

Experimental research on sexual networking in some selected areas of Ghana*



John K. Anarfi¹ and Kofi Awusabo-Asare²

¹ *Institute for Statistical, Social and Economic Research, University of Ghana, Lagon, Accra, Ghana*

² *Department of Geography, University of Cape Coast, Cape Coast, Ghana*

Abstract

Despite increasing evidence that West Africa is at a critical stage in its experience of the AIDS pandemic, there is a lack of specific information about the sexual behaviour of people in the society. To provide such information, 360 individuals were surveyed. Results indicate that the nature of sexual contacts within Ghanaian society has the potential to promote the spread of STDs and AIDS. Polygyny, central in Ghanaian socio-cultural organization, underlies the male tendency to seek multiple sexual partners. Early widowhood, the general instability of marriage and the high level of remarriage, also suggest that there is a high level of sexual networking within the society. Although Ghanaian society accepts sexual networking, and some people are even casual about the AIDS scare, it appears that people are changing their sexual habits in response to the campaign on AIDS, which seems to have succeeded in instilling fear .

Although the full dimensions of the AIDS epidemic in Africa are still uncertain, it is already a grave public health concern in a number of countries in East, Central and Southern Africa (Stein and Zwi 1990). In West Africa, AIDS has neither reached the dimension nor received the attention and concern expressed about the disease in Southern and Eastern Africa (Larson 1990). Nonetheless, the possibility of the disease spreading through the subcontinent exists given the fact that in Africa HIV infection has been found to be spread primarily through heterosexual intercourse (Wood 1988; Caldwell, Caldwell and Quiggan 1989). Therefore, to understand the diffusion of the disease in Africa there is a need to examine the degree and nature of sexual networking in West Africa.

The purpose of this study is to explore the extent to which a survey on sexual networking can produce meaningful results and thus to obtain substantive findings on the topic. The central problem was the sensitive nature of the issue in view of the fact that people consider sex as purely a personal affair which is seldom talked about.

Overview

Socio-economic characteristics such as age, sex, ethnic background, occupation, behaviour and lifestyle contribute significantly to the cause and spread of many diseases. On ethnic background, Larson notes that

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Matrilineal kinship can be relevant because of the minimal importance those cultures place on marriage; divorce is usually common and the woman retains her children and the guarantee of continued support from her family (Larson 1990:20).

Of central importance, though, for the spread of AIDS is not merely the identity of the persons involved but the extent to which people are able to have multiple partners. A society's attitude to sex, the stability of marriage, the rate of remarriage and socio-economic status are some of the factors that influence the nature of sexual networking. Acquah (1958), in her study of Accra, observed that some schoolgirls became involved in sexual relationships in order to get money to pay their school fees. Nearly 30 years later (Akuffo 1987), some schoolgirls interviewed at Asamankese (Eastern Region of Ghana) reported that they had boyfriends who regularly gave them money. One third of those interviewed reported receiving tacit support from their mothers to learn to fend for themselves, and perhaps for other members of the family. Prostitutes in the Accra survey had no problems with their relatives back in the village (Acquah 1958). Such tolerance of sexual relations has implications for the spread of AIDS in the country. There is also evidence of the substitution of other semi-permanent partners for wives during postpartum abstinence (Caldwell et al. 1989).

Traditionally, a man in Ghana has unlimited sexual freedom both in and out of marriage while a woman is expected to stick to only one partner at a time. As a result the terminology 'prostitute' is used to refer to females alone. Similarly, the term 'adultery' tends to be used for a married woman who indulges in extramarital sex whether the man is married or not. A man on the other hand is considered to have committed adultery only if he has had sex with a married woman. This is in keeping with the situation in which a man can be the husband of several wives but a woman is a wife to only one man.

Ghana, with its matrilineal and patrilineal forms of inheritance, offers a laboratory for studying the implications of matrilineal *vis-à-vis* patrilineal forms of inheritance for marriage stability.

