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**ASSESSMENT OF THE USE OF CONTRACEPTION AMONG ADOLESCENTS IN
BEREKUM**

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ABSTRACT

This study sought to assess the use of contraception among adolescents in Berekum. To achieve this goal of the study, the descriptive design was employed. The simple random sampling technique was used to sample 100 adolescents. Questionnaires constituted the main data collection instruments which were analysed descriptively with the help of SPSS. The study revealed that the adolescents knew about at least one contraceptive method of which condoms were common. The sources of knowledge of contraceptive were pharmacies, chemical sellers, friends among others. The study further revealed the availability, the cost, the distance, unfriendly protocol and the lack of privacy as some of the barriers to contraceptive use. The study recommends awareness creation, use of youth-friendly centers where adolescents can confidently and conveniently go to seek contraceptive services, counseling regarding sex, sexuality, and pregnancy.

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LIST OF ABBREVIATIONS

ECP Emergency Contraceptive Pill

GDHS Ghana Demographic and Health Survey

HIV/AIDS Human Immune Virus/Acquired Immune Deficiency Syndrome

IUD Intra Uterine Device

KATH Komfo Anokye Teaching Hospital

POPs Progestin-only pills

SDGs Sustainable Development Goals

STDs Sexually Transmitted Diseases

SRHS Sexual and Reproductive Health Service

CHAPTER ONE

INTRODUCTION

1.1 Background

The sexual and reproductive health of adolescent girls is a key component of the global burden of sexual ill health (Morris & Rushwan, 2015). Yet efforts to achieve the sustainable development goals (SDGs) three (3) have only made adolescent reproductive health issues only more prominent, (Gbagbo, 2020) without achieving remarkable global results. It is estimated that 16 million girls aged 15–19 give birth each year, and this constitutes about 11% of all births worldwide and 95% out of these births occur in low-and middle-income countries. A total of 44% of these unintended pregnancies occur among adolescents (Averiyire, 2015)

Unplanned pregnancy poses a major public health challenge among adolescents in developing countries (Yidana, 2015). The rising rate of sexual activity among adolescents in developing countries has drawn attention of experts regarding adolescent's decisions about various aspects of sexual reproductive health (Marrone, 2014) In this regard, concerns have been raised about the adverse effects of early childbearing, particularly for unmarried adolescents, and the risks of contracting sexually transmitted diseases. This has given rise to a renewed interest in sexual behavior of adolescents (Blanc, 1998.)

In parts of developing countries, adolescents are noted to have special sexual and reproductive health needs (Ebuehi, 2006) As a result many are often exposed to inaccurate or incomplete information. It has been observed that many adolescents in recent times engage in unsafe sex, leading to high rate of unplanned pregnancies (Lule, 2004). Situations of this nature call for contraceptive use in adolescence to be given special attention (Whitaker, 2008). Another important

dimension is that adolescents between 14-19 years have been noted to be sexually active yet; they rarely use contraceptives due to negative societal attitudes

As a consequence, many adolescent girls who get pregnant often drop out from school. Many of them do not often have the social and economic means to raise their children (UNFPA, 2013)

1.2 The Problem Statement

The Ghana Demographic and Health Survey (GDHS) have indicated that about 13.0% of 14-19 years old were pregnant or were already mothers. Surprisingly, 69.0% of births to this category are both unwanted or mistimed. Bono-Ahafo region of Ghana has total fertility rate of 4.8 children per woman, and the contribution of adolescents to these rates cannot be over looked. (Ghana Statistical Service & GhanaHealth,2014).

If young people continue to experiment with sex and yet fail to use contraceptives, regardless of the efforts of governments to implement policies that would address specific sexual and reproductive health needs of adolescents the likelihood of many of them becoming pregnant is very high, the persistent in unwanted pregnancies, unsafe abortions and the rate of STDs indicate the need for greater improvement in adolescent reproductive health (Aninanya et al., 2015).

Using contraceptives can help to prevent the effect of early unplanned and unprotected sexual activities (Bankole et al., 2007; Opoku & Kwaununu, 2011). This can auger well for Ghana's rapid population growth. The knowledge of contraception in Ghana is very high, the 2014 GDHS indicated that 99.0% of all women and 99.2% of all men knows of at least one method of contraceptive. It is however unfortunate that contraceptive use in Ghana is very low among adolescents. There has not been a substantial and consistent increase in contraceptive use despite efforts made to promote its use for over three decades in Ghana (Adjei et al. 2014).

Thus, this study seeks to assess the prevalence and knowledge of adolescent's use of contraceptive and to provide some answers to the factors that influence the decision to use contraceptives among adolescents in Biadan-Berekum municipality.

1.3 General Objectives

The main objective of the study is to assess the use of contraception among adolescents in the Biadan-Berekum municipality.

1.3.1 Specific Objectives

1. Assess the knowledge on the use of contraception among adolescents in Biadan-Berekum
2. Identify the factors affecting contraceptive use among adolescents in Biadan-Berekum
3. Identify the barriers that affect the use of contraceptives among the adolescent in Biadan-Berekum

1.4 Operational definition of Terms

- i. Adolescents are defined as individuals who fall within the age range of 10 and 19 years.
- ii. Adolescence is defined as a stage characterized by rapid changes in terms of growth and development of the physical, psychological, social and sexual features of an individual.
- iii. Sexual and Reproductive Health (SRH) is well-defined as the skills couples have to carry out sexual acts safely, whether expecting pregnancy or not, and, if the couples want the pregnancy, the females should be prepared to bear the pregnancy to full term without harm, bring out infant in good health, and the mother should be willing to raise the child.
- iv. Sexual and Reproductive Health Service (SRHS) is a means health care providers undertake responsibility to promote family planning services to adolescents, promote safe abortion care, prevent, treat and manage sexually transmitted diseases as well as HIV and

AIDS among adolescents and encouraging adolescent to patronize in youth/adolescent friendly health care services. It is also a way of reaching adolescents with reproductive health information, education and counselling to promote the use of SRHS and to create a link between the health facility, schools and the community as a whole.

- v. Knowledge of SRHS means recognize, understanding, grasp and have the capacity to solve SRHS problems.
- vi. Access to SRHS is being able to obtain or offered with a choice of the available healthcare services at any point in time.
- Vi. Utilization is the ability of an individual to apply knowledge acquired in an event/a situation to solve problems.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This section, reviews the theories and empirical works of different authors. It focuses on some economic theories in relation to contraceptive use as well as empirical reviews regarding the knowledge and use of contraceptives. In addition, it looks at definitions for contraceptives, explains the methods of contraception and the factors influencing contraceptive use.

2.1 Theoretical Review

2.2.1 Definition of Contraceptives

The Macmillan dictionary defines contraceptive as a drug, method, or object used for preventing a woman from becoming pregnant. Contraceptives can be grouped into modern and traditional methods. The modern methods include; barrier method (female and male condoms as well as diaphragm), hormonal method (pill, injectable and implants), Intra Uterine Device (IUD), male and female sterilization (Ampah, 2019). The traditional methods, on the other hand, include; periodic abstinence method, and (coitus interruptus) withdrawal method (Stewart et al., 2013).

