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**DEPARTMENT OF NURSING**

**DIPLOMA PROGRAMMES**



**THE EFFECT OF THE USE OF CONTRACEPTIVES AMONG FEMALE STUDENTS**

**IN 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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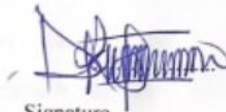
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## **ABSTRACT**

The study focused on the effects of contraceptives use among female students in Holy Family Nursing and Midwifery Berekum. A descriptive cross-sectional survey was used to collect in-depth information for the study. The respondents were obtained using the stratified sampling method. A total of 50 participants was used for the study.

Majority of respondent 42 (84%) think it is good to use contraceptive because it prevent unwanted pregnancies, it help couples to space their children and also prevent maternal mortality, whiles minority of respondent 8 (16%) said they think it is bad to use contraceptives because it can lead to uterine problems, it can also change your menstrual flow and it can cause cancer with long term use.

The study recommended that sex education is vital in providing information and knowledge to enable the adolescent, be better equipped for the decisions they have to take with regards to sexual activities and their outcomes. 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.

The study concluded that students have scanty knowledge on the use of contraceptives. Individual factors, coupled with socio- cultural factors as well as other health service factors from the conceptual framework can be seen to have an effect on the adolescent student use of contraceptives. The study also revealed that good perceptions being held by students. Students again had an attitude of not caring if contraceptives were available or not; their only care was for avoidance of pregnancy. They had no fear they were susceptible to sexually transmitted diseases

and infections. There is a growing need to improve service provider skills on quality adolescent sexual and reproductive health services that are youth-friendly. Adolescents should be better equipped to make better decisions concerning their sexuality as well as intensive education on their vulnerability to sexually transmitted diseases and infections.

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## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.0 Background of the study**

Contraception is described as the practice intended to prevent conception and pregnancy. Contraceptives are drugs, objects, or methods used to prevent a woman from becoming pregnant when she has sex. Modern contraceptive use remains an important public health intervention and a cost-effective strategy to reduce maternal mortality, avert unintended pregnancies, and control population explosion, especially in developing countries. Contraceptive methods include birth control pills, cervical caps, diaphragm, injectable, intrauterine devices, subdermal implants, spermicides, creams, jellies, aerosols, films, vaginal tablets, foaming tablets, and pessaries. It is significant to note that these methods of contraception are used before or during the act of sex. However, emergency contraception (EC) is usually used after sexual intercourse; they are recommended to be used within three days after sex, however, for maximum efficacy, they should be used immediately after sex. There is evidence to suggest that induced abortion and its related complications are the most common outcomes of non-use of modern contraceptives. Contraceptives are made up of different materials and are available in a variety of sizes, shapes, colors, textures, methods, and modes of application.

In sub-Saharan Africa, 44% of unintended births occur in females between the ages of 15–24. Any woman or girl of reproductive age may use emergency contraception to prevent unwanted pregnancy, according to WHO (2018). Emergency contraception is used globally in circumstances such as unprotected intercourse, worries about potential contraceptives failure, misuses of contraceptives, and sexual assault where there is no coverage for contraception (WHO, 2018). The

effect of unintended pregnancies requires that emergency contraception be used efficiently and effectively.

## **1.1 Problem Statement**

WHO estimates that in every eight minutes, a female dies from unsafe abortion. Sub-Saharan countries including Ghana have high rate of unintended pregnancies due to inadequate access to women's reproductive health services (Sedgh, Singh, & Hussain, 2018). This demonstrates restricted access to facilities for family planning and lower reproductive health rights. In developing countries, unplanned pregnancy mostly results in maternal mortality and morbidity. Every year around the globe, about 210 million females become pregnant, of whom about 75 million (36%) are unplanned and/or unwanted (Amalba, Mogre, Appiah, & Mumuni, 2018). Unintended pregnancies boost stress levels, risky behaviour, delayed initiation of prenatal care, economic status and the overall quality of life of women and their household are threatened. Contraceptive use is a significant approach for preventing unwanted pregnancy and preventing abortion that is induced. Currently in Ghana, Emergency Contraceptives (EC) is a predominant concept in avoiding pregnancy after sexual intercourse without the use of condoms and forgotten pills. Victims of rape instances also use Emergency Contraceptive pills (Amalba et al., 2018). Very comprehensive campaigning and dissemination of contraceptive information has taken place. About 47.4% females in Ghana have used contraceptive before with about 20% of people still using it (Amalba et al., 2018). The introduction of EC Pills in Ghana has had fewer survey on the concept in assessing knowledge and use of EC Pills among reproductive females. There are few studies which have documented the use of EC among female students in Ghana and very little attention is given to aspects such as knowledge, perception and use of ECs among females

in research. Health service providers such as doctors, nurses, pharmacists should make family planning information accessible to the general public. Females who patronize them too should be made to understand how the method works and help them in making informed decisions.

Emergency contraceptives are cost-effective and extending access will have a significant effect on lowering unintended pregnancy rates. In view of this, we want to conduct a research on the perception, knowledge and effects on the use of contraceptives among female students of Holy Family Nursing and Midwifery Training College Berekum.

### **1.2 General Objective**

- This study is aimed to determine the effects of contraceptives use of female students in Holy Family Nursing and Midwifery Training College Berekum.

### **1.3 Specific Objectives**

- To assess the knowledge among female students of Holy Family Nursing and Midwifery Training College Berekum have about the use of contraceptives.
- To ascertain the perception on the use of contraceptives of female students in Holy Family Nursing and Midwifery Training College Berekum.
- To assess the effects (positive and negative) on the use of contraceptives among female students at Holy Family nursing and midwifery Training College Berekum.

## **1.5 Operational Definition of Terms**

**Knowledge:** It is a familiarity or awareness or understanding of someone or something such as facts, information, descriptions or skills which is acquired experience or education by perceiving, discovering or learning.

**Assessment:** The action of assessing someone or something.

**Contraceptive:** it is defined as a method or a device used to prevent pregnancy.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.0 Introduction

Contraception is an important factor in many women's lives with its need varying according to the particular stage of life continuum and should also be viewed in the wider context of sexual and reproductive health. It has been argued that control of their own fertility is the largest single factor affecting the independence of women (Rondini & Krugu, 2019).

