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The Conceptions and Practices of the Islamic and Christian Community in Bolgatanga in Ghana in relation to Sexual Health Education

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Abstract

Ghana is a West African developing country with more than 23 million inhabitants, of which four out of five have to live on less than 2 dollars a day. The consequences of unsafe and unwanted sexual actions are a huge problem in Ghana. The country has more than 260.000 people infected with the STD *HIV* (2007). An estimated 200.000 children have lost one or both parents due to *AIDS*. The Bolgatanga district lies in the Upper East Region, one of the poorest regions in Ghana. At least, three-quarter of the inhabitants have no access to clean drinking water and good sanitation. Moreover most people have to deal with health problems among which are diarrhea, malaria, TB and std's. In the Bolgatanga district, it is identified that many girls have become pregnant (unwanted), and because of that are not going to school (anymore). They can be repudiated from the community or have abortions illegally with mutilation or death as a consequence. Moreover, forced marriages and sexual initiations like circumcisions take place. All these social and health problems contribute to a low quality of life for youth in Ghana.

This research is part of a four-year project to generate recommendations and examples of effective education on sexual health for youth. Two bachelor students of INHolland University investigated the conceptions and practices of Muslims and Christians in the Bolgatanga district in Ghana. The students lived for two months with a Muslim and a Christian Ghanaian host family. The team used open interviews and observations with a broad target group: boys, girls, parents, social workers, religious leaders and teachers. Based on the results, recommendations have been made for sexual health education.

Key words: health education, sexuality, Ghana, HIV/Aids, youth

1. Introduction

Worldwide people encounter negative consequences of unsafe and (unwanted) sexual actions, like sexual transmitted diseases (std's), unwanted pregnancies and traumatising. Sexual education turned out to be an important method to prevent these problems.

Education about sexuality and relationships exist out of delegation of knowledge, formation of opinion and teaching skills in relation to physical, emotional and social development, relationships, sexuality and health (Dutch Expert Centre on Sexuality 2009). To start effective interventions on those areas, research is needed on conceptions and practices of the target group, and the factors which influence their sexual behaviour (Stephenson 2009; Glover, et al. 2003; Singh, et al. 2000). In this way different types of interventions can fit on the most relevant factors of influence.

In Ghana youth encounters several negative consequences of unsafe and (unwanted) sexual actions like std's, HIV/aids, unwanted pregnancies and death and mutilation caused by abortion. The Youth Harvest Foundation Ghana (YHFG) in the town Bolgatanga is an NGOⁱ

that promotes the sexual and reproductive health and rights of adolescents and wants to make a positive contribution to their healthy development into adulthood. In cooperation with the YHFG INHolland University started in November 2009 a research project on the conceptions and practices of youth about sexuality in Bolgatanga in the north of Ghana. The aim of this four-year during project is to advice the YHFG on sexual education and on educational means that fit the conceptions and practices of their youth.

The research question in this paper is: Which conceptions and practices do Christians and Muslims have in the Bolgatanga district in relation to sexuality and sexual health education? In April 2010 two students wrote their bachelor thesis on this question. They used open interviews and observations with people from the Muslim and Christian community in the Bolgatanga district in Ghana. Based on these data a first inventory of their results is made.

In paragraph 2 the theoretical background and the health situation in Ghana is described. Paragraph 3 describes the research method. The conclusions and recommendations are described in paragraph 4.

2. Theoretical Background

Ghana is a West African developing country with more than 23 million inhabitants, of which four out of five have to live on less than 2 dollars a day. The consequences of unsafe and unwanted sexual actions are a huge problem in Ghana. The country has more than 260.000 people infected with the sexual transmitted disease (STD) HIV (UNAIDS 2008). An estimated 200.000 children have lost one or both parents due to AIDS (Millennium goal atlas NCDO 2009).