4.2.1.1 Modern method

Hormonal method

The hormonal method requires the use of hormones to prevent conception. The oral contraceptive or the pill is a compound of synthetic hormones that subdue ovulation by keeping the estrogen level high in a female. This prevents the pituitary gland from sending a signal to the ovaries to release an egg. The pill is taken by the woman every day at the same time to prevent pregnancy and stopped when she desires to be pregnant. The Emergency Contraceptive Pill (ECP) used to

prevent pregnancy within a few days after intercourse. They are taken either as a single dose or two doses 12 hours apart. This pill is normally taken in emergency cases that is after unprotected sex. Progestin-only pills (POPs) are also used to interfere with ovulation or sperm function by thickening the cervical mucus thereby making it hard for sperms to enter the uterus or fallopian tubes. Other forms of hormonal method are the injectable birth control and implantable rods. The injectable birth control involves injection of a progestin, Depo-Provera® (DMPA—depomedroxy progesterone acetate), in the arm or buttocks once every 3 months (NCBI, 2010) The implantable rods are matchstick-sized, flexible, and plastic rods which are surgically inserted under the skin of the woman's upper arm to release a progestin and can remain implanted for up to 5 years (FDA, 2011).

Barrier method

The male condom is a single-use sheath which is rolled on to an erected penis before intercourse to collect ejaculated and pre-ejaculated secretions in the space at its tip. The female condom is a loose-fitting lubricated polyurethane sheath with a flexible ring at each end. It is inserted into the vagina prior to intercourse to collect ejaculate and pre-ejaculate secretions. The diaphragm is a silicone dome with a flexible rim that is inserted into the vagina to cover the cervix. The inserted diaphragm prevents sperm transport through the cervix hence must be kept in place for at least six hours after intercourse in order for the spermatozoa to be incapacitated in the acidic vaginal environment (Stewart et al, 2013)

Sterilization method

Female sterilization is also known as tubal ligation and is done by occluding or disrupting fallopian tubal patency to prevent the sperm fertilizing the egg (Stewart et al., 2013). It can be done by making incision above the pubic hairline and taking hold of the fallopian tubes which are then tied off. It can also be done by making a smaller incision, and with the aid of a laparoscope the fallopian tubes are tied off. The male sterilization or vasectomy involves cutting and tying off the tubes that lead each testicle to the penis. This prevents sperms produced from leaving the testicles to the penis to fertilize an ovum during unprotected sex (Kennedy et al., 1989).

IUD

It is a small T-shaped flexible device that is placed in the uterus to prevent pregnancy. Although it comes in several different shapes and can be made of various materials, the IUD most commonly used is a nylon plastic coil. The IUD can remain in the woman for many years can be taken out by a health care provider if the woman wants to become pregnant. A copper IUD when inserted releases a small amount of copper into the uterus, which causes an inflammatory reaction preventing sperm from reaching and fertilizing the egg. Another form of IUD is the hormonal IUD which also function by releasing progestin hormone into the uterus. This causes cervical mucus to thicken, inhibits sperm from reaching or fertilizing the egg, thins the uterine lining, and also may prevent the ovaries from releasing eggs (FDA, 2011).

2.4.1.2 Traditional methods

Withdrawal (coitus interruptus), requires the male partner to have awareness and control over his ejaculation. It is not so much reliable, as failure can occur because approximately 40% of men have sperm present in the pre-ejaculate (Kilick et al., 2011)

Another traditional method also known as natural method is the lactational amenorrhea method (LAM) which is an informed use of breastfeeding for contraception. During breastfeeding, the resumption of ovulation postpartum is delayed and this can be used to prevent conception as long as the mother fully or nearly fully breastfeeds and remains amenorrheic (Stewart et al., 2013; Kennedy et al., 1989).

When these two conditions are fulfilled, breastfeeding provides more than 98 percent protection from pregnancy in the first six months (Kennedy et al 1989).

Another natural method of conception is the Periodic abstinence method. This requires the woman to know her fertile and infertile days so as to know when is safe to have sex (Stewart et al.). Sperm can survive for five (5) days in the uterus, so intercourse during the safe periods can result in conception (Stewart et al., 2013).

2.3 Empirical Literature Review

Most health sectors currently emphasize knowledge about reproductive health issues since the problem of increasing population growth has become a global concern (Appiah-Agyekum and Kayi, 2013). Evidence show that the growth and quality of the population depends not only on the ability to educate but also to meet the reproductive health needs of adolescents and young people (Ghana Adolescent Reproductive Health Policy, 2000). Despite the acknowledgment of the relevance of meeting the reproductive health needs of young people and the high level of awareness amongst them, the rate of contraceptive use remains utterly deficient (Awusabo-Asare et al., 2004; Yidana et al., 2015). Hence, whether or not actual contraceptive use would increase over time, depends on the knowledge people have of family planning methods and their attitudes towards its associated services (Longwe et al., 2012).

Many reviews have indicated that adolescents within the age range of 15–19 years old are sexually active, and are unlikely to use contraceptives in spite of the risk in connection with early pregnancies (UNPF, 2001). Adolescents who do not practice safe sex but are sexually active stand the risk of unintended pregnancies, which is associated with other health complications such as miscarriages, unsafe abortions and stillbirths which may result in infant or maternal deaths (Nyarko, 2015). Married or unmarried young women experiment with contraceptive and are inconsistent with regard to its use. They further mention factors such as fear, embarrassment, cost and lack of knowledge as barriers to the use of contraceptive methods among female adolescents (Nyarko, 2015).

A study conducted in Kenya, on the awareness and obstacles to contraceptive use indicated that there were high levels of contraceptive knowledge among adolescents although merely 43.0% were familiar with the use of a contraceptive method (Kinaro et al, 2015). It further showed that health service providers were bias in administering contraceptives on the basis of age and also identified knowledge of where to obtain contraceptives as the major barrier to contraceptive use among adolescents.

In Tanzania, a cross sectional study carried out in girls' secondary schools found that 40.0% of female adolescents in Dar es Salaam who knew at least one contraceptive method actually used any of the methods of contraception (Kagashe & Honest, 2013). It indicated that majority of the girls were aware of the problems related to unwanted pregnancies among school girls. The major source of information on contraceptives was from schools and the media. The author recommended the need for educational interventions so as to increase contraceptive use among adolescent school girls.

Tayo et al. (2011) in their survey in Lagos on contraceptive knowledge and usage amongst female secondary school students concluded that 5% of the female students with contraceptive knowledge were users. It revealed that majority of them who were sexually active were non-users. Additionally, it showed that 45% of this female adolescent sourced information on contraceptives from their parents. The study therefore suggested that advocacy on adolescent reproductive health before initiation of sexual activity be intensified. It also called for the need to spread information on family planning methods among teenagers in the region.