Contraceptives according to the Longman's dictionary 2021, is a drug, object or method used to prevent a woman from becoming pregnant when she has sex. Example; female condom, subdermal implants and intrauterine devices. The ability to control the timing and circumstances under which they would conceive gave women a higher degree of personal control, more freedom of choice in many dimensions of their lives and the self determination to work towards quality. This has resulted in the degree of women and men to control their reproductive destinies which have been evident since ancient times (Kathryn, 2018).

The capacity to enjoy and control sexual and reproductive behaviour is a key element of sexual health (WHO 2020), yet this is not the experience of many women. Unintended pregnancies can have long lasting effects on the quantity of life of parents and children (World Health Organisation 2020)

Therefore the use of contraceptives by today's women should be a better way to help one plan her family.

Today the World Health Organisation has helped countries to set up birth control programmes. An assessment of the need of contraceptive introduction in 1993 with the support from WHO (Formiga et al, 2018) concluded that the implementation of family planning services in Brazil, Kenya and Ghana were generally weak and that there was critical need for public sector family planning services which can provide women with broadened range of contraception options and thus encourage the use of contraceptives.

The rate of pregnancy, or failure rate goes up if for any reason the method is not used or one fails to use it exactly as it was designed to be used. There is therefore the need for the use of contraceptives nowadays to still bring down the pregnancy rate (Kay, 2018)

According to family planning Methods and Practice Africa, a book by the United States Agency for national Development, Pregnancy rate would be elevated to 80 – 84% per year if women of reproductive age engage in active sex but fail to use a contraceptive.

Some women are more likely than others to encounter problems with a specific method of birth control. Contraindications to the methods are important consideration for a woman making a birth control choice, because, according to Kathryn (2018), no contraceptive is 100% effective and no contraceptive is without risk.

In Africa as a whole, less than one fifth of all contraceptives compared to more than half of married couples in Asia and Latin America. In sub-Saharan Africa only, one out of ten couples use modern contraceptives for family planning (Roudi and Ashford, 2016).

## **2.1 The Knowledge on the use of contraceptives.**

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 injectable (50.3 %), IUDs (35 %) and implants (26.7%), female condoms (22.1%), while withdrawal (34.2%) was the most commonly mentioned traditional method. Contraceptive use also tends to improve the number of children living, from 21 % among married women with no children to 30% among those with three or four children, after which it decreases moderately to 27% among those with five or more children. Over the six years, the use of any contraception and any modern method has risen somewhat, from 24% in 2008 to 27% in 2018. Without prescription, emergency contraceptives are easier to obtain from clinics and pharmacies (Mayhew, Osei, & Bajos, 2021). The emergency contraceptives on the market include Postinor 2, Lydia, Levon 2 which contains levonorgestrel 1.5mg.

Adolescents generally have little knowledge of contraceptives and their effective use. According to a 2004 Youth Reproductive Health Survey using 12 – 19 year olds, Awusabo – Asare, et al (2018) observed that at least 90% of the adolescents studied, at most knew of one form of modern contraceptives. Quite worrisome was the fact that, the male condom was mostly the only known form of contraceptives; their knowledge of other contraceptive methods was not quite assuring. With regards to the pills, 55.7% males and 52.7 % of the females had some knowledge of its usage. Regarding the Intra Uterine Device 23.1% of males and 23.5 of females were aware of it. Also there was 55.5% and 56.5% familiarity with the use of injectable among the males and females respectively. Regarding the use of implants, 17.6% of the males and 18.7% of the females had knowledge of it. Males had 20.1% and females 18.4% knowledge with regards

to emergency contraceptives. The highest knowledge level was with the male condom; of the total population, 90.6% and 87.9% of the males and females were recorded as being familiar with this method. The Foam or Jelly recorded the least known among the adolescents with 15% of the males and 11.8% of the females having knowledge of its usage (Biddlecom, 2018). In a study of four sub Saharan countries namely Ghana, Malawi Uganda and Burkina Faso; it was observed that education on sex is very essential in adolescent men using contraceptives regularly. Male adolescents who had received some form on sex talk in school showed that they were considerably more susceptible to using condom consistently, as related to their peers who had not received any sex talk or education (Bankole, et al., 2018). Demonstrating how to use condom appropriately tended to have a positive outcome in the sense that, male adolescents who had been taught how to use the condom through demonstrations, were more likely to engage in condom use during sexual encounters, as they had been given a form of education on how it is supposed to be used (Bankole, et al., 2018). During a research conducted in a rural based South African University, the teenage participants stated the lack of knowledge on the use of contraceptives as one of the leading causes of teenage pregnancy (Lebese, et al., 2019). Having knowledge and a good understanding off contraceptives and their uses tended to be an essential step towards the overall acceptance towards initiating or using contraceptives during sex (Khan & Mishra, 2018). Knowledge of contraceptives is generally poor, students are misinformed; thus making usage low even though they have positive attitudes regarding the use of contraceptives, they have the believe that it is especially not safe for female users though contraceptives are available making the use of contraceptives underutilized in Nagpur (Relwani, et al., 2020). In Kenya for instance, though there was knowledge on contraceptive use during a study to ascertain the knowledge, perception and information that the adolescents in Kenya had concerning contraceptives; it

showed that the knowledge was deemed to be shallow, since some of the participants could not distinguish the fact that condom was the same as contraceptives (Miano & Mashereni, 2018). A gap exist between the knowledge students have on contraceptive use and the actual use, of the contraceptives, conducting a research among adolescents in selected senior High Schools in the Central Region of Ghana, Hagan & Buxton, (2020) found out that though 18.7% of the students were knowledgeable about contraceptives, as high as 48% were engaged in sexual activities where they admitted contraceptives was not used always. Males usually have low levels of knowledge concerning the different contraceptive methods as compared with females (Tilahun, et al., 2021). Also, with students in Ghana for instance, there are no exact courses in the educational curriculum labeled as sex education tools; both the teachers and students alike make do with subjects that have relevant education on sex they are able to get from Reproductive health topics in Reproductive system in biology as well as a couple of Family Life subjects in Social Studies (Asiedu, et al., 2018).

## **2.2 The perception on the use of contraceptives.**

Perception is defined as respondent's opinion or view, whether positive or negative towards a practice or behaviour such as contraceptive use.

