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Perceptions of Parents on How Religion Influences Adolescents' Sexual Behaviours in Two Ghanaian Communities: Implications for HIV and AIDS Prevention

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Abstract To understand the role of religion in the sexual behaviours of adolescents, the views of parents who are key agents of socialization were examined from two south-eastern communities in Ghana. Focus Group interviews were conducted with mothers (and female caregivers) of adolescents and one with fathers (and male caregivers) of adolescents. Thematic analysis was used to analyse the data. Findings indicated that parents from one community perceived religion as playing a double-edged role in adolescents' sexual behaviours as on one hand it played a protective role by restraining adolescents from risky sexual behaviours; on the other hand it disparaged the existing traditional measures that regulated adolescents' sexual behaviour. However, parents from the other community found a collaborative interface between the existing social control measures—communal socialization and proscriptive morality with religious ethics. Religious socialization, social capital theory and the concept of social suffering are used to explain some of the findings of this study. Implications for HIV and AIDS education and prevention are also discussed.

Keywords Perceptions · Parents · Religion · Adolescents' · Sexual behaviours · Ghanaian communities · HIV and AIDS prevention

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Introduction

Religious teachings have a prominent place in people's understanding of HIV/AIDS in Africa (Caldwell 2000; Yamba 1997) and therefore an important factor in the discourse on HIV/AIDS in the continent. Nevertheless, the relationship between religion and HIV is not very clear. For instance, a study in Zambia among teenagers reported that affiliation with religious groups that excommunicate members for engaging in premarital sex are more likely to delay the onset of sexual intercourse among young women but less likely to promote the use of condoms during first sex (Agha et al. 2006). Another study in Malawi found that adolescents who attend religious services frequently are less likely to be sexually active than those who do not, and those who attend congregations in which AIDS is discussed frequently are more likely to be virgins (Trinitapoli and Regnerus 2007). Thus, there appears to be some kind of double-edged role of religion in the regulation of sexual behaviours with implications for HIV and AIDS prevention in Africa that needs further examination.

Ghana is constitutionally a secular country, but by behaviour, Ghanaians have been described as radically religious (Pobee 1992). There are three predominant strands of religious tradition in Ghana. Christianity pulls 65 %, Islam pulls 15 and the 20 % are for Traditional religions and some other forms of eastern religions such as Hinduism, Buddhism. As a powerful social force (Assimeng 2010), religion has impacted on the cultural scene so much so that it has become a major cultural manifestation in thought and action, affecting the entire public sphere of the country (De Witte 2003; Gifford 2004; Meyer 2004). One way religion exerts its social force in the country is that it provides a moral framework for sexual socialization (Anarfi and Owusu 2011), and anecdotal evidence exists to confirm that religious themes feature prominently in adolescents' conversation on sex and sexuality. Studies therefore have begun investigating the religion-HIV/AIDS connection among various groups of people in the country. One such study was conducted by Takyi (2003) with the purpose of exploring whether a woman's knowledge of HIV/AIDS is associated with her religious affiliation, and whether such affiliation facilitates AIDS preventive attitudes. The findings showed that religious affiliation increases women's knowledge and awareness of HIV/AIDS. No association was established between religious affiliation and changes in specific protective behaviour such as the use of condoms. In another more recent work by Gyimah et al. (2010), the sexual risk-taking behaviours of religiously affiliated Ghanaian men were studied. Their findings showed that at the bivariate level, Christian men were more likely to engage in high sexual risk behaviours (i.e., have ever paid for sex, had more sexual partners) than their Muslim and Traditional counterparts.

To the best of our knowledge, not much has been done on the evidence concerning how religious factors could become protective or risk for adolescents' sexual behaviour in Ghana. Adolescents form nearly 50 % of the entire population of Ghana (Ghana Statistical Service 2000). As in other countries, economic and sociocultural pressures promote unsafe sexual practices among adolescents, especially those living in the poorest communities (Anarfi 1995, 2000) in the country. Ghana Statistical Service Report (1998) places the median age for first sex for adolescents at 17.5 years and that 38 % of girls and 19 % of boys between 15 and 19 years of age are sexually active.

A fertility survey in Ghana reported that although there were high levels of contraception usage, most adolescents were still very sexually active (Agyei et al. 2000). The estimated national HIV prevalence among the youth ranges from 1.1 among 15–19-year-olds to 1.7 % among 15–24-year-olds (HSS Report 2010). These rates put together indicate

prevalence rate is high among people within 15–24 years of age, and 2.8 % is higher than the national average of 1.7 (HSS Report 2010). This necessitates the need for increased research into possible sociocultural factors that could have influence on the reported rates.