Methodology

This report is based on an intensive small-scale survey carried out between April 1 and April 20, 1990 in some purposefully selected areas in Ghana. The survey was carried out in localities familiar to the interviewers where it was hoped that they would receive maximum co-operation from respondents. The areas were selected to accommodate the different systems of inheritance in the country. These are the matrilineal Akan (who form about 45 per cent of the population of Ghana), the patrilineal and the double inheritance groups (Ghana, 1983).

A sample of 360 individuals were selected from the three categories. From the patrilineal group, the Ewe were selected. Hohoe, a settlement with a population of 21,000 in 1984, and Wegbe, a settlement with a population of less than 1,000, were chosen. Among the matrilineal group, Tepa, a town in Ashanti Region, with a population of 8,100 in 1984, and Brosankro, a settlement with a population of about 1,500 (in 1984), were also chosen. The Akwapim, an Akan-speaking group but who are both patrilineal and matrilineal, was selected as the third group. Mampong (population 5,800) and Akropong (population 10,500) were two urban centres chosen from the two societies respectively. Kitase, a locality of less than 800 inhabitants, was selected to represent a rural area. In addition, Somanya (population 13,000), an Adangbe-speaking patrilineal settlement, was chosen because the area has one of the highest concentrations of known AIDS and HIV seropositive cases in Ghana (Antwi 1989). The distribution of the sample by settlement is given in Table 1.

Table 1
Distribution of respondents by settlement

Settlement	Male	Female	Total
Tepa	32	40	72
Brosankro	15	16	31
Mampong	12	15	27
Akropong	25	19	44
Kitase	14	16	30
Hohoe	34	36	70
Wegbe	15	16	31
Somanya	34	21	55
TOTAL	181	179	360

The urban areas were divided into wards, out of which three were randomly selected. In each selected ward, every other house was selected for interview. On the other hand, each of the rural settlements was treated as a ward and every other house was selected. Respondents were males aged 17 years and above and females 15 years and above.

The survey was conducted at a time when public education on AIDS had made people aware of the disease; as a result the study was favourably received. In some of the study areas people were known to have died from AIDS, so the level of awareness of the people was quite high. In addition, the interviewers knew the areas very well. It appears that in matters of sexuality people were more willing to confide in a familiar person than in a stranger. However, while males talked openly about the number of their sexual partners, females always restricted their responses to only one partner at a time: in a sense, responses from females were consistent with the appropriate behaviour expected of them. This is consistent with what was observed in an experimental study on sexual networking conducted in Ado Ekiti, where the reporting of sexual networking by males was found to be more complete than that of females (Orubuloye, Caldwell and Caldwell 1991). The understatement of sexual networking by females does not necessarily imply that the rest of their explanatory material is deficient. They were eager to answer some of the questions perhaps because that gave them the opportunity to challenge the male-biased ideology.

Generally, older respondents, particularly females over 50 years of age, appeared more frank in their responses than the younger ones. The older people felt that they had very little to hide in matters of sexuality and saw the current sexual problems as the result of modernization. For example, some stated that their husbands had infected them with sexually transmitted diseases (STDs) at some time in the past. In contrast, none of the female respondents aged under 40 reported ever having an STD. The survey has revealed that researching into sexual networking is possible and results can be quite valid. However, it became clear that better results could be achieved if the survey method was combined with socio-anthropological techniques such as biographical and focus-group discussion methods. In fact, these two instruments were included in the original plan but they were abandoned because of cost constraints.