Ngome and Odimegwu (2014) undertook a multilevel analysis on the social context of adolescent women's use of modern contraceptives in Zimbabwe. The study used data from the 2010/2011 Zimbabwe Demographic Health Survey (ZDHS) in addition to data from Measure DHS consultants to examine the influence of individual, household and community variables on contraceptive use among adolescents in Zimbabwe. It hypothesized that community characteristics were more critical predictors of adolescent contraceptive use than other individual and household characteristics. The results of the study showed that the odds of contraceptive use for adolescent women with children were higher and that medium and high access to media also increased the odds of using contraceptives. It depicted a negative relationship between the odds of modern contraceptive use and the mean number of children ever borne per woman; as well as the mean number of school years per woman and the proportion of women with at least secondary education at the community level. Nonetheless, the odds of modern contraceptive use had a positive linear relationship with the proportion of women who were somewhat, having the problem of gaining access to health care. Contrary to the study hypothesis, the results revealed that individual characteristics explained variations in adolescent contraceptive use much better than the

community level variables. It therefore concluded that both individual and community level variables be considered in determining contraceptive use among adolescent.

Kayongo (2013) evaluated the uptake of modern contraception among youth (15 – 24) at the community level in Busia District in Uganda. Amongst the findings was that prevalence of use of modern contraceptive was 62% among sexually active youth. It established that condom was the most favoured contraceptive method with 71.7%, followed by Depo-Provera and pills with 31.8% and 9% respectively. The results further revealed that respondents who were below 20 years and without children but had the desire to have at least five children were less likely to influence modern contraceptive use.

A study from Ghana by Hagan and Buxton (2012) indicated a high level of awareness among adolescents on contraceptive use and where to obtain them. The results revealed that 21.0% of adolescents sampled for the study with knowledge about contraceptives were users where as 82.0% of them were non-users. More so, it showed that 60% of respondents acquired information about contraceptives from the media and 30% from friends; although nearly 32% of them assumed contraceptive use was the business for adults who were married. It cited condoms as the most common contraceptive used; same can be said of a study conducted in Kintampo, where 86.6% of female adolescents had a fair knowledge of at least one method of contraceptive use (Boamah et al, 2014). The findings of the study revealed a significant relationship between consistent contraceptive use and discussions of contraceptive use among adolescents. It came out that about 22% of adolescents consistently used contraceptives and amongst them those who discussed contraceptive use before their first sexual encounter were more likely to use contraceptives consistently compared to those who had never had any discussion. A study by Yidana et al (2015) of 400 adolescent men and women of reproductive age in Northern Ghana, showed that, most

adolescent desired to use contraceptives to prevent pregnancies or to continue their education. It found that contraceptive use prevalence among teenage girls who have had their first child rose to levels comparable to that of women in their twenties. Overall, knowledge of contraceptives was significantly high in the region.

In the Greater Accra Region, there is evidence showing that women experiencing induced abortion tend not to have knowledge about contraceptive methods prior to the abortion. However, those who do, fail to use them due to rumours of side effects or personal negative experiences with modern contraceptives (Biney, 2011). In the same vein, Agyei (2014) used systematic sampling of 420 women for a study on the factors influencing contraceptive uptake among women with induced abortion at the Komfo Anokye Teaching Hospital (KATH) in Kumasi. The results of the study showed that, 21.4% out of a majority of 252 women used contraceptives after induced abortion. It indicated a high level of unmet family planning need among women since majority desired to delay child bearing for economic reasons. Further, it identified gender inequality, poor service delivery and economic and social factors as barriers to contraceptive use.

Fikree et al. (2001) adopted multivariate analysis to determine what influenced contraceptive use among young women in urban squatter settlements of Karachi in Pakistan. The study measured the effect of variables such as educational level, parity, mobility, decision-making, discussions with husband and mother-in-law about family size and exposure to and acceptance of family planning messages on couples' contraceptive use. The outcome of the study indicated that women reported to have used modern contraceptive methods were significantly more likely to be literate, exposed to an urban environment and have had at least five live births. Using multivariate analysis, the results showed that women who were literate, who were of high economic status and whose mother-in-law discussed family planning with them and had received information on family

planning from health care workers were 2-3 times as likely to have use contraceptives as were other women. Additionally, it showed that women who found the delivery of family planning messages through mass media were 50% more likely to use contraceptives.

Morrone et al. (2014) observed the key socio-demographic factors associated with contraceptive use amongst adolescent girls in Ghana. The study used data from the 2008 GDHS and selected socio-demographic factors to assess their interaction with contraceptive use. The results indicated that variables such as region, place of residence, educational level, ethnic group, wealth index and marital status were insignificant in determining contraceptive use. By using multivariable analysis, Age was insignificant in determining contraceptive use patterns and Region was found to be collinear with place of birth. The study identified marital status and place of residence as independent predictors of contraceptive use among the sexually active adolescent female. Further, the results indicated that rural residences were three times less likely to use contraceptives compared to urban residence; and currently married respondents were almost four times less likely compared to their peers who were unmarried. The study recommended improvement in accessibility and promotion of reproductive/sexual health services in the rural areas among married adolescent women.

2.3.1 Knowledge about Contraceptive use

Interest in reproductive health of adolescents has increased over the years. This is so because of the health implications associated with teenage pregnancy such miscarriages, still births, unsafe abortions and other complications that may result in maternal or infant deaths (Solomon-Fears, 2015; Machel, 2001; Magadi, 2006). Pregnant adolescents tend to be school dropouts as they do not have the social and economic means to raise the children (Whitaker & Gilliam, 2008).

Even though the risks associated with early pregnancies are known, contraceptives use among sexually active 15-19 years adolescents are low (Kinaro et al., 2015). Though adolescent mothers have decline since 1990, 11% of all birth rates worldwide are from girls in the age range 15-19 years (WHO, 2014).

A report from Ghana, pregnancy rates among adolescents in this age groups are still high though there was slight decline from 14% in 2000 to 12.2% in 2007. A study in Kintampo north and south districts of Ghana revealed that pregnant adolescents and adolescent mothers were higher than the national average. The maternal mortality ratios in adolescents are usually twice as high as those of women in their twenties (WHO, 2003). In lower and middle-income countries, maternal mortality can be averted by 20 and 30 percent through the use of contraceptives, however, the access to family planning by adolescents has been bounded by socio-cultural practices (UNFPA, 2005).

Reproductive health is a common knowledge to adolescents but studies from different countries has shown that many adolescents are misinformed or lack deeper understanding of contraception and contraceptive methods (Martins et al., 2006; Enuameh et al., 2014) Studies have shown several factors attribute to this. In Brazil poorly educated adolescents were found to be sexually active at a younger age with little knowledge about contraceptive methods (Martins et al., 2006).

In South Africa, a third of adolescent girls become pregnant by age 19, though contraception is free and accessible. Some of the cause is attributed to the fact that female adolescents seek advice from friends since their mothers, teachers, other relatives provide them with vague information on reproductive health. They even believe that having multiple sexual partners and alternating them could prevent conception since each partner's blood is different. Others go to traditionalist for rituals such burying their menstrual cloths and drinking concoctions prayed over by some religious leaders so not to get pregnant. The study also showed that adolescent girls use contraceptives

inconsistently due to scolding and harsh treatments by nurses who unwillingly could not accept adolescent as sexually active persons when they visit the clinics (Woods & Jewkes, 2006). In the Upper East of Ghana, a study conducted among high school students indicated that the adolescent girl did not believe in themselves enough to negotiate condom use. They would rather not be stigmatized as bad girls or cheaters by their sexual partners than go get the condoms themselves (Rondini & Krugu, 2009).

