



Sexual Experiences among Senior High Students at Selected Schools in Cape Coast Metropolis in Central Region of Ghana

Christiana Asiedu*

Department of Maternal and Child Health, University of Cape Coast, Ghana

Abstract

Background: Adolescent is a period of transition characterized by risk taking behaviors, including sexual behaviour, which may have implications on their health. The study examined sexual experiences among senior high school students at selected schools in the Cape Coast Metropolis.

Methods: The data was obtained from a cross-sectional survey. Through the multi-stage proportional sampling method, 400 students were selected from three Senior High Schools whose ages ranged from ≤ 14 to 19 years. Questionnaire was used to collect the data. Frequencies and independent samples T-test were statistical techniques used to analyze the data. Data collected were processed using SPSS version 21.

Results: Fourteen percent of the respondents had ever had sexual intercourse. Fifty three percent of the respondents who had ever had sex, had it with multiple sexual partners, and had sex more than twice. About 71% of the sexual partners of those who ever had sex were 10 to 14 years old at their sexual debut. There was statistically significant differences between males and females who ever had sex in terms of lifetime sexual intercourse ($p < 0.001$) and age at sexual debut ($p = 0.02$). A statistically significant difference was also observed in scores for males and females ($p = 0.019$). There was no statistical significant difference in scores for males and females ($p = 0.47$).

Conclusion: Students, who have not already engaged in sexual activities, should be encouraged to abstain until they are of age. Those who are sexually active and should be encouraged to use contraceptives to prevent STIs and unplanned pregnancies.

Keywords: Sexual behaviour; Sexual experiences; Ghana

OPEN ACCESS

*Correspondence:

Christiana Asiedu, Department of Maternal and Child Health, School of Nursing and Midwifery, University of Cape Coast, Ghana, Tel: 0244477116; E-mail: casiedu@ucc.edu.gh

Received Date: 05 Mar 2019

Accepted Date: 25 Mar 2019

Published Date: 29 Mar 2019

Citation:

Asiedu C. Sexual Experiences among Senior High Students at Selected Schools in Cape Coast Metropolis in Central Region of Ghana. *Nurs Stud Pract Int.* 2019; 2(1): 1008.

Copyright © 2019 Christiana Asiedu. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Introduction

Globally, adolescents generally begin sexual activities before marriage [1]. In the United states of America, nearly half of all high school students report ever having had sexual intercourse in 2011, a decline from 54% in 1991 [2,3]. Males are slightly more likely than females, to report having had sex. Black high school students are more likely to have had intercourse compared to white and Hispanic students [4]. It was revealed that among sexually experienced adolescents, majority of women had their first intercourse with a steady boyfriend with marriage in mind, while a significant proportion of males had their first sexual experience with a commercial sex worker or casual friend [5]. A study in Malaysia on the reproductive health of adolescents (aged 13 to 19) revealed that 40% of the respondents had begun dating from the age of thirteen years [6]. A study in India reported that there is rising incidence of pre-marital sex up to 28% among female and male adolescents [7]. In Canada, adolescents are reported to be sexually active, with sexual experience at early age [8].

In Ghana, adolescents generally begin their sexual activity in their middle to late teens and the median age for first sexual intercourse being 18.4 years for females and 19.8 years for males [9]. Younger women are likely to experience first sexual intercourse at a later age than older women, suggesting that age at first sexual intercourse is rising among women [10]. Another demographic health survey conducted in Uganda showed that young people in Uganda started sexual activities at an early age, with an increase in the median age for first sex among adolescent of 16 years in 1998 to 1999 to 18.3 years in 2000 to 2001 [11,12]. Studies show that 8% of students are physically forced to have sexual intercourse; females however are more likely than males to report this experience [13-15]. Young women experience the highest rates of rape and sexual assault. More than 1 in 5 senior

high school girls have been victims of physical abuse, sexual abuse, or threats of physical violence [16,17]. About 13% of 14 to 18 year olds report having shared a naked photo or video of themselves via digital communication such as the internet or text messaging [18-20].

The study therefore examined sexual experiences among senior high students at selected schools in Cape Coast Metropolis in Central Region of Ghana.

Hypotheses

- There is no statistically significant difference in age at sexual debut by sex.
- There is no statistically significant difference in number of sexual partners by sex.

