing 60.87% was much appropriate than others such as facial gesture (10.87%). However physical body contact and gift had seen a little response (34%, 20%) than Money (16.67) (Table 4.5).

The researcher tried to solicit response from the respondent to know if they had been forced or push from their partner into having sex. It was noticed that 49.77% respondent said no while 109 representing 50.23% were of the opinion that they were ever force of pushed into having sex. Of the respondents who said yes only to having been either pushed or forced into sex only 11.93% of their partners used any form of protection while 43.8% had not used any protective methods. (Table: 4:5)

Table 4.6 Ways of Obtaining Sex from Partner

Variable	Frequency(N=217)	Percentage(%)
Ways of obtaining sex from partner		
Talking	84	60.87
Body contact	47	34.06
Gifts	28	20.29
Physical contact	26	18.84
Money	23	16.67
Facial gesture	15	10.87
Forced or pushed into having sex		
No	108	49.77
Yes	109	50.23
If yes was any form of protection used		
No	96	88.07
Yes	13	11.93
Threatened, forced or pushed someone into having sex		
No	90	43.48
Yes	117	56.52

Source: Field Data, 2020

4.6 Highly successful skills in sex negotiation

Regarding skills used that was highly successful, 52.07% were of the view that Talking deployed by their partner was very successful. On the other hand, given of gift, physical contact and facial expressions were not successful when negotiating for sex (Table:4: 6).

Table 4:7 Negotiation skills that work best

Response	Frequency(N=217)	Percentage(%)
Talking		
Not successful	38	17.51
Moderately successful	35	16.13
Successful	31	14.29
Very successful	113	52.07
Given gifts		
Not successful	79	37.09
Moderately successful	27	12.68
Successful	47	22.07
Very successful	60	28.17

Physical contact		
Not successful	63	29.17
Moderately successful	32	14.81
Successful	66	30.56
Very successful	55	25.46
Body gesture		
Not successful	140	64.81
Moderately successful	41	18.98
Successful	25	11.57
Very successful	10	4.63
Facial gesture		
Not successful	140	64.81
Moderately successful	41	18.98
Successful	25	11.57
Very successful	10	4.63
Expressing yourself clearly (assertiveness)		
Not successful	76	35.51
Moderately successful	29	13.55
Successful	81	37.85
Very successful	28	13.08
Using an intermediary, dearer, mediator, 'betweenner'		
Not successful	96	44.24
Moderately successful	42	19.35
Successful	59	27.19
Very successful	20	9.22
Bartering		
Not successful	105	48.39
Moderately successful	24	11.06
Successful	67	30.88
Very successful	21	9.68
Forcing someone or being forced for sex (Coercion)		
Not successful	90	41.47
Moderately successful	13	5.99
Successful	75	34.56
Very successful	39	17.97

Source Field Data, 2020

4.7 Sex initiation skills Used

To initiate for sex between the partners, the respondents were of the view that they (48.39%) initiated for it while their partner and mutually agreement seem to have fewer responses

(41.94%, 9.68%) (Table 4:7). Even though the initiation was by the respondent, 68.66% were able to express themselves while 65(29.95%) were not able to express themselves during sex. Again, talking (69.12%) and using body gesture (5.99%) were best methods used by the respondent to inmate for sex (Table 4:7).

Table 4:8 Skills Used in Sex Negotiation

Response	Frequency(N=217)	Percentage(%)
Who initiated sex		
My Partner	91	41.94
Myself	105	48.39
Mutually initiated	21	9.68
If you did not initiate the sex, did you want to have sex at that time		
No	83	38.25
Yes	134	61.29
Where you able to express yourself		
No	65	29.95
Yes	152	68.66
If you initiated the sex, what was the main method you used		
Talking	150	69.12
Body gesture	13	5.99
Physical contact	7	3.23
Given gifts	38	17.51
Facial gesture	7	3.23
Others	2	0.92
If you did not initiate the sex, did you feel forced or pushed into the act		
No	148	68.2
Yes	69	31.8
Where you given money or gifts in exchange for sex?		
No	143	65.9
Yes	74	34.1
Was condom used		
No	105	48.61
Yes	111	51.39
Who decided to use the condom		

My Partner	26	11.98
Myself	45	20.74
Mutually initiated	146	67.28

Source Field Data, 2020

4.8 Factors that determine the choice and effectiveness of sex negotiation skills among respondents

This section of the study presents views of adolescent on factors that influence their choice of certain negotiation skills. On natural desire for pleasure (43.8%), the respondents disclosed they use verbal communication skills while (31.4%) uses non-verbal skills. Similarly, on gender roles, the majority of respondents (48.4%) were influenced by verbal communication, 10.6% employed coercion, 1.4. % been the list used assertiveness in the negotiation skills. The finding further suggests that in the traditional and socio-cultural norms, the majority of respondents (43.0%) used coercion and non-verbal communication (19.0%), followed by condom use (18.6%) (Table 4:8).