Nigeria has a prevalence rate of contraceptive use which is less than 13%. Some of the reasons why contraception use is quite little, largely stems from the perception that use of contraceptives might result in infertility especially among the females later on in life (Omo-Aghoja, et al., 2019) Most of the female In a study conducted by Manena – Netshikweta (2018) among secondary school students in the Limpopo Province, 88% answered “no” when asked if they engage their partners in whether to use contraceptives during sexual intercourse. This they claimed was so

due to the fact that they felt uncomfortable and had the fear of passing themselves off as immature, and thus losing their partners in the process should they insist on taking protective measures. Bangi, (2019) conducted a study among adolescents aged 15 – 18 in Lagos, Nigeria; out of 35 of the respondents, only 4 responded to having used contraceptives in their sexual encounters, while the rest of the 31 admitted to never resorting to any form of contraceptive use. This they claimed was because they had the perception that contraceptives were only meant for married people and not teenagers. Again, family planning and contraceptive use is viewed as a tool for promoting promiscuity among the female population (Nettey, et al., 2018). In her research work “They will wonder what kind of a girl I am”: Adolescents perceptions towards contraceptive use in Nairobi, by Kinaro, (2018), the results showed that generally there was good perception towards contraceptive use by the parents and guardians of the adolescent. What they did mostly, was to dissuade their wards from engaging in contraceptive use, because to them it is only meant for married adults. Misperceptions towards the use of contraceptives made students believe that, the use of contraceptives (condom) for example could be harmful to the female during sex (Biddlecom, 2018). Parental views and values played a crucial part in influencing the adolescent’s views toward contraceptives, with most of the females more than their male counterparts perceiving their parents would raise objections if they should find out they are using or would like to use contraceptives (Kinaro, 2019). In Nigeria, a male adolescent residing in the Onu refugee camp shared his view on why he was not on contraceptives and also discouraged his partners from using it despite being an adolescent father. In his own words, he explains his perceptions as “my girlfriend likes to use contraceptive to prevent pregnancies, but I have advised her not to use it again because it is not good for unmarried people like us. I told her it can affect her womb and prevent her from giving birth in the future when she gets married and

when she is ready to have children; Contraceptives like pills and injections are only good for married people who already have children” (Okanlawon, et al., 2020). Most adolescents are of the view that sex before marriage should not be practiced, however, it is quite intriguing to know they practice the contrary; in a study conducted by Awusabo-Asare, et al., (2018) the outcome was that 87% and 84% of females and males respectively who held this notion that females should remain virgins prior to marriage, were themselves sexually active. Religious beliefs also make it quite difficult for the adolescent to boldly request for the use of contraceptives or seek education from health care provider (Biddlecom, 2018; Okereke, 2019). This is thought to be so because there is a shared perception that, once the adolescent is given education on sexual and reproductive health issues , the education might in turn lead to the adolescent becoming more sexually aware of themselves (Awusabo –Asare, et al., 2018). Once there is an acceptance as to why a particular contraceptive method should be practice, it will have an impact on the use of that particular method; this is so because, different contraceptive methods have different efficiencies, effectiveness and side effects (Alkema, 2019). As high as 80% of adolescents who were engaged in a focused group discussion using adolescents within the Buffalo City Municipality of Eastern Cape, found in South Africa, viewed contraceptives as being harmful to their health and fertility as well as it not being an acceptable practice (Mnyanda, 2022). Some adolescents also have the perception that, they are insusceptible from the dangers resulting from not using contraceptives, which includes getting pregnant and they also perceive contraceptive use will lead to them gaining weight, so avoid using it (Hagan & Buxton, 2019). Adolescents in recent times perceive that engaging themselves in sexual activities is the “In thing”, meaning it is in trend with modernization and also perceive that having a relationship devoid of sex was not possible (Okereke, 2021). Peer group seems to have the most influential outcome on adolescent

sexual behaviors; adolescents with most of their friends being the opposite sex have been seen to have higher possibility of becoming sexually active whereas those with most friends who are of the same sex have less possibility of being sexually active (Bingenheimer, et al., 2020). Family values and ideals can be altered by adolescents just to get peer acceptance; thus adolescents who perceive their friends to be in sexual relationships are more likely to initiate sex and have multiple sexual partners as in contrast to those who believe their friends are abstaining (Nikken & Graaf, 2019)

Perception of contraceptive methods being for females only as associated with 41% higher prevalence of contraceptives use relative to those who disagreed, while students who perceived it as being wrong to use contraceptives has a 33% lower prevalence of use relative to those who had favourable perceptions. Inadequate insight in sexual and reproductive health globally has resulted in unplanned pregnancy and HIV among youth especially youth women. These sexual behaviours include both positive and negative practices. Abstinence and condom use are positive practices and negative outcomes include unplanned pregnancy and spread of sexually transmitted diseases which occurs among youth. Knowledge in contraceptives and its usage are crucial indicators of sexual health among the youth (Grindlay et al., 2018).

Contraceptive use reduces the number of unwanted pregnancies in sexually active youth. However, young people must have a fair knowledge of different methods of contraceptives available before its usage. Among young women too, though the levels of knowledge of contraceptive use is high, its use is relatively low among married women. That notwithstanding, people with high level of education in the urban areas are usually associated with a high use of modern contraceptives especially young married women. Policies addressing women's

Knowledge of reproductive health and behavior can be enhanced by understanding young people's sexual behavior and contraceptive use (Kunene, 2021).

### **2.3 Effect on the use of contraceptives.**

The appropriate use of contraceptives, prevention of sexually transmitted diseases and infections, coping with secondary sexual characteristics and relationships needs severe attention in the lives of adolescents (Tenkorang & Adjei, 2019).

Despite availability of modern contraceptive methods and documented unmet need for family planning in Ghana, many women still report forgoing modern contraceptive use due to anticipated side effect. The goal of this study was to examine the use of modern family planning ,in particular hormonal methods ,in one district in rural Ghana ,and to understand the role that side effects play in women decisions to start or continues use the effect of contraceptive in birth control .There are many different methods of birth control ,including hormonal contraception such as pills. Some women have while on the pill include, irregular menstrual bleeding more common with the mini-pill. Some also experience nausea, headaches, dizziness, and breast tenderness and cardiovascular impacts .in addition, woman may harbour fears of long term effect of contraceptive use, such as infertility and child birth complication (Boamah, et al., 2018).