Materials and Methods

The study was a descriptive cross-sectional survey that quantitatively explored various aspects of the sexual experiences of senior high school students in the Cape Coast Metropolis. The design enabled the study to also describe the characteristics of the students surveyed and their perspectives on the research questions posed [21]. The study was conducted in the Cape Coast Metropolis. The Metropolis has various schools which correspond to the three-tier educational system in Ghana. These are Cape Coast Zone (Eastern including Ekon), Aboom zone (Cape Coast Central), Bakaano zone (Cape Coast West stretching up to the University) and Pedu zone (Cape Coast North) [22,23]. The population of the study consisted of all form one and form two students in the 10-government assisted senior high schools in the Cape Coast Metropolis. The study participants were male and female student between the ages of 12 to 19 years. The total population of the students in the three selected school was 4,241.

The sample size was calculated using the Cochran formula as follows: $N = z^2 p(1-p)/d^2$ [24].

Where

N: Sample size, Z: Confidence level at 95% (standard value of 1.96); p: Prevalence of sexual experience was assumed to be 50%; d: Margin of error 5%, $1-p=1$ -prevalence.

$$= (1.96)^2 * 0.5 (1-0.5) / (0.05)^2 = 0.9604 / 0.0025$$

$N = 384.16$. This was round up to sample size of 400.

Multi-stage proportional sampling was adopted in the selection of respondents. First the schools were classified into three strata; single sex (male), single sex (female), and mixed schools. Three schools were then randomly selected from the clusters; one from each cluster, mixed, female and male. Each school was divided into two strata (forms one and two); form three students had graduated at the time of data collection for the study. Depending on the population of each year group, proportional stratified sampling was used to determine the sample size from each Form. Questionnaire was used for data collection. The questionnaire was developed based on the objectives of the study. It had two sections. Section A was based on the background characteristics which consisted of form, age, sex, religion, ethnicity, living arrangements, level of education and occupation of parents. Section B was based on sexual experiences of participants. Issues in this section included ever having sexual intercourse and number of times one may have had sexual intercourse. While some questions were close-ended, others were open-ended. Responses of participants to the open-ended questions were, however, later categorized to make

them close-ended for analysis.

Introductory letters were obtained from the Department of Population and Health of the University of Cape Coast, which was presented to authorities of the three selected schools. The consent form contained information on the rights of the respondents which included the fact that they could withdraw from the study at any point or decide to leave questions which sought to infringe on their privacy unanswered. Confidentiality and anonymity were ensured.

After explaining the purpose of the study to the students, the questionnaires were distributed to the students, who consented to participate in the study. The data collection took three weeks; 28th August to 17th September, 2015. An instrument took about 20 min for each respondent to complete. The completion rate was 100%. All items on the questionnaire administered were completed. Data collected from respondents was processed using Statistical Product for Service Solutions (SPSS) version 21. Percentages and independent sample t-test were used to present the data in the form of tables.

Findings

Fourteen percent (n=55) of the respondents had ever been engaged in sexual intercourse. Sixty seven percent (n=37) of the females who ever had sex had sex with one person whilst among the males 61% (n=33) had more than two sexual partners. Fifty three percent (n=30) of those who ever had sex had sex with two or more sexual partners. Concerning the number of times of sexual intercourse among respondents who have engaged in sex, about half of the females (n=28) had sex once and 67% (n=37) of the males had had sex two or more times. Sixty four percent (n=35) of the sexually active respondents had had sex two or more times (Table 1).

Seven out of every ten (n=39) of those who ever had sex also had their first sexual intercourse at ≤ 14 years. These respondents also indicated the age of their sexual partners at their sexual debut. 60% (n=33) of the sexually active females said their sexual partners were between 15 to 19 years at the time of their sexual debut while 75% (n=41) of their male counter parts said their sexual partners were ≤ 14 years old. Overall, 71% (n=39) of the sexual partners of those who ever had sex were ≤ 14 years old at their sexual debut (Table 1).

Independent samples T-tests conducted showed statistically significant differences between males and females who ever had sex in terms of lifetime sexual intercourse ($p < 0.001$) and age at sexual debut ($p = 0.02$) (Table 1). An independent-samples t-test was therefore conducted. A statistically significant difference was observed in scores for males and females ($p = 0.019$). The null hypothesis of the study was therefore rejected and the alternate accepted. There was no statistical significant difference in scores for males and females ($p = 0.47$).