Table 2
Characteristics of surveyed population

		Rural		Urban	
		Male	Female	Male	Female
Ethnicity %	Akan	53	60	54	55
	Ewe	40	36	29	25
	Ga-Adangbe	2	4	13	12
	Others	5	0	4	8
Age	Median (yrs)	42	36	36	32
Religion %	Christian	70	82	77	80
	Muslim	9	2	4	5
	Traditional	21	16	19	15
Education %	No Education	28	32	11	23
	Primary schooling +	72	68	89	77
	Primary Occupation %	Farming	53	34	15
	Trading	7	36	8	37
	Sub-professionals	23	22	33	15
	Artisans/Semi-skilled	5	0	12	5
	Other occupations	2	4	22	9
	Housewife/Unemployed	5	4	4	12

The population

Table 2 gives a summary of the socio-demographic characteristics of the population. The Akans, made up mainly of Asantes and Akwapims, accounted for about 55 per cent of the sample, the Ewe about 40 per cent while the rest were the Krobo-speaking Ga-Adangbe. Median age is around 35 years. The sample population is predominantly Christian: Protestants, Catholics and a few adherents of the spiritual-Pentecostal churches. Muslims formed about five per cent. Traditional religion is still important particularly among males in the rural areas. The level of education among the sample is quite high by Ghanaian standards; this may be due to the nature of the sample. As in the total country, the proportions with formal education are higher in the urban than in the rural areas and among males than females.

In the towns about 60 per cent of the population were in non-farm occupations. In the rural areas the majority of the males are in farming while the females are concentrated in trading: the idea of a full-time housewife is almost absent in Ghanaian society. Traditionally, a non-working wife is considered to be lazy; a Ghanaian woman works to cater for herself, her children and other members of her extended family. Most women do work and tend to earn separate incomes (Table 23, see also Oppong 1981; Oppong and Abu 1987). Among the study population the practice of separate income earning and budgeting seems more prevalent in the patrilineal than in the matrilineal society. This is contrary to expectation because other studies have found the practice to be more prevalent among the matrilineal Akans than the rest of the ethnic groups in the country (Oppong and Abu 1987).

Table 3
A: Respondents by type of inheritance.

	Male %	Female %	Total %
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Patrilineal	52.2	42.9	47.5
Matrilineal	41.6	47.8	44.7
Bilateral	6.2	9.3	7.8
Total	100.0	100.0	100.0
No.	178	182	360

B: Inheritance expectation

		% Answering Yes			
		Patrilineal	Matrilineal	Bilateral	Total
Do you hope to inherit your...					
mother's property?	Male	26	61	100	45
	Female	37	84	100	65
	Both	31	73	100	55
father's property?	Males	98	19	100	65
	Female	100	17	100	60
	Both	98	18	100	63
partner's property?	Male	3	18	0	9
	Female	9	25	6	17
	Both	6	22	4	13
Number:		171	161	28	360

C: Economic arrangements

Percentage of married women with separate earnings and budget	Urban	Rural
Patrilineal	83	73
Matrilineal	61	65
Bilateral	71	100

Nearly 50 per cent of the respondents practised the patrilineal system of inheritance (Table 3A), reflecting the pattern in the country (Ghana 1983). Table 3B seems to suggest that respondents from the patrilineal society are more certain to inherit the properties of their fathers than the matrilineal groups are of their mothers. A new intestate succession law (PNDC L111) passed in 1985, which vests seven-eighths of self-acquired property in the surviving spouse and children, will further weaken the matrilineal system of inheritance (Awusabo-Asare 1990). It seems the new waves of change have caught up more with the matrilineal than the patrilineal groups.

Demographic findings

Some demographic features of the surveyed population are summarized in Table 4. The mean number of 5.6 children ever born to the women aged 45 years and above suggests that fertility is still high in Ghana; however, the proportion of children who die indicates a moderate mortality rate. The combined effect of high fertility and moderate but declining mortality is a very fast rate of growth that has caused concern in official circles (Ghana 1989).

