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COLLEGE OF HEALTH SCIENCES

FACULTY OF ALLIED HEALTH SCIENCE

DEPARTMENT OF NURSING

DIPLOMA PROGRAMMES



**DETERMINANTS OF CONTRACEPTIVE USE AMONG ADOLESCENTS (15-19
YEARS) IN KYEREBAA, BEREKUM**

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**[HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE,
BEREKUM]**

AFFILIATED TO KNUST, KUMASI

HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM



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2022

DECLARATION

We hereby declare that this submission is our own work towards the Diploma in General Nursing and that, to the best of our knowledge, it contains no material previously published by another person nor material which has been accepted for the award of diploma of the University, except where due acknowledgement has been made in the text.

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ABSTRACT

The study assessed contraceptive use among adolescents (15-19-years) in Kyerebaa, Berekum. A cross-sectional research design was used to collect in-depth information for the study. The sample population was obtained using a convenience sampling technique. A total of 50 female adolescents were sampled for the study. The data for the study was collected by administering the questionnaire to the participants. The study found that majority (94%) of the respondents indicated they had ever heard of contraceptive. Most (46%) of the respondents indicated mass media as their commonest source of information on contraceptive followed by friends and family (32%) and health workers (22%). Nearly half (42%) of them mentioned Postinor-2 followed by Lydia (32%), Levon-2 (14%) and Secure (12%). Most (56%) of the respondents selected withdrawal method as the type of contraceptive method used followed by pills (46%), male condom (34%), injectables (inject plan) (18%) and female condom (14%). Over half of the respondents indicated religious norms (54%) and poor attitude of health care provider (52%) as barriers to contraceptive use. Exactly half (50%) of the respondents indicated social or cultural taboos (50%) as a barrier associated with contraceptive use. The study recommended that parents should try and educate their adolescents well on the use of contraceptives rather than shirking their responsibilities on the bases that the adolescents should not use contraceptives because they are not adults. The study concluded that respondents had good knowledge on contraceptives. The most common source of information on contraception for respondents was friends and family members. Most respondents obtained contraceptives from pharmacy/drug shops. The most known contraceptive among respondents was Postinor-2.

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ABBREVIATION

CEDAW	The Committee on the Elimination of Discrimination against Women.
CHRPE	Committee on Human Research, Publications and Ethics
FP	Family planning
GES	Ghana Education Service
GSS	Ghana Statistical Service
IPPF	International Planned Parenthood Federation
MDG	Millennium Development Goal
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

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CHAPTER ONE

INTRODUCTION

The chapter presents the background of the study, problem statement, general objective, specific objectives and operational definition of terms.

1.0 Background of the study

Adolescence is a period in the life of every individual, characterized by various physical, emotional and psychological changes. The individual becomes progressively aware of sexuality and especially feels the desire to experience it (Dehne & Riedner, 2020). Of the 252 million adolescent women aged 15-19 living in developing regions in 2016, an estimated 38 million are sexually active (Darroch, et al., 2016).

It is anticipated that, the world population will continue to rise especially in Sub-Sahara Africa and Asia. The increasing population causes future social and economic constraints and consequently the national objectives of improving on the welfare of its citizenry. One way to reducing rapid growth rate is fertility reduction, through the use of contraceptives. Although some progress has been made especially education on unplanned pregnancies, unsafe abortions, sexual transmitted infections etc, most Ghanaian female adolescents rarely use modern contraceptives (Agyemang, 2019). This has prompted governments and policy makers all over the world to implement various programs to promote contraceptive use to improve people's quality of life (Sakara, et al., 2018).

In Africa, contraceptive use (a family planning method) is very important to Millennium Development Goal five (MDG 5) of making maternal healthcare better, that intends for a fall in maternal death ratio by about $\frac{3}{4}$ and the attainment of universal access to reproductive healthcare by the end of 2019. Evidently, many studies are of the view that effective family

planning programs amount to a fall in infant and maternal deaths as well as growth. It must be noted that approximately one third maternal mortality and a marginal one-tenth of the deaths of infant generally can be avoided yearly the assistance of modern contraceptive methods (Cleland, et al., 2020).

In Cameroon among 15-19-year-olds, the proportion of sexually active adolescents before the age of 15 was 18%. Every year, an estimated 2 million girls aged under 15 years become pregnant in developing regions (UNFPA, 2015).

A study by Lester and Allan (2018) reported some possible explanation of high sexually transmitted infections, mostly as a result of inadequate sex education in schools, where most adolescents within the ages of 15-19 are found within the formal education system.

An increasing number of practical examples from research discoveries show global evidence and demonstrate the benefits of young female engagement in family planning. Failure to involve young female in family planning programs could seriously have socio-economic effects as mentioned earlier (Brown, et al., 2019). Bruce (2018) revealed that indeed when ladies are taught and propelled to hone contraception, they may not do so due to resistance from their spouses. People met in urban Sudan accepted that the male accomplice chooses in the event that a couple will utilize contraceptives and in case they do, select the strategy (Khalifa, Byrne, & Diarmuid, 2017).

Across South Asia the uptake of modern contraceptive methods amongst sexually active young people has been poor and early childbearing is common (Raj, McDougal, & Rusch, 2021). This is true of women in Nepal where almost one quarter of women give birth by age 18 and nearly half by age 20. While use of any contraceptive method, including modern contraceptive methods by reproductive aged women married or in a union, is around the

average for South Asian countries at 49%, the incidence of unintended pregnancy is higher in Nepalese adolescents (32%) (Mostafa & Hassan, 2019).

Another study in Cameroon revealed that 23 % of women aged 15 to 49 years use at least a modern contraceptive method, with the poorest use in the age extremes including the 15-19-year old. This poor demand for contraception is especially preoccupying as the risk of birth-related deaths is 3-fold in adolescents compared to their adult counterparts and moreover, half of sexually active adolescents do not envisage any short-term pregnancies (Darroch, et al., 2016).