Findings from studies among adolescents found in Kintampo in the Brong Ahafo region of Ghana has revealed that there was high level of inconsistent use of contraceptives among adolescents; this was evident in the fact that some of the respondents were already teen parents and were being confronted with harsh social consequences, other adolescents had also undergone unsafe abortion procedures and might be faced with challenging issues with regards to their fertility in future, whiles others on the other hand were still carrying their pregnancies; this might

mean the end of education for such young mothers and bring about immense hardship to both mother and child socially and economically (Boamah, et al., 2018). Generally there are perceived consequences resulting from the use of contraceptives. Such perceptions though difficult to eliminate.

## **CHAPTER THREE**

### **MATERIALS AND METHODS**

#### **3.0 Introduction**

This sector deals with the description of the research design, sampling techniques, target population and sampling size. Issues on reliability, validity and research instruments used are also included in this chapter. It also deals with the ethical consideration and limitation of the study.

#### **3.1 Study Area**

This research was conducted in the Holy Family Nursing and Midwifery Training College, Berekum in the Bono Region. The school is located at New Biadan. The school shares boundary with the Holy Family Hospital, Berekum and Freeman Methodist School. It was established in the year 1957. The major inhabitants of the college campus are nursing trainees, midwifery trainees, teaching and non-teaching staffs. The total population of the school is about seven hundred and fifty (750) including students, teaching and non-teaching staffs with different ethnic backgrounds. The teaching staffs include the principal of the college, administrator, academic coordinators and tutors. The non-teaching staffs include, drivers, security men, cooks and cleaners. According to the student Representative Council President, the settlement of the college has a student population of six hundred and ninety (690). The settlement type of the schools' building is a nucleated one with building mainly built with blocks and roofed with aluminium sheets.

The school has an administration block, a class room block made up of nine (9) lecture halls, tutors offices, a conference hall, an auditorium, a supermarket, a hairdressing saloon, a dining

hall and a kitchen. There is a well-furnished computer laboratory, two skills laboratories for nursing and midwifery students as well as a well-furnished library in the school. The school has four hostels; one for the female nursing students, one for the Post NAP/NAC students, one for the male nursing students and the other one for the midwifery students as well as four bungalows for tutors. The school has a bus which helps them to carry students to any event or occasions. It also has a school field which serves as a playing field and two summer huts. There are two security post, car park and a fore court.

### **3.2 The study population**

This refers to “all elements that meet certain criteria for inclusion in a study”(Grove et al., 2019). In this research, the study population consisted of female students selected randomly at Holy Family Nursing and Midwifery Training College, Berekum with difference in age, marital status and religious affiliation and this had no effect on the study.

### **3.3 Study design**

A non-interventional study design was used for this study. Under this study design, a descriptive cross-sectional study was conducted to achieve the objectives of the study. This was because; the study described a phenomenon across a wide population using a snapshot of the population at a certain period.

Descriptive study was used to assess female student’s knowledge on the use of contraceptives and their perceptions on the use of contraceptives.

### **3.4 Sampling technique and size**

The sample size was obtained using a stratified sampling. The female students were divided into three groups thus; RGN, RM and POST BASICS and 15 females were selected randomly from the RGN and RM, 20 females were also selected from the post Basics making 50. Fifty (50) female students were chosen at random from all the stratum for the study. They were chosen regardless of their religious affiliation.

### **3.5 Data collection methods and instruments**

The data collection instrument used was a written questionnaire, which was given to the respondents to answer and collected on the same day. The questionnaire included closed ended questions which allowed respondents to choose appropriate responses and open ended questions which would allow them state their recommendations if any. The questionnaire was designed to include respondents' background information, questions on the specific objectives of the study; knowledge on the use of contraceptives, and their perception towards it use.

### **3.6 Data analysis techniques**

Data collected was analyzed in the form of percentages which made the presentation and interpretation more eligible and concise. Data collection was done using questionnaire and analyzed with Ms Excel 2021 in the form of descriptive statistics such as tables, pie and bar charts. Features of the data gathered were explored to get a general description of responses given by respondents.

### **3.7 Ethical consideration**

An approval was granted from the school for the survey to be conducted. The participants were given a written informed consent before answering the written questionnaire, and their refusal to answer the questionnaire was duly accepted. Confidentiality was ensured and respondents were informed that the survey was for academic purpose.

### **3.8 Limitations of the Study**

The respondent of this research was originally to be women at Kato but due to the covid-19 pandemic, students were rather chosen to answer our questionnaires. Some of the students refused to give us the information needed for our study because they were shy to express themselves and some were too busy to attend to us because of their academic work. Also because of the academic load, we were not able to do exploratory study. Lack of finance also limited us on the printing of our questionnaires.

## CHAPTER FOUR

### DATA ANALYSIS AND RESULTS

This chapter outlines the summary of findings obtained during the field investigations. It includes demographic data, knowledge, perception and effect on the use of contraceptives. The findings were analysed using descriptive statistics such as frequency tables, pie-charts and graphs.

#### 4.1 Demographic Data of Respondents

The analysis of demographic data looked at the gender, age, Ethnicity, religion, marital status, and category of education of respondents.

**Table 1: Age of Distribution respondents**

Age	Frequency	Percentage (%)
18-22	18	36
23-27	28	56
28-32	3	6
33-37	1	2
<b>Total</b>	<b>50</b>	<b>100</b>

Table1: above shows as much as 28 (56%) of the respondents were between the ages of 23 to 27 years, 18 (36%) between the 18 to 22 age group, while 3 (6%) were between the ages of 28 to 32

years, and 33 to 37 years had 1 (2%). This shows that majority of the respondents are within the reproductive age.

**Table2: Distribution of Respondents Ethnic group**

<b>Ethnicity</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Akan	38	76
Ewe	5	10
Hausa	2	4
Ga	5	10
<b>TOTAL</b>	<b>50</b>	<b>100</b>

From the data gathered on the respondent ethnic group, table 3 revealed, almost all 38 (76%) respondent were Akan, Ewe and Ga ethnic group had the same number respondent 5 (10%) and the other 2 (4%) respondent were found to be in the Hausa ethnic group.