Table 4
Some demographic features of the surveyed population

	Male	Rural Female	Male	Urban Female
Children ever born (to women over 45 who had ever given birth) (average)		5.6		4.5
Proportion dead (%)		17		14
Marital Status %:				
Monogamous	51	64	66	46
Polygynous	23	22	6	16
Single	16	8	21	18
Widowed	5	2	1	5
Divorced	5	2	4	9
Separated	0	2	2	6
Marriage type (current unions) %:				
Customary	93	95	86	81
Church/civil	0	0	5	10
Muslim	7	0	4	4
Mutual consent	0	5	5	5
Child fostering (women with children) :				
Proportion of women living with one child (%)		34		40
Own children with respondent		1.1		1.2
Own children fostered out		3.5		2.3
Other children fostered in		0.1		0.4

Child fostering was observed in the study area as it obtains in Ghana generally. The mean number of children fostered into other households is 2.5. The practice seems more prevalent among the matrilineal Akans (2.9 children) than the patrilineal Ewe (1.4). More children are fostered into households in urban than in rural areas. Children are sent to urban areas for a variety of reasons, including the better educational facilities in urban areas; and the need for house-help (Oppong 1974). The size of the urban settlements used for the study may not allow the rural-urban distinction to come out more clearly. Secondly, no age limit was set for the children of respondents fostered in or out of the families. It is therefore possible that some of the children fostered out are independent adults.

Over 80 per cent of the females in the sample had married at least once at the time of the interview; among the males the proportion was slightly lower. There are differences, although slight, by residence. Marital unions are predominantly contracted under customary law, as obtains in the rest of the population (Awusabo-Asare 1990); such marriages are potentially polygynous. As part of the attempt to encourage the registration of customary marriages the government enacted a law (PNDC L 113) on the registration of customary marriages in 1985. Free (consensual) unions exist in both the towns and rural areas and among both sexes. There is reason to believe that even the figures for mutual consent unions are understated, for in Ghana any sexual relationship for which the full customary rites have not been performed is not recognized as a marriage, although such unions can remain at that level for a long time. In theory a man is expected to perform some 'pacification' rites when his partner becomes pregnant; traditionally, full marriage rites are not performed for a pregnant woman. However, in some cases even these rites may not be performed. Concubinage is also generally accepted in the

traditional Ghanaian setting as a prelude to marriage; ideally, however, the relationship must be made known to the family of the woman.

Table 5
Number of times ever married by age and sex (%)
(ever-married persons only)

Age	Male		Female		Both	
	One	Two +	One	Two +	One	Two +
15-29	89	11	89	11	89	11
30-39	63	37	72	28	68	32
40-49	38	62	55	45	46	54
50-59	25	75	55	45	35	65
60-69	25	75	25	75	25	75
70+	17	83	69	31	59	41
All Ages	49	51	69	31	59	41

Divorce is more frequent among the matrilineal Akan than the rest of the groups, accounting for 95 per cent of all divorcees. This is consistent with the other evidence that marriages are more stable in patrilineal than in the matrilineal societies (Ghana 1983); there are various sayings among the Akans which allude to the instability of marriage. About 41 per cent of the ever-married people have married more than once in their lifetime (Table 5); the implication is that divorces are common and divorcees remarry very early. Serial polygyny therefore occurs and that has implications for the spread of diseases. Members of the matrilineal society are more likely to divorce and remarry than those of the patrilineal groups; almost half the former had married twice or more in their lifetimes (Table 6). The general instability of marriages among the matrilineal Akan could be due to the society's view about conjugal relationships. Among the matrilineal group, married couples continue to belong to their matrilineal groups which define general familial relationships. A husband is not considered the most trusted friend and companion; there are a number of proverbs and sayings stressing the marginality of the husband (Oppong 1974). Widow inheritance is still practised among some of the patrilineal societies, and traditionally such marriages may not be counted as remarriages because the woman was not divorced. The practice certainly has important epidemiological implications particularly for the spread of AIDS if such marriages are consummated. Unlike the 'ritual cleansing' of widows and widowers which involves obligatory sexual intercourse as practised in Zambia, there is no element of compulsion in the Ghanaian situation (William 1990).

Religion seems to be related to remarriage. While two out of every three people practising traditional religion had married twice or more in their lifetime, only one out of three Christians had remarried, and two out of five Muslims.

