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Updated, with More Countries

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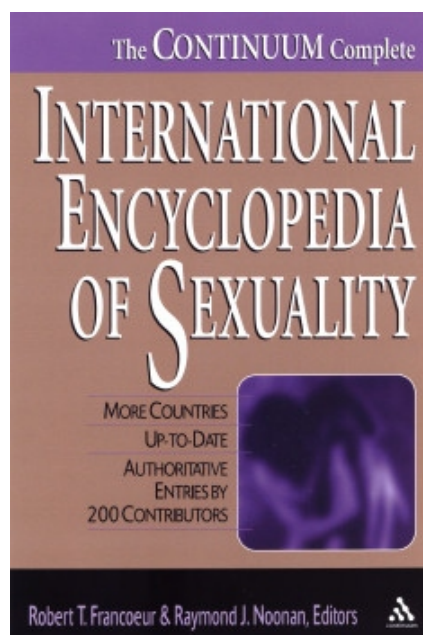
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Demographics and a Brief Historical Perspective

ROBERT T. FRANCOEUR

A. Demographics

Ghana, on the southern coast of West Africa, is a land of 92,098 square miles (238,533 km²), slightly smaller than the state of Oregon or about the size of the United Kingdom. Ghana has fertile plains of luxuriant vegetation in the forest zone in the south and much sparser savanna, woodland, and scrubland in the north. The south supports the growing of cash crops, like cocoa—the main export commodity—rubber, coffee, kola nuts, and coconut, and food crops such as maize, cassava, and plantain. The north is particularly suited for cereal cultivation and cattle rearing. Although the official language is English, Ghana's neighbors are all French-speaking nations: Burkina Faso on the north, Togo on the east, and Côte d'Ivoire (the Ivory Coast) on the west.

In July 2002, Ghana had an estimated population of 20.24 million. These estimates explicitly take into account the effects of excess mortality because of AIDS. This can result in lower life expectancy, higher infant mortality and death rates, lower population and growth rates, and different changes in the distribution of population by age and sex than would otherwise be expected. (All data are from *The World Factbook 2002* (CIA 2002) unless otherwise stated.)

Age Distribution and Sex Ratios: 0-14 years: 40.4% with 1.03 male(s) per female (sex ratio); 15-64 years: 56.1% with 0.98 male(s) per female; 65 years and over: 3.5% with 0.91 male(s) per female; *Total population sex ratio:* 0.99 male(s) to 1 female

Life Expectancy at Birth: *Total Population:* 57.24 years; *male:* 55.86 years; *female:* 58.66 years

Urban/Rural Distribution: Slightly less than one-third are urban while a little over two-thirds live in rural areas

Ethnic Distribution: Black African: 99.8% with major tribes: Akan: 44%; Moshi-Dagomba: 16%; Ewe: 13%; Ga: 8%; European and other: 0.2%

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(CIA 2002)

Religious Distribution: Indigenous beliefs: 38%; Muslim: 30%; Christian: 24%; other: 8%

Birth Rate: 28.08 births per 1,000 population

Death Rate: 10.31 per 1,000 population

Infant Mortality Rate: 55.64 deaths per 1,000 live births

Net Migration Rate: -0.74 migrant(s) per 1,000 population

Total Fertility Rate: 3.69 children born per woman

Population Growth Rate: 1.7%

HIV/AIDS (1999 est.): *Adult prevalence:* 3.6%; *Persons living with HIV/AIDS:* 340,000; *Deaths:* 33,000 (For additional details from www.UNAIDS.org, see end of Section 10B.)

Literacy Rate (*defined as those age 15 and over who can read and write*): 64.5% (*male:* 75.9%, *female:* 53.5%)

Per Capita Gross Domestic Product (*purchasing power parity*): \$1,980 (2001 est.); *Inflation:* 25% (2001 est.); *Unemployment:* 20% (1997 est.); *Living below the poverty line:* 31.4% (1992 est.)

B. A Brief Historical Perspective

Ghana was named for an African empire that existed along the Niger River between 400 and 1240 of the Common Era. The country was ruled by Britain for 113 years as the Gold Coast. In 1956, the United Nations approved the merger of the Gold Coast with the British Togoland trust territory. In 1957, it emerged as the first country in black Africa to achieve independence from a European power. Since that time, Ghana has witnessed a seesaw of political power shared between military and elected governments.

In the years immediately following independence, schools, hospitals, and roads were built, along with hydro-electric power plants and aluminum plants by President Nkrumah, but the economic situation deteriorated between the 1970s and late 1980s. J. J. Rawlings, a flight lieutenant who took over the administration of the country through a military coup in 1979 and again in 1981, won the national election and was sworn in as president in 1993. However, Rawlings was defeated in a landslide victory in the 2000 presidential elections by the current President, John Agyekum Kufuor.

1. Basic Sexological Premises

A. Character of Gender Roles

In Ghana, the human world is basically a “man’s world.” Women are in a subordinate position in terms of decision making within the household. Women work both inside and outside the home. At home, they are responsible for mothering, cooking, washing, food storage, and processing. Outside, they participate in agricultural activities and farm different crops, but few hold titles to land. It is in the sphere of trading that the ingenuity of Ghanaian women is most displayed and apparent. Traditionally, they have maintained an autonomous economic role as market traders, and some of them in Accra and Kumasi are perhaps among the most independent women in Africa. Although women who work in the informal sectors may support themselves, their children, and sometimes the husband, decision making on sex and reproduction is still regarded as a man’s prerogative. In 1988, three in ten households were female-headed, yet these heads have to refer issues relating to their children to the male kin. It can be said that in Ghana, women can achieve considerable economic autonomy, but the female power and prestige accruing from her economic independence at the societal level is unable to affect, to any considerable extent, the power relations within marriage.

B. Sociolegal Status of Males and Females

Children

On the whole, Ghana is a pronatalist country and the value of children inestimable. To suggest that children are the *raison d’être* of marriage is an underestimation: They are the *raison d’être* of life. The specter of childlessness is indescribable, and it is felt by both men and women as the greatest of all tragedies and humiliations. Children are the sign of a woman’s normality, femininity, and healthiness. Among some Akan groups in the not-distant past, a public ceremony of congratulation was performed for a couple when they had ten living children. A woman who has no children is open to various suspicions. The two most common are that she or a relative is a witch who has “killed” all her children or that she led an immoral life when she was young. The changing social and economic conditions have not diminished the traditional desire for children, although the number of children women consider as an ideal family size has been considerably reduced. For example, the ideal family size was found to be 6.1 children in 1979–80, but had dropped to 5.3 by 1988, both of which are still higher than actual current fertility. Today, the status of a family, to a very large extent, depends on how well they are able to support their children, rather than on the absolute number of children.

Unlike in some developing countries where sex preference is very strong, with dire consequences for the “unwanted sex,” Ghanaians do not appear to have any strongly held bias for a particular sex. Ideally, every parent would like to have boys and girls in certain proportions, depending on whether the society is matrilineal or patrilineal. For example, among the matrilineal Akan, since descent and inheritance are reckoned through the mother’s side, women provide the continuity of the lineage. A man without sisters is haunted by a sense of frustration.

There is no evidence of sex bias in the feeding or mothering of infants. A government survey in 1988 based on anthropometric measures found no differences between males and females. However, male children under the age of 5 years were more prone to illness and injury than their female counterparts.

An increasing number of school-age children roam the streets and lorry parks of Accra and other cities. This is grad-

ually becoming a social problem. Children at risk include those from broken or extremely poor homes and migrants. Very little has been done in terms of research on these street children. The Ghana National Commission on Children (GNCC) was established in 1977 in response to the United Nations General Assembly’s Declaration of 1976, which set 1979 as the International Year of the Child. The GNCC is the sole coordinator of issues relating to the development of children. In order to support such children, GNCC in 1987 established the Child Education Trust to enable needy dropouts to continue their education. Sustaining breastfeeding and promoting the use of locally produced weaning food products has also been one of the commission’s achievements, as well as putting on the public agenda issues relating to child labor.