In a research, Arundhati (2020) stated that formal schooling, enhanced socio-economic status and easy access to family planning services provide the best ways to encourage the use of modern contraceptive methods. Also, hinderances to the use of contraceptives which comprises social restrictions and religion, low socio-economic status and lack of formal education have been identified which need further investigations and action (Adanu, et al., 2020).

Accordingly, Ijadunola, et al. (2020), are of the view that there is an urgent need to increase female adolescent involvement in family planning decision making to improve contraceptive uptake. There is however low awareness of female adolescents' contraceptive uptake in the Ghanaian Junior High schools. Low levels of knowledge, social stigma, shyness/embarrassment and many other factors contribute to the low patronage of female adolescents in contraceptive usage. The present study will assess contraceptive use among adolescents (15-19-years) in Kyerebaa, Berekum.

1.1 Problem Statement

Generally, the interest in the reproductive health of adolescents is on the increase in recent times (Olaitan, 2019). However, it is argued within the intellectual discourse that adolescent

constitutes a significant proportion of any population with sexually transmitted diseases being common among them; and that there is the need to particularly heighten research interest in this area (Olaitan, 2019). The World Health Organization (WHO) reports that one million girls at age 15 years old or younger give birth every year (World Health Organization, 2018). The low rate of modern contraceptive usage could be attributed to factors such as adolescents' socio-demographic characteristics, knowledge, attitude and practices (Trussel, 2019).

Some studies have attributed the problem of low contraceptives usage among female adolescents to their socio-demographic factors (Kabagenyi, Habaasa, & Rutaremwa, 2019). Kabagenyi et al. (2019) stated that age at first birth, history of previous birth, present age and place of residence, education and socioeconomic status were the key indicators of the use of contraceptives among young women in Uganda.

In Ghana, awareness of contraceptive method is common among both women and men, at least they have knowledge of one method of contraception (Ababio, 2009). But with reference to adolescents, knowledge of contraceptives seems to be low, often times due to neglect or marginalization and limited access to sex education and information in schools (Asamoah, Agardh, & Ostergren, 2020). The problem resulting from the seeming lack of knowledge of contraceptives leads to unwanted pregnancies amongst these adolescents. There appears to be relatively poor attitude among female adolescents towards contraceptive usage (Asamoah et al., 2013). This is due to low or no availability of family planning services in Upper and Junior High Schools for female adolescents (Asamoah et al., 2020). The Ghana Statistical Service (GSS) report showed utilization of family planning by females as 215 (0.3%), 247 (0.2%) and 183 (0.2%) for the years 2015, 2016 and 2017 respectively (Ghana Statistical Service, 2017). Ghana, like most West African countries has very low

contraceptive prevalence and is one of the few nations that reports declines in contraceptive use overtime based on two of the most recent national surveys (Hindin, 2019).

1.2 General Objective

To assess contraceptive use among adolescents (15-19 years) in Kyerebaa, Berekum

1.3 Specific Objective

1. To determine the knowledge of contraceptive use among adolescents (15-19 years)
2. To identify the type of contraceptive methods used by adolescents (15-19 years).
3. To determine barriers associated with contraceptive use among adolescents (15-19-years).
4. To examine the attitudes of adolescents (15-19-years) towards the use of modern contraceptives.

1.4 Operational Definition of Terms

Knowledge: defined as the state of awareness of contraceptive methods, any specific types and the source of contraceptives.

Contraceptive: it is a device, means or substances that are used to prevent pregnancy or STIs

Adolescent: refers to individuals aged 15 to 19 years.

Attitude: defined as respondent's opinion or view, whether positive or negative towards a practice or behavior such as contraceptive use.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter contains review of relevant literature related to the research topic. A well-structured literature review begins with broad or general information, then narrows the focus to those studies most closely related to the research problem.

2.1 Knowledge of Contraceptive Use

Contraceptive is a substance or medical procedure that interferes with the reproduction acts of sexual intercourse (Trussel, 2019). It also refers to the percentage of women currently using or whose sexual partner, irrespective of the procedure used, is currently using at least one form of contraception. It is usually suggested for married or in-union women aged 15 to 49 (World Health Organization, 2018). A total demand for family planning among sexually active adolescent is 87% and only 51% of the potential demand for family planning is currently being satisfied and this lack of access to contraception leads to early unwanted pregnancies with tragic consequences in low- and middle-income countries (Wulifan, et al., 2021).

A cross-sectional study was conducted in selected municipalities of Western Nepal. The study population consisted of women aged 15–24 years. A cluster random sampling design was used to select the sample. The study found that majority (86.4%) of the respondents reported currently not using any method of contraception. Majority of the respondents had high level of knowledge of modern contraceptive methods (59.6%) for contraception. In the past 3 months, (58.1%) were exposed to information about contraception from mass media, while 56.6% were exposed to such information from interpersonal sources (Angdembe, et al., 2019).

A cross-sectional population-based survey was conducted in Congo. The survey revealed that contraceptive knowledge was high in the sample, with over (95.3%) able to name at least one modern contraceptive method and (83.8%) of 15– 19-year-olds and (87.5%) of 20–24-year-olds able to name any long-acting reversible contraceptive or permanent method. The older age group was more likely than younger women to say they received contraceptive information from a health facility or health worker (75.7%). Friends and family were the second most common source of information in both groups (54.1%), followed by the radio (30.8%) (Casey, et al., 2020).