Table 6
Number of times ever married by system of inheritance and religion

System	Male		Female		Both	
	Once	Two +	Once	Two +	Once	Two +
Patrilineal	55	45	78	22	66	34

Matrilineal	39	61	60	40	51	49
Bilateral	56	44	79	21	70	30
				Religion (%)		
Christians	58	42	72	28	65	35
Muslims	56	44	62	38	59	41
Traditional	16	84	57	43	34	66
TOTAL	49	51	69	31	59	41

Age at first marriage among the sample population was very low, with some marrying as early as 14. By age 24, almost two-thirds of the people had been married at least once; 90 per cent had married before age 30. Thus, the near universality of marriage in Ghanaian society occurs also among the sample population; in general, the respondents in rural areas married earlier than those in urban areas. Formal education appears to be an important factor influencing age at first marriage: while about 78 per cent of the sample population who had no formal education were married by age 24, 68 per cent of those who had had only primary school education and only 27 per cent of those with post primary education were married by that age. This is consistent with what was observed in both the Ghana Fertility Survey (Ghana 1983) and the Demographic and Health Survey (Ghana 1989).

Table 7
Age at first marriage (%)

Proportion married by exact age	Male			Female		
	Rural %	Urban %	Total %	Rural %	Urban %	Total %
24 years	43	31	34	92	86	88
29 years	87	81	82	100	97	98
39 years	97	100	99	-	100	100
40 and over	100	-	100	-	-	-

Premarital sexual relations

There seem to be no traditions, customs or beliefs prohibiting premarital sex in the societies studied. Over half of the sample, of both sexes and in rural and urban areas, were unaware of any prohibition on premarital sex: what was consistently mentioned was prohibition of sex before a girl underwent puberty rites. For girls, reaching physical maturity, signalled by menarche, was marked with extensive rituals: it symbolized a woman's ability to become a wife and mother. Sexual activity before puberty rites were performed was considered a criminal offence: punishments ranged from ritual cleansing to ostracism of the couple, particularly if the girl became pregnant before the ceremony was performed (Banuako 1975). Sexual relations and pregnancy occurred in socially recognized relationships. However, owing to the influence of Christianity, education and migration, puberty rites are not accorded the same significance as they used to be (Sarpong 1977). About 90 per cent of males and about 75 per cent of females reported having sex before marriage (Table 8).

Table 8
Respondents' opinions about female virginity at first marriage.

	Rural	Urban
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		Response	Male %	Female %	Male %	Female %
1.	Should a women be a virgin at marriage?	Yes	86	94	76	75
2.	Is it necessary today for a woman to be virgin at marriage?	Yes	67	33	64	36
3.	a. Was your partner a virgin at marriage?	Yes	23	-	22	-
	b. Did you have sex before your first marriage?	No	12	30	7	13
4.	Do you want your daughter to be a virgin at marriage?	Yes	84	86	76	81

There is a clear difference between ideal and reality. Whereas over 80 per cent of the respondents expected a woman to be a virgin at first marriage, less than a quarter of the males actually thought they had married virgins. Fewer women than men expected a woman to be a virgin at marriage today, indicating a change in perception towards premarital sex.

Age at first sexual relations ranged between 13 and 26 years for males and 10 and 26 years for females in the rural areas, giving median ages of 19 and 18 years respectively. In the towns, age at first sexual experience was from eight years for both sexes to 32 and 25 years for males and females respectively giving median ages of 19 for the males and 17 years for females. In both cases the median ages for the males are higher than for the females. Traditionally, young men were expected to bide their time and accumulate wealth before marriage while girls were married off at an early age immediately after puberty rites. First sexual experience was dictated by need, circumstances or own volition. Twenty-eight per cent and 18 per cent of the females in rural and urban areas respectively said they were deceived or lured into their first premarital sex. Another eight and seven per cent were compelled by financial necessity to get involved in premarital sex. Such sexual experiences have far-reaching implications for the spread of STDs.