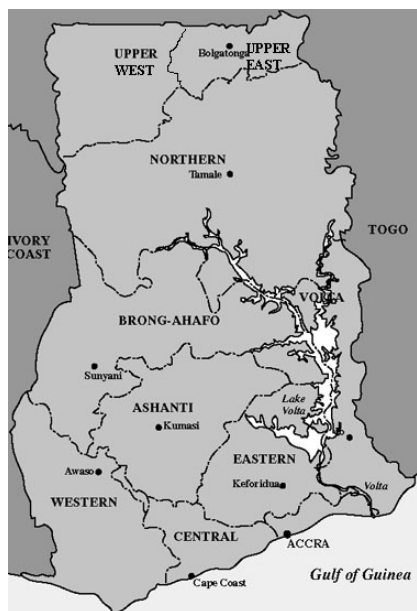


Figure 1: Map of Ghana, Bolgatanga in the north east

The Upper East Region (UER) is lying in the far north east of Ghana bordered to the countries Burkina Faso and Togo. It's one of the poorest regions in Ghana and has 920.000 inhabitants, of which 50 percent is younger than 15 years old. In the region only 16 percent of the people live in the city. In the UER almost half of the people (largely 46 percent) have the traditional religion, largely 28 percent is Christian and almost 23 percent is Muslimⁱⁱ.

Bolgatanga is the capital region of the UER and has 70.000 inhabitants; most of them belong to the ethnic group 'Frafra'ⁱⁱⁱ (Ghana Statistical Service 2002; Lewis 2009). The UER is one of the regions where it is identified that many girls become pregnant (unwanted), because of that they are not going to school (anymore). They can be repudiated from the community or have abortion illegally with mutilation or death as consequences. Moreover forced marriages and sexual initiations like circumcisions take place (Youth Harvest Foundation Ghana 2008; Mensch, et al. 1999). These social and health problems contribute to a low quality of life of people in Ghana, and at the cost of the social-economic development of the country. The appeal that is being done on the health care supplies as a consequence of the mentioned problems is very large.

In more ways this area is interesting for research. The UER is mainly a rural area and lags behind with regard to development comparing with the urban areas in Ghana. At least three-quarter of the inhabitants of the region hasn't got access to clean drinking water and good sanitation. Moreover most people have to deal with health problems (among which diarrhea, malaria, tb and std's) and poverty problems (Ghanaweb 2009a; UNICEF 2002; Agyei-Mensah 2005; Owusu 2002). The area is not an attractive place to work for doctors, the people who work there, are often over worked (Ghanaweb 2009bc).

In this region there haven't been done hardly any research on conceptions of youth about sexuality, on their sexual behaviour or the factors that influence sexual behaviour. Moreover the organization Youth Harvest Foundation Ghana, which focuses on sexual education for youth in the Bolgatanga district, explained their need for more insight in the knowledge, attitude and behaviour of youth in relation to sexuality (YHFG 2008). This knowledge will lead to advices for effective interventions. It is supposed that youth have a lack of knowledge and skills in relation to sexual transmitted diseases and reproductive health (Worlanyo Aheto & Prosper Gbesemete 2005; YHFG 2008).

3. Research Method

Research question

Which conceptions and practices do Christians and Muslims have in the Bolgatanga district in relation to sexuality and sexual health education?

Target group

Youth, teachers, social workers, parents and religious leaders from the Christian and Islamic community.

Method

The qualitative research methods open interview and observation are used. These are appropriate methods when there is less knowledge about a specific topic of research (Baarda, De Goede, Teunissen 2001). The research team consisted out of two student-researchers Social Work and Pedagogic. In total 14 interviews have been held. A general topic list is made.

Respondents:		Topic list:
Key informants	Number	
Boys between 12 and 22 years old	4	<ul style="list-style-type: none"> - Cultural conceptions in relation to relationships and sexual behaviour - Cultural practices in relation to relationships and sexual behaviour - Religious conceptions in relation to sexual behaviour - Religious practices in relation to relationships and sexual behaviour - Sexual behaviour of youth - Relationships of youth - Unwanted pregnancies and (illegal) abortion - Safe sex and std's - Influence (extended) family in relations to relationships and sexual behaviour of youth - Sexual Education to youth
Girls between 12 and 22 years old	3	
Teachers	2	
Parents	2	
Social Worker	1	
Religious leader	1	
Health worker	1	
Total	14	

Figure 2 and 3

The research team wanted to get a broad idea of the conceptions and practices of the target group. To adapt the Ghanaian culture and the Frafra culture in Bolgatanga in particular, the student-researchers stayed with a host family. One host family was Muslim and the other one had Christian and Muslim members.

The interviews were held individually and recorded on audio equipment. The respondents were found by the network of the host families, the YHFG and the student-researchers. The interviews were transcribed literally. The interviews were divided into several categories. The categories were analyzed to write the results. The student-researchers made a report of their observations, and analyzed their report by the categories made from the analysis of the interviews. Complementary categories were made if necessary.