An anonymous survey assessed the knowledge of females and males, aged 13 to 23 years old on methods of contraception, with an emphasis on the IUD. A total of 130 adolescents took part in the survey. The majority of participants (80%) were sexually active. The majority (69.5%) stated they/their partner were currently using a contraceptive method; only 2.6% used IUDs. Half of females (56.6%) and 10.1% of males had heard of IUDs. Despite this, male and female participants lacked knowledge regarding specific IUD facts. Of the participants who had used emergency contraception (EC), only 6.4% knew the copper IUD could be used for EC. Survey results indicated that 100% were aware of male condoms; 89.9% were aware of female condoms; 92.2% were aware of oral contraception pills; 66.7% were aware of IUDs; 63.3% were aware of hormonal implants; 76.2% were aware of injectable contraceptive hormones; 72.1% were aware of hormonal vaginal rings; and 64.8% were aware of hormonal contraceptive patches. Of those who responded that they had heard of the IUD, 84.9% were females and only 15.1% were males. Of the participants who responded that they had heard of the IUD, 90.7% were sexually active, 72.1% stated that they themselves or their partner(s) were using a form of contraception, and 49.4% stated they or their partner(s) had used EC in the past (Sharma, et al., 2021).

A cross-sectional survey was conducted at Makerere University main campus in Kampala, Uganda. A total of 1,008 females responded to the survey. The study found that the knowledge of contraceptives was nearly universal (99.6%). The most commonly known modern methods were pills (86.7%) and male condoms (88.4%), followed by injectables (50.3 %), IUDs (35%) and implants (26.7%), female condom (22.1%), while withdraw (34.2%) was the most commonly mentioned traditional methods. The commonest sources of contraceptives were Hospitals (government, 64.3%; private, 53.6%), clinics (general 24%, or Contraceptives 27.4%) and pharmacy/drugs shops (36%) (Nsubuga, et al., 2021).

A cross-sectional survey using quantitative method was conducted in Nigeria. A total of 504 sexually active adolescent girls were considered for this study. Among sexually active adolescent girls, almost all (98%) of them had knowledge about contraceptive methods. Only 18.1%, 13.4%, and 4.2% of girls reported that they had heard about family planning messages on radio, watched on television, and read it in newspaper/magazine respectively in the last few months before the survey, additionally, 77 (15.3%) of girls were informed about family planning during their health facility visit in the last 12 months (Olika, et al., 2021).

A descriptive cross-sectional research design was used to conduct a study in Nigeria. A purposive sampling technique was used to select a sample of 220 respondents from the target population. Data were collected using a self-structured questionnaire. Descriptive and inferential statistics were used to analyze the data generated. The study found that majority of the respondents had high level of knowledge on emergency contraceptive pills but had low level of utilization. Majority (86.5%) of respondents have heard of emergency contraceptive pills while (46.8%) of the respondents first heard of the emergency contraceptive pills from their friends followed by health workers (31.2%), television/radio (9.8%) and parent (0%). Most (58%) of the respondents mentioned postinor-2 as a type of emergency contraceptive pills against other pills while (21%) did not mention any pills. More than half (82.5%) of the

respondents said that emergency contraceptive pills are used to prevent unwanted pregnancy and (69%) of them opined that emergency contraceptive pills are used within 72 hours of intercourse. Majority (70%) of them said that emergency contraceptive pills are not used when pregnancy is suspected as against (30%) who disagreed. Most (58.5%) of the respondents have never used any form of contraceptive pills. 42.6% of the respondents that have used emergency contraceptive pills reported that they were introduced to emergency contraceptive pills by their friends, (18%) mentioned health care provider while (29.5%) mentioned patent medicine vendor (Onasoga, et al., 2019).

A cross-sectional survey using both quantitative and qualitative methods was conducted among 793 male and female adolescents in the Kintampo area of Ghana. A simple random sample of adolescents aged 15–19 years was generated with Stata version 11.0. The study found that 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 (31.4%), injection (25.5%), and emergency contraceptives (5.6%), among others, was relatively lower. Sixty-seven percent of sexually active adolescents had ever used contraceptives. Contraceptive use during the first sexual encounter was (55.2%). About (22.9%) used contraceptives consistently, while (44.1%) used contraceptives sometimes. Some of the methods used were condoms, the pill, and foam, among others. Thirty-three percent of adolescents had never used any method to prevent pregnancy. Adolescents who had ever used any form of contraception (67%) were asked where they accessed these contraceptives. The majority of adolescents (62.1%) reported accessing contraceptives from the pharmacy and the chemical seller's shops followed by shop (29.1% males and 14.6% females). Very few

adolescents (3.6% of males and 4.9% of females) accessed their contraceptives from health care facilities (Boamah, et al., 2020).

A case-control research design was used to conduct a study in Komenda-Edina-Eguafo Abrem Municipality of Ghana. The study population was composed of 15 to 19-year-old female adolescents. A questionnaire was used to collect data for this study. The results show that most of the pregnant adolescents had knowledge about traditional contraceptive methods (61.2%) compared to the non-pregnant adolescents (38.8%) (Ahinkorah, et al., 2021).

A nationally representative cross sectional survey was conducted in Ghana on determinants of contraceptive use among sexually active unmarried adolescent girls and young women aged 15–24 years in Ghana. The sampling technique for this survey was stratified. The survey revealed that the knowledge of at least one modern and traditional contraceptive method was (99.8%) and (95.0%), respectively (Oppong, et al., 2021).

2.2 Types of Contraceptive Methods Used

A cross-sectional study was conducted in selected municipalities of Western Nepal. The study population consisted of women aged 15–24 years. A cluster random sampling design was used to select the sample. The study found that the prevalence of contraceptive use by adolescents was 11.9%. Of those who reported using a modern method of contraception, injectables (37.9%) were the most common, followed by male condom (35.9%) and implants (8.8%). Only 14.6% were using a long-term method (IUCD or implant). None of the respondents reported using sterilisation and lactational amenorrhoea methods (Angdembe, et al., 2019).