Adults

Although there are no legal barriers to female education, employment, and other formal aspects in the public sector, situational factors put females in a disadvantageous position. Parents are more likely to educate boys beyond basic education than girls who, it is thought, will soon get married or can earn a living through trading. Consequently, the proportion of females in secondary schools is about 30%; in the universities, the percentage has always been around 18%. Through education, many women have been able to embark on careers that were considered to be for men.

In Ghana, professional women—doctors, lawyers, administrators, headmistresses, and judges—are highly respected, and in their societies serve as role models. Parents are proud of such daughters and may boast to colleagues and friends about them. Women earn the same salary and have the same conditions of service in employment as their male counterparts, although there is a tendency for men (and some women as well) to feel reluctant to work under a woman boss. In general, women occupy subordinate positions in the Ghanaian society and are not regarded as equals of men, who still monopolize most positions of influence.

Given that the early socialization process is modeled along distinct sex roles, every Ghanaian grows up with the knowledge that it is the woman who cooks, does the washing up, and the laundry, and indeed is responsible for all household chores. Notwithstanding her level of education, profession, or schedule of work, a woman does not expect her husband to share in household chores. A few men in highly educated homes may occasionally assist their wives in the kitchen, but many will abandon whatever they are doing when there is a knock at the door, for it is considered disgraceful for outsiders, especially from the man’s family, to find a man engrossed in feminine roles, such as cooking or washing up. Yet, it is the man who always has the lion’s share. There is unequal allocation of food between husband and wife in the home, especially in the rural areas. Men are given the prime cut of meat, for example. The patriarchal nature of the Ghanaian society also has negative implications for the health of women.

C. General Concepts of Sexuality and Love

The sexual culture of Ghana can be described as a paradox. Sexual matters are among the popular topics for conversation and gossip, but there is less evidence of serious societal debate about sexual issues. Though many cultural artifacts, Ghanaian traditional and “high life” music, dances, jokes, and gibes, are frequently woven around sex, the topic hardly comes into the forefront of any formal discussion, and blunt questions about sexual matters may encounter opposition. It must be stated that Ghanaian sexual mores, as elsewhere in Africa, can be well understood if one keeps in mind that sexual facts are significant, since they af-

fect other spheres of life. In most traditional societies, there was a seemingly inseparable link between the sexual and the social.

In Ghana, public exhibition of emotions by lovers through kissing is frowned at. This does not imply that there is no love in Ghanaian sexual relationships as some foreign writers claim; however, love alone is not enough to persuade parents to approve of a relationship.

2. Religious, Ethnic, and Gender Factors Affecting Sexuality

A. Source and Character of Religious Values

There are three main forms of religious practice in Ghana: traditional indigenous (38%), Muslim (30%), and Christian (24%), with 8% other (CIA 2002). In terms of religion, Ghana is a very tolerant country. There is little or no evidence of religious intolerance and fanaticism as are known in some African countries. As with most African countries, Ghanaians believe in the existence of one Supreme Deity, known by different names, whom they regard as far greater than any other being. Atheists are very rare.

In every Ghanaian town there are churches everywhere. The largest Christian denomination is the Catholics. There are Protestant churches like the Methodists and Anglicans, and also a growing number of Pentecostal and charismatic churches. Many members, especially those of the orthodox churches, still maintain some traditional practices that are unacceptable to their churches—such as polygyny—although more and more churches are becoming tolerant. Since it lacks literary documents, traditional religion is not systematic in doctrine. However, one basic characteristic is the belief in the spirits of the ancestors who influence the living in every conceivable sphere of life, and apply rewards and sanctions where appropriate. There are also lesser gods or deities with different powers who represent the Almighty God on earth. Compared with other West African countries, the proportion of Muslims in Ghana is low. Most of Ghana's Muslims are Sunnis, although there is a substantial group of Ahmadi Mission who are well established in Saltpond in southern Ghana. Apart from northern Ghana, the biggest concentration of Muslims is to be found in the two largest cities of Accra and Kumasi.

In a recent study in an urban center in southern Ghana, it was observed that religion has no relationship with female sexual behavior in terms of number of sexual partners and age at first sexual intercourse, although Catholics are more likely than other religious groups to have first sexual intercourse late in life.

B. Source and Character of Ethnic Values

With over 90 ethnic groups, there is relative diversity not only in language, but also in customs, including sexual norms. The Akan, consisting of several tribes with closely related languages, are by far the largest. Inhabiting most of central and southern Ghana, they form 44% of the total population. The southeast is inhabited by the Ewes (13%). In northern Ghana, the ethnic situation is more diverse, and relatively few groups have been extensively studied. Other ethnic groups include the Moshi-Dagomba (16%) and Ga (8%).

One basic difference with significant implications for sexual values exists between the Akan and other ethnic groups. The Akan is a matrilineal group and the others patrilineal. In matrilineal societies, descent is traced through the mother's line and a person is therefore legally identified with his or her matrikin. A person inherits from the mother's line and thus children hold no claim whatsoever to their father's estate. As in many matrilineal groups, conjugal ties are weak and considered less important than blood ties. Con-

versely, in patrilineal societies, descent is traced from the father's line and children inherit from their fathers. The "luckiest" Ghanaian children are from intertribal marriages where the father comes from a patrilineal group and the mother from a matrilineal society. The reverse (father from a matrilineal and mother from a patrilineal) is the "worst" match, since children cannot inherit from either side. While all the matrilineal Akan groups generally share similar sexual values and norms, within the patrilineal societies there are striking variations in premarital, marital, and extramarital sexual ethos. Generalizations on "Ghanaian sexuality" is, therefore, very hazardous. As far as possible, where differences are striking, attention is drawn to them in this chapter.

3. Knowledge and Education about Sexuality

A. Government Policies and Programs for Sex Education

The government's attitude toward sex education in Ghana, as in several other sub-Saharan African countries, can be described as ambivalent. In a survey in 1987, it was found that all the teachers agreed that there was a need for sex education in schools. When surveyed in 1991, secondary schools in Accra revealed some disturbing findings showing a high degree of ignorance, especially on questions relating to menstrual cycle and pregnancy. In a study by the Health Education Division of the Ministry of Health conducted in 1990, when junior secondary school (JSS) students were asked whether one can get pregnant the first time one had sex, 47% thought it was not possible. The situation is expected to be worse in rural schools. Yet, some people have argued that the Ghanaian society is open and that the children are not ignorant of human sexuality, and hence, it is unnecessary to handle the subject matter in the formal school setting. Others from a religious point of view are worried that sex education is likely to encourage sexual experimentation among sexually quiescent adolescents.

Theoretically, sex education should be covered, but in practice few schools have a comprehensive program on family life education. Policymakers, perhaps for the fear of arousing religious opposition, are ambivalent on issues concerning sex education. On the one hand, sex education is part of the school curricula in order to acknowledge official interest, yet on the other hand, most officials feel unconcerned that it is not effectively taught, thus pacifying the moral and religious critics. The establishment of junior secondary schools, which marks a radical change in Ghana's educational system, may result in a new approach towards the teaching of sex education. With the new educational structure, family life education at both junior and senior secondary school levels is to be covered in a new subject called Life Skills, and again at the senior level within Home Economics. [Update 2003: Despite a national reproductive health policy with specific provisions for adolescents, actual access to information and services is severely limited by adults' judgmental views of sexually active youth. Many community organizations have taken an interest in sex education. The Young Women's Christian Association is working with the U.S.-based Center for Development and Population Activists to involve parents and church leaders in counseling. (End of update by B. Opiyo-Omolo)]

B. Informal Sources of Sexual Knowledge

Though a child's own relatives (mostly grandmothers, in the case of females) were responsible for his or her upbringing, they did not have exclusive right in the traditional society. The society as an entity had a system of preparing

and training the young children for every aspect of future life, including sexual life. The training was given by traditionally recognized instructors, usually the elders. In most Ghanaian societies, the initiation or puberty rites were occasions where guidelines and instructions were provided. This was the traditional approach to sex education.

