

**KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY**

**COLLEGE OF HEALTH SCIENCES**

**FACULTY OF ALLIED HEALTH SCIENCE**

**DEPARTMENT OF NURSING**

**DIPLOMA PROGRAMMES**



**KNOWLEDGE AND ACCEPTANCE OF FAMILY PLANNING AMONG SENIOR  
HIGH SCHOOL (ALL FOR CHRIST SENIOR HIGH) STUDENTS (14-17) YEARS IN  
BEREKUM**

**SUBMITTED BY:**

**ANTWI INDIRA SERWAA - 20921627**

**EKUFFUL MABEL - 20920381**

**KONAMA SANDRA AFIA - 20921618**

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

**AFFILIATED TO KNUST, KUMASI**

**HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE - BEREKUM**  
**MIDWIFERY DEPARTMENT**



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<b>ANTWI INDIRA SERWAA</b>	<b>-</b>	<b>20921627</b>
<b>EKUFFUL MABEL</b>	<b>-</b>	<b>20920381</b>
<b>KONAMA SANDRA AFIA</b>	<b>-</b>	<b>20921618</b>

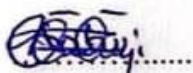
## DECLARATION

We officially affirm that the research for this paper came from our own efforts. We oversaw the study's execution, and its initial data gathered from participants at the All for Christ Senior High School in Berekum.

Every information source and reference utilised in this research has been properly cited. We declare that the information and conclusions in this study are original to us and have not been submitted for publication in any other academic or research journal.

ANTWI INDIRA SERWAA

20921627



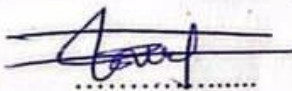
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21/08/2024

Date

EKUFFUL MABEL

20920381



Signature

21/08/2024

Date

KONAMA SANDRA AFIA

20921618



Signature

21/08/2024

Date

Certified by:

MS. MARTHA KYEREMAA

(Supervisor)

.....

Signature

.....

Date

MONICA NKRUMAH

(Principal)

.....

Signature

.....

Date

## ABSTRACT

**Introduction:** Family planning is a crucial component of reproductive health that plays a significant role in managing population growth and improving maternal and child health. Understanding family planning knowledge and acceptance among adolescents is vital for designing effective educational programs and interventions. The study assessed the knowledge and acceptance of family planning among senior high school students aged 14-17 in Berekum. Survey was conducted with 50 senior high school students in Berekum All For Christ. Data were collected using structured questionnaires and analysed to determine the levels of knowledge, sources of information, and factors influencing acceptance of family planning. Using SPSS, the statistical analyses including frequency distributions and percentage calculations were used to interpret the results. The findings reveal that, respondents had fair understanding of family planning, particularly as in controlling the timing and number of children. They were able to indicate method/devices; pill 80%, condom 52% and injection among others. Child spacing was a significant factor influencing the acceptance of family planning. Health care providers were the primary source of family planning information for most respondents, highlighting their crucial role. However, some misconceptions persist, such as the belief that family planning can cause infertility. The study recommend that schools and health organizations should provide clear, accurate family planning information to dispel myths like the fear of infertility. Adolescent corners and school health services should make popular methods, such as condoms are available and easy to get. Additionally, such a research can be carried out in a larger scale for easy generalization.

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## **ABBREVIATIONS**

STI -	Sexually Transmitted Infections
IUD -	Intrauterine Device
SHS -	Senior High School
WHO -	World Health Organization
CIP -	Costed Implementation Plan
SCT -	Social Cognitive Theory
EST -	Ecological Systems Theory
HBM -	-Health Belief Model

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# CHAPTER ONE

## INTRODUCTION

### **Background**

Family planning is a key component of worldwide public health initiatives that enable individuals and couples to make educated choices about the timing and spacing of their pregnancies (Aliyu, 2018; Starbird *et al.*, 2016). Family planning is especially important for teenage health because it can reduce the risk of unfavourable outcomes such as early pregnancy, unsafe abortions, and sexually transmitted infections (STIs) (Amoadu *et al.*, 2022). Teenagers, particularly those in low- and middle-income nations, face barriers to comprehensive sexual education and family planning services despite global efforts to improve access to reproductive health services (Ninsiima *et al.*, 2021).