A descriptive cross-sectional household survey conducted amongst young Nepalese men and women living in the urban areas of the Kathmandu valley. The study revealed that half of ever sexually active young people who were not planning a pregnancy had used a modern

method of contraception at the time of their first sexual intercourse and of these, the majority (48%) had used condoms. Condoms were also the most commonly used method amongst currently sexually active youth, with 66% of participants using a modern contraceptive method: 39% were using condoms followed by 28% injectables and 8% the oral contraceptive pill (Tamang, et al., 2020).

A cross-sectional survey was conducted at Makerere University main campus in Kampala, Uganda. Overall half (51.2%) of the students were currently in sexual relationships, with slight increments in the proportions across the year of study. Nearly 70% had ever engaged in sexual intercourse while 62.1% reported sexual intercourse in the past twelve months. More than half (55.1%) had ever used any method of contraceptive to prevent pregnancy while only 46.6% were currently using contraceptives with male condoms being the most commonly mentioned methods used (34.5%) (Nsubuga, et al., 2021).

2.3 Barriers Associated with Contraceptive Use

The use of contraceptives is influenced by numerous factors, which include knowledge of contraceptive methods and knowledge of their use, access to these methods, sociodemographic characteristics, and negotiation skills of the persons involved (Boamah, et al., 2020). Barriers to accessing contraceptive information and methods include social or culture taboos, legal restrictions, health care provider (HCP) attitudes, and healthcare systems (WHO, 2020). The acceptability and availability of contraception for adolescents varies by region and even by countries in the same region. Adolescents may experience barriers accessing contraception including inconvenient medical clinic hours, financial restrictions, lack of confidentiality, and lack of provider training. Health care providers themselves may act as medical barriers by imposing their own personal values/moralistic beliefs on the adolescent, by applying inappropriate medical contraindications on recommendations for contraceptive use, by delaying initiation of contraception unnecessarily (i.e. waiting until the

next menses or until STI screening results are available), by requiring unnecessary investigations prior to contraceptive initiation (i.e. by erroneously insisting on a Pap smear prior to starting contraception), or by perpetuating unfounded myths about contraceptive use (Leeman, 2021).

The cost of contraception services and methods is a potential barrier for adolescents. Contraception may be prohibitively costly for an adolescent and the need for parental financial assistance may compromise confidentiality. Although contraception is provided at no cost in some countries, in other countries contraception is covered by private healthcare and/or by the patient paying directly. Provision of contraception at no cost may remove one financial barrier but does not guarantee high rates of utilization. Nonetheless, universal subsidies for contraception appear to be cost-effective (Black & Guilbert, 2020).

A qualitative study using an exploratory design was conducted in the capital city of Guinea, Conakry to understand the barriers to the use of modern contraceptive methods among urban adolescents and youth (15-24 years). Respondents included adolescents and youth aged 15-24 years, health care providers, and parents of adolescents and youth. The analysis of the study indicates various and interrelated barriers that limit the access and use of contraceptives by adolescents and youth. The cost of contraceptive methods was the first challenge mentioned by participants-both adolescents and youth and key informants. They cited the lack of financial independence of adolescents and youth as a barrier to accessing contraceptive methods. Consultation fees or incentives for health care providers were also mentioned by participants as a barrier to contraceptive use among adolescents/youth. In addition, geographical barriers to accessing health facilities were also mentioned, given the cost of transportation to a health facility that is located far from home. According to adolescents and youth, and health care providers, fear of the side effects of family planning was an important barrier to the use of these methods. For adolescents and youth, the onset or management of

these effects, which were sometimes unknown to some, could often be perceived by their family members and thus exposed them to (negative) judgments from them. The mentioned side effects included general fatigue, nausea, insomnia, or menstrual disorders that could according to participants, last up to 10 days. For others, the consequences of these effects were infertility and therefore directly related to the possibility of having children in the future, and difficulties related to the pregnancy of the users, in particular complications during childbirth (dystocic delivery, abdominal pain, or episiotomy). The lack of knowledge and information among adolescents and youth was also reported by participants as a factor that encourages the spread of rumors that negatively influence contraceptive use. Religious norms that “having a child is God’s gift” or “sexual relations among unmarried adolescents and youth are forbidden” were perceived by participants as barriers to contraceptive use. On the other hand, some participants reported that using contraceptive methods to avoid pregnancy, even for newlyweds, is an act of “homicide” because “having a child is a gift from God” but for that, you have to wait until you are married. Views on barriers to contraceptive use related to health systems vary according to the different profiles (health providers, adolescents, and youth), experiences, and gender of the respondents in this study. They include the breakdown of contraceptive methods in public health facilities, perception of FP service provision in public health facilities, provider attitudes, the barrier of consultation time, geographic proximity to the facility, and the influence of the quality of training received by health providers (Dioubaté, et al., 2021).

2.4 Attitudes Towards the Use of Modern Contraceptives

A cross-sectional population-based study was conducted in Congo. The study found that attitudes towards contraception overall were favorable, with (85.4%) agreeing that contraception helps a couple take better care of their family, and (76.9%) disagreeing that contraception may cause fertility problems (Casey, et al., 2020).

An anonymous survey assessed the attitude of participants towards the use of contraception. A total of 130 adolescents took part in the survey. The study found that almost half (49.2%) of participants who responded that they were satisfied with their method of birth control had used emergency contraception in the past. Of those with a history of emergency contraception use by themselves or their partner(s), 83.0% reported that they or their partner(s) were using a method of birth control (Sharma, et al., 2021).