Rapid urbanization, increased mobility, education, and other agents of change have together undermined the traditional channels of sex education. With very limited access to sex education both at home and in the schools, coupled with long periods of schooling in an unmarried state, the gap between sexual and social adulthood has widened, and the modern Ghanaian adolescent faces a sexual dilemma. When in 1991, students in two secondary schools in Accra were asked to state their sources of knowledge on reproduction, the most frequently mentioned source was teachers—apparently as part of biology lessons. On the broad issue of sexual knowledge, students most frequently get their first information on sex from friends, and further from their teachers and relatives. According to Bleek's study in 1976, girls more than boys tend to rely on relatives, especially their mothers, for their first knowledge on sex education. Boys generally receive this information from male friends. The role of teachers appears to be equal for both sexes. In the urban centers, students also report magazines and books as an important source of sex information.

4. Autoerotic Behavior and Patterns

Information on self-pleasuring is hard to come by in Ghana. Kaye, in his impressionistic survey in the 1960s on how Ghanaian children are brought up, noted that parents strongly disapproved of their children engaging in self-pleasuring. They are sternly scolded or severely beaten. Even small boys who play with their genitals are warned to cease. Rattray, who wrote extensively in the 1920s on the Ashanti, an Akan subgroup, described the phenomenon with a phrase, *owo ne kote afeko* (he makes a pestle of his penis). In Ghana, self-pleasuring is not considered an alternative means of sexual expression and is abandoned or forgotten after childhood. This is supported by Bleek's study of schoolchildren in the 1970s, during which he did not observe the slightest hint of self-pleasuring. Adult male self-pleasuring is extremely rare, and local terms for this sexual behavior are hard to find.

5. Interpersonal Heterosexual Behaviors

A. Children

The genitals of children, especially females, are not referred to directly. Special attention is given to children's genitals during bathing. The penis and vagina are washed clean to avoid sores. This is almost universal in Ghana. Warm water is dribbled into the girl's genitals (the opened vulva) and sometimes ground ginger is applied in some traditional homes to prevent disease, or sometimes as punishment for misbehavior.

Sex games in which children play the role of mothers and fathers are commonly practiced in Ghana. The games are not forbidden, but sexual exploration in the form of mutual examination of genitals may not go unpunished. Until puberty, boys and girls play together freely, and in towns and villages, especially on moonlit nights, clandestine affairs are sometimes reported.

B. Adolescents

In traditional Ghana, as in most other African countries, the sexual transition from infancy to adulthood was not only a physiological phenomenon, such as onset of menarche, but

also social. Adolescence as a reality, where a person is neither a child nor an adult, did not exist. Puberty in girls is a sign of approaching womanhood and special nubility rites for girls are performed after the first menstruation. The sociological function of initiation rites and ceremonies is to usher the child to adulthood without the period now called adolescence. In Ghana as a whole, girls' initiation ceremonies are culturally more widespread, interesting, and complex than boys' initiation. Girls' entry into womanhood, especially among the Krobo, are marked with complex ceremonies involving elaborate preparation and rituals. Generally speaking, Ghanaian boys enter manhood quietly: There are no initiation ceremonies or public ceremonies for boys.

At the end of the girl's initiation, she is gorgeously dressed and beautifully decorated. The initiate sets out with her retinue to thank all people in her village or town. She is now regarded as marriageable. If she is betrothed, her "husband" (fiancé) is formally informed to perform the marriage rites and take her as his wife as soon as practicable. If she is not already "engaged," then bachelors have a chance to have a closer look at her. During the initiation period, "sex education" lessons were provided by recognized older women who serve as custodians of instructions on motherhood. The sexual instructions given included: how to "sleep" with the husband, menstrual taboos, how to recognize pregnancy, and personal hygiene, especially of the genitals.

Unlike parts of East Africa, where there are cycles of initiation periods and ceremonies are performed for groups of persons, in Ghana with few exceptions, initiation ceremonies are mainly individual affairs, although two or three girls may begin their rites on the same day in one village. But, even here, the ceremonies are often separate, except where the neophytes are either closely related or are close friends. While puberty rites are still performed in some rural areas, they have lost a great deal of their pomp and pageantry, perhaps with the exception of the Krobo, the rural Ga, and the Adangbe, where it is still popular.

Circumcision

Female circumcision is ritually unknown among all Akan groups in Ghana. On the whole, the practice is fairly common among the Frafra and other groups that inhabit the regions of northern Ghana. The practice is also reported in the areas in the city of Accra, such as Nima and Madina, with a large concentration of migrants from the north. In these societies, it performs a social function as a puberty rite. It is claimed by the local people that it is a precondition for marriage and a test of virginity. Most doctors are of the view that circumcised females stand a higher chance of experiencing problems during childbirth, and female circumcision has always been cited as one of the cultural practices negatively affecting women's health in Ghana.

There are significant differences in the practice of male circumcision among the various ethnic groups in Ghana. For example, the Ga of Accra and the Krobo have traditionally been practicing circumcision. A Krobo parent will not give her daughter in marriage to an uncircumcised man (apparently from an Akan tribe). Traditionally, among the Akan groups, however, male circumcision was not practiced, since it was considered as mutilation of the human body. The Akan have a rule that no one who has a scar can be elected a chief, and one already selected can be "destooled" (deselected) as soon as it is found that he has been circumcised—apparently because his body has been maimed in a way that disfigures him.

In spite of the traditional mores, male circumcision has become very popular. In boarding schools, uncircumcised boys feel shy and are unable to join others in the bathrooms,

as they are constantly ridiculed and called *koteboto* (uncircumcised penis). They lack the confidence to profess love, since girls are known to shun them. The pressure may be so great that many young men are compelled to undergo a painful adult circumcision. These days, however, a great number of boys are circumcised shortly after birth.

C. Adults

Premarital Courtship, Dating, and Relationships

In Ghana, traditional norms involving attitudes to and acceptance of premarital sexual relationships differ from society to society. Among the Kwahu (a subgroup of the Akan), girls were not to engage in sex before they were married, and certainly not before their first menstruation. Rattray, who wrote in the 1920s, also stated that among the Ashanti, premarital coitus was forbidden. The official code on prepuberty sexuality was rather strict. In olden times among the Akan, a girl was killed, or both parties banished, when she engaged in sexual intercourse prior to her puberty and initiation. In most societies in southern Ghana, since girls were usually married shortly after their initiation, many entered the conjugal union as virgins.

Among the communities in northern Ghana, the situation was different. Prenuptial chastity was not particularly valued. It is reported that among the Kokomba, for example, many women were already pregnant before marriage. The Tallensi, also of northern Ghana, explain that copulation and marriage are not the same thing. It can be said that while premarital sexual relationships have been permitted in most societies in northern Ghana, it arrived in the south as an influence of modernization. Chastity can mean two things in Ghanaian sexual mores: chastity before puberty rites and chastity after initiation, but before marriage. In olden days, both were thought important among most ethnic groups of southern Ghana. The attitude towards postpubertal but premarital chastity, however, has undergone substantial changes in many parts of Ghana.

The force of social change in Ghana resulting from education, increasing urbanization, and monetization of traditional economic systems, among others, have blended to produce changes in sexual culture. In Ghana today, it is clear that, even in societies where premarital relationships were not openly permitted, they are now at least condoned. In Ghana as a whole, the onset of sexual activity is fairly early. The median age at first sexual intercourse for females is 17 to 18 years, although one survey puts the mean age at 15. Although a substantial minority have multiple partners, for females, premarital serial monogamy with frequent partner-switching is the norm. Durations of sexual relationships are generally short and women do not appear to be worried about frequent partner-switching. In a study in one town in 1991, the mean duration of relationships was 13 months.