Ghana, like many other countries in sub-Saharan Africa, has issues with the reproductive health of adolescents. Goals for national development must consider the requirements of teenagers, who comprise roughly 23% of the population and are primarily aged 10 to 19 (Klu *et al.*, 2023). Ghana's indices of teenage reproductive health paint a varied picture. Significant discrepancies still exist, especially in rural areas and among marginalized groups, although there has been success in lowering adolescent pregnancy rates and increasing the prevalence of contraceptives (Amoadu *et al.*, 2022). Effective efforts to address issues of sexuality and gender disparity are further complicated by socio-cultural conventions, such as the stigma associated with these discussions.

Grasping adolescents' knowledge and acceptance of family planning is crucial for crafting interventions that resonate with their needs and aspirations (Munea *et al.*, 2022). Research

suggests that while awareness of contraception among adolescents is relatively high, persistent misconceptions and myths influence contraceptive decision-making (Mwaisaka *et al.*, 2020).

Despite the critical need to address adolescent reproductive health, there is a lack of research specifically focusing on the knowledge and acceptance of family planning among senior high school students in Berekum. Existing studies often offer general insights into adolescent reproductive health or concentrate on specific aspects such as contraceptive prevalence (Parmar *et al.*, 2024). Therefore, this study assessed the level of knowledge and acceptance of family planning among senior high school students in Berekum.

## **1.2 Problem Statement**

Unwanted adolescent pregnancy is a serious public health concern that can have detrimental effects on the mother's and the child's health (Amoah *et al.*, 2023). There is still a significant shortage of family planning resources, especially in underdeveloped countries like Sub-Saharan Africa, even though family planning techniques have prevented millions of unwanted pregnancies, births, abortions, and maternal deaths worldwide (Ouedraogo *et al.*, 2021). Unsafe abortion is the second most common cause of pregnancy-related deaths in Ghana, and it disproportionately affects younger women. Access to family planning services is still limited despite initiatives like the Costed Implementation Plan (CIP), which raises the risk of unintended pregnancies, unsafe abortions, and maternal death (Akazili *et al.*, 2020).

Adolescents in Ghana face a number of sociocultural and demographic barriers to using contraception, such as peer pressure, cultural norms, religious convictions, and worries about possible negative effects (Amoadu *et al.*, 2022). Moreover, adolescents' decisions about contraception are influenced by variables like relationship dynamics, educational attainment, and the availability of youth-friendly healthcare facilities (Dombola *et al.*, 2021).

Berekum is nevertheless plagued by a high incidence of early pregnancies and restricted access to family planning services among senior high school students, despite attempts to enhance adolescent reproductive health. The absence of thorough sexual education and the prevalent socio-cultural norms are formidable obstacles to making well-informed reproductive decision-making (Amoah *et al.*, 2023).

### **1.3 Significance of the Study**

Understanding the knowledge and acceptance of family planning among senior high school students in Berekum holds significant implications for adolescent reproductive health policy and practice. By identifying gaps in knowledge and barriers to acceptance, this study aims to inform the development of targeted interventions and strategies to improve access to family planning services for adolescents. The findings will contribute to the body of knowledge on adolescent reproductive health in Ghana, providing insights that can guide future research, advocacy efforts, and programmatic interventions aimed at promoting informed decision-making and positive reproductive health outcomes among adolescents in Berekum.

### **1.4 Objectives of the Study**

#### **1.4.1 General Objective**

The general objective of this study assessed the knowledge and acceptance of family planning among senior high school students aged 14-17 in Berekum.

#### **1.4.2 Specific Objectives**

1. To assess the level of knowledge on family planning among senior high school students aged 14-17 in Berekum.
2. To examine the factors influencing the acceptance of family planning among senior high school students aged 14-17 in Berekum.

3. To assess the source of information on family planning among senior high school students aged 14-17 in Berekum.

### **1.5 Scope of the Study**

This study focused on assessing the knowledge and acceptance of family planning among senior high school students aged 14-17 in Berekum, Ghana. It dealt with an examination of their understanding of family planning methods, sources of information, and factors influencing acceptance.