4. Results

In this paragraph the results of the bachelor thesis's of the student-researchers are described. Paragraph 4.1 describes the Christian community, paragraph 4.2 describes the Islamic community.

4.1 The Christian Community in Bolgatanga

The results are divided into five categories: institution, social network, value structures, sexuality and miscellaneous.

Institution

In the Christian community in Bolgatanga the age for marriage is around 25 or 30 years old. Marriage is not only a commitment between two people but also between two families. The families interfere with choosing the right family to get involved with and also interfere if there are problems in the marriage. It is not possible to just get a divorce because there has been paid a bridal fee, and the bride is owned by her husband.

A large group of the youth attends boarding schools where they live on campus. They don't talk much with each other about problems they are facing. It seems like they rather like to keep things to themselves. There is also a big group of young people who can't afford to get education. Their parents can't provide for them, so they live on the street and try to make some money to survive. Some girls perform sexual activities for a little bit of food or money. Poverty is one of the challenges that is a big influence on the behaviour of youth and on the sexual and reproductive health. The youth who lives on the streets are more vulnerable to risks because they have never had sexual education and because they are desperate to make some money.

Social Network

The relationships the youth have are most of the time short term. The Christian girls who are interviewed don't get involved in boyfriend-girlfriend relationships because they want to focus on education and church. The interviewed boys do have experience with girls. Most of the time the parents are not aware if their children are in relationships. The youth doesn't want to listen to their parents. There is a lack of respect and they feel they know better than their parents. They want to be modern and parents try to hold on to old traditions. The parents don't know how to control their children anymore. The youth doesn't share problems with parents often. They keep things to themselves because they are scared to be judged or because they feel the parents don't have the ability to help.

Value structures

The majority of the interviewed Christian youth doesn't talk about love. The adults believe the youth doesn't know what love is yet. Only one respondent has been in love with a girl for many years already. He claims to be the only one in his group of friends to have these kinds of feelings for a girl. His friends just want to have fun.

"Then she asked me whether I'm still in love with somebody else. And I told her no. I'm in love with her. I'm not in love with any other person. I can't go for any other person apart from her." (Boy, 21 years)

Cheating is something that happens frequently in relationships in Bolgatanga. Especially the men cheat on their wives. If a married woman cheats, she makes the ancestors angry and they can harm her family. It seems it's more accepted for men to cheat. Only if a woman is married she is off limits. Otherwise they will still try to seduce her.

Appearance is a big influence on how people experience sexuality and lust. If a girl dresses in a way where she exposes a lot of her body there is a big chance she will awaken sexual feelings from men that look at her. Some people think if those girls get in trouble it is their own fault. Some respondents had the attitude in life of being powerless when it comes to having any influence on their life's. They feel only God can do that. This attitude makes that they might stay in a position they don't like because they don't make an effort to change it.

"So you should dress, this ones, your skirt is very short. And something falls and you have to pick. The whole of your thighs will be seeing. And if a guy sees that, though he no love you, but he will be tempted to do what? Have sex. He will have that thing in mind to have sex with you." (Girl, 20 years).

Sexuality

A part of the Christian youth respondents claims not to involve themselves with sex. They want to wait till marriage. They do say that it (sex) happens a lot in Bolga. Some give the reason that before you get married you also have to see if there is a connection on a sexual level. To prevent problems after you have gotten married. One of the places where they get a chance to have sex is on the big funeral parties in the dry season. These are occasions where there is not a lot of control from parents and one of the few chances girls get to get out of the house at night.

A lot of schools and churches don't spend a lot of time on giving sexual and reproductive health classes because talking about these topics is a taboo. They advise the youth just not to get involved with sex before marriage but that's about the extent of it.

A big group of the youth doesn't use protection when they have sex. Some don't think about it and some feel shy to buy condoms. The social control is quiet big and someone might see them buy it and tell the parents. If a girl carries condoms she gets a bad name because she probably has sex with a lot of boys.

Some girls already get pregnant at the age of 14 years. If the boy doesn't take responsibility, the girls has to do it alone or with help from her parents. In most cases they believe the boys

when they deny it. If the girl doesn't want the child she doesn't always go to a clinic to get an abortion. There are illegal doctors that perform abortion or they take a concoction of medicines or alcohol mixes with grinded glass to cause an abortion. All these methods are very dangerous and a lot of girls die because of it.