The underlying issue that shapes the duration of sexual relationships is basically pecuniary in nature. For many single women, especially in the urban areas, sexual relationships are means of additional income. A recent study in a town in southern Ghana has shown that personal sociodemographic variables are not significantly associated with parameters of sexual behavior, including the number of sexual partners and duration of sexual relationships. The strongest predictor of sexual behavior is women's attitude to material recompense for sex. Several anthropological studies in southern Ghana, especially, have shown that for women, economic pressures, among others, provide the background for most premarital sexual relationships. At present, the consumerist nature of premarital sexual relationships (but not formal prostitution) is generally acceptable, and it is its absence, rather than its presence, that is strange. It is interest-

ing that most Western researchers mistakenly label this phenomenon as prostitution, apparently because some women obtain money and other gains from sexual relationships.

Premarital sexual relationships are essentially secretive in nature, although secrecy is always a matter of degree. Public show of love and affection through kissing and holding of hands while walking is hardly seen among lovers. This often misleads researchers from other cultures to misinterpret this to mean lack of love in Ghanaian "lover relationships." In Europe or America, dating couples may agree on the nature and extent of their relationships, for example, whether it is to be sexual or not. In most premarital relationships in Ghana, there is no such decision to be made. In both traditional and modern societies, premarital relationships are primarily sexual. Implicitly, male-female relationships are never nonsexual.

Sexual Behavior and Relationships of Single Adults

Until recently, the term "single adult" was a misnomer in the Ghanaian sense. The puberty rites marked a graduation from youth to adulthood, and a woman was usually married out soon after into a relationship sometimes contracted by the couple's families prior to the initiation. The transition from childhood to adulthood was, therefore, definite and clear-cut.

The modern young adult is in a different social milieu. Modern schooling keeps boys and girls longer in an unmarried state. Some people after school spend some years looking for decent jobs. This has widened the gap between sexual maturity and married life. However, since the social position of a person, especially a woman, is often dependent on marital status, single adulthood as a chosen option is hardly acceptable. The normal pattern of Ghanaian life is to marry and have children. Any alternative lifestyle is highly questionable. Within the past few years, however, an increasing number of women do not conform to social norms and remain single.

It is worth noting that most of the few voluntarily single women are not without children. Some had unwelcome pregnancies at early ages, while others with experience from previous unions find married life distasteful and men untrustworthy. The fact that most single women choose to do so after having had children underscores the importance Ghanaian women attach to their reproductive roles.

The position of a male single adult, compared with the female, is perhaps even more untenable. While a single female adult can have children, and in the process, exhibit her fecundity to her family and indeed the entire community, the single man has no way of demonstrating his virility. Men who continue as single right up to late ages are viewed with suspicion, and may even be thought to be impotent. A middle-aged man who cooks on his own, or eats outside his home, is in an awkward position, because society does not tolerate his position as a single adult. In villages, children may refuse to go on his errands—a Ghanaian child is trained to go on errands—and some impertinent children can boldly tell him to have children of his own if he requires the services of those younger. He is normally regarded as irresponsible: He cannot assume responsibility of a wife and children. This may impair his social esteem, and can become an issue for gossip at his workplace, especially if he holds a responsible position.

Marriage and Family

Marriage, perhaps the most important social institution in Ghana, is almost universal. Age-specific marital rates are very high and increase rapidly through successive cohorts. According to the Ghana Demographic and Health Survey of

1988, 98% of all women aged between 30 and 40 years were in marital unions. The median age at first marriage is around 8 years, and there has been no significant change since the 1970s. The national figure, however, conceals regional variations. The northern regions of Ghana together exhibit the highest rates, with over 84% of all women aged 15 to 19 in marital unions.

As elsewhere in Africa, marriage is not an individual affair, but rather a union between two families. Even today, highly educated urbanized men and women will go to great lengths to persuade an unwilling mother, but especially the father, to agree to their marriage. Costs involved in marriage differ from society to society and between families, depending on the status of the couple or their parents. On the whole, marriage among the matrilineal peoples is far cheaper. Bride-wealth is considerably smaller, compared with the patrilineal groups, where husbands may be asked to pay dozens of fowls or cattle, which in terms of money is quite substantial.

In Ghana, there is legal pluralism of marriages. There are four basic ones: customary marriage; marriage under the ordinance; Christian marriage; and Muslim marriage. Eight out of every ten marriages are under customary law, under which a man can marry many wives (polygyny). Marriage under the ordinance is a British colonial legacy, which introduces attributes of legitimacy, monogamy, and inheritance into the Ghanaian context. To many, this has caused ambiguity in Ghanaian marriage law. For example, it precludes the husband from the practice of polygyny. In fact, only a small minority of Ghanaian marriages are contracted this way. Marriage types are not necessarily mutually exclusive. Persons who marry in church or in a registrar's office under ordinance do so only after they have performed the necessary customary rites.

In Ghana, as in other parts of Africa, a man, his wife or wives, and children do not constitute a family. Although the Western concept of the nuclear family can be distinguished, it is not the basis of social organization and community living. The extended family network consists of a long list of kinsmen who are matrilineally or patrilineally delineated.

In Ghana, cohabitation as a practice may be better referred to as a consensual union. In very many instances, marriages under customary practice do not take place as a single, definite event. It is rather a process that involves a series of presentations by the man's family to the family into which he proposes to marry. These presentations may be made at once, as among the Kokomba, or over a period of several years, as among the Akan. After the first presentation, a marriage may begin as a consensual union approved by parents of both partners and accepted as a proper marriage for all practical purposes. However, such unions have some drawbacks: For example, under customary law, the husband cannot claim damages if his wife commits adultery. This type of marriage is called *mpenawadie* (concubine marriage), and is less respected, and wives will put pressure on husbands to perform the final rites.

Polygyny

In almost all Ghanaian societies, polygyny (where the husband has two or more wives) is socially accepted, and is even desirable. It is practiced in all the different customary marriage patterns. Although there are some variations, it is practiced in both urban and rural areas, and by literate and nonliterate people.

Many reasons are put forward to explain, if not to justify, polygynous marriages. These include long periods of postpartum sexual abstinence from anywhere between three months and two-and-a-half years. It is common for the pregnant wife to leave the husband's home in order to de-

liver among her kinsmen; she does not return until the baby is able to walk. To satisfy his sexual desires, a man is allowed to marry more than one wife. In the not-too-distant past, social status and economic prestige were the motivating factors. The large number of children from the different wives was useful in the husband's occupation, which was basically farming.

Polygyny demands some domestic residential arrangements. The most uncommon arrangement is the situation where all wives live separately from the husband who arranges periods for visits. Another solution is that in which the husband lives with all his wives in one house. This is not highly desirable, given the embedded rivalry and tension among cowives, which not infrequently results in brawling. The most favored option is that one wife (usually the first) resides with the husband, and the other(s) live on their own or with kinsmen. Cooking, "sleeping," and other wifely duties are arranged by the husband.

Polygyny is commonly practiced. Ghana's 1960 Population Census showed that 26% of all married men had more than one wife; in 1979-80, according to the Ghana Fertility Survey, 35% of all married women were in polygynous homes. The figure for 1988 was 33%. Younger women are less likely to be in polygynous unions than older women. Given that in Ghana an unmarried woman is an anomaly, polygyny affords all women (who desire) the opportunity of being attached in marriage to a man (who, unlike in the past, may not be necessarily supporting her in full). Ironically, polyandrous marriages (where one wife is legally married to more than one husband) is not practiced in Ghana or any studied society in Africa.

Divorce

Marriages among the matrilineal groups in Ghana, strictly speaking, do not promote stability. The children and their mother are considered "outsiders" by the man's matrilineage. After the husband's death, the wife and the children are allowed up to one year to live in the deceased's property, after which they can be forcefully ejected—and many are. The man's children, until the introduction of the Intestate Succession Law in 1985, had no claim to their father's property. Given that the woman and her children are always welcomed back into their lineage after divorce, and the bride-wealth, even where refundable, is fairly small, the incidence of divorce in matrilineal societies is higher than in patrilineal societies.