### **1.6 Organization of the Study**

This study was structured into five chapters. Chapter one focused on the introduction to the research topic, outlining the background, problem statement, significance of the study, objectives, research questions, scope, and organization of the study. Chapter Two reviewed relevant literature on family planning, adolescent reproductive health, and socio-cultural factors influencing reproductive health decision-making. Chapter Three focused on the methodology employed in the study, including the research design, sampling techniques, data collection methods, and data analysis procedures. Chapter Four focused on the findings and interpretation of the study. Finally, Chapter Five focused on the discussion, conclusion, recommendation, and implication of the study.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter outlines a thorough analysis of the body of research pertinent to the investigation into senior high school students in Berekum, Ghana, and their understanding and acceptance of family planning. The three primary sections of the literature review are the identification of existing gaps in the literature, the theoretical review, and the empirical evaluation. While the empirical review summarizes prior research findings regarding senior high school students' knowledge of family planning methods, information sources, and acceptance-influencing factors, the theoretical review delves into conceptual frameworks and theoretical perspectives that support the study. Lastly, the gaps that now exist point to areas that require more study to advance knowledge.

#### **2.2 Theoretical Review**

The theoretical framework for this study draws upon several key theoretical perspectives in the fields of adolescent health, health behavior, and social determinants of health. Social Cognitive Theory (SCT), proposed by Albert Bandura, emphasizes the role of social influences, self-efficacy, and observational learning in shaping health behaviors (Nickerson, 2024). According to SCT, adolescents' decisions regarding family planning are influenced by their perceptions of the benefits and barriers associated with contraceptive use, as well as by the social norms and modeling behaviors of their peers, parents, and community (Wondimagegne *et al.*, 2023).

Additionally, the Health Belief Model (HBM) provides insights into individual perceptions of susceptibility to and severity of reproductive health risks, perceived benefits of and barriers to contraceptive use, and cues to action (Akonor *et al.*, 2021). HBM suggests that adolescents'

decisions to accept or reject family planning methods are influenced by their perceptions of the risks and benefits associated with contraception, as well as by their confidence in their ability to access and effectively use contraceptive methods (Sanchez *et al.*, 2021).

Furthermore, the Ecological Systems Theory (EST), developed by Urie Bronfenbrenner, highlights the interplay between individual, interpersonal, organizational, community, and societal factors in shaping health behaviors (El Zaatari & Maalouf, 2022). EST posits that adolescents' knowledge and acceptance of family planning are influenced by a complex interplay of factors at multiple levels, including individual characteristics, peer and family relationships, school environments, community norms, and sociocultural contexts (Ezenwaka *et al.*, 2020).

## **2.3 Empirical Review**

### **2.3.1 Level of Knowledge on Family Planning Methods among Senior High School Students**

Previous research has shown variations in adolescents' knowledge levels regarding different family planning methods. While some studies indicate relatively high levels of awareness and knowledge about modern contraceptive methods among senior high school students in Ghana (Manso *et al.*, 2021), others suggest persistent misconceptions and gaps in knowledge, particularly regarding less commonly used methods such as intrauterine devices (IUDs) and implants (Kirubarajan *et al.*, 2022).

Factors such as age, gender, educational attainment, socioeconomic status, and exposure to comprehensive sexual education programs have been found to influence adolescents' knowledge levels on family planning methods (Chavula *et al.*, 2022). Age and educational attainment have been identified as significant predictors of adolescents' knowledge about family planning methods, with older students and those with higher levels of education demonstrating greater awareness and understanding of contraceptive options (Amoah *et al.*, 2023). Gender differences

in knowledge levels have also been observed, with some studies suggesting that male students tend to have less accurate knowledge about family planning methods compared to their female counterparts (Yadassa *et al.*, 2023). Socioeconomic status, including factors such as parental income and occupation, has been associated with differential access to information and resources related to family planning, thereby influencing adolescents' knowledge levels on the subject (Munir *et al.*, 2023).

Furthermore, exposure to comprehensive sexual education programs has been shown to positively impact adolescents' knowledge and understanding of family planning methods. Schools that implement comprehensive sexual education curricula covering topics such as contraceptive options, reproductive anatomy, and STI prevention have been associated with higher levels of knowledge and more positive attitudes towards family planning among students (Chavula *et al.*, 2022). Conversely, adolescents who lack access to accurate and comprehensive sexual education may rely on misinformation or incomplete information from peers, media, or other informal sources, leading to misconceptions and gaps in knowledge regarding family planning methods (Moreira *et al.*, 2023).