Awusabo-Asare et al., (2006) on adolescent sexual and reproductive health in Ghana among 12- to 19-year-old showed inadequate knowledge of reproductive health issues by adolescents. These adolescents (78.9% females and 67.0% males) knew that women have fertile days when pregnancy could occur but only 26% knew exactly when this was. 60% of females and 53% of males (15-19 years) knew a woman could conceive on her first sexual encounter. More than half of adolescents (56%) were not cognizant of the occurrence of pregnancy even after washing herself right after intercourse (Awusabo-Asare & Biddlecom, 2006).

Several researches indicate that adolescents are aware of various contraceptives methods but the method of choice is solely due to how well informed he/she is. Research on sexual activity and contraceptive use by female adolescents (14–21-year-old) in Nigeria disclosed that girls preferred coitus interruptus and rhythm method. This was attributed to possible fear of side effects of modern contraceptive methods, decreased sensitivity with the use of condoms and parents' disapproval of the use of artificial contraception (Okpani & Okpani, 2000).

In Ghana, it has been shown that adolescents (12-19 years old) are aware of at least one method of contraception. About 52.7% of females whereas 52.5% of males had knowledge about the use of pills whereas IUD was known by 23% and 23.1% of females and males respectively. 56.5% of females and 55.5% of males were also familiar with the injectable however only 18.7% females

and 17.6% males knew about it. The Emergency Contraceptive Pill was known to 18.4% and 20.1% for females and males respectively. The male condom had the highest score of 87.9% and 90.6% among females and males, correspondingly. The least contraceptive known among adolescents was Foam/Jelly 11.8% and 15% for females and males respectively. The study further revealed that, 60% of females and 58.5% of males have discussed contraceptives with their partners (Awusabo-Asare & Biddlecom, 2006).

In another study in Brazil, adolescents (12-19 years) who attended private schools as well as public schools showed inadequate knowledge about contraceptive methods. The use of female and male condoms is the most preferred method followed by the pill. The privileged as well as underprivileged adolescents' knowledge about contraceptive methods was in the order Day after pill > Diaphragm> IUD> Injectable contraceptive > Calendar method> Spermicides > none. The adolescents from private schools knew much about IUD and calendar method than their comrades in public schools (Martins et al., 2006).

Further studies conducted in Ghana, Burkina, Malawi and Uganda among 12–19-year-old showed that 43-65% females and 50-66% males have used contraceptives before (Biddlecom et al.,2007) with the male condom been the most contraceptive method used. However most female adolescents (89.2%) from Malawi, Uganda and Burkina were more likely to use traditional methods (Biddlecom et al., 2007).

2.3.2 Factors influencing Contraceptive use

The use of traditional and modern methods of contraception have been low in Sub-Saharan Africa, although over the past decade there has been evidence of an increase. By 1999, it had increased by

0.5% each year to 8% in West Africa (Stephensen et al., 2007). Researchers in the field of reproductive health have identified multiplicity of factors that may influence the use of contraceptives. Among these include: demographic and socio-economic factors.

Okezie et al., (2010) researched into the socio-economic determinants of contraceptive use among rural women in Ikwuano Local Government Area (LGA) of Abia State in Nigeria. The Ikwuano LGA was made up four clans where 200 women were randomly selected from each clan. In the study, data was analysed using descriptive statistics and Maximum Likelihood Probit regression analysis. The results of the study showed that education was positive in explaining women's current use of contraceptives. It indicated that female education was a significant determinant of contraceptive use possibly because more educated women were more likely to appreciate the advantages of having fewer, better educated children. Their work showed that education was a strong determinant of contraceptive use since it is associated with lower fertility rate due to the fact that it delays marriage, increase the value of women's time and increase the likelihood that they engage in paid employment. Aside from education, the study also showed a significant correlation between the exposures to mass media either through information on radio or advertisement about AIDS and modern use of contraceptive. It implied that the use of contraceptive method increased with access to mass media messages on contraceptive use.

Asimwe et al., (2014) analyzed the socio-economic and demographic factors associated with modern contraceptive use among young women aged (15-24) and older women aged (25-34) in Uganda. The study employed logistic regression analysis, using Age as an interaction term to model the relationship between selected independent variables and Modern Contraceptive Use (MCU) for each group of women. The results showed that proximity of health facility was significant as shorter distance to health facility was associated with increase in use of

contraceptives. Geographical variability played a major part in the study since it showed a strong association with contraceptive use. It indicated that older women from eastern and northern regions had higher odds (OR = 3.46; $p = 0.024$) of using contraceptives compared to the young women (OR = 4.71; $p = 0.021$). The study cited cultural beliefs like values attached to child, presence and quality of reproductive health services, physical characteristics of the area and the presence of transport routes as factors that influence geographical variations in contraceptive use.

In another study by Palamuleni (2014) on the demographic and socio-economic factors affecting contraceptive use in Malawi, data from the 2000 and 2004 Malawi DHS was used to examine correlates of contraceptive use among currently married women (15-49 years). The study employed bivariate and multivariate logistic regression analyses to establish the relationships between socioeconomic variables and current use of contraception. The results of the study showed that—age, respondents' and partners' approval of family planning, family planning discussion with partner, number of living children, work status, education and visit to a health center were the major determinants of contraceptive use. Current use of contraceptive was positively related to respondent's age, number of living children and level of education. The use of contraceptive among women aged 15-19 years tend to be low as young women within the specified age were likely to be newly married and perceived marriage as an institution to produce children. However, as they grew, the usage increased because of the desire to space birth but then fell when they became older due to the fact that most of them were probably sexually inactive.

In Ghana, a study conducted among married women in the Wassa Amenfi District found, as part of the result, that, current contraceptive use had a strong relationship with the discussion of family planning with husbands. The results indicated that family planning discussion with husband showed a strong effect with odds ratio of 19.788 times the odds of those who never discussed

family planning with their husbands (Baidoo, 2013). Similarly, other research work undertaken in the northern region of Ghana have shown that women who discussed the number of children they desire in their reproductive lifetime with their spouses were three times more likely to use contraceptives as compared to women who did not (Kweligeza, 2005) as in Baidoo (2005)

Apanga and Adam (2015) on a cross-sectional study conducted in the Talensi district in the Upper East Region of Ghana investigated the factors that influence the uptake of family planning services among women in fertility age. The study revealed that usage of family planning services increased with parity—the higher the parity of women, the more likely they were to use the services compared to women with lower parity. The results further indicated the major reasons that influenced the decision of women to go for family planning services were to space children, 94% (47/50) and to prevent pregnancy and Sexually Transmitted Infections (STIs), 84% (42/50). It cited opposition from husbands for their wives not to access the service, 90% (207/230) as well as misconceptions about family planning methods, 83% (191/230) as reasons for the non-usage of family services.

Adjei et al., (2014) used data from the 2008 GDHS to examine the relationship between selected socio-demographic variables and the current use of contraceptives among Ghanaian women. The findings showed that religious affiliations among other variables had a strong link with contraceptive use. The study indicated that Muslim women were less likely to use contraception because of their faith's stance on procreation compared to women with other religious connexions.