Under customary law, divorce is common, simple, and easily obtained. Both husband and wife can initiate divorce. Divorce in Ghana can result from several causes—the key culprit being infertility on the part of either partner. Other frequent reasons to merit divorce are: bad conduct, neglect of marital duties (such as a man's failure to provide money for food and family upkeep, popularly called "chop-money"), gossiping and tale bearing (usually on the part of the woman), laziness, accusation or suspicion of witchcraft, and interference in lineage affairs or lack of respect for in-laws. Adultery of a woman is grounds for divorce, but in customary law, the wife cannot enforce divorce on the grounds of her husband's adultery or his marrying more wives. The practice is that before an additional wife is married, the first wife is informed by the husband, who pacifies her with money or in kind.

There is usually a small and simple ceremony or ritual performed to legalize divorce. Among the Akan, it consists of the sprinkling of white clay before the woman's feet, thus formally loosening her from her former matrimonial bonds.

Although it cannot be exaggerated how easily and rapidly marriages dissolve with little trouble, it must be pointed out

that, because marriage is a union between families, most divorces are preceded by family "arbitration." The aggrieved party will have to state his or her case before responsible men. The arbitrators deliver their finding after hearing each party, and then attempts are made to reconcile the couple. Unlike the matrilineal groups, traditionally among the patrilineal groups, especially the Ewe, there usually was stability of marriage. However, there have been significant changes due largely to the curtailment of the power of traditional authorities, which used to enforce the sexual morality of the people. Now, divorce is common among the Ewe, but perhaps not as frequent as it is among the Akan.

It appears the proportion of divorced persons is on the decline. In 1960, up to 20% of women aged over 44 years were divorced, compared with 13% in 1988. It is difficult, however, to obtain any useful idea of the frequency of divorce by examining the proportion of divorced persons in the population. Studies have shown that few women spend long intervals between marriages. They are usually in the process of contracting another marriage before the previous one has been formally terminated. Remarriage rates are, therefore, high, given that the society looks down upon single women.

Extramarital Sexual Behavior

Among the Akan, extramarital relationships have been very common traditionally, and today are still practiced by married adults of both sexes and by people of all socioeconomic groups. There are some circumstances that are especially conducive to this phenomenon. Differences in status or age may demand different sexual or social habits that the partner is unable to provide. Given the high cost of living in Ghana today, some women engage in extramarital liaisons for material recompense, especially if the husband is unable to provide support. In a society where procreation is the main reason for marriage, the husband or wife may indulge in extramarital sex in the hope of having children when the other is infertile. Broadly speaking, women engage in extramarital relationships less than men.

An extramarital relationship by a married woman is regarded as adultery and both male and female culprits are liable to punishment and ridicule. Among the traditional Ga, for example, a man caught in the act of adultery with a married woman is severely beaten there and then by the family of the injured husband, their friends, and helpers. In villages, the distinctive sound of an adultery-hoot may be heard all over. A crowd gathers around the house where the adulterous act is claimed to be taking place. People begin hooting—*huu huu huu*—to emphasize the shameful behavior of the woman. The guilty man sensing danger may jump out the window. If he is lucky enough to avoid a severe beating by escaping into the bush, his family has to pacify the aggrieved husband in his absence. For his own safety, the male adulterer may avoid any public appearance until his family has completed all necessary rites to pacify the husband.

A wife's adultery, especially among the Ewe, is believed to cause not only her own death, but even that of her husband. Among the Anlo Ewe, for example, husbands, including highly educated ones, know well the risk to their lives of the infidelity of their wives. To prevent these misfortunes, many men have charms which help to strike terror in wives with adulterous intentions. Sometimes, adultery is believed to make childbirth difficult, and unless confession is made before or during childbirth—and some women do so in the rural areas—the adulteress may die with the child.

In Akan customary marriage, where a married woman is seduced, her seducer is bound to pay the husband, as damages, an amount which is fixed by law (called *ayefare* by the

Akan), although one could seek divorce outright. Today, *ayefare* is not routinely claimed by men because of the shame attached to its acceptance. Many prefer that their wives' extramarital affairs are kept secret, but once it comes out in the open, divorce is sought rather than the claim of damages that may be considered embarrassing. The societal attitude to the extramarital affairs of men can be described as a double standard. The philandering of married men is generally accepted until a point is reached at which a wife feels she is suffering a grievous hardship; then she may ask her husband's family to restrain him. A woman who seeks divorce because her husband has an affair with another woman is considered to be overreacting, and she cannot expect much sympathy, let alone support, from her relatives, unless there is compelling evidence that the man is financially not supporting her and the children.

Levirate

Levirate marriage, in the strict sense of a man marrying his deceased brother's wife and bearing children with her for the dead person, is practiced in very few ethnic groups in Ghana, among the traditional Ga, for instance. As a rule, levirate does not exist among the Anlo Ewe, where the husband's sexual rights are personal, nontransferable, and end with his death. His widow is then free to remarry any man of her choice, including the deceased's agnates. What is customary among the Akan groups, and is currently practiced in a few instances, is widow inheritance. Here, the brother of the dead man becomes the real husband of the widow, but the children by that marriage belong to him and not the deceased brother. Sororal polygyny, where a man marries two sisters of a family, is unheard of in Ghana.

Sexuality and the Disabled and Aged

Ghana's 1984 population census recorded that about 3% of all the population aged 15 years and over were disabled, with the number of women twice that of men. No studies on the sexual adaptations of this segment of the population have been undertaken.

Very little, if at all, is known about the sexuality of the aged in Ghana. It is not uncommon to find an old man married to a young woman, although many of such women may still have sex with their former lovers or with other young men. In most villages, however, some situational factors may inhibit sexual relations of aged couples. As they grow old, children may be asked to sleep with the grandparents to give privacy for the young couple. This makes it difficult for the aged couple to have sexual intercourse, and they, therefore, slowly drift apart. While young widows normally remarry, remarriage for women over 50 is rare. They are unlikely to find marriageable single men, and many at this age are unwilling to be married as second or third wives to polygynous men. Secretive sexual exploits at this stage are very rare: it is considered disgraceful, not only to the aged person, but also to the children and grandchildren.

Incidence of Oral and Anal Sex

Penile-vaginal penetrative sex with little foreplay is the normal sexual style in Ghana. Although among the well-educated youth, some form of foreplay is introduced, fellatio or cunnilingus is abhorrent. Even among prostitutes, vaginal sex is the norm; very few practice oral sex. Genital manipulation is hardly accepted and, traditionally, women feel shy to touch the penis—and most men are not interested in having their genitals manipulated anyway. Anal sex is considered a sexual depravity and is reserved for animals. It is abhorrent even to prostitutes. In a recent study in Accra, the capital city, only one respondent reported that she would engage in anal intercourse if the price was right.

6. Homoerotic, Homosexual, and Bisexual Behaviors

Any form of same-sex activities is hardly mentioned in Ghanaian society. Homosexual activities among boys is exceedingly rare. Even where homosexual activities are practiced by boys, they are considered basically "presexual," and are quickly abandoned as they mature. The situation may be different for female homosexuality. It is practiced in girls' boarding schools by a few students "who want to release tension," but are either afraid of getting pregnant or have no access to male partners, given the strict rules regarding male visits to girls' schools. But here too, it is basically situational and not an alternative means of sexual expression. It is quickly forgotten once the girls leave school. In Bleek's study in the 1970s, he observed that no reference whatsoever was made to homosexuality and no word gave a hint of its occurrence. It is the impression that homosexuality is so rare in Ghana that people hardly have any idea of it, even on university campuses. Young male adults may dance together at nightclubs, and may even imitate a couple, without any inhibition. If there existed a secret or clandestine practice of homosexuality, this would not be possible and boys would be too embarrassed to behave in such a way. It is virtually impossible to prove that homosexuality does not exist: What can be said is that homosexuality as a means of adult sexual expression hardly exists in Ghana, and it is not listed as a sexual offense because self-identified gay men are virtually unheard of.

7. Gender Diversity and Transgender Issues

There is no knowledge of gender-conflicted persons. Adult homosexuality is so rare that the sociolegal status of a homosexual is unthinkable. Transsexuals are virtually unheard of in the Ghanaian society.