**Table3: Respondents Religion**

<b>Religion</b>	<b>Frequency</b>	<b>Percentage %</b>
Christianity	42	84
Islam	8	16
Traditionalist	0	0
Others specified	0	0
<b>Total</b>	<b>50</b>	<b>100</b>

In table 3 above on respondent religion, near all 42 (84%) were Christians, and minority 8 (16%) were Muslims.

**Table 4: Marital Status of Respondents**

<b>Marital Status</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Single	44	88
Married	5	10
Co-habiting	1	2
None	0	0
<b>Total</b>	<b>50</b>	<b>100</b>

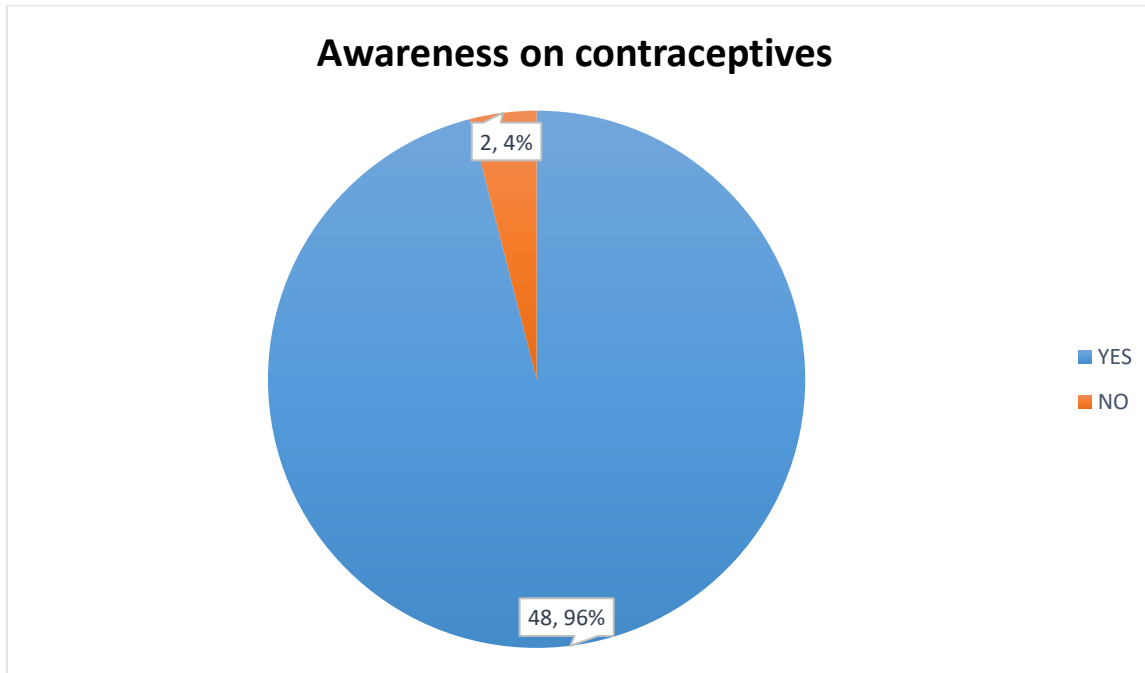
Data collected on respondent's marital status as represented by table 4: shows that more than half 44 (88%) were single, 5 (10%) were married and 1 (2%) is a Co-habiting.

**Table 5: Category of Education of Respondents**

<b>Category</b>	<b>Frequency</b>	<b>Percentage (%)</b>
RGN	33	66
RM	10	20
Post Basic	7	14
<b>Total</b>	<b>50</b>	<b>100</b>

Data presented in table 5 reveals as high as 33 (66%) of the students were RGN, 10 (20%) of student were RM whiles 7 (14%) were Post Basic

#### 4.2 Knowledge about Contraceptives Use



**Figure 1: Respondents' Awareness on Contraceptives Use**

As represented by figure 1 on respondent awareness on the use of contraceptives, 48 (96%) answer affirmative and 2 (4%) of the respondent said they have not had about the use of contraceptive.

**Table 6: Types of contraceptives**

<b>Contraceptives</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Condom	20	40
Oral Pills	14	28
Norplant	12	24
Diaphragm	4	8
<b>TOTAL</b>	<b>50</b>	<b>100</b>

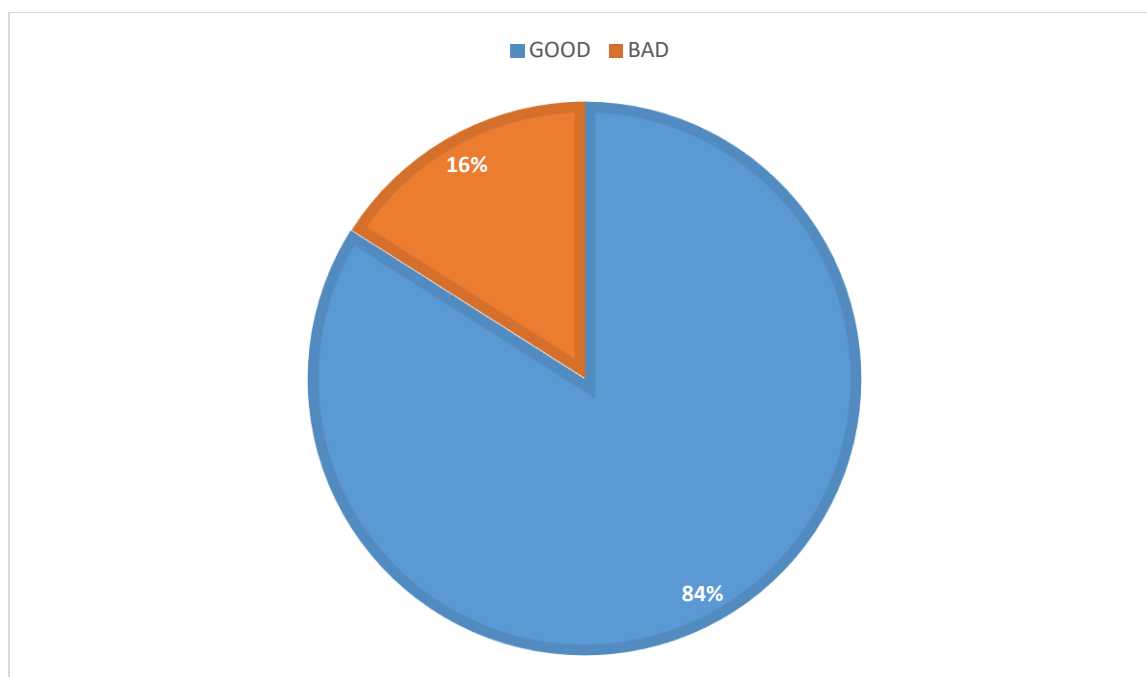
Data presented on table 6 shows that, 20 (40%) stated condom as a type of contraceptive, 14 (28%) stated Oral Pills as another type, 12 (24%) also stated Norplant as a type while 4 (8%) of respondent stated diaphragm as a type of contraceptive method.