CHAPTER THREE

MATERIALS AND METHODOS

3.0 Introduction

This chapter presents the methodology used in conducting the study. It described the research design which a quantitative approach using the survey method, research setting, the study population and sampling procedure, the instrument used for data collection, the data collection technique and data analysis procedure, concept of validity and reliability and finally, the ethical issues considered during the study are also described.

3.1 Study Area

The Berekum West District Assembly is one of the 12 administrative districts of the Brong Region. It was established by Legislative Instrument (L.I. 2337). Biadan serves as the administrative capital of the district. The Assembly has 27 Assembly Members-19 Elected and 8 Government Appointees. There are 4 Area Councils namely; Koraso, Biadan, Jinijini and Fetentaa. There are 19 Electoral Areas and 24 Settlements in the District. The population of the Berekum West District in 2010 was 50,749 based on a selection of twenty communities and out of these figures, 25,324 (49.9%) were males and 25,425 being females representing (50.1).

Agriculture is the dominant economic activity in terms of employment and income. It employs about 56.4 percent of the labor force. As the available records indicate, Agriculture is the back bone of the economy of the district. The major crops cultivated are plantain, cocoyam, cassava, vegetables, yam, maize and some exotic crops cultivated are cashew, cocoa, citrus, palm kernel,

pawpaw and mango. Some of the major trees found within the district are Wawa, Odum, Sapele, Teak, and Mahogany among others.

3.2 Study Population

The study population consist of male and female adolescent in the public sector senior high schools in the Municipality. According to the Ghana Education Berekum West District Report (2020), there is one Government Assisted Senior High Schools in the district. This is the Biadan Senior High school, the High Schools has a total population of 1,027 students between the ages of 14 -19 years and these will form the target population for the study.

3.3 Study Design

The research design for the study was a descriptive survey. This is a systematic empirical investigation of observable phenomena using both qualitative and quantitative approach (Struwig & Stead, 2013). This allows the researcher to collect data through the use of questionnaires and this data can be represented numerically and mathematically analyzed using different types of statistical analysis methods (Muijs, 2010). A descriptive study provides information about the naturally occurring status, behaviour, attitudes and or other characteristics of a particular group and in the collection of data there is no adjustment of the environment and it is not manipulated (Blanche, et al., 2006).

The survey method of data collection was chosen because using it gives an advantage of reaching a larger group of people in limited time and being able to provide respondents with some sense of anonymity and the format of collecting the data is independent of the researcher (Brink et al., 2006).

All adolescents both male and females aged 14-19 years from the three selected Senior High Schools were included in the study. Again, only those that were found in the schools' premises at the time of the study and are willing to participate will be enrolled in the study. For the exclusive criteria, private Senior High School will not be included in the study. Again, out of school adolescents, adolescents who were absent from school, adolescent 10 to 13 years and those not ready to participate were excluded.

3.4 Sample Technique and Size

The sample size was calculated from the target population by using Yamane's (Yamane, 1967) formula with a margin of error of 0.05% at confidence level of 95%. Yamane formula is chosen for the sample size calculation because is convenient in determining sample size in a known population.

The formula is given by the relation: $n = \frac{N}{1+Ne^2}$

Where,

n= Sample Size

N = Size of populations

e = Margin of error of (0.05).

According to the Ghana Education Service (2020), there are 1024.25 male and female adolescents in the selected senior high schools.

Since;

n = the sample size

N = 1024

$$e = 0.05$$

$$\text{Therefore; } n = \frac{1024}{1 + 1024 (0.05)^2}$$

$$n = 91.105$$

n = approximately 91 sample sizes for the study.

Then 10% non-respondent rate will be added to the sample size. This percentage will be respondents who may not give their consent as well as those who may not complete the questions.

$$= \frac{91 \times 10\%}{100}$$

$$100$$

$$= 9.1 \text{ approximately 9 non respondent's rate.}$$

Therefore; $91 + 9 = 100$ will be the sample size for the study.

Probability and non-probability sampling techniques was used. Under the probability sampling, Proportionate simple random sampling technique was used to select the required sample size of the target population from each of these academic levels (form one, form two and form three) in each of the three schools. The simple random sampling technique known as the lottery method was involve writing numbers (1 to 50 according to the number of students in each class) on pieces of papers including blank papers and putting them in three bows; each bow will represent the levels in the 3 classes (Form 1, Form 2 and Form 3).

3.5 Data Collection Instruments

Structured questionnaires were used to collect data for the quantitative study. The reason why questionnaire was used, is because the potential respondents are literate who can read and write. It is also an efficient way to collect data that is statistically quantifiable and large respondents are reached within a short time period (Ugoji, 2014). The questionnaire contained both close and open-ended questions. The close ended questions required direct answers from the respondents whilst the open-ended questions enabled respondents to express their views as they wished.

The questionnaires are made up of four sections. The section A included the demographic characteristics of respondents, section B and C has information on the study variables such as knowledge, access and utilization of the SRH services such as types of contraception, STIs/HIV/AIDS prevention and management, counseling on SRH matters. Section D provide information's on factors that affect adolescent access to and use of SRH services. The researchers administered the questionnaires after the questionnaires has been explained to the respondents in the language that they understood and instructions on how to answer the questions. One day was used to administer the questionnaires in each school and the responses collected same day and cross check for its completeness.

3.6 Data Processing and Analysis

To analyze a survey data, all completed questionnaire was checked for completeness and consistency manually. Thereafter, the data was coded and entered into Statistical Package for the Social Sciences (SPSS) version 21 and analyzed the result. Quantitative data was analyzed using descriptive and inferential statistics. Frequencies and percentages were used to summarize socio-demographic characteristics of the respondents. After frequencies are generated, errors that was detected in the data entry was cleaned to avoid distortion in the result.

3.7 Ethical Consideration

Ethics were considered by the researcher while collecting the data. The most suitable procedure used in data collection is to distribute the questionnaires at the same time (Polit & Beck, 2013). The researcher contacted the Director of education in the district to obtain permission to conduct the study. The researcher obtained written permission and contacted the respondents at each level to inform them about the planned collection date and time for collection of the data. The researcher verbally gave the detail about the study and then the participant information sheet was given to the individual participants, after which participants were allowed to ask questions. All ethical aspects associated with the research were explained to the participants. The researcher distributed the consent forms for participants to sign voluntarily which was followed by the distribution of the questionnaires to all who agreed to participate in the study.

To ensure a high response rate, a number of strategies were adopted, which included obtaining permission from the head of the school to address the participants during break time to give details about the nature of the research, both verbally and in written form, and call for their support which positively affected the response rate. This worked very well. The completion of the questionnaires took approximately 35 minutes. The researcher collected the consent forms together with the self-report questionnaires. The researcher kept the consent forms separate from the self-report questionnaires in a safe and lockable place to protect the information and identity of the participants. The researcher checked the questionnaires for completion and appropriateness.

3.8 Limitations

The study was limited to sample of the adolescents from selected schools and this makes the findings difficult to generalize to other adolescents in Berekum. It also used on the quantitative approach to data collection and analysis, and this hamper detailed and comprehensive data to

generalize. Again, not all aspects of adolescent reproductive health issues were covered and therefore generalizing to other aspects of ARH should be given with caution.