People that get infected with an STD or HIV often are ignorant to it. Some don't know about the ways you can get infected or they just don't think about it. One of the respondents is a community nurse. She works at a clinic where they provide free HIV testing. More girls than boys go to the clinic to get tested.

Sexual abuse does happen but it's something that is kept in the family most of the time because it is a disgrace to the families. The community nurse tries to make girls aware of their right to get an abortion if they get pregnant cause of rape and that they have the right to report it if they have been abused.

"Yeah, yeah we do it before marriage... We believe in it. Actually because I think, I know it's important before marriage because you have to know your partner sexually." (Boy, 22 years)

Miscellaneous

A part of the community sees that not talking about sex has negative effects on the development of the youth. The social worker experiences that if you have an open attitude towards the youth they will be open about their problems.

Because of globalization the youth gets in touch with other cultures. They see the luxury in the western video clips and they desire these things as well. In Ghanaian video clips and in the way of dressing in clubs you see that they copy what they see in those clips. Most of the times they even exaggerate it.

From the youth that has been interviewed the girls have a more positive vision for their future than the boys. The future of Ghana is seen as one that is changing and improving but it will take time to work on big challenges like poverty and sexual and reproductive health issues.

4.2 The Islamic Community in Bolgatanga

The results are divided into three categories: social network, sexuality and reproductive health and social aspects.

Social network

The age for marriage according to the Islamic community is when a girl reaches puberty. It becomes clear from the results that the Islamic youth is around 25 years old when they get married. According to the respondents they can choose the partner they like, but the family and the parents have to agree with the marriage. Also forced marriages still happen, but this is changing. Before marriage the family investigates the background of the girls' family for example on hereditary diseases. When a woman marries the man gets ownership on her. Furthermore it is expected from the woman that she takes care of the household in the family house of the man, and works for an example on the market. For the Islamic wife it is important to have children to increase her status in the community.

The Islamic community doesn't embrace a marriage between an Islamic person and a person from a different religion. Therefore one of them has to change his or her religion. In certain cases when an unmarried girl becomes pregnant, she should get married with the boy who made her pregnant.

When a girl is still in school, she is not allowed to have friendships with boys. If the community sees a girl talking to a boy she will get a bad name. Parents are afraid when young girls and boys interact, because they think they will not concentrate on their education. The results show that parents are afraid that their children will lose their focus on their education and get pregnant. It is not common for parents to communicate openly about relationships and sexuality with their children. This arises from taboos on these subjects and

deep-rooted traditions. The Islamic youth goes to friends for information and most of the time this information is not correct.

The finding suggests that the knowledge of Islamic youth and parents is limited or incorrect regarding sexuality and sexual- and relational education. The result is that young people have unsafe sexual contacts. Not only limited knowledge is the cause of this behaviour, but also poverty plays a role. Relationships are not made from love. Girls often have sex with older men in exchange for money or material things. This increases the risk of being infected with an STD or HIV.

“We have people like fourteen years who are getting pregnant most of them are going in for abortion. Most of the abortion are done illegally”. (Social Worker)

Sexuality and Reproductive Health

Every young person in the Bolgatanga district, regardless of religion, culture, education or gender are entitled to good education about sexuality and relationships. Although most young people sometimes have access to various information sources such as internet and friends, the knowledge of these young people about sexual development, contraception and sexual risk is limited or incorrect. Knowledge is important, but not the only condition for good sexual health and wellbeing for young people. Knowledge on these subjects is important to promote healthy sexual health and prevention of sexual health risks including HIV/STI's, unwanted pregnancies and unsafe abortions.

The interviews and observations show that boys and girls are discouraged by the Islamic community to have sex before marriage. Some respondents indicate that informing young people about topics related to sexuality will cause that young people turn into sex. Handing out condoms is countered by the religious leaders and the education service. The observations and interviews indicate that there is a taboo to use condoms, especially when a girl is proposing. This results in a number of Islamic youth who get infected with HIV/AIDS, STD's and unwanted pregnancies.

Young girls who get unwanted pregnancy before marriage have a difficult life in Bolgatanga. Firstly, according to a number of respondents a girl has to drop out of school. Secondly, they are a disgrace to the family and they will be send away. Finally they may go in for an abortion at the hospital or with an unqualified doctor. The unqualified doctor often uses unsafe methods, which can result into mutilation or death.