Methods

The approach of this study was qualitative. Qualitative studies are often used to explore a phenomenon that has not been previously well delineated (Risjord et al. 2001). The study relied on a qualitative data initially generated from a longitudinal cohort study (LCS) of adolescents and their parents residing in two communities (Adidome and Somanya) in south-eastern Ghana. These communities are characterized by dramatic variations in localized HIV prevalence, allowing us to assess how epidemiological circumstances impinge upon adolescent sexual behaviour. In using the qualitative approach, the study specifically employed focus group discussions (FGDs) to investigate parental attitudes towards adolescent sexual behaviour and how these differ for boys and girls, the common strategies used by parents and the community to address adolescent sexual behaviour, and the challenges and successes they face in doing so. Some of the items on the focus group discussion guide included the following: *Who should educate the teenage boy or girl on issues relating to sex? Whose duty is it in particular to check the behaviour or conduct of adolescents between 13 and 18 years in this town? What should parents do if they realize that their under-aged children are engage in sex? In reality, are parents talking to their children about sex, and if they do, how do they do it in this town*? The FDG was conducted, one with mothers (and female caregivers) of adolescents and one with fathers (and male caregivers) of adolescents in each of these two communities.

Study Settings

Somanya

The residents of the Manya Krobo and Yilo Krobo Districts of Eastern Region have experienced a particularly severe HIV epidemic. This is due in part to the circular migration of young women from this area to Abidjan, Côte D'Iviore, where many participate in commercial sex work—a phenomenon that dates to the displacement of populations by the creation of Lake Volta during the 1960s (Anarfi 1992; Decosas 1996). The severity of this localized epidemic is reflected in sentinel surveillance data. The antenatal clinic in Somanya, Manya Krobo District, has consistently recorded the highest levels of HIV prevalence among all 40 of Ghana's sentinel surveillance sites; in 2006, prevalence at Somanya was 8.4 %, compared to the next highest prevalence of 5.6 % and the national average of 3.2 % (National AIDS Control Programme [NCAP] and Ghana Health Service [GHS] 2007). Epidemiological studies in the area also demonstrate very high levels of HIV prevalence. Chang and colleagues (2002) found that 23 % of male and 17 % of female outpatients seen at the Somanya hospital in 2000 were HIV-positive, while another team documented an HIV prevalence level of 18.5 % among women attending antenatal clinics in Somanya and nearby Atua in 1999 (Sauvé et al. 2002). Somanya is a regional trading centre about 30 km south of the Akosombo Dam, with a population of 13,508 according to Ghana's 2000 population and housing census (GSS 2005a). The main road from Accra to

Akosombo passes through it, and smaller roads branch out in several directions to rural villages and farmland.

Adidome

It is located in the North Tongu District, just 25 km to the northeast, the town of Juapong, in the North Tongu District of Volta Region, and has much in common with Somanya. It is a regional trading centre located on a major road, surrounded by rural villages and farmland along smaller roads in several directions. According to Ghana's 2000 population and housing census (GSS 2005b), its population is 13,103. In contrast to Somanya, however, this area remains largely untouched by HIV. Among the 805 women attending the antenatal clinic at the North Tongu sentinel surveillance site in 2005 and 2006, none tested positive for HIV (NCAP and GHS 2007). No other site in Ghana recorded a prevalence estimate this low during that period.

Access to Communities

Authorization was sought from local authorities mainly chiefs, elders and elected officials. Having explained the purpose of the study to officials in the two communities, the study began with a community event (a durbar where community members are assembled by a crier for some dissemination of information) in both localities. During these durbars, traditional and modern authorities (e.g., chiefs, elders, district assemblymen, and clergy members) announced the purpose of the study. In line with ethical principles, community members were not coerced and induced into participating in the study. They were told that they could opt out in the process if they found the study uncomfortable. During each phase of the study, community-wide events were held where community members received refreshments (e.g., food and drink). This was to provide the opportunity to interact with members of the research team as well as provide positive publicity for the study and serve as a method of community-level compensation.

Participants

In order to ensure gender equity, both female and male participants from the two communities took part in the study. In effect, participants in the study included mothers of adolescent children, female caregivers of adolescents, fathers of adolescents and male caregivers of adolescents. This was also to ensure that information received takes into account a gendered perspective. For purposes of convenience and anonymity, participants who showed interest in the study were asked to contact the researchers to be a part of the focus group that was made up of 6–8 members for each group.