CHAPTER FOUR
DATA ANALYSIS AND RESULTS

4.0 Introduction

This chapter deals with analysis of data collected from the field of study and the results obtained from the analysis. Even though the sample was 100, the study collected responses from 95 adolescents who were willing to take part in the study.

4.1 Demographic Profile of Respondents

In this subsection, the profile of all the respondents that participated in the study are presented.

The specific areas the profile focused include the age, sex, educational levels, among others.

Table 1. Demographic Characteristics of Respondents

Item/Descriptions	Frequency of Responses and Percentages	
	No	%
Sex		
Male	49	51
Female	46	49
Total	95	100
Age		
14-15 years	39	41
16 -17 years	47	49
18 -19 year	9	9
Total	95	100
Age at first Sex		
11-13	8	8
14-15	41	43
16-17	35	37
18-19	11	12
Educational Background		
JHS	0	
SHS	95	100
Total	95	

Source: Fieldwork, 2021

A total of 95 adolescents (51% males and 49% females) participated in the survey (Table 1). The results show that majority of the respondents (49%) belonged to the age bracket (16 to 17) years. While a little above one-fourth of the respondents (41%) belonged to 14-15 years category, one few of the respondents (9%) were aged between (18-19).

In terms of education, All the respondents (100%) were SHS students.

Table 2: Religion affiliations, Ethnicity and Living Arrangement of Adolescents

Item/Descriptions	Frequency of Responses and Percentages	
	No	%
Religion		
Christianity	74	78
Moslem	15	16
Traditional/others	6	6
Total	95	100
Ethnicity		
Akan	72	75
Ewe	7	7
Northern part	13	14
Ga Adangbe	3	3
Total	95	100
Living Arrangement		
Both Parent	50	53
Single parent	26	27
Other Relative	15	16
Guidance	4	4
Total	95	100

Source: Fieldwork, 2021

Table 2 shows the respondents backgrounds in terms of religion and ethnicity living arrangements.

The results on the ethnic background of the respondents indicate that majority of the respondents (75%) were Akans, 7% were northern descent, 6% were Ewes and 4% were Gas. A total of 5 of

the participants were living with both parents; the rest either lived with one parent (27%), other relatives/a guardian (16%), or had other living arrangements (4.0%) as shown in Table 2.

4.2 Knowledge of Contraceptives use among Adolescents

Approximately 89% of the adolescents interviewed knew about at least one contraceptive method; most of them (84.0%) mentioned the male condom. With respect to specific contraceptive types, a spontaneous response to knowledge about condoms was highest (85.8%) among both males and females. Apart from condoms, a spontaneous response to knowledge of other modern contraceptive methods, such as the pill (31.0%), injection (26.0%), and emergency contraceptives (5.6%), among others, was relatively lower. Knowledge of at least one contraceptive method was highest among males when compared to females (92.1% versus 86.6%, respectively). Knowledge of at least one contraceptive method was lower among 14–15-year-old adolescents when compared to 16–17 and 18-19 -year-old adolescents (85.3% versus 94.4 %,). Knowledge of at least one contraceptive method was high among the adolescents. Knowledge of at least one contraceptive method was high (.80%) among all ethnic groups of adolescents.

Table 3 Contraceptive Methods often used by Adolescents

Methods	Contraceptive used by adolescents who have ever used contraceptive method	
	No	%
Pill	10	11%
Condom	63	66
Emergency contraceptive pill	2	5
Injection	9	4
Foam	0	
Withdrawal	6	6
Safe period	3	3
Total	95	

Source: Fieldwork, 2021

All the participant sexually active and had ever used contraceptives before. Some of the methods used were condoms. Result from Table 2, indicated that the majority of 66% of the respondents had confirm ever using condom followed by 11% ever using pills, only 5% of the respondents had ever used emergency contraception. A total of 9 % of the respondents had never used any method to prevent pregnancy. Adolescents who consistently used a contraceptive method were significantly less likely to get pregnant or impregnate someone compared to those who did not use contraceptives consistently.

4.3 Sources of Contraceptives among Adolescents

Adolescents who had ever used any form of contraception were asked where they accessed these contraceptives. The majority of 21 male and 19 female, totaling 40 representing 42% of the sample, reported accessing contraceptives from the pharmacy and 15 of the respondents representing 16% of sample confirmed their source of getting contraceptive from chemical seller's shops as shown in figure 1. A total of 10% (5% of males and 5% of females) accessed their contraceptives from health care facilities (Figure 1). Those that confirmed their source of contraception from friends were 16% (8% males and 8% females) as shown in Figure 1 below

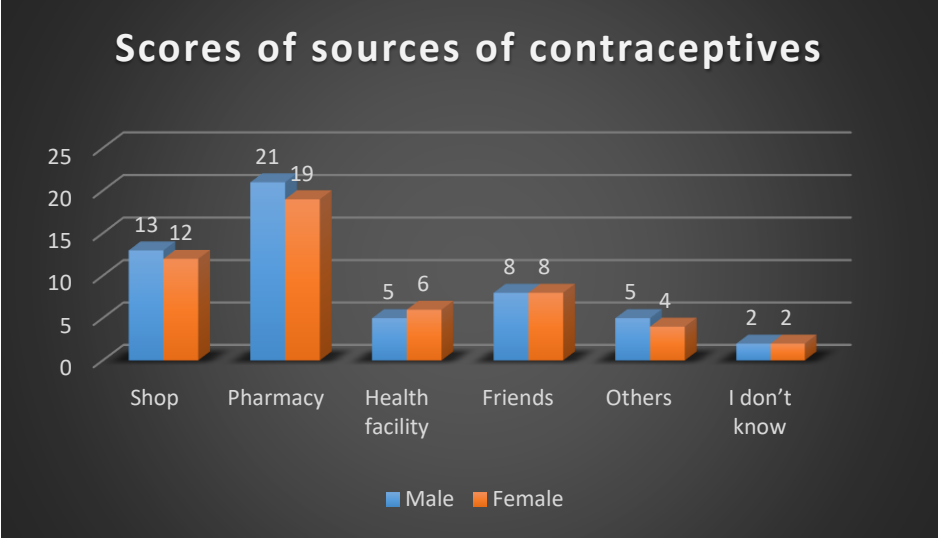


Figure 1: Sources of Contraceptive Information

Source: Fieldwork, 2021

4.4 Factors that determine the use of Contraceptive among Adolescent

To determine the factors that influence the use of contraceptive among adolescent in Berekum, six (6) variables were tested, to find out whether the respondents agreed, not certain or disagree with the statement in the questionnaire. The results on these are presented in table 4 below.