“I was telling them to teach our children about how to use a condom. Some of them say no, we are spoiling the children rather. If we do that we are telling the children to go out and have sex. So no parent will talk about sex.” (Community nurse)

“Ok so we all tell them to abstain so you don't get pregnant or you don't get STD's”. (Religious leader, Islamic community)

Social Aspects

The Upper East Region in Ghana and especially the Bolgatanga District is one of the poorest parts of Ghana. According to the respondents some of the Islamic youth doesn't go to school and there are only a few jobs available. This ensures that the youth is in a vicious circle of poverty. According to respondents, the impact of poverty on young people is enormously. They leave Bolgatanga and go to the south of Ghana looking for work. Often poorly paid jobs, or the girls go into prostitution. According to a number of respondents, the conduct of the girls is also affected by poverty in sexual matters. The observations show that girls watch video clips, porn, series and get a one-sided view about the western world. Girls seem to want to pursue this lifestyle.

5. Conclusion & Recommendations

The findings of the bachelor thesis's on the conceptions and practices of Christians and Muslims in the Bolgatanga district in relation to sexuality and sexual health education are described in this paragraph.

The results suggest that the knowledge of Islamic and Christian youth and parents is limited or incorrect regarding sexuality and sexual and relational education. The result is that most of the young people have unsafe sexual contacts. Not only limited knowledge is the cause of this behaviour, but also poverty plays a role. Relationships are not based on love. Girls often have sex with older men in exchange for money or material things. This increases the risk of being infected with an STD, AIDS or unwanted pregnancies.

The youth is in a vicious circle of poverty. They have limited access to education, and poverty is causing school drop-outs. The drop outs have hardly or never had sexual education, so they are more vulnerable for risks regarding their sexual and reproductive health.

The youth has low self-esteem and they don't think they can change their situation. Which also results in passive attitude to improve their situation.

A lot of schools, churches and mosques don't spend a lot of time teaching reproductive health classes, because talking about these topics is a taboo. They advice the youth not to get involved in sex before marriage and encourage abstinence. They don't give the youth the right information for them to make healthy decisions when it comes to their sexual activities. A part of the community - especially the people who work in the social welfare sector – noticed that not talking about sexuality has negative effects on the behaviour of the youth. They experience that the youth will talk openly about their problems, if you approach them without being judgmental.

Parents don't communicate openly with their children regarding subjects like sexuality and relationships. They feel uncomfortable talking about these subjects because it is a taboo. Parent's don't know how to control their children. The youth has access to a lot of information sources like internet and television. They want to be more modern because they see how people live in the western world and the parents hold on to old traditions which create a gap between the youth and the parents. This results in youth who doesn't listen to their parents anymore.

Recommendations

Based on the results the student-researchers advice to involve the parents more in education about sexuality and relationships. The Youth Harvest Foundation Ghana (YHFG) in the Bolgatanga district provides reproductive health education on schools. After the education the youth could present what they have learnt to their parents. Then the parents know more about sexuality and relationships, they know what their children learn in school and it creates an opportunity for parents and youth to talk about these topics.

The YHFG makes use of European volunteers who give reproductive health classes in schools. Some of the volunteers have a study background related to social studies, some of them don't. To professionalize the education and to make the education more effective all the volunteers should attend a course in advance. This course should be about (1) the youth and the sexual behavior of youth in Bolgatanga (knowledge), (2) the approach of youth when you want to discuss sensitive or taboo subjects (attitude) and (3) educating youth on such topics (skills). People who could be involved in this course: community nurse, social worker, youth, formal volunteers and experts on youth and sexuality. It could also be possible to organize this course for volunteers in Europe in cooperation with the partner organization of the YHFG: JugendPartnerschaft Ghana in Germany. For example researchers in this project about youth and sexuality in Bolgatanga could contribute to the course.

Teachers in social studies and moral education have to give lessons about for example puberty, reproductive health, risk behaviour. According to the respondents the teachers don't tell them enough about it. The respondents prefer the lessons of the YHFG. The YHFG could cooperate with the teachers to (1) exchange experiences and facts about the behaviour of youth, (2) exchange on skills to feel more comfortable as an educator to talk about sexuality and reproductive health and (3) sharing and exchange of educational means like role-plays and (memory) games. Next to that schools could organize meetings for parents, to get parents more involved with the development of their children. Most parents deny the sexual active behaviour of the youth, and because of this denial they think sex education is not necessary and will only promote having sex and will harm the youth. Nevertheless the facts are there, the youth is (unsafe) sexual active and they experience the negative consequences of it.