### **2.3.2 Source of Information on Family Planning Methods among Senior High School Students**

Adolescents access information on family planning methods from various sources, including formal sources such as schools, healthcare providers, and media campaigns, as well as informal sources such as peers, family members, and social media (Alege *et al.*, 2016). Formal sources of information, such as schools and healthcare providers, are often perceived as reliable and accurate due to their professional expertise and authority. Schools play a vital role in providing comprehensive sexual education programs that cover topics related to family planning,

reproductive health, and contraceptive options (Leung *et al.*, 2019). Health clinics and healthcare providers offer counseling and guidance on family planning methods, including information about the effectiveness, benefits, and potential side effects of different contraceptives (Schrumpf *et al.*, 2020).

In addition to formal sources, adolescents also rely on informal sources of information, such as peers, family members, and social media, to learn about family planning methods. Peer networks can serve as a significant source of information and influence, with adolescents often discussing and sharing experiences related to relationships, sexuality, and contraceptive use among themselves (Calhoun *et al.*, 2022). Family members, particularly parents or older siblings, may also provide guidance and advice on reproductive health matters, although discussions about family planning may be limited or taboo in some households (Bekele *et al.*, 2022).

Social media platforms and online resources have become increasingly popular sources of information for adolescents, offering access to a wide range of content related to sexuality, reproductive health, and family planning (Salifu & Abubakari, 2023). However, the reliability and accuracy of information obtained from social media can vary widely, with some sources disseminating misinformation or promoting unproven contraceptive methods. Adolescents may also encounter conflicting messages about family planning on social media, which can contribute to confusion or uncertainty about contraceptive options (Abuduxike *et al.*, 2023).

The availability and accessibility of youth-friendly healthcare services and comprehensive sexual education programs play a crucial role in shaping adolescents' access to accurate information on family planning methods. In communities where healthcare services are limited or inaccessible, adolescents may face barriers to accessing reliable information and support related to reproductive health (Klu *et al.*, 2023). Comprehensive sexual education programs that provide

evidence-based information and promote healthy attitudes and behaviors regarding family planning can empower adolescents to make informed decisions about their reproductive health and well-being (Chavula *et al.*, 2022).

### **2.3.3 Factors Influencing the Acceptance of Family Planning Methods among Senior High School Students**

Adolescents' acceptance of family planning methods is influenced by a myriad of individual, interpersonal, and contextual factors. Individual factors such as knowledge, attitudes, beliefs, and perceived self-efficacy regarding contraceptive use influence adolescents' willingness to accept and use family planning methods (Akonor *et al.*, 2021). Adolescents who possess accurate knowledge about contraceptive options, understand their benefits and potential side effects, and perceive themselves as capable of using contraceptives effectively are more likely to accept and utilize family planning methods (Sanchez *et al.*, 2021).

Interpersonal factors also play a significant role in shaping adolescents' decisions about contraception. Peer influence, for example, can either encourage or discourage adolescents from accepting family planning methods, depending on the attitudes and behaviors of their peers (Dombola *et al.*, 2021). Positive peer norms regarding contraceptive use may promote acceptance and uptake of family planning methods, while negative peer influences or social stigma surrounding contraception may hinder acceptance (Lahiri *et al.*, 2023). Additionally, partner dynamics, including communication patterns, decision-making processes, and power dynamics within romantic relationships, can influence adolescents' decisions about family planning (Chapola *et al.*, 2021). Supportive and communicative partner relationships may facilitate acceptance and use of contraception, while coercive or controlling partner behaviors may create barriers to acceptance (Wollum *et al.*, 2023).

Parental support or opposition also impacts adolescents' acceptance of family planning methods. Adolescents who receive open communication, guidance, and support from their parents regarding reproductive health matters are more likely to accept and utilize family planning methods (Singh *et al.*, 2023). Conversely, parental disapproval, lack of communication, or restrictive attitudes towards contraception may deter adolescents from seeking or accepting family planning services (Vuamaiku *et al.*, 2023).