Discussions

Even though students who had sex were 14%, it was found that the percentage of males who had sex was more than that of the females. This finding is congruent with studies conducted, in which the authors noted that males are slightly more likely than females, to report having had sex [4]. In a study where the authors found that only 1% of never-married female adolescents had ever had sexual intercourse [25]. In contrast, the proportion of never-married male adolescents who had ever had sexual intercourse was 22% in Nepal. The fact that more males had sex than females may be due to the fact that males are more risk takers than females and therefore, venture into sex more than the females as opined [26].

Table 1: Sexual experiences of respondents by sex.

Variable	Sex N (%)		Total (%)	T-test	
	Female	Male		t	p-value
Ever had sexual intercourse (N=400)				4.31	0.00***
Yes	25 (6.2)	83 (20.8)	55 (13.8)		
No	375 (93.8)	317 (79.2)	345 (86.2)		
Number of people ever had sex with (N=55)				2.11	0.4
1	37 (66.7)	22 (39.5)	25(45.5)		
2	14 (25.0)	14 (25.6)	14 (25.5)		
3	4 (8.3)	6 (11.6)	6 (10.9)		
4	0 (0.0)	5 (9.3)	4 (7.3)		
> 4	0 (0.0)	8 (14.0)	6 (10.9)		
Age at sexual debut (N=55)				2.41	0.02*
≤ 14	22 (40.0)	47 (85.7)	39 (71.1)		
15-19	33 (60.0)	8 (14.3)	16 (28.9)		
Age of partner at sexual debut (N=55)				1.73	0.09
≤ 14	22 (40.0)	41(75)	39 (71.1)		
15-19	33 (60.0)	14 (25)	16 (28.9)		
Frequency of sexual intercourse (N=55)				1.21	0.23
Once	28 (50.1)	18 (32.6)	20 (36.4)		
Twice	5 (9.1)	10 (18.6)	10 (14.4)		
Three times	9 (16.7)	4 (7.0)	5 (9.1)		
Four times	5 (9.1)	4 (7.0)	4 (7.1)		
Five times	4 (8.3)	2 (4.7)	2 (5.5)		
> Five times	4 (8.3)	17 (30.2)	14 (25.5)		
Number of current sexual partners (N=26)				1.47	0.15
1	38 (70.0)	22 (39.3)	26 (47.4)		
2-3	11 (20.0)	17 (32.1)	16 (28.9)		
4-5	0 (0.0)	4 (7.1)	3 (5.3)		
>5	6 (10.0)	12 (21.4)	10 (18.4)		

Source: Field work, 2015; *P<0.05; **P<0.01; ***P < 0.001

The percentage of adolescents who had sex in the present study is lower than a study in the USA, where 46% of the adolescents were sexually active as well as another study were 25% (28% boys and 23% girls) reported having ever had sexual intercourse [26].

The percentage of adolescents who had sexual intercourse in the present study is higher than what was reported in 2007 where 7% and 10% of adolescents respectively reported to have had sex [27]. In their study, majority of the respondents who had ever had sexual intercourse, had sex only once and as such, with only one person.

Majority (71%) of the respondents who ever had sex had sexual intercourse between 10 to 14 years. In respect of this finding, found that about 41.3% of adolescents who were sexually experienced had sexual intercourse before age 15 years as the mean age a sexual debut was found to be 14.8 years [26]. This may be due to the advent of social media and easy accessibility to the internet which exposes young adolescents to sexually explicit materials which they later tend to practice. This finding is consistent with data from different countries, which indicate that a considerable proportion of adolescents report sexual activity before the age of 16 years [5,4].

Fifty three percent of the respondents, who ever had sexual

intercourse, had multiple sexual partners (two or more). This finding, therefore supports a study conducted by in Sweden, where the percentage of adolescents who reporting having had three or more sexual partners went up from 8% in 2000, to 17% in 2007, and in males from 11% to 17% during the same period and indication of increasing number of multiple sexual partners among adolescents [27].

Conclusion

Most senior high schools students in the Cape Coast Metropolis have never had sexual intercourse. Most of the students who have ever had sex, however have multiple sexual partners and had sex two or more. This suggests that the few senior high school students in Ghana who engage in sexual activities have two or more sexual partners and this will predispose them to sexually transmitted infections and teenage pregnancy. There is the need to conduct a study to examine the effects of attitude of service providers on the utilization of SRH services by young people. Such study could be conducted nationwide, in order to ensure generalisability of the findings. A qualitative study on adolescent sexual and reproductive health could be done to shed more light on the subject.

The number of schools selected and the number of participants could be a limitation to the study. The period of the study did not allow the form three students to be included in the study.