References

- Agyei-Mensah, S. 2006. Poverty and HIV prevalence in Ghana: a geographical perspective. In *GeoJournal*, 66: 311-324.
- Baarda, D.B., Goede, M.P.M., de; Teunissen, J. 2001. *Basisboek kwalitatief onderzoek: Praktische handleiding voor het opzetten en uitvoeren van kwalitatief onderzoek*. Groningen: Stenfert Kroese.
- Awusabo-Asare, K.; Abane, A.M. & Kumi-Kyereme, A. 2004. Adolescent Sexual and Reproductive Health in Ghana: A Synthesis of Research Evidence. The Alan Guttmacher Institute.
- Dutch Expert Centre on Sexuality. 2009. Seksuele en relationele vorming. Rutgers Nisso Groep. Retrieved from: <http://www.rng.nl/professionals/onderwijs-en-jongerenwerk/jeugd-en-jongerenwerk/seksuele-en-relationele-vorming>, 16 June 2009.
- Ghana Statistical Service. 2002. *2000 Population and Housing Census of Ghana*, Accra, Ghana: Ghana Statistical Service.
- Ghanaweb. (06-08-2009c). Doctors continue to refuse postings to the UE. Retrieved from: <http://www.ghanaweb.com/GhanaHomePage/NewsArchive/artikel.php?ID=166507>, 6 August 2009.
- Ghanaweb. (22-07-2009b). UNICEF worried about maternal deaths in Upper West Region. Retrieved from: <http://www.ghanaweb.com/GhanaHomePage/NewsArchive/artikel.php?ID=165758>, 27 July 2009.
- Ghanaweb. (26-07-2009a). Upper East Region to get more latrines. Retrieved from: <http://www.ghanaweb.com/GhanaHomePage/NewsArchive/artikel.php?ID=165962>, 27 July 2009.
- Glover, E.K., Bannerman, A., Wells Pence, B., Jones, H., Miller, R., Weiss, E. & Nerquaye-Tetteh, J. 2003. Sexual Health Experiences of Adolescents in Three Ghanaian Towns. In *International Family Planning Perspectives*, 29 (1), pp. 32-40.
- Lewis, M.P. (ed.). 2009. *Ethnologue: Languages of the World*, Sixteenth edition. Dallas, Tex.: SIL International. Online version: <http://www.ethnologue.com>.
- Mensch, S.B., Bagah, D., Clark, W.H. & Binka, F. 1999 The Changing Nature of Adolescence in the Millennium goal Atlas. NCDO. Retrieved from: <http://www.millenniumdoelen.nl/atlas/atlas.php>, 16 June 2009.
- Owusu, K. 2002. Ghana water sale slammed. BNET Business Network. Retrieved from: http://findarticles.com/p/articles/mi_qa5327/is_2002_Oct/ai_n28951555/pg_1.
- Singh, S., Wulf, D., Samra, R. & Cuca, Y.P. 2000. Gender Differences in the Timing of First Intercourse: Data from 14 Countries. In *International Family Planning Perspectives*, 26 (1), p.21-28 & 43.
- Stephenson, R. 2009. Community Influences on young people's sexual behavior in three African countries. In *American Journal of Public Health*, 99 (1).

UNAIDS. 2008. Report on the global AIDS epidemic. UNAIDS, pp. 214-218.

UNICEF. 2002. Evaluation of HIV/AIDS prevention through peer education, counseling, health care, training and urban refuges in Ghana. *Evaluation and program Planning*, 25, p.409-420.

Worlanyo Aheto, D. & Prosper Gbesemete, K. 2005. Rural perspectives on HIV/AIDS prevention: a comparative study of Thailand and Ghana. In *Health Policy*, 72: 25-40.

Youth Harvest Foundation Ghana. 2008. Adolescent Sexual Reproductive health and Rights programme. Situational report. Youth Harvest Foundation, Bolgatanga Ghana.

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ⁱ Non governmental organization: created by natural or legal persons with no participation or representation of any government. In the cases in which NGOs are funded totally or partially by governments, the NGO maintains its non-governmental status and excludes government representatives from membership in the organization. Website: www.yhfg.org

ⁱⁱ A small part has another or no religion. Exact data in relation to the Bolgatanga district is not available.

ⁱⁱⁱ The ethnic group Frafra consists out of four other dialects. In Ghana 820.000 people in total belong to this group. 656.0000 people live in the UER (Lewis, 2009). Exact data in relation to the Bolgatanga district is not available.