A cross-sectional survey was conducted at Makerere University main campus in Kampala, Uganda. A total of 1,008 females responded to the survey. The study found that the attitudes to contraceptives being acceptable in the student community (93 %), being beneficial for males too (97.8 %), and couple counseling being able to increase male involvement in contraceptive use (96.2 %) were highly rated as "agreed" (Nsubuga, et al., 2021).

A descriptive cross-sectional research design was used to conduct a study in Nigeria. A purposive sampling technique was used to select a sample of 220 respondents. Data were collected using a self-structured questionnaire. The study found that majority (51%) of the respondents agreed that they can use emergency contraceptive pills if need be. More than half (74.5%) of the respondents disagreed to the opinion that emergency contraceptive pills are taken only by promiscuous girls. Majority (56.5%) of the respondents stated that emergency contraceptive pills are effective. Half (50%) of the respondents affirmed that emergency contraceptive pills should not be used by married couples only and that it is not a sin to use emergency contraceptive pills. Most (56%) of the respondents agreed that emergency contraceptive pills will help to reduce abortion and its resultant effects (Onasoga, et al., 2019).

A study conducted in Komenda-Edina-Eguafo Abrem municipality of Ghana found that (69.0%) of the non-pregnant adolescents agreed that contraceptives are for only adult married

people, compared to pregnant adolescents (31.0%). A majority of the non-pregnant adolescents agreed that it feels bad to receive contraceptive information from parents and relatives (70.2%), compared to pregnant adolescents (29.8%) (Ahinkorah, et al., 2021).

CHAPTER THREE

MATERIALS AND METHODS

3.0 Introduction

This chapter addresses the study area and population, the study design, sampling techniques, data collection method and instrument, data analysis techniques, ethical consideration and limitations encountered during the study.

3.1 Study area

Data were collected from participants in the community selected for this study. Berekum Kyerebaa is a town in the Bono Region of Ghana. It is a populated place with a population of about 5000. The population is largely made of Akans. Kyerebaa is located on the East side of Berekum closer to Berekum College of Education. It is a youthful community. The native language of the people is Bono Twi. The community comprises predominately made up of Christians. Nevertheless, there are lots of Muslims also in the area.

3.2 The study population

The study population comprised of adolescents aged 15 to 19 years. It focused on this age because it is the age most adolescents become sexually active and as well experience challenges such as adolescent pregnancy and its consequences.

3.3 Study design

A cross-sectional research design was used. It focused on analyzing contraceptive use among adolescents. This design was appropriate as enabled the collection of data on individual characteristics during the time of the study regarding information about the independent variable as well as the association of individual characteristics and the outcome (dependent) variable.

3.4 Sampling technique and Size

A convenient sampling method was employed to select the respondents from the study area. A total female adolescent of fifty was drawn. All Covid-19 protocols was observed in the process of sampling and data collection to prevent the spread of the disease among both the respondents and the research team.

3.5 Data collection methods and instruments

Data was collected using structured questionnaire which was self-administered with all COVID 19 protocols been observed during the data collection process. The data collection tools used in this study was both structured and open-ended questionnaires. The questionnaires were developed and used to collect data from the adolescents on contraceptive usage. Structuring and questioning of the questionnaire were informed by findings from reviewed literature.

3.6 Data analysis techniques

Data was analyzed using Microsoft excel and was presented in percentages, tables and bar charts.

3.7 Ethical consideration

An introductory letter was obtained from the administration of Holy Family Nursing and Midwifery Training College, Berekum. The respondents were well informed about the purpose of the study. The right of each respondent was respected and their personnel integrity safe-guarded. The respondents were allowed to participate and withdraw from the study if and when they felt like. The study was also carried out with no physical or psychological harm on the respondents. Since matters of stress are very sensitive but neglected on the part of the individual and the college as a whole, anonymity was ensured and none of the

respondent's answers were discussed with other people in order to ensure confidentiality and also the questions were tactfully asked.

3.8 Limitation of the study

The time and nature of our academic programme called for the use of convenience sampling. Some respondents were reluctant to give accurate information even though they were educated on the need to provide valid information on the questionnaire with regards to the study.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

4.0 Introduction

This chapter deals with the analysis of data collected from the field of study and the results obtained from the analysis. The study findings are presented in tables or figures.

4.1 Demographic Profile of Respondents

Table 4. 1: Respondents demographic profile

Variables	Categories	Frequency (n)	Percentage (%)
Age	15-17 years	34	68
	18-19 years	16	32
Gender	Male	16	68
	Female	34	32
Marital status	Married	2	4
	In a relationship	17	34
	Single	31	62
Level of education	No education	4	8
	Primary education	1	2
	Junior High	18	36
	Senior High	23	46
	Tertiary education	4	8
Religion	Christianity	35	70
	Islamic	13	26
	Traditional	2	4

Regarding the ages, most of the respondents (68%) were within the ages of 15 to 17 years and 32% were within the ages of 18 and 19 years. Majority (62%) of the respondents were single followed by 34% who were in a relationship and 4% who were married. On the level of education of the study participants, most of the respondents (46%) had Senior High education followed by Junior High (36%), no education (8%) and primary education (2%). Regarding religion, most (70%) of the respondents indicated that they were Christians followed by 26% who were Muslims and only 4% belonged to the African Traditional religion.