Factors influencing the choice of negotiation skills again revealed that considering economic need, most respondents employed verbal communication (18.0%), non-verbal communication (18.0%) and Barter (21.5%) as negotiation skills. In addition, when considering the level of education, the majority of adolescent used verbal communication (48.8%), Condom use (16.9%) and Barter (10.7%). Finally, when adolescent uses alcohol and drugs, the type of negotiation skills chosen are mostly Coercion (35.7%) and Non-verbal communication (13.5%) and Assertiveness (3.8%) (Table 4:8).

Table 4:8 Summary of Factors That Influence the Choice of Sex Negotiation Skills

Factors	Verbal comm.	Non-verbal Comm.	Coercion	Barter	Condom use	Dealing	Assertiveness
	%	%	%	%	%	%	%
Natural desire for pleasure	132 (43.8)	98 (34.1)	7.4	3.7	2.3	1.4	2.3
Gender roles	48.4	8.8	10.6	7.8	6.9	2.3	1.4
Power and authority	34.1	22.0	14.0	12.9	5.0	3.2	8.3
Traditional and socio-cultural norms	11.1	19.0	43.5	7.9	18.3	1.5	5.3
Personality orientation and self esteem	22.7	17.4	13.1	32.5	8.5	3.1	4.2
Relationship type	17.2	14.1	9.2	17.3	19.5	5.0	18.0
Economic need	65.0	8.0	7.5	3.3	13.0	4.0	0.0
Level of education	34.0	5.2	8.0	33.0	1.5	0.9	18.3
Alcohol, drugs etc.	5.1	60.3	4.8	4.9	0.0	15.3	14.9

Source Field Data, 2020

4.9 Association between independent variables and number of sex partners of the respondent

It was noted from this study that the verbal communication for sex accounts for 48% of the natural pleasure for sex while non-verbal communication accounted for 34.1%. Besides, gender role (48.4), economic needs (65%), power, and authority (43.1%) prefer using verbal communication during sex negotiations. However, the type of relationship (19.5%) also determined condom used. Again, the use of alcohol during sex negotiation, the respondents were of the view that the best negotiations skill to use is non- verbal communication (Table 4:8). Traditional and socio economic norm also account for 43.5% in sex negotiations in which the respondents prefer to use coercion to skills (Table 4:8).

Table 4:9 Association between Negotiation Skills and Number of sex partners

Talking	Number of sex partners				
Variable	One	Two	Three	Four	P-Valve
Not successful	76	20	4	0	
Very successful	85	26	5	1	
Total	161	46	9	1	Pr = 0.783
Given Gift					
Not successful	76	20	4	0	
Very successful	85	26	5	1	
Total	161	46	9	1	Pr = 0.783
Physical contact					
Not successful	71	19	4	0	
Very successful	90	27	5	1	
Total	161	46	9	1	Pr = 0.829
Body gesture					
Not successful	76	20	4	0	
Very successful	85	26	5	1	
Total	161	46	9	1	Pr = 0.783
Facial gesture					
Not successful	60	18	3	0	
Very successful	101	28	6	1	
Total	161	46	9	1	Pr = 0.783
Expressing yourself clearly (assertiveness)					
Not successful	70	19	3	0	
Very successful	91	27	6	1	
Total	161	46	9	1	Pr = 0.768
Using an intermediary, dearer, mediator, 'betweenner'					
Not successful	76	20	4	0	
Very successful	85	26	5	1	
Total	161	46	9	1	Pr = 0.783
Bartering					
Not successful	69	18	3	0	
Very successful	92	28	6	1	
Total	161	46	9	1	Pr = 0.757

Source Field Data, 2020

4.10 Association between educational level and number of sex partners

The study on the other hand tried to draw the association between education (independent variable and number of sex partners the respondents have. It was noticed that there is a strong association ($p = < 0.001$) between education and number of sex partners the students have. The

study went further to elicit the relationship between level of education and contraceptive use. Again the result showed a strong association between the two variables (Table 4:9).