Analysis

Thematic analysis was used to generate themes. This method of analysis is used to identify, analyse and report patterns within data as well as interpreting various aspects of the research topic (Braun and Clarke 2006). One of the benefits of thematic analysis is its flexibility and can be applied *across* a range of theoretical and epistemological approaches (Braun and Clarke 2006). The analysis started by looking for patterns of meaning and issues of potential interest in the data and organizing them into meaningful coding schemes

or groups. This was followed by sorting the different codes into potential themes. A theme was not necessarily dependent on quantifiable measures, but in terms of whether it captures something important in relation to the overall research question. Themes were finally refined, defined, logical connections established between them and interpreted. Three themes emerged as a result. They were as follows: *The context: Regulatory mechanisms for moral behaviours, Religion: an alternative moral system regulating sexual behaviour, and Conceived differentials in the utility of religion.*

Results

The Context: Regulatory Mechanisms for Moral Behaviours

This theme examines the contexts of the two communities with regards to the existing cultural practices, beliefs, ideals and socialization principles which guide moral behaviours. Two major regulatory mechanisms were identified in these communities. One was the *Dipo rite* in Somanya and the other was *gendered and communal socialization* principles in Adidome. Dipo is a long standing initiation rite for female children between 14 and 20 years practiced among the Krobo, a subgroup of the Ga-Adangbe ethnic grouping in Ghana. Not until the rite has been performed, young girls have not been socially licensed to be courted by prospective men into marriage, and thus, among other things was intentioned to control the moral and ethical behaviours of the girl child. Those who failed to go through the rite in the past were banished from their communities (Anarfi 2003) as they perhaps were conceived as transgressors of social law. Participants expressed a moral system that was provided by Dipo and how it guided discrete sexual behaviours in the past thus:

> So when a child is growing then parents cover her up for 2–5 years then they say she has performed the rite. In those days if you don't do the Dipo and you get pregnant, they will sack you. So there was fear and the children also…their bodies therefore become matured for marriage and child birth. Therefore when they become pregnant, there is no problem (FGD Somanya Man.)

Explicit in this statement is that a context that was proscriptive of indiscrete sexual behaviour was in place historically, and that it exercised strong regulatory influence over children's sexual behaviour. Any sexual behaviour prior to the Dipo rite was counter to this moral system. Furthermore, there is admission of the perceived viability of this moral system through the Dipo rite. This is found in the indication that people *feared* and thus delayed sexual activity until adulthood when they are ready for marriage. Thus, the deterrence ideology of the Dipo rite is further made to validate the perceived viability of the existing moral system. This deterrence ideology was not viewed to be felt by female children alone, but also boys. This is manifested in the statement by a woman during a focus group discussion:

> Because the boys are trained and know the consequences of impregnating a girl who has not performed the Dipo rite, they will not go chasing a girl who has not been initiated (FGD Somanya, woman).

Although boys do not go through the Dipo rite, the prohibitions and consequential ramifications were strong enough to deter them. Thus, in a nutshell, parents from Somanya viewed the Dipo as providing a viable moral system of sexual conduct among adolescents.

Among parents of Adidome, reference was made to socialization as providing a moral system guiding adolescents' sexual behaviour. Socialization is the process in which people learn the attitudes, values and behaviours considered appropriate for members of a particular culture (Schaefer 2005). The parents in Adidome indicated that within their community, there is a form of *gendered socialization*. This is a form of socialization where children are exposed to expected sex roles from parent of the same sex. Thus, fathers trained boys and mothers trained girls. This gendered socialization was viewed as providing a moral system that regulated adolescents' sexual behaviour. This is expressed in the following voices:

> By our Ewe traditions or culture, a boy should be with the father and learn his father's trade, so that if in future if the father is dead or become incapacitated he can take his place and hold the family together. So, with us in the past, before a young man marries, he should know how to cast the net. The professions may differ elsewhere. By this the child should be at least 25 years old and be employed somewhat, before they marry (FGD, Adidome Man).

> Good! Here, while the mother was training up the girl child, the father was also training up the son, so that in the future when a woman is married for him he will know how to take care of his household (FGD, Adiddome man).

In summary, both parents in Somanya and Adidome admitted that there is an existing cultural moral reference point against which all conducts are assessed. These standards provided regulatory influence over all aspects of adolescents' behaviours including sexuality.

Religion: An Alternative Regulative Moral System

In this theme, we examine how parents viewed the role of Judeo-Christian religious values in the regulation of moral conduct of adolescent children. All the parents from both communities indicated that religion as a moral system existed side-by-side with other traditional forms of moral regulation. The quote below explains communal socialization existing side-by-side with religious instructions from pastors:

> From some time in the past till today there have been plans to check our young ones. There is a general responsibility on all to check and control the children. We correct one another's child (children). The pastors and the church talk to the youth about their future in their sermon (FGD, Adidome Man).