A number of respondents, especially the males, reportedly engaged in premarital sex for enjoyment or curiosity or to emulate siblings. For females in rural areas the most important reason for getting involved in premarital sex was the need for a husband. Among the females in the rural areas who reported premarital sex, about 60 per cent had sex with their prospective husbands. Concubinage, especially as a prelude to marriage, is condoned in the society. Two-thirds of the respondents in urban areas and 40 per cent of those in rural areas gave boy friends or girlfriends as their first sexual partners.

A number of the respondents reported having their first sexual experience with strangers, that is, people not from the same locality. The proportions reporting 'strangers' as sexual partners are higher among respondents in rural than in urban areas: rural communities consist of extended-family relatives, thereby limiting the range of sexual partners, so 'strangers', particularly males, become obvious sexual partners.

A few of the respondents had their first sexual experience with maternal or paternal cousins depending upon the lineage system. Among the matrilineal Akan, for instance, cross-cousin (mother's brother's child or father's sister's child) marriage is a preferred form of marriage, because the two parties involved are from different matrilineages; therefore, sex among such relatives is not incestuous. Sexual relations with parallel cousins and people of the same ancestry, however distant, constitutes incestuous behaviour. The strong patrilineal link among the members of the patrilineal society implies that paternal relations are accorded more importance than maternal relations in some respects. None of the male respondents admitted ever having sex with prostitutes.

Table 9
Number of sexual partners reported before first marriage
(ever married respondents)

Number of Partners	Rural		Urban	
	Male %	Female %	Male %	Female %
None	12	27	9	14
1	27	55	13	32
2	31	11	22	27
3	6	2	16	14
4	3	5	9	7
5 - 9	21	0	17	5
10 or more	0	0	9	0
Too many to remember	0	0	3	0
Non-response	0	0	2	1

The incidence of premarital sex is high, particularly among males, over 50 per cent of whom, irrespective of residence, had had two or more premarital sexual partners (Table 9). About ten per cent of the males in urban areas had had ten or more partners or too many to remember. As expected the females had fewer premarital sexual partners than males, and females aged 50 years and over reported fewer sexual partners than did younger ones. The results should be interpreted with care: it is possible that some respondents did not report sexual relations during courtship in a relationship that developed into marriage.

There is a general belief that marriage must be preceded by some period of cohabitation which the prospective partners are expected to use to get to know one another. In most cases it involves sex; this certainly has implications for the spread of STDs.

Extramarital sexual relations

The responses from females to questions on extramarital sexual relations are not reliable, because the society strongly condemns extramarital sexual activity, particularly that of females. Extramarital relationships involving married women are not publicized as in the case of men; nonetheless, they do occur. There is secrecy surrounding extramarital sexual activity by females since public opinion is much more lenient towards men's extramarital relationships than those of women. Even the males are expected to be discreet. About two-thirds of the males in both rural and urban areas said that they had had extramarital sexual relations; however, none of the females in the rural areas and only five per cent of those in urban areas admitted ever having done so. Eleven and 26 per cent of the married males in rural and urban areas respectively and three per cent of the married females in rural areas continued to have sex with their old lovers. Thus married people, both males and females, do have extramarital sexual relations. Giving reasons for their most recent extramarital affair, half of the few married women who were involved indicated that they did it for enjoyment and another quarter said they did it because their husbands were absent.

In both rural and urban areas, 36 per cent of the female respondents mentioned custom as the factor that prevented them from indulging in extramarital sex, while about 35 per cent said that it was against their Christian principles. Sixty per cent of the males in rural areas who were not involved in extramarital sex explained that they avoid it because they are satisfied with their wives. Only 18 per

cent of the females in rural areas and 19 and 20 per cent of the males and females in urban areas respectively, gave marital satisfaction as the reason for not indulging in extramarital sex.