Table 4 Factors Determining Adolescents’ use of Contraceptives

FACTORS DETERMINING ADOLESCENTS’ USE OF CONTRACEPTIVES	Agree		Not certain		Disagree	
	N	%	N	%	N	%
1. Contraceptives are for only adult married persons	5	5	20	21	70	74
2. Contraceptives are so expensive to use	60	63	5	5	30	31
3 Adolescents who use contraceptives are bad	30	36	20	21	45	47
4. Contraceptive use leads to infertility	15	16	60	63	20	21
5. It feels bad to receive contraceptive information from parents	65	68	14	15	11	12
6. The process of acquiring contraceptives is often embarrassing	10	11	0	0	85	99

Source: Fieldwork, 2021

The result shows that, a majority of 74% of the respondent disagreed with the assertion that contraceptives are for only adult persons. This however is in reference to male condoms, which came out in a focus group discussion. Only 5% of the respondents agreed that contraceptives were for only adult without any distinguish, whereas 20 of the respondents were not certain whether contraceptives utilization are for only adult persons or not. On the cost of using contraceptive 63% of the respondents confirmed that, the use of contraceptive was expensive, another 30% of the respondents on the other hand disagreed on the cost of contraceptive being expensive. In addition, 47 % of the respondents disagreed that adolescent who used contraceptive are bad. However, a total of 36% were in agreement to this assertion. The results further shows that majority of the adolescents 63% did not know the effect of the use of contraceptives on their life, specifically on fertility, however 16% of the respondents confirmed that, the use of contraceptives have effect on the fertility of the adolescent, whereas the remaining 21% disagreed with the statement and were of the view that contraceptive use affect fertility, More Over, majority of 68% of the respondents said they feel bad to receive contraceptive information from parents, whiles 20% of the respondents confirmed, they feel better receiving information on contraceptive from their parents, and another 12% of the respondent disagreed on the issue that they were not comfortable receiving information on contraceptive use

4.5 Barriers that affect the use of Contraceptives among the Adolescent

To help identify the barriers to the use of contraceptives in Berekum questions such as: will you be motivated to go in/use contraceptive when the services are free? Is the distance to go for contraceptive near enough to motivate you? Will Friendly protocols/procedures for contraceptive use motivate you to go in for a contraceptive? Would privacy motivate you to go in for a contraceptive were asked and the responds from the participant are presented in the figure 2 below

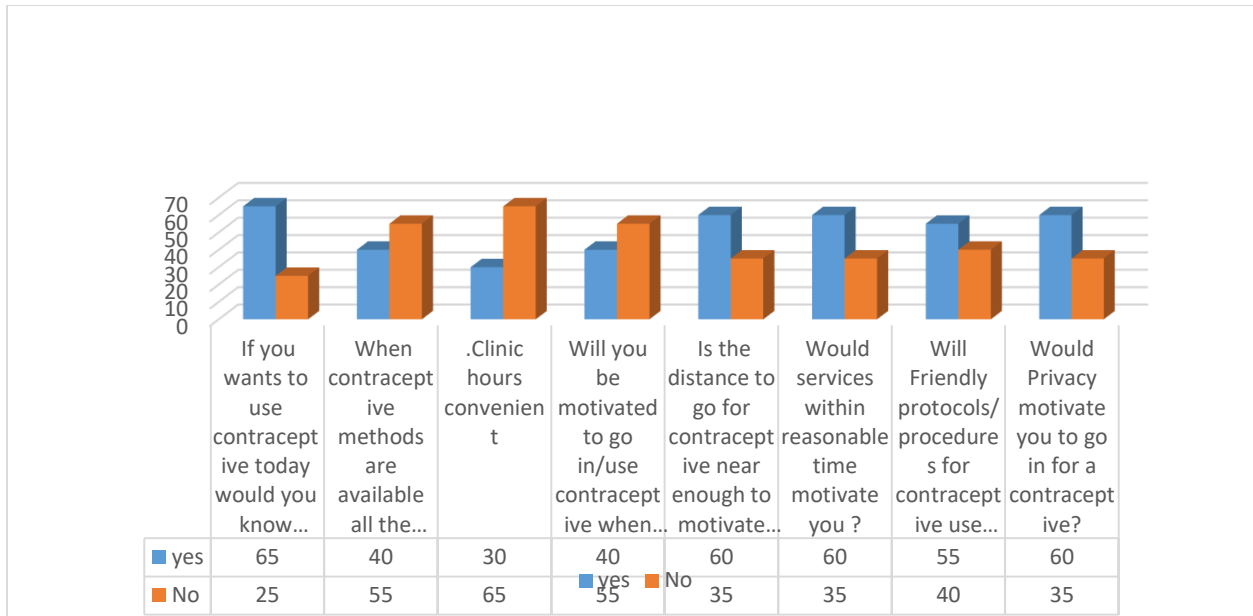


Figure 2: Barriers hindering the use of Contraceptives among the Adolescent

Source: Fieldwork, 2021

Majority of the respondents confirmed the availability, the cost, the distance, unfriendly protocol and the lack of privacy as some of the barriers to contraceptive use. The result from the chart shows that majority (65%) of respondents confirm that they know where to get contraceptives any time they want to use it, while 25% of the respondents said no, it will be difficult for them to know where they can get a contraceptive to use if they wanted to use it at any point in time. In addition, 55% of the respondents said the availability of contraceptive methods will not motivate them to go in for the contraceptive, however 40 of the respondents confirm they will use or go in for a contraceptive when it is available. On the protocols/procedures for contraceptive use majority of the respondents said friendly protocols will motivate them to go in for a contraceptive, however this protocol to them were not friendly enough.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS, RECOMMENDATIONS

5.0 Introduction

This study sought to document the use of contraception among adolescents in Berekum, the reason for the study was informed by the high levels of adolescent pregnancies in the study area. The discussion focuses on adolescents' knowledge of contraceptives, factors affecting the use of contraceptives, and the barriers to contraceptive use.

5.1 Discussion of Results

Knowledge on contraceptive use

The common sources of information regarding contraceptives in Ghana are television and radio. Knowledge of at least one contraceptive method among adolescents in this survey was very high, and this was mostly knowledge of male condoms. Knowledge of contraceptive types was, however, not encouraging. The national survey of adolescents in Ghana conducted by Awusabo-Asare et al., 2010 as well as other studies, showed similar results. The low level of knowledge regarding contraceptive methods other than male condoms seems to be a general problem among adolescents in the country. The finding from this study is, however, not very surprising because, at the peak of the HIV epidemic, all programs focusing on HIV prevention revolved around consistent condom use if one could not abstain from sex or be faithful to a partner. Advertisements promote condom use on all media platforms; hence, there is a broadening awareness of condoms. Another reason for the high level of knowledge regarding condoms could be due to the fact that condoms are the most appropriate contraceptive methods used among unmarried adolescents.

Given its dual capacity to prevent sexually transmitted infections and unwanted pregnancy, condoms are mostly recommended to adolescents.

Knowledge of at least one contraceptive method varied across groups of adolescents; knowledge among males was higher than among females. The early adolescents had significantly lower levels of knowledge of at least one contraceptive method, as compared to the late adolescents. This implies that intervention programs that are implemented to improve adolescents' knowledge of contraceptives should be intensified.