The moral system religion produces appeared strong such that parents saw it as an alternative to the traditional systems. When they could not exert any meaningful influence on regulating their adolescent sexual behaviour, they switched to religion for help as a supplement:

> When parents fail in controlling the sexual behaviour of their wards, the religious bodies like the churches can also be of help (FGD, Adidome woman).

The switch towards religion as a regulatory moral mechanism over adolescents' sexual behaviour is validated on the perceived benefits from this moral system. Parents perceived religion as playing two major positive roles in regulating the adolescents' sexual behaviours. The first was the ***inhibitive role.*** This is the view that religious values deter children from certain immoral acts. For instance:

> In our time if you don't go to church on Sunday, the next day (Monday) when you go to school, what is done to you is not small. These days because of that lack of fear, even church, they don't attend;; God's word is not in them anymore. So this is our problem (FGD, Somanya man).

In this quote, this parent juxtaposes generations. The generation of his time lived in a moral space where religious control was very strong to the extent that absenting oneself from religious meetings constituted a great offence. The reference to lack of *fear* in the present youth is an admission of the fact that adolescents in contemporary times seemed to have left off the hook of religious moral control. This participant seems to endorse the idea that if modern children stay within religious boundary, it will inhibit unacceptable behaviour.

Secondly, religion was perceived to play *a facilitative role*. In this role, religious values, principles, ideals and perhaps beliefs instruct adolescents to make good choices as indicated in the following voice:

> Some Christian parents who are not happy about their child's sexual behaviour report them to the church elders to talk to the child (FGD, Adidome woman).

This role is best served by religious leaders who virtually become counsellors for adolescents. The *talk therapy* that is provided is reflective of religion guiding the choices of adolescents' sexual behaviours. Ensuring that adolescents fully participate in religious meetings was thus a responsibility of parents. It was thought of as a process of guaranteeing that children will achieve excellence in all matters of moral behaviours as they might imbibe lessons that could foster proper conduct:

> What I have realized is that, most parents ensure that their children go to church so they can learn good things from church (FGD, Somanya woman).

Conceived Differentials in the Utility of Religion

Although certain positive impact of Judaeo-Christian religious beliefs, practices and values have been acknowledged by parents from these two communities as relevant in regulating adolescents' sexual behaviours, parents differed in the way they perceived the utility of religion in the regulation of adolescents' sexual behaviours. Starting from parents from Somanya, they asserted that Judeo-Christian beliefs and practices to a large extent also do disparage the existing *Dipo puberty rite* (e.g., Dipo):

> I also observed that some churches or religious bodies that have come around are also spoiling the children; like in our custom here, there is an age a child has to attain before marriage. These days some of the religious groups or churches do not support the Dipo. And we have also imbibed their teachings like that and the children are spoiling (FGD, Somanya woman).

Religious beliefs espoused by churches find 'Dipo' rite contrary to the Bible. As a result, they do not encourage children to participate in the rite. This parent indicates that religion is transforming the moral fibre of their children indirectly by perhaps indoctrinating them about this traditional rite. The grip of the custom on children and beliefs about its usefulness is debunked and replaced by Judeo-Christian beliefs. As long as the motivation to participate in this rite is weakened, this parent interprets that as *spoiling* the

children. Perhaps one way parents viewed religious indoctrination of the Dipo rite was through fetishism, thus making it appear demonic and destructive:

> Some are doing it but due to Christianity the pastors don't want us to do it because they don't understand. They think its fetish but it's not. It is a puberty rite which young people observe but they don't support it. We are teaching or explaining it to them but they still say no (FGD, Somanya man).

Within contemporary Ghanaian sociocultural space, whatever is believed to be *fetish* is equally considered to carry a negative connotation because Judeo-Christian teachings seemed to have Christianized the entire public sphere (Meyer 2004). According to this parent, such views of the 'Dipo' rite is inadequate but attempts to straighten these views are unsuccessful. Implicitly, this parent is apprehensive over the possible consequential stigma that will be attached to the rite. Judeo-Christian Religion is thus viewed as damaging the traditional moral structure system, as most parents seemed to have accepted this fetish ideology about the Dipo rite and do prevent their children from being initiated:

> Today we say we are pastors and we have spoilt everything and spoilt the children, because we say it is fetish but it's not fetish. So when a child is growing then parent cover her up for 2–5 years then they say she has performed the rites (FGD, Somanya man).