**Table 7: what age can a girl patronize contraceptive**

<b>Age</b>	<b>Frequency</b>	<b>Percentage (%)</b>
8 – 17	11	22
18 - 28	36	72
29 - 39	3	6
40 - 49	0	0
<b>TOTAL</b>	<b>50</b>	<b>100</b>

Data presented in table 7 depicts as high as 36 (76%) of the respondent selected age 18 to 28 as an age group that a girl can patronize contraceptive, on the contrary 11 (22%) choose age 8 to 17 as an age group that a girl can patronize contraceptive, and 3 (6%) also choose 29 to 39 as another age group.

#### 4.3 Perception on Contraceptives Use

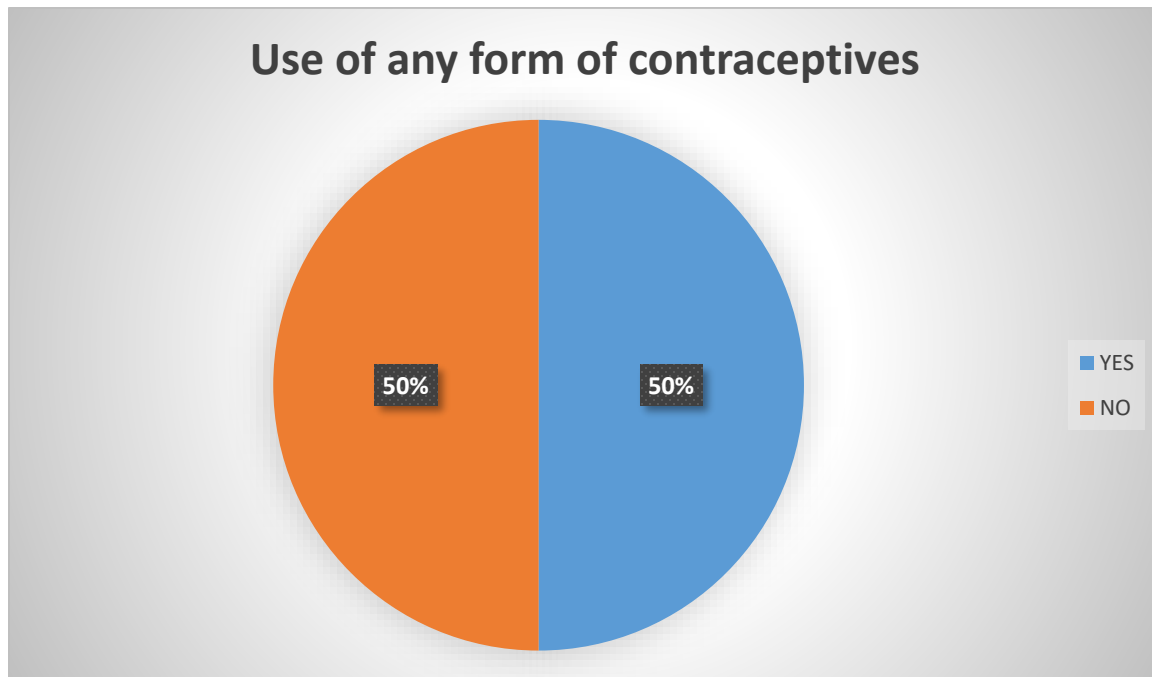


**Figure 2: Distribution of Respondent's about what they think about contraceptives use either good or bad.**

As represented by figure 2 on what they think about contraceptives use either good or bad, majority of respondent 42 (84%) think it is good to use contraceptive because it prevent unwanted pregnancies, it help couples to space their children and also prevent maternal mortality, whiles minority of respondent 8 (16%) said they think it is bad to use contraceptives

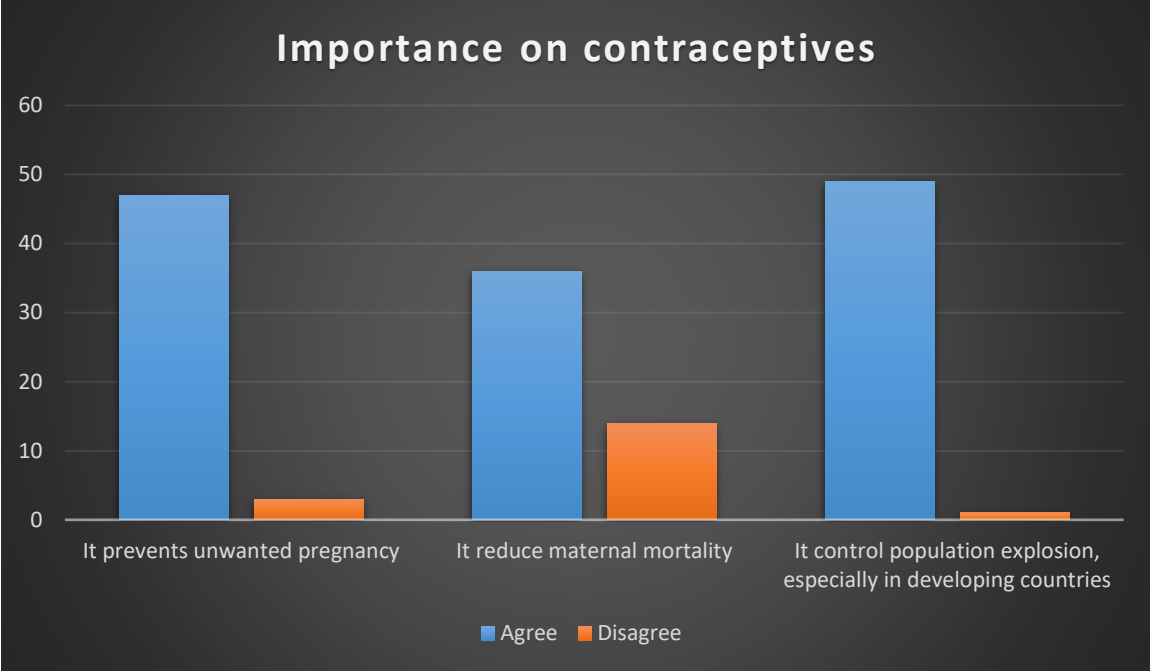
because it can lead to uterine problems, it can also change your menstrual flow and it can cause cancer with long term use.