References

- World Health Organization. Making health services adolescent friendly: Developing national quality standards for adolescent friendly health services. 2012.
- Gribble J. Investing in youth for national development. Washington, DC: Population Reference Bureau; 2010.
- Agudelo AC, Belizan JM. Maternal morbidity and mortality associated with inter-pregnancy interval: Cross sectional study. *BMJ*. 2000;321(7271):1255-9.
- Blanc AK, Windrey W, Ross J. New findings for maternal mortality age patterns: Aggregated results for 38 countries. *PLoS One*. 2012;8(4):e59864-4.
- Nelson E, Howitt D. When target groups talk back: At the intersection of visual ethnography and adolescent sexual health. *Reprod Health Matters*. 2013;21(41):45-4.
- Goicolea I, Wulff M, Sebastian MS, Ohman A. Adolescent pregnancies and girls' sexual and reproductive rights in the amazon basin of Ecuador: An analysis of providers' and policy makers' discourses. *BMC Int Health Hum Rights*. 2010;10:12.
- Moore K, Sacks V, Manlove J, Sawhill I. "What if" you earned a diploma and delayed parenthood? Bethesda: Child Trends; 2014.
- Ball V, Moore K. What works for adolescent reproductive health: Lessons from experimental evaluations of programs and interventions. Washington DC: Child Trends; 2008.
- Ghana Statistical Service (GSS), Ghana Health Service (GHS), ICF International. Ghana Demographic and Health Survey 2014: Key indicators report. Maryland: Authors; 2015.
- Ghana Statistical Service (GSS), Ghana Health Service (GHS), ICF International. Ghana Demographic and health survey 2008. Accra: Author; 2009.
- Neema S, Musisi N, Kibombo R. Adolescent sexual and reproductive health in Uganda: A synthesis of research evidence, occasional report. New York: Guttmacher Institute; 2004.
- Neema S, Ahmed FH, Kibombo R, Bankole A. Adolescent sexual and reproductive health in Uganda: Results from the 2004 national survey of adolescents, occasional report. New York, NY: Guttmacher Institute; 2006.
- Centre for disease control and prevention. Vital signs: HIV infection, testing, and risk behaviors among youths-United States. *Morbidity and Mortality Weekly Report*. 2012;61(47):971-6.
- American Medical Association Sexuality Education, Abstinence, and Distribution of Condoms in Schools. Retrieved from www.ama-assn.org on 25/07/2015;2006.
- Mash R, Mash RJ. A quasi-experimental evaluation of an HIV prevention programme by peer education in the Anglican Church of the Western Cape, South Africa. *BMJ Open*. 2012;2(2):e000638.
- Höglund AT, Tydén T, Hannerfors AK, Larsson M. Knowledge of human papillomavirus and attitudes to vaccination among Swedish high school students. *Int J STD AIDS*. 2009;20(2):102-7.
- Mason-Jones AJ, Mathews C, Flisher AJ. Can peer education make a difference? Evaluation of a South African adolescent peer education program to promote sexual and reproductive health. *AIDS Behav*. 2011;15(8), 1605-11.
- Arbab AA, Bener A, Abdulmalik M. Prevalence, awareness and determinants of contraceptive use in Qatari women. *East Mediterr Health J*. 2009;17(1):11-8.
- Gottvall M, Larsson M, Höglund AT, Tydén T. High HPV vaccine acceptance despite low awareness among Swedish upper secondary school students. *Eur J Contracept Reprod Health Care*. 2009;14(6):399-405.
- United Nations Children's Fund (UNICEF). Progress for children: A report card on adolescents. New York; 2012.
- White JW, Smith PH. Covariation in the use of physical and sexual intimate partner aggression among adolescent and college-age men: a longitudinal analysis. *Violence against Women*. 2009;15(1):24-43.
- Ghana Statistical Service (GSS) 2010 population and housing census: National analytical report. 2013.
- Cape Coast Metropolitan Assembly (CCMA) Cape Coast Metropolitan's information. 2014.
- Cochran WG. Sampling techniques. 3rd edn. New York: John Wiley & Sons; 1977.
- Doku D. Substance use and risky sexual behaviours among sexually experienced Ghanaian youth. *BMC Public Health*. 2012;12(1):571.
- Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines, 2010. Washington DC; 2010.
- Warenus L. Sexual and Reproductive health services for young people in Kenya and Zambia: Providers' attitudes young people's needs and experiences. Stockholm: Karolinska Institute; 2008.