4.2 Knowledge of Contraceptive Use

Table 4. 2: Knowledge on contraceptive use

Variable	Category	Frequency	Percentage
Ever heard of contraceptive	Yes	47	94
	No	3	6
Source of information	Friends and family	16	32
	Health worker	11	22
	Mass media	23	46
Ever used contraceptive	Yes	34	68
	No	16	32
Commonest source of contraceptive	Hospital	4	8
	Clinics	12	24
	Pharmacy/drug shops	34	68
	Other	0	0
Contraceptive is used to prevent pregnancy	Yes	50	100
	No	0	0
Contraceptive method can prevent STIs	Condom	50	100

Majority (94%) of the respondents indicated they had ever heard of contraceptive. Most (46%) of the respondents indicated mass media as their commonest source of information on contraceptive followed by friends and family (32%) and health workers (22%). Most (68%) of the respondents indicated they had ever used contraceptive. Most (68%) of the respondents said the pharmacy/drug shops followed by Clinics (24%) and Hospital (8%). All (100%) the respondents mentioned that condom is the contraceptive method that can be used to prevent STIs.

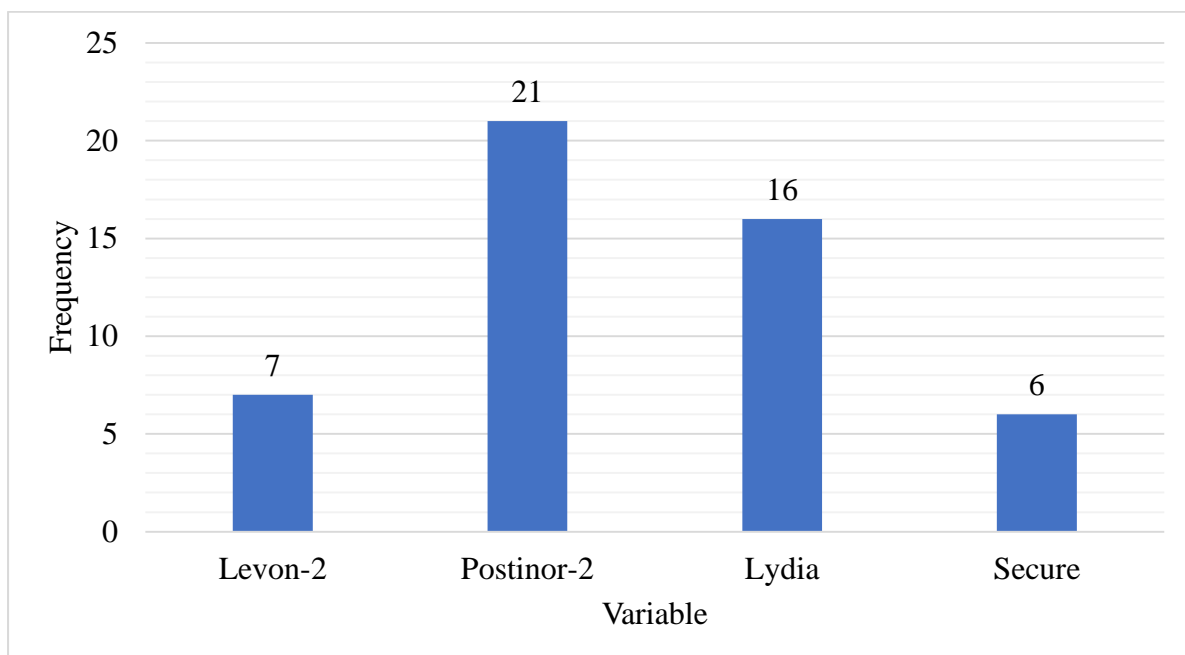


Figure 4. 1: Respondents on example of emergency contraceptive

Respondents were asked to give one example of an emergency contraceptive, nearly half (42%) of them mentioned Postinor-2 followed by Lydia (32%), Levon-2 (14%) and Secure (12%).

4.3 Type of Contraceptive Methods Used

Table 4. 3: Type of contraceptive methods used

Variable	Frequency	Percentage
Pills	23	46
Male Condom	17	34
Injectables (inject plan)	9	18
Implants (Norplant)	4	8
Female Condom	7	14
Vaginal spermicidal	0	0
Withdrawal	28	56

Most (56%) of the respondents selected withdrawal method as the type of contraceptive method used followed by pills (46%), male condom (34%), injectables (inject plan) (18%) and female condom (14%).

4.4 Barriers Associated with Contraceptive Use

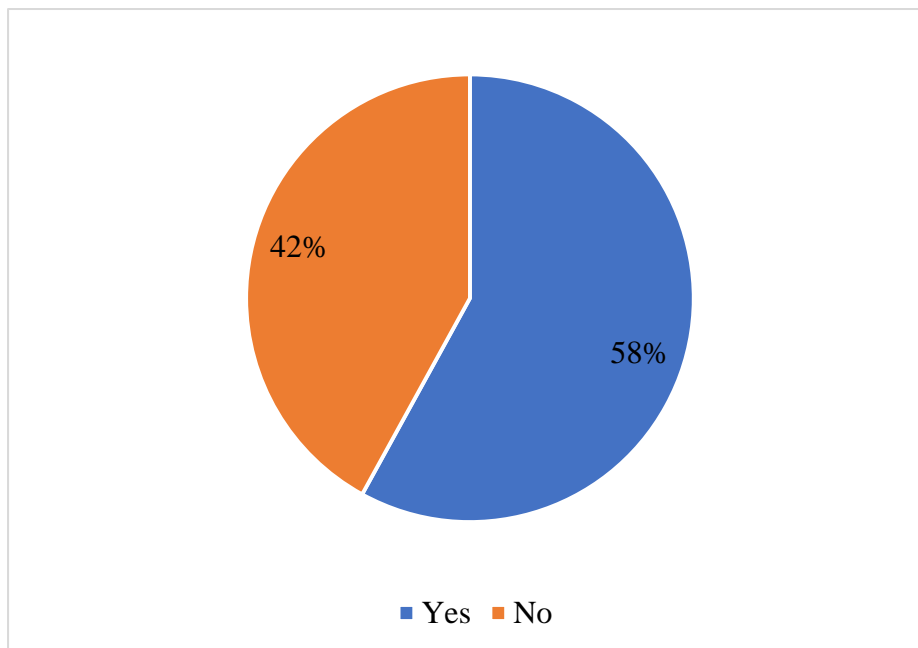


Figure 4. 2: Respondents on whether they face problem with assessing contraceptive

Figure 4.2 shows that over half (58%) of the respondents faced problem when they wanted to assess a contraceptive method while 42% said they did not.