The views of parents from Adidome were different. We did not find any negative reference being made about Judeo-Christian beliefs and practices in how they regulated adolescent sexual behaviours in this community compared to Somanya. Further analysis showed that two major means by which parents from Adidome community inculcated social norms into their children could offer some explanations. Firstly, there seem to be a deep sense of *communal socialization* in Adidome. This implies that they viewed the raising of children as a societal responsibility as indicated in the following voices: "*From some time in the past till today there have been plans to check our young ones. There is a general responsibility on all to check and control the children. We correct one another's child/children*" (FGD, father–Adidome). Another father corroborates this thus: "*Here in North Tongu, the upbringing of children is a collective responsibility of all parents. Parents report children who do bad things to the parents of those children*" (FGD, father– Adidome). Explicit in these views is partnership which adopts collaborative efforts in socializing children. Beneath this partnership is a certain sense of unconditional positive regard for another person's child. By this, parents accept every child as their own and that provides the basis for disciplining another person's child:

> In these areas, every parent disciplines a child when they go wrong. There is nothing like he is not my son or daughter so I cannot punish her (FGD, mother–Adidome).

Practically, a mother demonstrates such communal socialization in the way she handles a child who breaks into another person's room:

> I for instance saw someone (a child) entering somebody's room through the window and I called the child, took the child home and advised the child that what he is doing is bad (FGD, mother–Adidome).

In general, communal socialization in Adidome exercises parenting as not the exclusive reserve of biology but also societal. Secondly, Adidome community seemed to endorse a certain level of *proscriptive morality*. This is an inhibition-based, condemnatory and strict oriented morality which tends to blame people, and generally focuses on what *people should not do* (Janoff-Bulman et al. 2009). A father espouses this thus: "Fornication is very

much disgusted and is a shame in our land. I will also add that parents here do not allow their children too much freedom to go to entertainment centres such as the dance halls" (man–Adidome). Such inhibition-based morality is practically expressed in this town, by a committee that is mandated to enforce it as explained by a father thus:

> We have some committee in this town and they watch over the town in the night so if they get hold of a young man or young woman in the night, they beat them up so they will stop doing bad things in this town (woman–Adidome).

At the core of communal socialization and proscriptive morality practices as found in Adidome from the voices of the parents is to train adolescents to conform to social expectations. This goal could equally be executed by religious groups since they are moral communities which usually exercise regulatory influence over members' behaviour by providing normative statements about how people *ought to act* as well as sociological imperatives that define social existence for members (Hill et al. 2000; Cohen and Hill 2007, Johnson and Mullins 1990; MacIntyre 1984). On that note, religious groups as perceived by Adidome parents become partners in regulating adolescents' sexual behaviours rather than as destructive social force.

Discussion and Conclusion

The objective of this article was to analyse the perceptions of parents regarding the role of religion in adolescents' sexual behaviour in two communities in Ghana. The analyses have showed that although there are existing moral mechanisms that regulates sexual behaviour, religion was viewed as providing alternative moral system when parents perceived lapses within the traditional methods of moral regulation. Two major roles of religion in regulating adolescents' sexual behaviours were thus observed: religion inhibiting sexual behaviours and religion facilitating the learning of proper conduct governing sexuality. In Africa, religion is said to be one of the essential aspects of life, and its vital influence over sexual socialization in Africa has widely been acknowledged (Anarfi and Owusu 2011; Opayemi 2011). In Ghana, religion and morality are bed fellows, and study shows that religious teachings in Ghana from all the three major religious groups—Christianity, Islam and Traditional religions—prohibit sex outside the context of marriage and thus views it as a sin (Anarfi and Owusu 2011). Religion has thus been found to exert the most influence on sexual socialization in Ghana than the state and society (Anarfi and Owusu 2011).

Though parents from Somanya found aspects of religion counterproductive to the sexual initiation rites of adolescents, the utility of religion was not denied. Parents from both communities found religion a significant factor with the potential of reducing the risks that come with early onset of sexual behaviour. This is consistent with the findings of other studies that have identified religion as inhibiting adolescent sexual activity (Janus and Janus 1993; Regnerus, Smith and Fritsch 2003; Paul, Fitzjohn, Eberhart-Phillips, Herbison and Dickson 2000; Murray-Swank et al. 2005). The influence of religion on adolescents' sexuality seems to have been exerted through religious socialization; the process by which a culture through primary agents such as parents encourages individuals or children to accept beliefs and behaviours that are normative and expected within that culture (Spilka et al. 2003). This was showed in the analysis by the way parents solicited religious leaders' counsel and directions to correct a perceived deviant behaviour in adolescents. This is consistent with the view that the family and the church are key agents of religious socialization (Cornwall 1987), and in Ghana, adolescent sexual behaviour comes under its serious influence (Anarfi and Owusu 2011).