Table 4:10 Association between Educational Level and Number of Sex Partners

Level of Education	N=217 (%)	Sex Partners	N=217 (%)	p-value
SHS 1	62(28.57)	One	158 (74.88)	
SHS 2	70(33.18)	Two	46(21.8)	
SHS 3	79(37.44)	>Three	9(4.10)	Pr = 0.001

Source: Field Data, 2020

Table 4:11 Association between Level of Education and Contraceptive Use at First Time

Level of Education	N=217 (%)	Contraceptive use (first time Sex)		p-value
		No	Yes	
SHS 1	62(28.57)	17	43	
SHS 2	70(33.18)	11	65	
SHS 3	79(37.44)	9	72	
Total		37	180	Pr= 0.020

Source : Field Data, 2020

CHAPTER FIVE

DISCUSSIONS

5.1 Introduction

This chapter discusses the findings of the study based on the objective. This also relates to the findings from other literature.

5.2 Demographic attributes

The demographic background of respondents was taken into consideration. The average age of the respondent was 17 years. This supports the study by (Klepp, 2016) in Tanzania. In that study, it was reported that, the females start to have sex as early as 12 years. This age (12 years) falls under the teenage categories. Also in a study conducted by (Kohler, 2019), it was also reported that about 89% of the females engage in sexual activities at the earliest age of 12 years. In countries like Lesotho where unmarried female adolescents were socially not allowed to engage in any form of sexual activity some of them do have sex in what is termed as “undercover” (Offman, 2008). This research has discovered that with the exception of adolescents aged 10 and 11, adolescents of all ages had engaged in some sexual activity though it was socially unacceptable. With an average age of the respondents being 17 years, (Kohler, 2019) the study determined that majority of the girls became sexually active during 16 years, which represent 61(28.77%). The occupation of the respondent was not much considered in this study because; the study was focused on females who attend school at Kwabenya Senior High. Most of the respondents were Christians 162(74.65%). However, only 8.76% were single but the rest were in some kind of relationships such as Platonic relationship (70.97%). The situation was not different in Nigeria. Where about 80% of the respondents had been living in different kinds of relationships (Feijoo, 2017), even though, this practice is not welcomed in the Nigeria communities.

5.3 To determine the level of knowledge and education among the young adolescent girls

The adolescent sexuality and reproduction had gained prominence both at the local and international level, (Evans, 2017). It was established that effective sex refusal and negotiation skills has become the major means by which adolescents can avoid sexual intercourse or unprotected sex. In the context of this assertion, one critical variable worth evaluating is the level of knowledge concerning female's negotiation for sex.

In this study, it shows that at age 12, the females are getting involved in sexual activities. This finding is an indication of poor sex education at all levels. The home and the schools had not made the necessary effect to deal this development. According to (Breakwell, 2017) , it was reported both the school and home had failed the society, and according to (Buvinic, 2016) a Mexican researcher had hinted that the best way to deal in early sex among the females is by the traditional system. In his paper he stated that most of these young females are either Christians or Muslims yet the religion too had also fail the society. This global picture is also being seen in this study. Yet in another study by (Gueye, 2018) stated that the solution to the early sex by the young adults is the inclusion of sex education programs in school curriculum which should combine information on a variety of sexuality-related issues, including abstinence, contraception, safe sex, the risks of unprotected sexual intercourse and how to avoid them, as well as the development of communication, negotiation, and refusal skills. The study also further indicates that the age at which the girl child receives sex education and knowledge about sex is also an a factor to be considered (Breakwell, 2017)

5:4 Accessibility to Sex Education and Knowledge

According to (Agha, 2011) it states that the inception point of any intervention regarding sex refusal and negotiation skills is to build an elaborate knowledgebase of the target group. However, this study the researcher is of the view that availability of information on sex

negotiation should not be taken to as access to information. As old-style knowledge-based sex education, focused on behavioural-skills types such as sex refusal and negotiation skills have shown results that are more promising by postponing sexual involvement and reducing the risk of unprotected sexual intimacy. The availability of a knowledge (Ajzen, 2018) transfer mechanism from passive to active form that allows girls child to personalize sexual issues and develop specific negotiation and refusal skills, is what this study refers to as access to sex knowledge. According to (Agha, 2011) access to sex information is the major ingredient of sex refusal and negotiation skills. It also has a moderate effect on improving the use of contraceptives among adolescents who are sexually active. When people hear about information concerning sex on the radio or television, they may not fully understand it due to language and the communication barriers, as such; they may react to the information the only way they understand it.