Table 4. 4: Barriers associated with contraceptive use

Variable	Frequency	Percentage
Social or cultural taboos	25	50
Poor attitude of health care provider	26	52
Financial restrictions	24	48
Lack of confidentiality	20	40
Distance to facility	9	18
Fear of the side effects of family planning	24	48
Religious norms	27	54
Others specify	0	0

Over half of the respondents indicated religious norms (54%) and poor attitude of health care provider (52%) as barriers to contraceptive use. Exactly half (50%) of the respondents indicated social or cultural taboos (50%) as a barrier associated with contraceptive use. Less than half of the respondents indicated financial restrictions (48%), fear of the side effects of family planning (48%) and lack of confidentiality (40%) as barriers to contraceptive use. Few (18%) of the respondents mentioned distance to facility as a barrier associated with contraceptive use.

4.5 Attitude Towards the Use of Modern Contraceptives

Table 4. 5: Attitude towards the use of modern contraceptives

Variable	Frequency	Percentage
Contraception may cause fertility problems	21	42
Emergency contraceptive pills are taken only by promiscuous girls.	13	26
Contraceptives are for only married people	9	18
It feels bad to receive contraceptive information from parents and relatives	18	36
Contraceptive's benefits males too	28	56
Couple counseling can improve male involvement in contraceptive use	23	46
It is wrong to use contraceptives	18	36

Over half (56%) of the respondents said contraceptives benefits males too, nearly half (46%) of the respondents said couple counseling can improve male involvement in contraceptive use, less than half (42%) of the respondents mentioned that contraception may cause fertility problems, Over thirty percent indicated that it is wrong to use contraceptives (36%) and it feels bad to receive contraceptive information from parents and relatives. Few (26%) of the respondents indicated that emergency contraceptive pills are taken only by promiscuous girls. Only (18%) of the respondents indicated that contraceptives are for only married people.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS, RECOMMENDATIONS

5.0 Introduction

This chapter provides an in-depth look at the major findings that emerged out of the research, comparison of the analyzed data with findings from other literature, conclusion, and recommendations.

5.1 Discussions

5.1.1 Knowledge of Contraceptive Use

In the current study, majority (94%) of the respondents indicated they had ever heard of contraceptive. Correspondingly, Angdembe et al. (2019) asserted that majority of the respondents had high level of knowledge of modern contraceptive methods (59.6%) for contraception.

The current study found that most (46%) of the respondents indicated mass media as their commonest source of information on contraceptive followed by friends and family (32%) and health workers (22%). Similarly, A study by Angdembe et al. (2019) opined that (58.1%) were exposed to information about contraception from mass media, while 56.6% were exposed to such information from interpersonal sources. In addition, Casey et al. (2020) found that younger women to say they received contraceptive information from a health facility or health worker (75.7%). Friends and family were the second most common source of information in both groups (54.1%), followed by the radio (30.8%).

In the current study, most (68%) of the respondents indicated they had ever used contraceptive. Contrastingly, a study by Angdembe et al. (2019) found that majority (86.4%) of the respondents reported currently not using any method of contraception.

In the current study most (68%) of the respondents said the pharmacy/drug shops followed by Clinics (24%) and Hospital (8%). Contrastingly, Nsubuga et al. (2021) found that the commonest sources of contraceptives were Hospitals (government, 64.3%; private, 53.6%), clinics (general 24%, or Contraceptives 27.4%) and pharmacy/drugs shops (36%).

In the current study nearly half (42%) of respondents mentioned Postinor-2 as an example of an emergency contraceptive. Equally, a study by Onasoga et al. (2019) found that Most (58%) of the respondents mentioned postinor-2 as a type of emergency contraceptive pills against other pills while (21%) did not mention any pills.

5.1.2 Type of Contraceptive Methods Used

Most (56%) of the respondents selected withdrawal method as the type of contraceptive method used followed by pills (46%), male condom (34%), injectables (inject plan) (18%) and female condom (14%). Contrastingly, A study by Angdembe et al. (2019) found that of those who reported using a modern method of contraception, injectables (37.9%) were the most common, followed by male condom (35.9%) and implants (8.8%). Only 14.6% were using a long-term method (IUCD or implant).

None of the respondents in the current study selected sterilisation and lactational amenorrhoea methods. Equally, A study by Angdembe et al. (2019) found that none of the respondents reported using sterilisation and lactational amenorrhoea methods.

5.1.3 Barriers Associated with Contraceptive Use

According to Boamoh et al. (2020), the use of contraceptives is influenced by numerous factors, which include knowledge of contraceptive methods and knowledge of their use, access to these methods, sociodemographic characteristics, and negotiation skills of the persons involved. This assertion is in line with the findings of the current study as over half (58%) of the respondents faced problem when they wanted to assess a contraceptive method.

In the current study less than half of the respondents indicated financial restrictions (48%), fear of the side effects of family planning (48%) and lack of confidentiality (40%) as barriers to contraceptive use. These findings are supported by a study conducted by Black and Gilbert (2020), they asserted that contraception may be prohibitively costly for an adolescent and the need for parental financial assistance may compromise confidentiality.

The current study found that most of the respondents indicated religious norms (54%), poor attitude of health care provider (52%) and social or cultural taboos (50%) as barriers to contraceptive use. These findings are hugely supported by a report by WHO (2020), it was opined barriers to accessing contraceptive information and methods include social or culture taboos, legal restrictions, health care provider (HCP) attitudes, and healthcare systems.