Furthermore, contextual factors such as cultural norms, religious beliefs, socioeconomic status, and access to healthcare services influence adolescents' acceptance of family planning methods (Kigongo *et al.*, 2024). Cultural and religious beliefs regarding sexuality, gender roles, and contraception can shape adolescents' attitudes and behaviors towards family planning. Sociocultural norms surrounding premarital sex, contraception, and pregnancy may impact adolescents' perceived acceptability of family planning methods within their communities (Namasivayam *et al.*, 2022).

Socioeconomic status also plays a role, with adolescents from lower-income households facing greater barriers to accessing contraceptive services and information. Additionally, the availability and accessibility of youth-friendly healthcare services, including contraceptive counseling, supplies, and clinical services, can facilitate or hinder adolescents' acceptance of family planning methods (Dioubaté *et al.*, 2021; Ninsiima *et al.*, 2021).

#### **2.3.4 Existing Gaps in Literature**

Despite existing research on adolescent reproductive health in Ghana, there are notable gaps in the literature pertaining to the knowledge and acceptance of family planning among senior high school students. Existing studies often provide general insights into adolescent reproductive health or focus on specific aspects such as contraceptive prevalence rates, without specifically

addressing the knowledge gaps and barriers to acceptance among senior high school (Akonor *et al.*, 2021; Parmar *et al.*, 2024).

One significant gap in the literature is the lack of studies that specifically examine the knowledge levels of senior high school students in Berekum regarding family planning methods. While some research exists on adolescent reproductive health in Ghana, there is limited data on the specific knowledge gaps and misconceptions that may exist among senior high school students in Berekum (Gbagbo, 2020; Klu *et al.*, 2023). Understanding these knowledge gaps is crucial for designing targeted educational interventions and programs to address misconceptions and improve awareness of family planning methods among adolescents in this setting (Kirubarajan *et al.*, 2022; Pazol *et al.*, 2015).

Furthermore, existing literature often overlooks the influence of sociocultural factors, community norms, and healthcare access on adolescents' acceptance of family planning methods in Berekum. While individual and interpersonal factors have been studied to some extent, there is a need for research that explores how broader sociocultural and contextual factors shape adolescents' attitudes and behaviors towards family planning. This includes examining cultural beliefs and norms surrounding sexuality and contraception, as well as the availability and accessibility of youth-friendly healthcare services in Berekum (Abdi *et al.*, 2020; Sanchez *et al.*, 2021).

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

This chapter details the methodology employed for the study. This includes study design, sampling techniques, data collection methods, and analytical approaches are described to ensure the reliability and validity of the findings. This chapter also outlines the systematic procedures followed in selecting the study site and population, calculating the sample size, and collecting and analyzing the data. It also discusses the ethical considerations and data management strategies crucial for maintaining the integrity and confidentiality of the research process.

#### **3.1 Study Design**

This study adopted a cross-sectional research design to assess the knowledge and acceptance of family planning among senior high school students aged 14-17 in Berekum.

#### **3.2 Study Site**

Berekum All for Christ Senior High School is conveniently located on the Sunyani to Berekum road, right at the entrance of Berekum. This strategic location provides easy access for students, staffs, and visitors travelling from Sunyani and Berekum, making the school a prominent landmark as you enter the town. Additionally, the migration checkpoint near the entrance of Berekum serves as another notable landmark, further highlighting the school's accessible and significant location. All for Christ Senior High Technical School is a private school in Berekum. It is a renowned institution known for combining academic excellence with strong moral and spiritual values. The school was established in 2001 as a technical and vocational institute and has since been expanded to include Senior High courses. Its mission is to nurture well-rounded, academically proficient, morally upright, and spiritually enlightened individuals. The vision of

the school is to be a leading institution that produces future leaders equipped with essential knowledge, skills, and values.

### **3.3 Study Population**

The study population comprised senior high school female students aged 14-17 years in Berekum. Participants was selected from All For Christ Senior High School. According to the School Administration, there are 130 female students in Total.

### **3.4 Inclusion and Exclusion Criteria**

#### **3.4.1 Inclusion Criteria**

Female students aged 14 – 17 years who consent to the study.