For 46 per cent of the males in the rural areas, and 11 per cent of those in urban areas, their most recent extramarital sexual relationship was a prelude to marrying a second or subsequent wife. This indicates that polygyny is still important in Ghana and the potential still exists for a monogamous marriage to develop into a polygynous one. Postpartum sexual abstinence of wives was also given by some men as the reason for extramarital sexual relations. The period of postpartum abstinence can last for six months or more for a first birth, and 40 days or more for subsequent ones: it is generally accepted that during this period a married man can have extramarital relations. The absence of the wife, for whatever reason, gives men an excuse to have an affair. When the affair becomes known the man will be expected to either break off the relationship or marry the woman if she is not married already: but before that the wife must be compensated. On the other hand, if it involves a married woman both the woman and the adulterous man will be expected to pacify her husband. Thus, even though extramarital affairs may be common, there are strong reasons for keeping them secret.

Sexual networking

Table 10 is a summary of sexual networking in the research areas. First, multiple partnership exists and this is more prevalent in urban than rural areas and higher among males than females. Secondly, although the lifetime figures bring out a great deal of sexual networking, there seems to have been a decline in recent periods. While over 90 per cent of the males and between 60 and 80 per cent of the females have had more than one sexual partner in their lifetime, about 18 per cent of the males and fewer than five per cent of the females currently have multiple partners. The change may be due to the campaign against AIDS going on in Ghana: a number of male respondents indicated that they had changed their sexual habits since they heard of AIDS.

Table 10
Different sexual partners for various periods

Period	No.	Rural		Urban	
		Male %	Female %	Male %	Female %
(i) Current	0	23	6	21	21
	1	61	94	61	74
	2	16	0	13	2
	3	0	0	3	2
	4-5	0	0	2	0
	6+	0	0	0	1
(ii) During previous week	0	35	20	27	28
	1	51	80	59	68
	2	14	0	10	1
	3	0	0	2	2
	4-5	0	0	2	0
	6+	0	0	0	1
(iii) During previous month	0	30	18	19	17
	1	49	82	62	79
	2	19	0	13	2
	3	2	0	4	2
	4-5	0	0	1	0
	6+	0	0	0	1

(iv) During previous year	0	14	12	7	9
	1	51	86	61	86
	2	23	2	22	2
	3	7	0	6	1
	4-5	0	0	4	2
	6+	5	0	0	1
(v) During their lifetime	0	0	0	1	1
	1	5	38	6	23
	2	14	32	14	23
	3	21	16	15	26
	4-5	12	4	18	6
	6-9	19	4	18	6
	10-19	11	0	10	2
	20+	7	0	6	1
	Too many to remember	11	0	5	0
	Persons with three or more partners				
i. Current		0	0	6	4
ii. Previous week		0	0	5	4
iii. Previous month		1	0	7	3
iv. Previous year		5	0	13	3
v. Lifetime		25	15	107	71

Despite the stigma attached to sexually transmitted diseases 21 per cent of the respondents reported that they had ever contracted a sexually transmitted disease, the most common being gonorrhoea. About 46 and 34 per cent of the males in rural and urban areas respectively had reportedly contracted a sexually transmitted disease: the corresponding figures for females were eight and four per cent. The respondents included an elderly widow who had only one sexual partner in her lifetime: her case illustrates the risk to which the high level of sexual networking by males exposes their female sexual partners.

Table 11 shows the frequency with which respondents have sexual intercourse with their regular partners. Although the table does not allow proper measurement of the sexual activity of polygynously married males, it gives some idea of the sexual behaviour of the population. About half have sex at least once in a week, with the proportion being higher among rural respondents than those in urban areas. It could be inferred from the table that both married and unmarried people in the study area are sexually active, a factor which has implications for the transmission of diseases.

In the traditional system, the only thing that disturbs the sexual activity of married couples is menstruation: it is considered unclean and even food prepared by a woman in her menstrual period cannot be served to her husband. Previously, such women went to live in separate houses from their husbands during the menstrual period. The other period is during lactation. However, only seven women linked postpartum abstinence to lactation, which as a reason for postpartum abstinence seems to be declining in importance in the study areas.

Table 11
Frequency of sexual relations.