8. Significant Unconventional Sexual Behaviors

A. Coercive Sex Sexual Abuse

Child sexual abuse is very rare in Ghanaian society. Those who engage in it may be regarded as perverts. Even in societies where daughters could be given in marriage at a very tender age in a form of betrothal, sexual intercourse is precluded until after the girl has undergone the initiation rites. Domestic maids often brought into the cities by middle-class families may in some instances be sexually abused by unscrupulous husbands, especially if there develops a marital discord or the maid becomes more and more beautiful as she grows up in the city.

Incest

Incest, sexual intercourse between parents and children or between full siblings, is abhorred, extremely rare, and culprits are severely punished. An incestuous act may be wider than imagined, depending on whether the society is endogamous (the Dagaaba of Upper West and the Ewe, for instance) or exogamous (the Akan), where sexual relationships within the large clan are prohibited.

The sexual mores defining what relationships are incestuous may appear strange to an outsider. For example, among the matrilineal Akan, while it is incestuous for a man to have sexual intercourse with his mother's sister's daughter, he is enjoined to marry his mother's brother's daughter or father's sister's daughter. Among the Ga of southern Ghana, it is so repugnant that in the early days, an incestuous man was punished by drowning and the woman driven

away into the bush. To make sure that the practice was not condoned by the family, none of the relatives of the offenders was allowed to hold any post of importance for one generation. Today, it still is a family calamity. An offender is denied from using the family name and is forbidden to attend public festivals.

Sexual Harassment

Traditionally, a woman's body is considered special, and care should be taken in the way a man handles it. To pull or play with a woman's nose, ear, or any other part of the body, or tickle the palm of a woman's hand is considered highly indecent and immoral. If this is done to a married woman, it could be likened to adultery and the aggrieved husband may claim damages. In contemporary Ghana, few single women will consider any of these as sexual harassment. Rather, they are signs of a man showing interest, but lacking the courage to say so because "he has a mouth that is sewn."

It is, however, common to hear reports of young women, especially typists and secretaries, being sexually harassed by their bosses, or student girls by their teachers. Given the subordinate role of women, coupled with the fear of losing their jobs or being denied promotion when they tell others or decline the sexual advances, women are put under tremendous pressure. Some women are compelled to give in or blow the matter up by exposing the boss, who may become a reference point for public ridicule. It must be stated that sometimes the advances may also be made by women who think they can materially gain from a sexual relationship with the boss.

Rape

In Ghana, as elsewhere, indecent assault and rape are criminal offenses. Rape is defined in Ghana's Criminal Code as an unlawful carnal knowledge against any female, and when the assaulted woman is physically incapable of resistance to force, rape does not have to be proved. Its occurrence in Ghana is very rare, and a woman walking alone in a city late in the night may be afraid of mugging, but would hardly think of rape.

Very little research has been done on the issue. In 1977, 273 cases of assault and rape were reported. The victims were mostly house girls, babysitters, and were, like the offenders, mainly in the lower social class. The minimum sentence for rape is 12 months, which is considered too lenient by women activists. An attempt in 1993 by female members of Parliament to increase the minimum sentence to three years was opposed. The main national newspaper, the *People's Daily Graphic*, described the men's behavior as "sheer display of male chauvinism and lack of respect and understanding of women's sensitivity."

There is a variant of unconventional sexual behavior that is fairly common in the villages. This is an attempt to seduce a woman while she is sleeping in the night, not infrequently with the connivance of the woman, especially if she is married. Consent of the woman is immaterial if they are caught. The man can be so ridiculed that he may be compelled to move out of the village.

[Female Ritual Slavery

[Update 1997: In the isolated farming villages along the Volta River in southeastern Ghana, several thousand young women are caught in a religious tradition that condemns them to a form of perpetual ritual slavery. The *trocosi*, as they are known in the Ewe language, or "slaves of the gods," work in local religious shrines to appease the fetish gods for crimes committed by their relatives. In the local culture, justice and punishment are viewed in communal rather than individual terms. Thus, a young female who has

no connection with a crime, and may not even know what it was, may be sent by her family to atone for a (male) relative's crime by serving the local fetish priest. Because the priest is a spiritual intermediary between worshipers and deities of the area's traditional Ju-ju religion, the *trocosi* can appease the fetish and keep them from punishing her whole family. Her life becomes one of unquestioned service to the priest, cooking, cleaning, weeding the shrine's farm, growing yams, manioc, and corn, and providing sexual favors to the shrine's priest. The *trocosi* gain nothing personally from their service; their families must even provide them with food. The people are convinced that without the protection provided by the *trocosi*, the gods may wreak vengeance on their entire extended family or community (French 1997).

[The *trocosi*, who must begin their service as virgins, can only be freed by the priest. A *trocosi* usually gains her freedom only when she is middle-aged, has borne the priest many children, and has lost her sex appeal. But freedom for one *trocosi* means enslavement of another virgin from the same family who must replace her. Thus, the slavery continues generation after generation in perpetual atonement.

[This form of ritual slavery, which is also found in neighboring Togo, Benin, and southwestern Nigeria, is deep-rooted in a very powerful superstition that will be difficult to eradicate. A government law banning the practice would have no effect, since the whole community is in agreement with the custom and firmly believes their survival depends on their freely sending a "scapegoat" *trocosi* to serve the local fetish priest when someone commits a crime. Recently, there has been increasing criticism from international human rights advocacy groups and from women's rights groups within Ghana. Individual women's rights advocates and private groups within Ghana have had some success in stopping the practice by negotiating with paramount chiefs and other prominent local leaders. One local group, International Needs, has persuaded several fetish priests and their shrines to abandon the custom in return for a gift of ten cows, a bull, a corral for the priest's new cattle, and cash given to the surrounding villages (French 1997). (End of update by R. T. Francoeur)]

B. Prostitution

From the onset, it is necessary to distinguish between sexual exchange and prostitution in Ghanaian sexual culture. These two practices are often misunderstood by outsiders, who consider them as the same. Sexual exchange, a recent phenomenon, is a socially acceptable and pervasive practice in which sexual relationships, both premarital and extramarital, are contracted for material recompense. While implicit pecuniary gains underlie the relationship, it is worth noting that in sexual exchange, material rewards, especially money, are not given directly after sexual intercourse, as is the case with prostitution. The giving and receiving of gains is separate from the act of coitus. A girl is likely to be offended for being thought a prostitute, if she is given money immediately after sexual intercourse. Unlike prostitution, in sexual exchange, it is not the sexual act that is rewarded, but the relationship.

Prostitution, the exchange of sexual acts for money, is illegal in Ghana, and women who practice it are often harassed by the police and other officials of city or local councils. Nevertheless, it is openly practiced in many cities and towns. In Accra, for example, an area called Korle Wokon is noted for its prostitutes. Unlike sexual exchange, prostitution is unacceptable to the Ghanaian society—the only exception being perhaps among the Krobo—and constitutes an infraction of Ghanaian sexual mores. Those who engage in it often conceal their identities by working in suburbs

where they are not likely to be recognized by familiar faces, and some may even change their names altogether.

Ghanaian prostitutes generally operate without pimps. At least two main groups of prostitutes can be identified: home-based prostitutes and hotel-based prostitutes. The former usually work in rented rooms or brothels and are of low class with little or no education. They are usually old, with an average age of around 40 years, divorced, and are heads of households with four or more children to support. They all cite acute financial problems as reasons for prostitution. They charge around \$1 per client per sexual act or "round," and report an average of two or three clients a day.

Hotel-based prostitutes operate from hotels, nightclubs, and discos. They are sophisticated, are of high class, much younger, highly educated, and serve an equally high-class clientele. Their prices, which are generally higher, depend on the class of the hotel where they operate.

Tema is the major port and industrial complex of Ghana, and the visiting seamen, both Ghanaian and foreign, attract many prostitutes. With the scourge of HIV/AIDS infection, intervention programs, with support from Family Health International (FHI) and other international agencies, are being implemented to encourage prostitutes to use condoms, given that in 1986, about 60% of all prostitutes surveyed in Accra had never used condoms before.