#### 4.4 Effect on the Use of Contraceptives



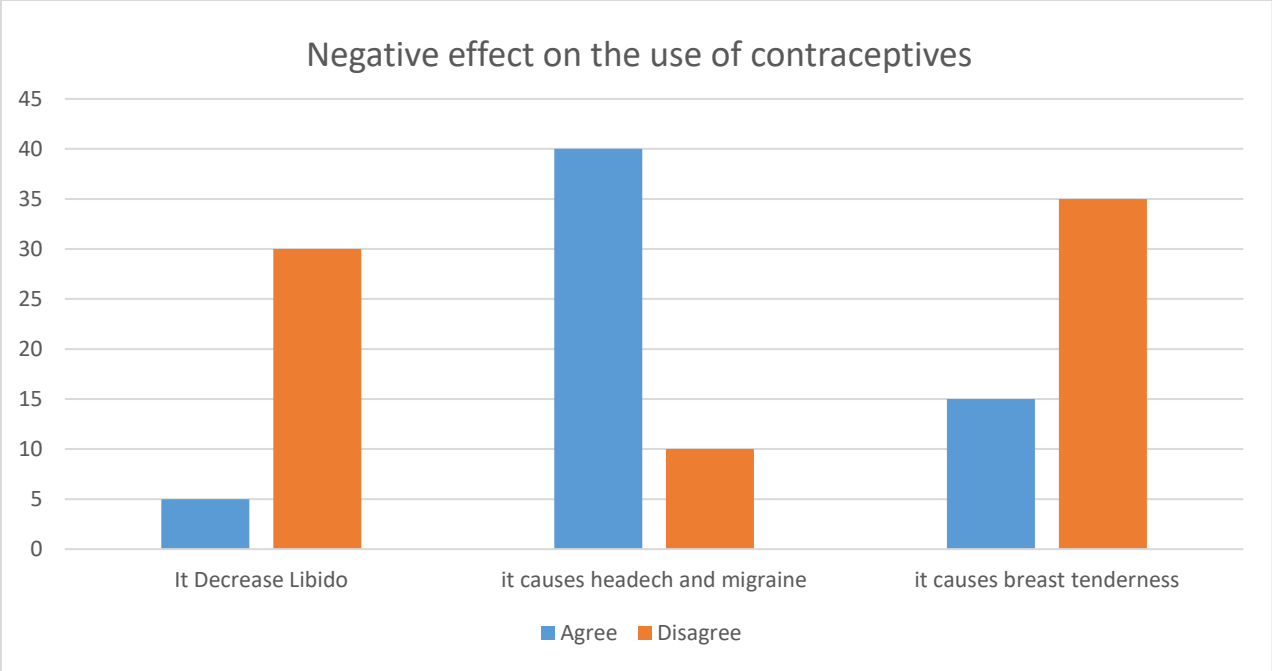
**Figure 3: Distribution of respondents on if they have ever use any form of contraceptive before**

Figure 3 represents respondent's selections on if they have ever use any form of contraceptive before, half of the respondent concord that they have ever use some before whiles the other half said no, they have not use any form of contractive.



**Figure 4: Distribution of Respondents views on importance of contraceptives**

Data as presented in figure 4 reveals respondent views on importance of contraceptives. Most respondent 47 (94%) agree it can prevent unwanted pregnancy, 36 (72%) also agree that that use of contraceptives can reduce maternal mortality, whiles 49 (98%) agree on the fact that it can control population explosion, especially in developing countries.



**Figure 5: Distribution of Respondents views on negative effect of contraceptives**

Data collected on the respondent view on the negative effect of contraceptives reveals, 5 (10%) agree that it can decrease libido, 40 (80%) also stated that it can cause headache and migraine whiles 15 (30%) said the use of contraceptives can lead to tenderness.

## **CHAPTER FIVE**

### **DISCUSSION, CONCLUSIONS, RECOMMENDATIONS**

The chapter covers the discussion of findings in relation to reviewed literature on the research topic, conclusion and recommendations of the study which is based on the findings.

#### **5.1 Discussion**

The study sought to determine the knowledge, perceptions and effect of contraceptive use among female student in Holy Family NMTC Berekum. The results were discussed according to the study objectives and research questions. On demographic characteristics of respondents; majority representing 56% fell within ages of 23-27 confirming the active reproductive age. The study was dominated by Akan and Christians representing 76% and 84% respectively. Larger proportions (88%) of respondents were single with 66% were RGN in tertiary education. A lot has been researched concerning the rising number of adolescents who engage in sexual activities at an early stage; this activity is combined with inadequate knowledge on how to use and access contraceptives as well as reproductive health (Bie, Diogenes & Moura, 2022). The implications and impact of such early onset of sex is worsened by limited knowledge, poor attitude and misperceptions of behaviour related to sex and contraceptives (Alves & Lopes., 2021).

#### **Knowledge of Contraceptive Use**

Findings from this study indicate that, majority of the adolescents (students) 48 (96%) generally are aware of contraceptives. This knowledge is mainly due to media advertisement. However this current study is in connection with a study conducted by Aseidu, et al (2020) observed that at least 90% of the adolescents studied, at most knew of one form of modern contraceptives.