	Rural		Urban	
	Male %	Female %	Male %	Female %

More than 3 times a week	0	0	2	2
1 - 3 times a week	51	58	50	40
Once in 2 weeks	12	10	11	15
Once in 4 weeks	12	14	9	13
Occasionally	9	10	22	21
Nil	0	0	0	1
Can't tell	16	8	6	8
TOTAL	100	100	100	100

Health risk awareness

Almost all the respondents had heard of one kind or another of STD; in general, they were not aware of the difference between the various kinds, but while the males knew about the symptoms of some STDs the females did not. Since there is a stigma attached to STDs in Ghana there is a possibility of underreporting even for the seemingly high proportion among the male respondents.

None of the respondents reported having AIDS; however, a number had seen or heard of the death of AIDS patients in their locality. In one of the sampled rural areas, it was reported that two people had died of AIDS in the last twelve months, while two others suspected of having AIDS were critically ill in their homes. It was alleged that the relatives of such patients did not want to disclose any information about them: this certainly does not augur well for the surveillance and control of the disease.

The respondents were aware of the mode of transmission of the disease. They knew of indiscriminate sex as the main source of transmission followed by blood transfusion and the use of contaminated articles like needles and razor blades; however, their level of awareness of preventive measures was very low. A number felt that they could avoid getting AIDS if they limited their sexual relations to one partner or a few reliable partners. There were others who felt that they could not contract the disease as long as they stayed away from prostitutes, especially those who had returned from Côte d'Ivoire. This is part of the general belief in Ghana that the disease was introduced into the country by women who have stayed, or have had extended visits, abroad. This notion is buttressed by the fact that about 60 per cent of the known cases of AIDS and HIV-seropositive patients are people with a history of travel outside Ghana.

Furthermore, there is a general belief that there is a health risk when one chooses a lifestyle of frequent adventures with new sexual partners. These reasons reveal the general misconception that one can only contract a disease from unknown persons. As pointed out by Larson (1990), as the level of infection in a population rises, restricting oneself to a few known partners will still involve a substantial risk.

Conclusion

The nature of sexual contacts within Ghanaian society has the potential to promote the spread of STDs and AIDS. Every marriage contracted under customary law has the potential for developing into polygyny. Polygyny, central in Ghanaian socio-cultural organization, with older men hoping to acquire more wives in future, underlies the male tendency to seek multiple sexual partners.

In a society where women have a low socioeconomic status, they have a strong probability of entering into marriage at an early age and to an older person; this carries with it the possibility of entering into a polygynous marriage. Early widowhood, the general instability of marriage, particularly among the matrilineal Akan, and the high level of remarriage, also suggest that there is a high level of sexual networking within the society.

Related to this is the society's perception of sex. Traditionally, premarital sex, except between possible marriage partners, was not socially sanctioned. Premarital and extramarital sex by men with unmarried women was considered to be the prelude to marriage. This tacitly encouraged promiscuity.

The practice also provided an environment for married men whose wives were abstaining from sex to indulge in extramarital sex. Hence, life-time experiences of respondents reveal a great deal of sexual networking especially among males. Some studies have documented some of the disastrous health consequences of international migration in Ghana (Anarfi 1990). The high proportion of HIV-seropositive and AIDS patients with a history of travel outside Ghana, is another dimension of the AIDS scene that needs special attention.

Although Ghanaian society accepts sexual networking, and some people are even casual about the AIDS scare, it appears that people are changing their sexual habits in response to the campaign on AIDS, which seems to have succeeded in instilling fear in people. But now we need to go beyond fear and understand the nature of the disease and how its spread can be contained. In a society where people are sexually active both within and outside marriage, but less than five per cent reportedly use condoms (Ghana 1983), there is the need to intensify campaigns aimed at changing people's attitude to sex.

In spite of the ethical issues involved and the secrecy surrounding sex and sexuality in Ghanaian society, results from the study indicate that researching into sexual networking is possible and valid results can be obtained. However, in studying issues of this nature, multiple methods will have to be adopted, including long-term observation, and discussion. Furthermore, a fairly large sample will be needed to validate some of the general observations and conclusions from the study.

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