5. 5 Assess Opinions, Feelings, and Behaviors towards Sex

A Rapid urbanization in Ghana has been the result of natural population increase as well as inter and intra-regional movements. This, in recent times, appears to be dominated by adolescents and the youth in search of jobs in the cities and large towns (Kwankye, 2015). Cut it down to two main causalities; increasing family breakdown and scarcity of economic opportunities. He indicates that because of difficulty in getting jobs in their places of destination, many female adolescents may be tempted to take up risky sexual behaviours as a matter of survival. This may not be as different in the Ga East. Teenage pregnancy in the Ga East Municipality is on the increase. In the year 2018 the Municipality recorded 34% teenage (GHS, 2018). Instead of limiting it to the major challenges highlighted by (Kwankye, 2015) , this study entreat that there may be a superfluity of causes of which attitude to sex education cannot be left out. Attitude in the context of this study considers the opinions, feelings and general behavior towards sex and reproduction. Historically, adolescence in Ghana began with

initiation and ended with marriage or childbearing. For instance, between the Krobo and Akan, puberty rites are performed for girls after menarche to signify their maturity. Known as 'Dipo' among the Krobo and 'Bragro' among the Akan, the initiation ceremony was a community affair and was held under the auspices of the queen mother. A girl who became pregnant before an initiation ceremony committed an offense and the maximum punishment was banishment from the community (Sarpong, P.K, 2016).

5.6 Sex negotiation skills and practice among the young females

Per the above objective, the researcher sought to assess the general negotiation skills used by the young females. The study revealed that 52.07% used talking to negotiate for sex while given of gift (28.17%) and using body language (4.63%) account less. This shows that many in-school adolescents preferred to negotiate for sex using various forms of verbal and non-verbal communication. In a study by (Reyna, 2017), it was reported that most negotiations skills in sex lies in the power of talking. However the in a study in Zimbabwe (Kim, 2011) saw given of gift as the successful sex negotiation skills to deploy the girl child into sexual intercourse. Among the in-school girls, about three out of every ten respondents indicated that they have been forced or pushed into having sex sometime in the past while the rest had never experienced these forms of coercion as a sex negotiation skill. Using the definition of coercion by (Kirby, 2019), the result reveals that more female adolescents in-school had been victims of coercion in sex negotiation than aggressors. Further, 40.61% of the respondent indicated that no form of protection was used during the sexual encounter. Yet 68.66% of the respondent expressed that even though they did not initiate for sex, they were able to fully express them self during the act. They however of the view that sex is a natural call and when it demands one must fully participate. In a paper published by (Kwankye, 2015) the researcher stated that sex negotiation among the females who be of a holistic approach to deal with. Again, in (Mayer, 2019) publication, it was noticed that most young females are been influenced by their peers and

situation where is a broken home, the situation is worse as compared with those who had parental support. Again, this study deduced that there is the likelihood for an inverse relationship between mean age at first pregnancy and the number of times pregnancy was observed. This means that the earlier an adolescent becomes pregnant for the first time, the more likely she is to have more subsequent pregnancies. About 100% of respondents who had had sex before indicated that they don't know how to tell their partners when they don't want sex. To further exacerbate it, about 80% do not negotiate about sex at all because they were of the view that they do not want to lose their sex partners. These figures are worrying because they apply in a situation where the girl is in an accepted relationship. It is important to imagine what such a girl is likely to negotiate when they are forced to be involved in sex.

This study agrees with the notion that depreciation in societal norms about sex is a major hit on sex refusal and negotiation. (Buvinic, 2016), estimates that the age at first marriage in the 1960s was 17.7 years. Earlier marriages were characterized by arrangement via family members, elopement and betrothal. Traditionally, young females were expected to be virgins at first marriage but that was not expected of males. Over time, some of the traditional arrangements have undergone changes because of modernization, urbanization, migration and formal education. Due to these changes, 79% of the respondents (under age 19years) indicated that they have been approached for sex.