5.1.4 Attitude Towards the Use of Modern Contraceptives

The current study found that more than half of the respondents disagreed that contraception may cause fertility problems. Similarly, Casey et al. (2020) found that attitudes towards contraception overall were favorable, with (85.4%) agreeing that contraception helps a couple take better care of their family, and (76.9%) disagreeing that contraception may cause fertility problems.

In the current study over half (56%) of the respondents said contraceptives benefits males too. Nearly half (46%) of the respondents said couple counseling can improve male involvement in contraceptive use. Correspondingly, a study by Nsubuga et al. (2021) found that attitudes to contraceptives being acceptable in the student community (93 %), being beneficial for males too (97.8 %), and couple counseling being able to increase male involvement in contraceptive use (96.2 %) were highly rated as "agreed".

The current study found that few (26%) of the respondents indicated that emergency contraceptive pills are taken only by promiscuous girls. Consistently, a study by Onasoga, et

al. (2019), found that more than half (74.5%) of the respondents disagreed to the opinion that emergency contraceptive pills are taken only by promiscuous girls.

5.2 Conclusion

The study concluded that respondents had good knowledge on contraceptives. The most common source of information on contraception for respondents was friends and family members. Most respondents obtained contraceptives from pharmacy/drug shops. The most known contraceptive among respondents was Postinor-2. Withdrawal method was the most used method of contraception by respondents. The leading barriers to contraceptive use were religious norms, poor attitude of health care provider and social or cultural taboos.

5.3 Recommendation

Based on the analysis of data obtained from the field, the following conclusions were drawn.

1. Parents should try and educate their adolescents well on the use of contraceptives rather than shirking their responsibilities on the bases that the adolescents should not use contraceptives because they are not adults.
2. Further studies should be conducted on how to resolve the barriers to contraceptive use.

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Your Ref.

October 26, 2022

Date

The Assemblyman
Kyerebaa Community
Berekum Municipal

Dear Honorable Assemblyman

PERMISSION TO CONDUCT RESEARCH

I wish to introduce to you the under-listed names of final-year students of the College:

1. Acheampomaa Philomina
2. Opoku Asare Savina
3. Konadu Hazel Anna Danquah

As part of the pre-requisite for the award of Diploma in Midwifery, they are to conduct a research study, hence the data collection on "Determinants of Contraceptive use among adolescents (15-19 years) in Kyerebaa – Berekum"

I would be grateful if you could assist them with any material or help they may need to accomplish this task.

Thank you.

Yours faithfully

.....
Celestine Ahiaworanu
Supervisor

For: Principal

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Thank you.

Yours faithfully

.....
Celestine Ahiawornu
Supervisor

For: Principal

QUESTIONNAIRE

Dear Respondent,

This is an academic research questionnaire aimed at assessing contraceptive use among adolescents (15-19-years) in Kyerebaa, Berekum. The results of the survey are for research purposes only and the confidentiality of respondents is guaranteed. Thank you for your contributions to this research. You are kindly requested to read through the items and respond to them.

SECTION A

SOCIO-DEMOGRAPHIC INFORMATION

Write or Tick [√] the appropriate box that corresponds to your choice concerning each statement below.

1. Age:
2. Gender
 - a. Male
 - b. Female
3. Marital status:
 - a. Married
 - b. In a relationship
 - c. Single
4. Educational level:
 - a. No education
 - b. Primary
 - c. JHS

- d. SHS
- e. Tertiary
- 5. Religion:
 - a. Christianity
 - b. Islamic
 - c. Traditional

SECTION B

KNOWLEDGE OF CONTRACEPTIVE USE

- 6. Ever heard of contraceptive
 - a. Yes
 - b. No
- 7. Commonest source of information on contraceptive
 - a. Friends and family
 - b. Health worker
 - c. Mass media
 - d. Parent
 - e. Other:
- 8. Ever used contraceptive
 - a. Yes
 - b. No
- 9. Commonest source of contraceptive
 - a. Hospital
 - b. Clinics
 - c. Pharmacy/drug shops

d. Other:

10. Contraceptive is a device/drug used to prevent pregnancy

a. Yes

b. No

11. Give one example of an emergency contraceptive

.....

12. Which contraceptive method can prevent STIs such as HIV/AIDS?

.....

SECTION C

TYPE OF CONTRACEPTIVE METHODS USED

13. Which of the following contraceptive method have you used before?

(Multiple selection allowed)

a. Female sterilization

b. Pills

c. Male Condom

d. IUD

e. Injectables (inject plan)

f. Implants (Norplant)

g. Female Condom

h. lactational amenorrhoea

i. Vaginal spermicidal

j. Withdrawal

k. Others specify.....

SECTION D

BARRIERS ASSOCIATED WITH CONTRACEPTIVE USE

14. Do you face any problem when you want to assess any contraceptive method?

a. Yes

b. No

15. In your opinion, indicate the barriers associated with contraceptive use.

(Multiple selection allowed)

a. Social or cultural taboos

b. Poor attitude of health care provider

c. Financial restrictions

d. Lack of confidentiality

e. Distance to facility

f. Fear of the side effects of family planning

g. Religious norms

h. Others specify.....

SECTION E

ATTITUDE TOWARDS THE USE OF MODERN CONTRACEPTIVES

Tick [√] if you agree to the following statements;

16. Contraception may cause fertility problems

17. Emergency contraceptive pills are taken only by promiscuous girls.

18. Contraceptives are for only married people

19. It feels bad to receive contraceptive information from parents and relatives

20. Contraceptive's benefits males too

21. Couple counseling can improve male involvement in contraceptive use

22. It is wrong to use contraceptives