C. Pornography

Nudity is culturally repugnant. It is considered inappropriate for parents to undress in the presence of their children. Societal attitudes to nudity are more severe towards females than males. Women are expected to cover their breasts and thighs in public. In the Muslim areas, the rules are tighter. Even in Ghana's large cities, a lady wearing a pair of shorts in public is considered immoral. Any explicit display of erotic materials is highly unacceptable and magazines on erotica are not available. Television programs never include sexual material likely to be offensive. With the growing number of video rentals and show spots, there is an increasing concern about the sexually offensive nature of some films, although they come nowhere near the soft pornographic materials available in Western countries.

D. Sexual Taboos

Apart from incest, there are other sexual taboos worth mentioning. These include sexual intercourse while a woman is in her menstrual period, with a widow less than a year after her husband's death, and sexual intercourse with a woman in the bush. The latter is called by the Akan *ahahantwe* (sexual intercourse in the leaves), and is considered antisocial because it threatens the life of the society. By being performed in the bush, sexual intercourse, upon which society depends for its perpetuation and, hence, is regarded as sacred, is reduced to the level of an act that is performed without regard to the environment. If it was done without the connivance of the woman, it could lead to death in the olden days. Today, however, if reported, it is treated as rape. But whether there is consent or connivance on the woman's part, the man is asked to provide a live sheep, which is sacrificed upon the spot where the adulterous act had taken place. This is currently practiced in most rural settings among the Akan.

9. Contraception, Abortion, and Population Planning

A. Contraception

The present high level of Ghana's population is the result of persistent high birthrates and declining mortality

rates over the years, leading to a high rate of natural increase. For a variety of social, economic, and cultural reasons, large families are attractive to many Ghanaians. The average Ghanaian woman in the 1990s is expected to have 6.4 children in her lifetime. Knowledge about contraception is high. According to the Ghana Demographic and Health Survey in 1988, 79% of currently married men and women had heard about contraception, but only 13% of the women were using any method of contraception (5% if restricted to modern methods). The pill and postpartum abstinence are the most popular modern and traditional contraceptive methods, respectively. For adolescents and young adults, however, the condom is the most popular.

There are some differentials in contraceptive knowledge and use by educational level, type of residence, age, and reproductive intentions. Modern contraceptives are available at several service delivery points owned by the Ministry of Health, the Planned Parenthood Association of Ghana (PPAG; an affiliate of International Planned Parenthood Federation), the Christian Council of Ghana, private maternity homes, contraceptive social marketing outlets, and pharmacies. However, about one in every five users obtained their supplies from friends or relatives. With the scourge of HIV/AIDS infection, condom promotion has been intensified through social marketing and community-based distribution.

B. Teenage Unmarried Pregnancies

Births to adolescents accounted for 11% of Ghana's births in 1978-1980. Teenage premarital pregnancy is becoming an increasing social and health problem. One reason for low teenage (unmarried) pregnancies in the traditional societies was the observance of puberty rites, after which marriage followed almost immediately. Increased education and other forces of social change have eroded the traditional constraints. Unfortunately, no replacement has been found for these rites and the sex education it provided. Modern counseling is inadequate for teenagers, and access to family planning is limited.

When sexual relations between teenagers result in pregnancy, the boy's parents are informed. Pressure is exerted on the man to marry her, unless the girl's lineage does not want him as an in-law. In a few instances, a pregnancy can be used to persuade the elders of a lineage to approve of a relationship to which they would not have normally consented.

C. Abortion

Abortion is illegal except for medical reasons, and very few Ghanaians would want this changed. Yet many pregnant student girls procure abortions in order to complete school or because their partners are not yet ready to father a child. While these are the official reasons women give, it appears that it is the fear of shame that is the dominant factor. Statistics of induced abortion are hard to come by and, even where they exist, are grossly defective. In a 1990-1991 study among secondary school students, 10% of male students who have had intercourse admitted having impregnated a girl, and for 61% of these, the girl concerned resorted to abortion. Induced abortion is reprehensible and always remains hidden. Although the official rules for procuring an abortion are not liberal, it is well known that, provided the client is able to pay, most hospitals will undertake it.

Many abortions, however, are performed outside of hospital premises by unqualified back-street abortionists, quack doctors, and self-induced or friends. In the last category, herbs and other incredible combinations of concoctions form the largest method. The knowledge of alleged abortifacients among young men and women is amazing. Bleek, in his study among the Kwahu in the 1970s, listed at

least 53 different methods for procuring self-induced abortion, which included "modern" methods involving the use of assorted pills and herbs, such as the insertion of the twig of *nkrangyedua* (*Jathropa curcas*) or *menyenemenyeme* (*Thevetia peruviana*) into the uterus. Many of these amazing methods are still in use. In a study in 1990-1991 among secondary school students, respondents' lists of abortifacients included: a mixture of sugar and lemon, *akpeteshie* (a very strong local gin), and Guinness ale.

The life-threatening risk arising from induced abortions is all too obvious. In 1973, for example, between 60% and 80% of all minor operations at Korle Bu Teaching Hospital, Ghana's largest hospital, involved abortion-related complications.

D. Population Control Efforts

Currently, Ghana's population growth rate is 3.0% per annum, with 45% of the population below 15 years of age, thus epitomizing a high dependency burden. In 1969, Ghana was among the first countries in Africa to declare an explicit population policy. The Ghana National Family Planning Programme was established in 1970 to offer individual citizens the freedom to choose family planning and eventually slow down the rapid population growth. Not very much has been achieved, partly because of inadequate support from subsequent governments. Since the mid-1980s, however, Rawlings' government has reinforced Ghana's commitment to its population policy through the collaborative participation of international donor agencies. A National Population Council has been established, and it is likely that some decline in the fertility measures will be observed in the near future.

10. Sexually Transmitted Diseases and HIV/AIDS

A. Sexually Transmitted Diseases

Very little is known about STDs in Ghana, but given that it is considered a cofactor of HIV infection, considerable attention is now being focused on its prevalence, prevention, and treatment. Although no reliable data are available, there is the consensus among experts that STDs are fairly common in Ghana, the most common being gonorrhea. There is a greater incidence of STDs among the 15- to 19-year-olds than among other age groups. This may be partly explained by the fact that STDs are considered as part of normal growing up when one begins sexual exploits.

Antibiotic treatment is available in hospitals and health centers, and there are also a few STD clinics, such as the Adabraka STD clinic. Still-infected persons, especially adolescents, are particularly slow to seek medical attention. Many tend to resort to traditional medicine or self-medication.

The government through the National AIDS Control Programme (NACP) has intensified efforts in STD control as part of the national HIV/AIDS control program. The European Economic Community (EEC) Task Force on AIDS is supporting the procurement of material, equipment, and reagents for a project on STD control.

B. HIV/AIDS

Until recently, it was widely assumed that West Africa has been spared the social, economic, and health burdens of AIDS. Sadly, this optimistic view can no longer be justified. The first reported case of AIDS in Ghana was in 1986. At the beginning of 1995, there were some 12,500 reported AIDS cases. This is likely to be an underestimation since many cases are unreported. Over 80% of all cases of HIV infection involve persons infected through heterosexual in-

tercourse. No other particular sexual practice has been implicated in the sexual transmission. As noted earlier in the chapter, homosexual practice and anal sex are unacceptable and extremely rare. The early phase of HIV transmission was among prostitutes with a history of outside travel. As in many other countries, this led to finger pointing at other countries. The current trend indicates that the diffusion has gone beyond the so-called risk group. There has been almost a fourfold increase between 1986 and 1990 in the number of AIDS patients without any history of foreign travel. It can be stated that the future spread of HIV in Ghana may largely depend not on formal prostitution, but on the socially acceptable and pervasive phenomenon of sexual exchange in which women constantly switch sexual partners in order to maximize material gains accruing from sexual relationships.

In Ghana, as elsewhere, AIDS is primarily a disease that affects the economically active group. For both sexes, adults in the age group 20 to 29 account for 70% of the cases. The pattern, however, shows female preponderance over males. At the early stage of the epidemic in Ghana, there was one male to every eight females, although this has narrowed down to a current level of 1:2. Ghanaian epidemiologists agree that the sex ratio is changing to the direction of 1:1, which is consistent with heterosexual transmission in most countries.