It is important to add that quite a number of the respondents did not know how to handle the request for sex and most importantly because they have not been introduced to how to refuse or negotiate for it. This study also observes from these responses that there exists a very high gap relating to the capacity of young school girls to resist sexual advances whether under threat or not. This gap, left unaddressed, and this will continue to result in the high numbers of unwanted pregnancies among young adolescent girls. This study observes that one important reason for sex negotiation is that it postpones pregnancy until the rightful time. If first

pregnancy is postponed, it is possible that the number of pregnancies that may occur in their adolescent ages could be reduced. This finding is to a large extent consistent with a United States of America study where there was an observed association between early childbearing and higher pregnancies (Mona, 2017) can have on the reproductive health of the girls and the society as a whole. Unlike some societies where they see sexual coercion as tolerated (Gueye, 2018), the laws of Ghana scowl upon any conduct that leads to a sexual encounter with a female below 18 years of age. Even if the female is 18 and above, social norms of Ghana does not permit sex with a female through coercion.

5.7 Factors influencing the choice of sex negotiation skills

In this research, 80% of the respondents said natural desire for pleasure was the factor that made them choose talking (verbal communication) as a skill for sex negotiation. (Evans, 2017) had discovered earlier that some adolescent girls engage in sex not for any reason except pleasure. These girls would go to any extent to convince their partners for them to have sex. Given the socio-cultural environment of Ga East Municipality and the results earlier presented in this research, it was likely that the girls may not initiate the negotiation process but would do everything possible to verbally accept and motivate their partners for sex to take place because they (the girls) want pleasure.

About 52% percent of respondents also indicated that gender role was their motivation for choosing verbal communication as the skill for sex negotiation. In Ga East Metropolis in particular, the feminine gender is generally perceived as being “weaker” and less dominant. They are sometimes not allowed to voice out their concerns and even when they do, very little attention was paid to them. Contrary to this general perception, the respondents indicated that they chose to talk during sex negotiation because of their gender. They verbally communicated their desires and concerns during sex negotiation. This development shows that gradually

females in general and girls in particular are becoming empowered to discuss and decide on what they want for themselves.

Power and authority was another factor that many respondents (57%) said influenced their decision to use talking as a skill for sex negotiation. With this result, the respondents made it clear that either they or their partners were in a position where they had more power and authority to influence the other for sex to happen and they chose to do this through verbal communication. For nearly half of respondents (49%), said the choice to negotiate for sex through verbal communication was based on their level of education. The type of relationship that exists between respondents and their partners made some of them choose verbal communication as the skill for sex negotiation. In a study conducted in Philippines (Valleroy, 200) female adolescents disclosed that they would use talking to negotiate for sex when their relationships with their partners were just platonic. As their relationship grows and matures, they may consider other forms of negotiation (Van Bruggen, 2018) from the results presented in background information of respondents, it was indicated that 100% of them were in sexual relationships.

Respondents cited economic need as the factor that made them choose verbal communication, and another and non-verbal communication as the skills to negotiate for sex. Though this result is very significant, it does not indicate the cause and extent of economic need that makes them communicate either verbally or non-verbally.

The study also revealed that majority of respondents who used coercion skills also were of the view that, the use of alcohol (60%) is the influencing factor for using coercion in sex negotiation. The social life in Ga East municipality allows for the use of alcohol to refresh people during social functions like funerals and naming ceremonies. Alcohol was served at parties and other social gatherings for free to entertain people. Few people also choose to walk into drinking bars and restaurants to have some alcoholic beverages. In the case of girls, they

are also sometimes invited out on dates and their hosts (usually male) may offer them such beverages. When girls consume alcohol, they are likely to lose rationality and in this effect are not able to control what they do and what others do to them. It is therefore not surprising that majority of respondents said alcohol influenced them to be coercive while negotiating for sex. When intoxicated, girls may hurl verbal abuses and other threats on their male partners to force them into sex. According to (Mona, 2017) some adolescents even take alcohol when they feel the need to prove themselves and end up with risky sexual behaviours. Feijoo (2017) in his study stated that adolescent girls may deliberately consume alcohol because they want to have sex through any possible means.