Use of contraceptives Among adolescents

Use of contraceptives was relatively low among the adolescents studied, as was found in several other studies conducted among adolescents. Although some adolescents had reported ever using a contraceptive method in this survey, consistent contraceptive use was very low. Several factors such as level of knowledge, sex, age, cost, and contraceptive availability, among others, might account for this. Even though contraceptive use was low, there was a disproportionate use of male condoms when compared to other contraceptive methods. Possible reasons for this could include the fact that adolescents have easy access to condoms. Condoms are available almost everywhere, ranging from the chemical seller's shops to restaurants. Adolescents do not have to go to a health facility to get condoms, which is in contrast to the other methods. Going to the health facility for reproductive health services could be a Herculean task for adolescents. Another reason for the disproportionate condom use might be that male condoms are cheaper, as compared to the other contraceptive methods.²² The fact that adolescents are more knowledgeable about condoms, as compared to the other methods, may contribute to why condoms are mostly used.

Factors determining the use of contraceptives among adolescents

The study wanted to know whether the respondents considered these variables as important in Berekum. Here, various factors were identified in the literature and were used in this present study to unearth the key factors that the adolescent consider as key to their decision to access and utilize contraceptives.

The data analyzed, revealed that majority of the respondent disagreed with the assertion that contraceptives are for adult persons. The male condom as a contraceptive was mostly used by the adolescent and they saw it as contraceptive everybody uses, however with the other method such as pills injectable foam among others, the respondents saw it as contraceptives for only adult. On the other hand, majority of the respondents confirmed that, the use of contraceptive was expensive, at their level as adolescents most of them will either be learning a trade or are in school. They have no economic means hence making it becomes difficult for most them to pay for contraceptive product or services at any price thereby influencing their decision to patronize contraceptives. Generally the respondents knowledge of the use of contraceptive (Condom) was high, however majority of them were not certain on the side effect of contraceptives use on fertility, a majority of 67% of the respondents could not say yes or no on whether the use of contraceptive at the early age will affect their fertility in future Another factor that determine the use of contraceptive is shyness, majority of the respondents said they feel bad to receive contraceptive information from parents. This indicates a gap between the parents and the adolescent. The adolescent then ends up learning from their peers which is often dangerous. The parents do not initiate sex education and the children find it difficult to ask their parent questions concerning the use of contraceptives.

Barriers to contraceptive use

Knowledge on other contraceptive apart from male condom was very low and this pose a big barrier for patronage, due to this most of the respondents were not certain of what will motivate

them to patronize contraceptive being it, the proximity of the services, the constrain of time, the availability of the services among others. When there is enough information for the adolescents on contraceptive, they will be in a better position to make a decision to go in for contraceptive. Beside the few adolescents that look beyond condom use especially the female were mostly seen as bad girls. They are most likely to be scorned, rebuked, ridiculed, labeled, or sometimes driven away by service providers at health facilities.³ this attitude by some service providers could explain why only a few adolescents in this survey have reported health facilities as their source of acquisition of contraceptives. This may limit an adolescent's opportunity to use other contraceptive options that are mostly available at health facilities.

5.2 Conclusion

The findings of the study have shown that adolescents have appreciable knowledge of one contraceptive method, however, this level of knowledge is mostly associated with condoms. On the centrally, this level of knowledge has not been translated into practice for several reasons such as lack of negotiation skills, age, sex, cost of the contraceptive amongst others.

The low level of knowledge among adolescents on other forms of contraceptives has influenced their decision on their choice for or non-use of contraceptives. In most case the adolescents are not certain on the availability of other contraceptive at the health facilities and on side effect of their choice if any to disabuse their minds of myth associated will contraceptive use

The cost of the contraceptive product/services has been identified as one of the findings. The adolescent mostly does not engage in any economic activities there they find it difficult to purchase any contraceptive any given price. Another finding worthy of mentioning in this study is shyness

on the part of the adolescent to receive information from their parent. This by implication paints a picture of a gap between the parent and their children which is likely to be filled by a friend or any intruder

5.3 Recommendations.

- It is prudent to help adolescents know about other methods of contraception, such as the pill and injection, apart from the male condom. This would give adolescents a variety of methods to choose from – especially for females, who may not be able to insist on condom use.
- The lessons from this study call for the creation of youth-friendly centers where adolescents can confidently and conveniently go to seek contraceptive services, counseling regarding sex, sexuality, and pregnancy.
- In-depth and tailored education regarding sex, sexuality, and pregnancy.
- In-depth and tailored education regarding contraception should be provided to adolescents as part of regular health information. This service should not only be limited to adolescents who attend antenatal clinics, as is usually the case.¹⁸ This will help adolescents who are not pregnant, as well as the males who do not go to antenatal clinics, to be well informed about the choices they can make regarding contraception.
- Finally, there is an urgent need to undertake programs that would empower adolescents, especially females, to become assertive in negotiating condom use every time they want to have sex and do not want to use other contraceptive methods. The district health management teams could include this in their school health programs and occasional health talks to identified youth groups. Continuous advocacy should be available to adolescents

who are not abstaining from sex, so they can continuously use contraceptives as a way of protecting themselves from unwanted pregnancies.

- All these interventions, if put in place, will go a long way to improve and sustain contraceptive use among adolescents in the Berekum East District.

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APPENDIX: Questionnaire for Adolescents

Section A: Personal Data

What is your age: below 9yrs [] 10-15 [] Above 15yrs []

What is your sex: Male [] Female []

What is your age at first sex? below 9yrs [] 10-15 [] Above 15yrs []

Level of education: Primary [] JHS [] SHS []

What is your Religion affiliations? Christianity [] Islam [] ATR [] None of the above []

Ethnic background: Akan [] Northern descent [] Ga Adangbe [] Ewe [] Others []

Who do you live with? Both parents [] Single parent [] Relative [] Guidance [] others []

Section B: Adolescents' Knowledge of Contraceptives

Do you know about contraceptives? Yes [] No []

If yes, which of the contraceptives are you familiar with? Condom [] Emergency Contraceptive Pill [] Injection [] Foam [] Other pills []

Which of these contraceptives have you used some before? Condom [] Emergency Contraceptive Pill [] Injection [] Foam [] Other pills []

Section C: Sources of Contraceptives among Adolescents

Where did you get the contraceptives from? Shops [] Pharmacy [] Chemical shop [] Clinic [] Hospital [] Free distribution in school [] Friends [] Parents [] Others.....

Section D: Factors Determining Adolescents’ use of Contraceptives

In the following sentences, indicate your level of agreement using agree, not certain and disagree

FACTORS DETERMINING ADOLESCENTS’ USE OF CONTRACEPTIVES	Agree	Not certain	Disagree		
1. Contraceptives are for only adult married persons					
2. Contraceptives are so expensive to use					
3 Adolescents who use contraceptives are bad					
4. Contraceptive use leads to infertility					
5. It feels bad to receive contraceptive information from parents					
6. The process of acquiring contraceptives is often embarrassing					

Section E: Barriers affecting the use of contraceptives among Adolescents

will you be motivated to go in/use contraceptive when the services are free? Yes [] No []

Is the distance to go for contraceptive near enough to motivate you? Yes [] No []

Will Friendly protocols/procedures for contraceptive use motivate you to go in for a contraceptive?
Yes [] No []

Would privacy motivate you to go in for a contraceptive? Yes [] No []

THE END: THANKS FOR YOUR ATTENTION!!!