Another pattern of HIV/AIDS infection in Ghana is that the majority of cases were initially not reported from major cities. Recent data on seropositives, however, show a tremendous increase in the number of cases in Ghana's main cities of Accra and Kumasi, thus supporting the generalization that, in Africa, AIDS is primarily an urban disease. Three regions out of ten, Ashanti, Eastern, and Greater Accra, account for over 70% of all reported HIV cases. It is not clear, however, whether the regional variation results from the level of reporting, although the general impression is that certain sociosexual practices in these regions may facilitate HIV transmission.

No nationwide HIV seropositive studies have been conducted yet, apart from a few using convenience samples. However, a study conducted in 1989-90 among patients of Ghana's second-largest hospital, the Okomfo Anokye Hospital in Kumasi, found a prevalence rate of 12.6%. Although this apparently high figure should not be extrapolated to the rest of the country, it definitely indicates a serious problem for the immediate future. Up to June 1991, only 25 out of 2,474 reported AIDS cases were under 5 years. Given that a substantial and fast-growing number of women of childbearing ages may be infected, perinatal transmission will soon become an issue of grave concern in Ghana.

There is a National AIDS Control Program (NACP) within the Ministry of Health. NACP, through information and education campaigns, is attempting to reinforce HIV risk-reduction sexual behaviors by discouraging casual sexual relationships or having multiple partners, and encouraging relationships with one faithful partner (or partners in polygynous homes). Condom promotion has also been intensified through social marketing and community-based distribution. The care of AIDS patients is generally home-based, given the lack of trained counselors, a task now being addressed by the Counseling Unit of the NACP. The best-organized counseling program has been developed at St. Martin's Hospital in Agomanya by the Catholic Mission. Other international nongovernmental organizations, such as the World Vision, are also involved in providing physical and economic support for AIDS patients. [Update 2003: In November 2001, the Ghana Ministry of Education included HIV/AIDS education in the school curriculum as a move to curb the

spread of HIV among the youth. (End of update by B. Opiyo-Omolo)]

[Update 2002: UNAIDS Epidemiological Assessment: HIV surveillance information on antenatal clinic women is available since 1990. Information is available only from Accra in 1990, but by 1994, 20 sentinel surveillance sites were reporting HIV seroprevalence. Overall median HIV prevalence among antenatal clinic attendees was 2.4% in 1994, 3.4% in 1998, and 2.2% in 2000. There are three sites that are included as the major urban areas: Accra (2 reporting sites in 1997, 3 in 2000), Kumasi, and Tamale. In Accra, HIV prevalence increased from 0.7% in 1992 to 3.1% in 2000, while in Kumasi, HIV prevalence has been fluctuating and was 3.8% in 2000. In Tamale, HIV has slowly increased from 1.0% in 1994 to 1.3% in 2000. Outside of the major urban areas, HIV prevalence increased, from 1% in 1991 to 3% in 1998. In 1998, HIV prevalence among the 14 sites ranged from 2% to 12%. In 2000, prevalence at 18 sites ranged from 1% to 7.8%. Both HIV-1 and HIV-2 exist in Ghana with HIV-1 being the predominant type; information on HIV prevalence by type is not available. Implementation of the 2001-2002 antenatal clinic sentinel surveillance survey was underway at the time of this writing.

[HIV seroprevalence rates among sex workers increased from 2% in 1986 to nearly 40% in 1991. By 1997-1998, HIV prevalence in Accra and Tema had reached 74.2% among "seater" sex workers and 27.2% among the "roamer" sex workers. A repeat study in Accra and Tema in 1999 found "seaters" with a rate of 75.8% and "roamers" with a rate of 23.1%. In 1999, sex workers in Kumasi had an HIV-infection rate of 82%. HIV prevalence among STD clinic patients in Accra increased from 2% in 1988 to nearly 9% in 1991. In 1998, HIV infection among female STD patients tested in Adabraka, Greater Accra region, had reached 27%; in 1999, prevalence was 39%.

[The estimated number of adults and children living with HIV/AIDS on January 1, 2002, were:

| | |
|---------------------|---------------------|
| Adults ages 15-49: | 30,000 (rate: 3.0%) |
| Women ages 15-49: | 170,000 |
| Children ages 0-15: | 34,000 |

[An estimated 28,000 adults and children died of AIDS during 2001.

[At the end of 2001, an estimated 200,000 Ghanaian children under age 15 were living without one or both parents who had died of AIDS. (End of update by the Editors)]

11. Sexual Dysfunctions, Counseling, and Therapies

The most obvious sexual disorder is sterility. A barren woman is always in despair. The desire for children makes impotence in men even more disgraceful and pitiful. A childless couple is scorned and despised. Among the Akan, the man's penis is ridiculed as being flabby, and is nicknamed *kote kra* (wax penis). In the olden days, it is reported that an impotent man, after his death, had great thorns driven into his soles, and the corpse addressed: *woanwo ba, mma no saa bio* (you have not borne children; do not return again like that). Although family-planning centers and general hospitals may provide some advice and counseling, professional therapy is almost nonexistent. Given the embarrassment associated with impotence, very few men may accompany their wives to seek treatment from professionals in modern medicine. The source of childlessness is usually attributed to the wife, rather than the husband.

Traditional healers in Ghana, while conceding the superiority of Western biomedical medicine for certain diseases, have insisted that infertility and sexually transmitted dis-

eases are believed to be more effectively treated by traditional medicine than modern medicine. The secret and highly confidential nature of their practice makes traditional medicine men, herbalists, Mallams, fetish priests, and others the main source of treatment. They are visited by people of different educational and economic status. Men who claim to have medicines potent enough to induce pregnancy soon become rich.

12. Sex Research and Advanced Professional Education

Studies on sexuality in Ghana are particularly scanty. Until the onset of HIV/AIDS, all that was known was based on anthropological evidence gleaned from discussions on family, initiation rites, and other rites of passage. Although there are no special centers or institutes devoted to sex research, there has been a gradual interest in the subject, and surveys on sex have been undertaken. Specific groups surveyed in addition to the general population include; adolescents, young adults, return migrants, long-distance truck drivers, and secondary school students. The Departments of Sociology and Geography at the University of Cape Coast; the Institute of Statistical, Social, and Economic Research; and the Institute of African Studies, both at the University of Ghana, are all involved in sex research. The Institute of Population Studies, University of Exeter (U.K.), is also engaged in collaborative research, with local investigators on sexual behavior and HIV risk-reduction strategies in Ghana. One key methodological finding on sex research in Ghana is that, on the whole, respondents are more willing to discuss sexual matters and provide frank answers than it was first thought.

There is no professional association, nor are there journals for sexuality. Graduate programs devoted to sexuality are nonexistent. However, there is a Department of Guidance and Counseling at the University of Cape Coast that offers graduate programs. Perhaps the only major book of academic significance that deals exclusively with sexuality in Ghana is Bleek's (1976) *Sexual Relationships and Birth*

Control in Ghana: A Case Study in a Rural Town. A well-written book based on participant observation and field survey, the study was done among only one group (the Kwahu), and, therefore, will not satisfy the needs of a student who wants a handbook on Ghanaian sexuality.

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2. The International Encyclopedia of Sexuality, Vol. 4 (Francoeur & Noonan, 2001)

" . . . a masterpiece of organization. The feat of successfully compiling so much information about so many countries into such a coherent and readable format defies significant negative criticism."—*Sexuality and Culture*, Paul Fedoroff, M.D., Co-Director, Sexual Behaviors Clinic Forensic Program, The Royal Ottawa Hospital, Ottawa, Canada

3. The Continuum Complete International Encyclopedia of Sexuality (Francoeur & Noonan, 2004)

" . . . [a] treasure trove. . . . This unique compilation of specialized knowledge is recommended for research collections in the social sciences . . . as well as a secondary source for cross-cultural research."—*Library Journal*, March 15, 2004, p. 64

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