

FOCUS ON YOUNG ADULTS

Comparative Reproductive Health Attitudes and Behaviors among Male Adolescents and Adults in Urban Ghana

Background

Although many programs arbitrarily define young adulthood as ending at age 24, researchers commonly understand that other indicators of adulthood (e.g., being married, having children) also may contribute to defining and distinguishing adolescence, young adulthood, and full adulthood. Furthermore, indicators of adulthood may differ greatly between the sexes. For women, adulthood traditionally begins with the appearance of obvious physical maturation markers (e.g., the onset of menses). For men, it may be defined by sexual experience and economic attainment. Most studies to date have focused on young women. However, programs that target adolescents need to understand more about young men's reproductive health issues and needs. This study examined how young adult men in Ghana might be grouped and differentiated from adults with respect to psychosocial characteristics, sexual behavior, knowledge of HIV/AIDS, contraceptive use, and attitudes toward the use of condoms.

Study Design

A secondary analysis was performed using data from the 1997 Ghana Psychographic Survey, a representative survey of 2,000 urban and peri-urban men age 15–44 conducted by Research International, with technical assistance from The Ghana Social Marketing Foundation, The Futures Group International and Tulane University. On the basis of the distribution of three common markers of adulthood (making one's sexual debut, entering into marriage or similar union, and fathering children), five age groups were constructed for men as follows: 15–19 years, 20–23 years, 24–26 years, 27–29 years, and 30–44 years. Men in the 30–44-year age group were defined as adults, the majority of whom had experienced both marriage *and* fatherhood; they were the reference category for comparative purposes.

Findings

- Male Ghanaian adolescents (age 15–19) overwhelmingly were single with no children, and the majority were inexperienced sexually. Those who were experienced were least likely of all the groups surveyed to have had sex in the last three months. They had the fewest number of partners, but, if they did have sexual intercourse in the last three months, were most likely to have had a casual sex partner. Youth ages 20–23 years had more sexual experience and were more likely to have had sex in the last three months than 15–19 year olds, but they showed similar sexual networking patterns.
- Male youth age 15–19 and age 20–23 were just as likely to be aware of HIV, its means of transmission, and methods of prevention as adults in their 30s and 40s. Men age 15–19 and age 20–23 were less likely than men over 30 years old to know about and use longer-term methods of family planning such as IUDs, injectables, and sterilization. They were, however, equally familiar with condoms and pills, methods usually considered appropriate for this age group. Furthermore, sexually experienced youth age 15–19 and 20–23 seemed to be more

comfortable with condoms, were more likely to view them as a method of preventing HIV/AIDS, and were more likely to use them with their primary sexual partners as a family planning method than were men over 30.

- Results from the psychographic data show that male youth age 15–19 were significantly more likely than men over 30 years old to *agree* with statements about taking risks as well as statements about having a lack of control over their lives. It might be speculated that male youth age 15–19 years and, to a lesser extent, 20–23 years, are most likely of all the groups surveyed to experience uncertainty and helplessness about the direction of their lives, and that this distinction ceases to exist after the men reach their early 30s. In fact, the men age 24–26 and 27–29 years were more likely than men over 30 to agree with statements concerning *optimism* about their futures. This finding probably is a result of those men having greater access to sexual relationships and employment than adolescents, but perhaps fewer of the responsibilities associated with marriage and children than adults.
- Men age 24–26 years had significantly more sexual partners in the last three months than men over 30 years old and also were more likely than men over 30 to have had multiple partners, particularly men who had entered into some type of union with a woman. Men in unions in their 20s were less likely to name their wives or live-in partners as sexual partner “A” than were married men over 30. From these two findings, it would seem that unions among young adults are more fluid and perhaps less stable than those among adults; unions among adults may be more stable because the couple has children and shares resources.
- Although it was common for young adults to meet their sexual partners in dance clubs or parties, these places represented a very small percentage of sexual “opportunities” for young adults in urban Ghana. The largest percentage of men, regardless of age, reported meeting their partners in their own neighborhoods. In addition, men in the three youngest age groups were more likely than adults to have met their partners at school (20–25%), which means that community-based or school-based reproductive health interventions are probably the best ways to reach most young adults in urban Ghana.
- Most of the men in the 27–29 age group were married; had finished school and had begun their vocations; and, according to responses to questions about their future childbearing intentions, were looking to begin families with their primary sexual partner. That age group may benefit from some of the social messages and services provided by youth programs but may not be an appropriate group to include in adolescent programs.

Implications

- The transition to adulthood may vary from country to country. Thus, programs attempting to influence young adult health behaviors will benefit from a context-based understanding of the transition and its accompanying patterns of behaviors, by gender.
- Targeting 10–24 year olds may be an appropriate choice for many programs. However, programs also may want to consider targeting young adult males through their mid-to-late 20s in countries such as Ghana, given that the majority of Ghanaian men in that age group are single with no children, and given that this group may be the most sexually active and have the most extensive sexual networking patterns. They may also be the partners of younger females, and thus may have influence on their use of protection against pregnancy and disease.

Source: Morgan, G. T. *Comparative Reproductive Health Attitudes and Behaviors among Male Adolescents and Adults in Urban Ghana*. June 2000. Washington, DC: FOCUS on Young Adults/Pathfinder International.

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