The seemingly complete positive perception that religion exerts positive influence over adolescents' sexual behaviour in Adidome and the openness to view them as partners in socializing adolescents to be in line with normative standards of sexual behaviour could be explained by social capital theory. According to King and Furrow (2004), social capital theory conceptually demonstrates "how positive outcomes are mediated in a social context through interpersonal, associational and cultural social ties" (p. 705). Social capital is also thought to provide at least three forms of social support one of which is informational support; the rest being communal (sense of community) and instrumental (neighbouring). Sometimes depending on the relationship one has with his community, social capital may also provide emotional support (Perkins and Long in Fisher, Sonn and Bishop 2002). As per the understanding of the parents in Adidome, Judeo-Christian ethics (through churches) serve as a veritable resource for the sustenance of the social capital of the people. Thus, in essence parents in Adidome might find that the opportunities provided by a church setting for intergenerational relationships, (e.g., other parents are available in a church setting to provide additional help in the training of adolescents), and the shared code of beliefs that provide a social system, which facilitate the development of moral behaviours, might positively influence the moral lives and by extension the sexual behaviours of their adolescent children. The observed existing communal socialization and proscriptive morality in the town do showcase some degree of normative standards that are in tandem with religious beliefs and thus facilitate a smooth collaboration between religious groups and local normative systems that regulate adolescent sexual behaviours. Such view seems consistent with the old African saying "it takes a village to raise a child" (Ikuenobe 2006). Thus, plausible to parents in Adidome, every system within the nexus of their sociocultural milieu is a cultural capital that must be engaged in the socializing of children.

The perceived tension between exotic religion and Dipo rite in Somanya could be understood within the larger discourse of the tension between Christian ethic and a cultural practice. As observed by Steegstra (2002), Dipo is linked to kinship ties, reproductive health, and it culturally constructed a Krobo identity through the integrative aspect of the rituals. Nevertheless, the ceremony like any other female initiation exposed the girls' sexual attractiveness (Lutkehaus 1995) and virtually provided social license for sexual relationship which was viewed as contrary to Christian ethic. Thus, many Christians, who are Krobo, viewed the rite as a catalyst for teenage pregnancy, and other immoral behaviour such as prostitution (Steegstra 2002) and do prevent their children from being initiated. However, those who are not Christians do not subscribe to that view. It is this tension which came to the fore when parents explored the utility of religion in regulating their children sexual behaviours.

Additionally, this reaction by parents from Somanya could reflect underlying apprehensions about social injury from perceived adolescent deviant behaviour. Social injury is the ideology that a member's misconduct affects the family or social group in general (Osafo, Hjelmeland, Akotia and Knizek 2011). Ghana is an interdependent society (Eshun 2006), and the belief that another person's moral deviation affects the family is pervasive (Assimeng 1999; Gyekye 1996). Socializing children with moral virtues starts very early in life since honour or dishonour is shared (Gyekye 1996; Nukunya 2003). Parents' in this town might be expressing the fear that their children will become a source of shame and dishonour if they escape from being initiated by traditional puberty rites. Unfortunately, churches seemed to provide a route of escape as they brand anything beyond its theological postulations as fetish or devilish. This could explain the seeming acrimony against churches as 'spoiling' the children.

Implications for HIV Prevention in Ghana

The findings in this research have some implications for HIV prevention in Ghana. The first is that religion is an essential element in adolescent sexual education, an important area in HIV prevention. The analysis has clearly showed that the making of an adolescent moral personhood in Ghana include religious socialization, and this has been emphasized by previous studies (Anarfi and Owusu 2011) with wider implication for justifying the importance of the integration of Religious and Moral Education (R. M. E) at the basic school level of the Ghanaian school system. Religious education therefore should be viewed as an essential partner in HIV prevention. Religion has always been an essential element in HIV prevention in Ghana. For instance, in the fight against HIV stigma, religion has played a significant role in reducing the stigma and facilitating empathic responses towards HIV and AIDS patients (Bazant and Boulay 2007; Boulay et al. 2008).

Secondly, the cultural and traditional contexts and practices of the people should be considered when embarking on religious education. Undoubtedly, certain traditional beliefs and practices and Judeo-Christian ethics might be incompatible with each other. Nevertheless, the study has showed certain areas at which Judeo-Christian ethics and traditional mores do not collide. This has been demonstrated in the community of Adidome where there seemed to be a common goal of both sides converging in reducing adolescent risky sexual behaviours. These areas are 'soft spots' that could be courted for effective collaborative efforts from various belief systems in reducing adolescent risky sexual behaviours. In a nutshell, exotic religious education of adolescent sexual behaviours should be sensitive to the local culture to avoid any counterproductive clash.

In conclusion, the study has showed that religious education of adolescent sexual behaviour is a major cultural resource for Ghana's HIV and AIDS prevention efforts. Parents have consented that religious education is a viable partner in the socialization of adolescent sexual behaviours. Although there are potential spots that might affect the effective harnessing of religious resources and traditional cultural norms for adolescent sexual education in some communities, efforts should be made to reduce them for effective engagements.