## **The perception on the use of contraceptives**

on what they think about contraceptives use either good or bad, majority of respondent 42 (84%) think it is good to use contraceptive because it prevent unwanted pregnancies, it help couples to space their children and also prevent maternal mortality, whiles minority of respondent 8 (16%) said they think it is bad to use contraceptives because it can lead to uterine problems, it can also change your menstrual flow and it can cause cancer with long term use. The study affirms findings by Kinaro, (2020), Adolescents perceptions towards contraceptive use in Nairobi, the results showed that generally there was good perception towards contraceptive use by the parents and guardians of the adolescent

## **Effect on the Use of Contraceptives**

On importance of contraceptives. Most respondent 47 (94%) agree it can prevent unwanted pregnancy, 36 (72%) also agree that that use of contraceptives can reduce maternal mortality, whiles 49 (98%) agree on the fact that it can control population explosion, especially in developing countries. Findings corroborates with Tenkorang and Adjei, (2021) The appropriate use of contraceptives, prevention of sexually transmitted diseases and infections, coping with secondary sexual characteristics and relationships needs severe attention in the lives of adolescents.

On the negative effect of contraceptives reveals, 5 (10%) agree that it can decrease libido, 40 (80%) also stated that it can cause headache and migraine whiles 15 (30%) said the use of contraceptives can lead to tenderness. The current study finding is in line with the study findings of Boamah, et al., 2020. Some women have while on the pill include, irregular menstrual bleeding more common with the mini-pill. Some also experience nausea, headaches ,dizziness, and breast

tenderness and cardiovascular impacts .in addition ,woman may harbour fears of long term effect of contraceptive use, such as infertility and child birth complication

## **5.2 Conclusion**

The observations made in this study, indicates that students have scanty knowledge on the use of contraceptives. Individual factors, coupled with socio- cultural factors as well as other health service factors from the conceptual framework can be seen to have an effect on the adolescent student use of contraceptives. The study also revealed that good perceptions being held by students. Students again had an attitude of not caring if contraceptives were available or not; their only care was for avoidance of pregnancy. They had no fear they were susceptible to sexually transmitted diseases and infections. There is a growing need to improve service provider skills on quality adolescent sexual and reproductive health services that are youth-friendly. Adolescents should be better equipped to make better decisions concerning their sexuality as well as intensive education on their vulnerability to sexually transmitted diseases and infections.

## **5.3 Recommendations**

The findings of this study have important implications on the sexual and reproductive health of adolescent students. Sex education is vital in providing information and knowledge to enable the adolescent, be better equipped for the decisions they have to take with regards to sexual activities and their outcomes. 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.

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**APPENDIX**  
**QUESTIONNAIRE**

Dear respondent,

We are students of Nursing and Midwifery Training College, Berekum conducting a study on the topic **“the use of contraceptives among female students in Holy Family Nursing and Midwifery Berekum”** the study is purely for academic purpose. We are pleading that you participate voluntarily by completing this set of questions. Any information given is confidential and as such will not disclose in anyway. We hope you will cooperate with this study.

**Please tick (✓) or write where appropriate**

**SECTION A – Demographic Data**

1. Age
  - a. 18-22 years
  - b. 23-27 years
  - c. 28-32 years
  - d. 33-37 years
2. Ethnicity
  - a. Akan
  - b. Ewe
  - c. Hausa
  - d. Ga
3. Religion
  - a. Christianity

- b. Islam
  - c. Traditionalist
  - d. Other specified \*(atheist, agnostic, pagan etc.)
4. Marital status
- a. Single
  - b. Married
  - c. Co- habiting
  - d. None
5. Which class are you?
- a. RGN
  - b. RM
  - c. Post Basic

**SECTION B: Knowledge about Contraceptives Use.**

6. Have you heard about contraceptives?

Yes [ ] No [ ]

7. What do you think are some of the types of contraceptives as stated below? Tick to

indicate.

- a. Condoms [ ]
- b. Norplant. [ ]
- c. Oral Pills [ ]
- d. Diaphram [ ]
- e. Others

.....  
.....  
9. At what age can a girl patronize contraceptive. Tick to indicate.

a. 8 - 17            [   ]

b. 18 - 28           [   ]

c. 29 - 39           [   ]

**SECTION C: Perception on Contraceptives Use.**

10. Do you think contraceptives use is good or bad? Tick to indicate

a. Good   [   ]

b. Bad   [   ]

11. If Good, tick to indicate.

A. It prevent unwanted pregnancy. [   ]

b. It prevents sexually transmitted infections. [   ]

c. It prevents maternal mortality. [   ]

d. Others

.....  
.....

12. If Bad, tick to indicate

a. Decreased libido. [   ]

b. Headaches and migraines. [   ]

c. Breast tenderness. [ ]

d. Others

.....

.....

**SECTION D: Effect on the Use of Contraceptives**

13. Have you ever use any form of contraceptive before. Tick to indicate.

a. Yes [ ]

b. No [ ]

14. If yes, tick to indicate

a. Oral contraceptives. [ ]

b. Norplant.[ ]

c. Condoms.[ ]

d. Diaphram.[ ]

e. Others

.....

15. What do you think are some of the positive effects of contraceptives? Tick to indicate

a. It prevents unwanted pregnancy. Agree [ ].

Disagree [ ].

b. It reduce maternal mortality. Agree [  ] Disagree [  ]

c. It control population explosion, especially in developing countries. Agree [  ]. Disagree [  ]

16. What do you think are some of the negative effects of contraceptives? Tick to indicate.

a. It decreases libido. Agree [  ] Disagree [  ]

b. It causes headaches and migraine. Agree [  ] Disagree [  ]

c. It causes breast tenderness. Agree [  ] Disagree [  ]

NATIONAL CATHOLIC HEALTH SERVICE (DIOCESE OF SUNYANI)  
**HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE**  
**BEREKUM**



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Our Ref. ....

January 30, 2023

Your Ref. ....

Date .....

Dramani Ayamba  
Holy Family NMTC  
Post Office Box 21  
Berekum

Dear Mr. Ayamba

**PERMISSION TO CONDUCT RESEARCH**

With reference to your Memorandum dated January 26, 2023, I write to notify you that the students listed below have been granted permission to conduct their research in the College on the topic 'The Effect of the Use of Contraceptives among Female Students in Holy Family Nursing and Midwifery Training College, Berekum'

1. Adusi Poku
2. Duffie Patience

Thank you.

Yours sincerely

ACADEMIC CO-ORDINATOR - NURSING  
HOLY FAMILY NURSING & MIDWIFERY  
TRAINING COLLEGE, BERKUM

Rev. Sr. Margaret Afrifa  
Academic Coordinator for Nursing  
For: Principal