5.8 Relationship between respondent's level of education and number of sex partners

Chi Square shows a strong association between respondent level of education and the number of sex partners they have, give the probability Value of ($p = <0.001$). This means that if the females are well educated it will help them make a better choice of sex partners. This supports a study conducted by (Kalichman, 2018). It was reported that education and choices of sex partners the females make has a strong association of $p=0.003$ and in other study by (Benotsch, 2002) also came up with point that the more the girl child is educated the better the choice they make for the number of males partners they can have at a particular time frame ($P=0.012$).

5.9 Association between negotiation skills and number of sex partners

Another analysis that the researcher considered and analyzed was to find out if any of the negotiation skills also have an influence in the number of sex partners the females have. Sex negotiation skill (talking, physical contact, gift giving and body gestures) used by adolescents in the Ga East Municipality was presented. The analysis revealed that there is no association between any of the sex negotiation skills and the number of sex partners the respondents have. With talking ($p= 0.783$), given, $p= 0.783$, etc. This supports a study conducted by (Brodbeck, 2016) that tries to draw a statistical association between skills used for negotiating for sex

between females. It was noticed that even though talking was very successful skills, it has no statistical association with the number of sex partners the females have ($p=0.342$). In another study conduct at Obuasi Municipality, (Rachael, 2014) also reported that sex negotiation skills (talking, physical contact, gift giving and body gestures etc.) have no relationship with number of sexual partners the females have ($p=0.301$, $p=0.234$, $p=0.453$).

5.10 Association between level of education and contraceptive use at the first time

Female's education is very crucial in this study. The researcher again hypothesized that the education of the females will have an influence in the use of contraceptive. After the statistical analysis was done it was concluded that, there is an association between the females' level of education and contraceptive use ($p= 0.020$). It was also observed from a study conducted in India (Patel, 2019) that supports the researcher's findings. Their finding shows that, between education and contraceptive use, there is a strong association between the two variables. This association testing shows that, education among the females will help them choose the type of contraceptive methods to use or will help them make a better choice in any of the contraceptive methods.

CHAPTER SIX

CONCLUSION AND RECOMMENDATION

6.1 Conclusion

Based on the data generated and analysis made, the study was presents with the following conclusions;

6.1 Knowledge and education about sex among the study populations

- a) Most of the respondents who were approached for sex in categories between 10 to 14 years and a mean age of 17years. About 85% of the respondents had a good idea of what sex entails with 76% agreeing that abstinence from sex is the most effective means of preventing pregnancy. This is an indication of good knowledge level among the respondents on sex education.
- b) Sex negotiation skills that were identified during the survey were verbal and non- verbal communication, gift, giving and coercion. However, other skills such as assertiveness, condom use, bargain and dealings were all discovered in the research that young school girls used almost when negotiating for same sex. It was also revealed that respondents used talking and assertiveness sex negotiation skills when they had desire for natural pleasure and affection.
- c) Another skill that was considered by the respondent was communication skills. This was a major skill used by most respondents. The majority of respondents indicated that they usually used verbal communication in sex negotiation however, females are often expected to be shy, respectful and moderate when talking about sex. Despite this general opinion, the study revealed that, many respondents usually negotiated for sex verbally through talking. A few respondents usually chose to negotiate for sex non-verbally by using facial and body gestures and coded languages.
- d) Giving of gifts as a skill for sex negotiation was also recognized in the study. With this

skill, the young adolescent girls pursued their partners imperceptibly for sex by showing them affection through gifts in any form. Coercion was therefore identified as one of the least desired skills through which few respondents negotiate for sex by forcing, persuading, and persevering, threatening or even abusing their partners for sex.

6. 2 Recommendations

The study recommends the following:

6.2.1 The District Assembly

The Municipal Assembly should collaborate with the Education and Ghana Health Services to provide more effective policies and implementation mechanisms in the educational institutions and health facilities in order for girls to personalize sex issues and be able to develop good sex education and negotiation skills. This will help the young girls make an informed decision.

6.2.2 Non-governmental organizations involvement in Sex education

These establishments could also activate their role by creating focused fora for young girls to be engaged about sex education and their sexuality. The supporting role of these establishments particularly in the area of capacity building need to be strengthened. The information, education and communication campaigns and programmes could target local information centers to provide a wider range of reaching the adolescents in the district.