Limitation of Study

This study has some limitations. The first is that it is case-driven, and thus, the findings cannot be generalized to every community in Ghana. Another is that the use of focus group discussion could discourage some parents from sharing other sensitive issues about their wards. Against the backdrop that within the interdependent social milieu in Ghana, a member's misconduct could affect others, and some parents are likely to hold back other information that might be sensitive, although useful and richer for analysis. The use of one-to-one semi-structured interview in the future could help to bring to the fore other in-depth issues on adolescent sexual behaviour in the country.

References

Agha, S., Hutchinson, P., & Kusanthan, T. (2006). The effects of religious affiliation on sexual initiation and condom use in Zambia. *Journal of Adolescent Health, 38*(5), 550–555.

Agyei, W. K. A., Biritwum, R. A., Ashitey, A. G., & Hill, R. B. (2000). Sexual behaviour and contraception among unmarried adolescent and young adults in greater Accra & Eastern Regions of Ghana. *Journal of Biosocial Science, 32*(4), 495–512.

Anarfi, K. (1992). Sexual networking in selected communities in Ghana and the sexual behaviour of Ghanaian female migrants in Abidjan, Cote dTvoire. In T. Dyson (Ed.), *Sexual behaviour and networking: Anthropological and socio-cultural studies on the transmission of HIV*. Liege: Derouaux-Ordina Editions.

Anarfi, J. (1995). The condition and care of AIDS victims in Ghana: AIDS sufferers and their relations. *Health Transition Review, 5*((Suppl)), 253–263.

Anarfi, J. K. (2000). Ghanaian women and prostitution in Cote d'Ivoire. In K. Kampadoo & J. Doezema (Eds.), *Global sex worker: Rights, resistance, and redefinition* (pp. 104–113). London/New York, NY: Routledge.

Anarfi, K. (2003). TO change or not to change: obstacles and resistance to sexual behavioural change among the youth in Ghana in the era of AIDS. *Research Review, 19*(1), 27–45.

Anarfi, J. K., & Owusu, A. Y. (2011). The making of a sexual being in Ghana: The state, religion and the influence of Society as agents of sexual socialization. *Sexuality and Culture, 15*, 1–18. doi:10.1007/s12119-010-9078-6.

Assimeng, M. (1999). *Social structure of Ghana: A study in persistence and change* (2nd ed.). Tema, Ghana: Ghana Publication Corporation.

Assimeng, M. (2010). *Religion and social change in West Africa* (2nd ed.). Accra: Woeli Publ. Services.

Bazant, E. S., & Boulay, M. (2007). Factors associated with religious congregation members' support to people living with HIV/AIDS in Kumasi Ghana. *AIDS and Behavior, 11*, 936–945.

Boulay, M., Tweedie, I., & Fiagbey, E. (2008). The Effectiveness of a national communication campaign using religious leaders to reduce HIV-related stigma in Ghana. *African Journal of AIDS Research, 7*(1), 133–141.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101.

Caldwell, J. (2000). Rethinking the African AIDS epidemic. *Population and Development Review, 26*, 117–135.

Cohen, A. B., & Hill, P. C. (2007). Religion as culture: Religious individualism and collectivism among american catholics, jews, and protestants. *Journal of Personality, 75*(4), 709–742.

De Witte, M. (2003). Altar media's living word: Televised charismatic christianity in Ghana. *Journal of Religion in Africa, 33*(2), 172–202.

Decosas, J. (1996). HIV and development. *AIDS* 10 (Supplement 3).

Eshun, S. (2006). Acculturation and suicide attitudes: A study of perceptions about suicide among a sample of Ghanaian immigrants in the United States. *Psychological Reports*, 99, 295_304. Ghana statistical service & macro international, *Ghana Demographic & Health Survey*, (1998), Calverton, MD, USA: Macro International, 1999.

Gifford, P. (2004). *Ghana's new christianity. Pentecostalism in a globalizing African economy*. Indiana: Blooming & Indianapolis.

Gyekye, K. (1996). *African cultural values. An introduction*. Accra Ghana: Sankofa Publishing Company.

Gyimah, S. O., Tenkorang, E. Y., Takyi, B. K., Adjei, J., & Fosu, G. (2010). Religion, HIV/AIDS and sexual risk-taking among men in Ghana. *Journal of Biosocial Science 42*(4), 531–547.

Hill, P. C., Pargament, K. I., Hood, R. W., McCullough, M. E., Swyers, J. P., et al. (2000). Conceptualizing religion and spirituality: Points of commonality, points of Departure. *Journal for the Theory of Social Behaviour, 30*(1), 51–77.

Ikuenobe, P. (2006). *Philosophical perspectives on communalism and morality in African traditions*. Lanham, MD: Lexington Books.

Janoff-Bulman, R., Sheikh, S., & Hepp, S. (2009). Proscriptive versus prescriptive morality: Two faces of moral regulation. *Journal of Personality and Social Psychology, 96*(3), 521–537.

Janus, S., & Janus, C. L. (1993). *The Janus report on sexual behaviour*. New York: Wiley.

Johnson, M. A., & Mullims, P. (1990). Moral community: Religious and secular. *Journal of Community Psychology, 18*, 153–166.

King, P. E., & Furrow, J. L. (2004). Religion as a resource for positive youth development: Religion, social capital, and moral outcomes. *Developmental Psychology, 40*(5), 703–713.

Lutkehaus, Nancy. C. (1995). Feminist anthropology and female initiation in Melanesia. In N. C. Lutkehaus & P. B. Roscoe (Eds.), *Gender rituals. Female initiation in Melanesia* (pp. 3–32). New York and London: Routledge.

MacIntyre, A. (1984). *After virtue: A study in moral theory* (2nd ed.). Notre Dame, IN: University of Notre Dame Press. National AIDS Control Program/Ghana Health Services (2010). Health Sentinel Survey Report.

Meyer, B. (2004). Praise the lord: Popular cinema and pentecostalite style in Ghana's new public sphere. *American Ethnologist, 31*(1), 92–110.

Murray-Swank, N. A., Pargament, K. I., & Mahoney, A. (2005). At the crossroads of sexuality and spirituality: The Sanctification of sex by college students. *International Journal for the Psychology of Religion, 15*(3), 199–219.

National AIDS Control Program/Ghana Health Services (2007). *Health Sentinel Survey Report.*

Nukunya, G. K. (2003). *Tradition and change in Ghana. An introduction to sociology* (2nd ed.). Accra: Ghana Universities Press.

Opayemi, R. (2011). Gender, self-esteem, religiosity and premarital sex among young adults. *Gender and Behaviour, 9*(1), 3495–3512.

Osafo, J., Hjelmeland, H., Akotia, C. S., & Knizek, B. L., (2011). Social injury: An interpretative phenomenological analysis of the attitudes towards suicide of lay persons in Ghana. *International Journal of Qualitative Studies on Health and Well-being, 6*(4). doi:10.3402/qhw.v6i4.8708.

Paul, C., Fitzjohn, J., Eberhart-Phillips, J., Herbison, P., & Dickson, N. (2000). Sexual abstinence at age 21 in New Zealand: The importance of religion. *Social Science & Medicine, 51*(1), 1–10.

Perkins, D. D., & Long, D. A. (2002). Neighborhood sense of community and social capital. In A. T. Fisher, C. C. Sonn, & B. J. Bishop (Eds.), *Psychological sense of community: Research, applications, and implications*. NY: Kluwer/Plenum.

Pobee, J. S. (1992). *Religion and politics in Ghana: A case study of the Acheampong Era*. Accra: Ghana Universities Press.

Regnerus, M. D., Smith, C., & Fritsch, M. (2003). Religion in the lives of American adolescents: A review of the literature. A Research Report of the National Study of Youth and Religion, No 3.

Risjord, M., Moloney, M., & Dunbar, S. (2001). Methodological triangulation in nursing research. *Philosophy of the Social Sciences, 31*, 40–59.

Sauvé, N., Dzokoto, A., & Opare, B. (2002). The Price of development: HIV infection in a semi-urban community of Ghana. *Journal of AIDS, 29*(4), 402–408.

Schaefer, R. T. (2005). *Sociology* (9th ed.). New York: McGraw-Hill.

Spilka, B., Hood, R. W., Hunsberger, B., & Gorsuch, R. (2003). *The psychology of religion* (3rd ed.). New York: The Guilford Press.

Steegstra, M. (2002). A mighty obstacle to the Gospel: Basel missionaries, Krobo women, and conflicting ideas of gender and sexuality. *Journal of Religion in Africa, 32*(2), 200–230.

Takyi, B. K. (2003). Religion and women's health in Ghana: insights into HIV/AIDs preventive and protective behavior. *Social Science and Medicine, 56*, 1221–1234.

Trinitapoli, J., & Regnerus, M. D. (2007). Religion and HIV risk behaviors among married men: Initial results from a study in rural Sub-Saharan Africa. *Journal for the Scientific Study of Religion, 45*(4), 505–528.

Yamba, C. B. (1997). Cosmologies in turmoil: Witchfinding and AIDS in Chiawa, Zambia. *Journal of African International Institute, 67*, 200–223.