6.2.3 Opinion leaders and community members

The opinion leaders and community members who attend workshops and seminars should be encouraged to organize such seminars and workshops in their various communities to enlighten the young girls about the need to be educated on their sexuality. The queen mothers and women's' groups in the various communities in the district should use their positions to mobilize these young girls for educational for as to sensitize them on sex education and negotiation issues.

6.2.4 Family level

Given the observed age at which girls get approached for sex and the possibility of rape and defilement, there is the need for sex education to begin at a very early age in a girl 's life. It is very important for guardians and parents to develop honest, loving and open dialogue with their daughters at very early age thereby creating the atmosphere for sex education and negotiation skills.

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APPENDICES

APPENDIX A: QUESTIONNAIRE

TOPIC : SEX NEGOTIATION SKILLS AND FACTORS THAT AFFECT THE CHOICE OF SKILLS USED BY FEMALE ADOLESCENTS IN THE GA EAST MUNICIPALITY IN THE GREATER ACCRA REGION OF GHANA.

1. Age

2. Relationship Status

[Single] [In a platonic relationship] [In a sexual relationship] [None]

3. Religion

[Christian] [Muslim] [Traditionalist] [Others 9specify)].....

4.Occupation

(Student) Others Specify.....

If you are a student,

what Level or Class

(SS1) (SS2) (SS3)

5. How many sexual partners do you have?.....

6. At what age do you starting have sex for the first time?.....

7. Have you ever used a contraceptive before?

r C(No) (Yes)

8.Which type of modern contraception have you ever used?(may tick more than one)

(Male Condom) (Female condom) (Pill) (Jadelle) (Injectable) (IUD) (None)

9.The Last time you had sex did you use condom?

(No) (Yes)

10. If yes which type?

(Male condom) (Female condom) (Both Male and female condoms)

11. Which of the following do you usually use to obtain sex from your partner? Tick as many as possible

(Talking) (Money) (Gifts) (Physical contact) (Body contact) (Facial gesture) (**Others Specify**).....

12. Have you ever been forced or pushed into having sex? (Yes) (No)

13. If yes was any form of protection used?[Yes] [No]

14. Have you ever been threatened, forced or pushed someone into having sex?[Yes] [No]

15. Which of the following skills in your opinion is highly successful when used? (4- very successful, 3-successful, 2-moderately successful, 1- not successful)

a. Talking [4] [3] [2] [1]

b. Physical contact [4] [3] [2] [1]

c. Body gesture [4] [3] [2] [1]

d. Facial gesture [4] [3] [2] [1]

e. Expressing yourself clearly (assertiveness) [4] [3] [2] [1]

c Using an intermediary, dearer, mediator, 'betweener' [4] [3] [2] [1]

g. Using an Intermediary/dealer/mediator/”betweener” [4] [3] [2] [1]

h. Batering(giving something in exchange for sex) [4] [3] [2] [1]

i. Forcing somebody or being forced for sex (coercion) [4] [3] [2][1]

16. ABOUT THE MOST RECENT SEXUAL

ENCOUNTER

Who initiated sex?

[You] [your partner] [mutually initiated]

17. If you did not initiate the sex, did you want to have sex at that time?

[No] [Yes]

18. Where you able to express yourself (intentions) about sex clearly? [Yes] [No]

19. If you initiated the sex, what was the main method you used?

[Talking] [Physical contact] [given gifts] [Body gesture] [Facial gesture]

Others (specify).....

20. If you did not initiate the sex, did you feel forced or pushed into the act? [Yes] [No]

21. Where you given money of gifts in exchange for sex? [Yes] [No]

C

22. Was condom used?

[No] [Yes]

22. Who decided to use the condom? [You] [Your partner] [Mutually agreed]

APPENDIX B

CONSENT DECLARATION

TOPIC: SEX NEGOTIATION SKILLS AND FACTORS THAT AFFECT THE CHOICE OF SKILLS USED BY FEMALE ADOLESCENTS IN THE GA EAST MUNICIPALITY IN THE GREATER ACCRA REGION OF GHANA

Name of Researcher: Doreen Adwoa Afriyie Berchie

1. I confirm that I have read and understand the information provided for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and that this will not affect my legal rights.

3. I understand that any personal information collected during the study will be anonymised and remained confidential

4. I agree to take part in the above study

Participant ID	Date	Signature
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Name of Researcher	Date	Signature
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Name of Person taking consent (if different from researcher)	Date	Signature
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