#### **3.4.2 Exclusion Criteria**

Students outside the age bracket.

### **3.5 Sampling Technique and Sample Size Calculation**

A simple random sampling technique was employed to select participants for the study. Since the study focuses on a single school, All for Christ Senior High School, the sampling process involved randomly selecting female students to achieve the desired sample size.

By using the Yamane sample size formula (Israel, 2003);

$$n = \frac{N}{1 + Ne^2}$$

Where;

n = sample size

N = population size =130, According to All for Christ Senior High School Administration.

e = margin of error (expressed as a decimal) = 0.05

$$n = \frac{130}{1 + 130(0.05)^2}$$

$$n = \frac{130}{1 + 130(0.0025)}$$

$$n = \frac{348}{1 + 0.3275}$$

$$n = \frac{130}{1.325}$$

$$n = 98.11$$

$$n = 98$$

Therefore, the sample size for this study was 98 respondents but the study employed 50 sample size.

### **3.6 Data Collection Tool**

#### **3.6.1 Instrument**

A quantitative structured questionnaire in the English Language was used to collect data from participants. The questionnaire included sections on demographic information, knowledge of family planning methods, sources of information on family planning, factors influencing acceptance, and attitudes toward family planning.

#### **3.6.2 Data Collection Procedure**

The questionnaire was administered to participants during school hours. Prior to data collection, informed consent was obtained from participants, and assurances of confidentiality and anonymity was provided.

### **3.6.3 Validity and Reliability**

The questionnaire was pre-tested on a small sample of senior high school students in Berekum to assess its validity and reliability. Feedback from the pre-test was used to refine the questionnaire and ensure its clarity, relevance, and comprehensiveness. Additionally, internal consistency reliability was assessed using measures such as Cronbach's alpha of  $<0.7$  for relevant questionnaire sections.

### **3.7 Data Analysis**

Data obtained from the study was entered, cleaned, and analyzed using NVIVO software. The quantitative data was analyzed using descriptive statistics to summarize demographic characteristics, knowledge levels, and acceptance of family planning among senior high school students. A descriptive analysis used to examine factors influencing the acceptance of family planning methods.

### **3.8 Ethical Consideration**

Ethical approval was obtained from Holy Family Nursing and Midwifery Training College-Berekum ethical review board. Informed consent was obtained from participants. Permission was also sought from the Administration of All for Christ Senior High School. Participants were assured of their confidentiality and anonymity, and their voluntary participation was emphasized.

### **3.9 Data Management**

Data was collected using paper-based questionnaires and entered into a secure electronic database for analysis. All data entries were double-checked for accuracy, and identifiers was removed to ensure anonymity. The electronic database was password-protected and accessible only to authorized personnel.

### **3.10 Risk and Benefits**

Participants may experience minimal risks, such as discomfort or embarrassment when answering sensitive questions about reproductive health. To mitigate these risks, participants was assured of their confidentiality and given the option to skip any questions they feel uncomfortable answering. The benefits of participating in the study include contributing to the advancement of knowledge on adolescent reproductive health in Berekum and potentially informing the development of targeted interventions to improve access to family planning services for adolescents. Additionally, participants will have the opportunity to reflect on their knowledge on family planning, which may empower them to make informed decisions about their reproductive health in the future.

## **CHAPTER FOUR**

### **DATA ANALYSIS AND INTERPRETATION**

#### **4.0 Data presentation and analysis**

This chapter presents the findings from the study. The chapter focus on the demographical characteristics of the study, the knowledge level of respondents on family planning, the source of respondent's information and the factors that influence the choices of study respondents on family planning. The results are presented in tables using frequencies

#### **4.1 Demographic Characteristics among Study Respondents**

The demographic variables of the respondents were as follows; in trying to find out the age distribution among the respondents, the majority 34% (17) of the respondents were aged 16 years, 32% (16) of the respondents were aged 15, 18% (9) of the respondents were aged 17 and 16% (8) of the respondents were aged 14 years. In assessing the respondent's academic level, the majority of participants 60% (30) were in SHS 3, while the remaining 40% (20) were in SHS 2. Regarding religious affiliation, the majority 86% (43), were Christians with minority 14% (7) identifying as Muslims.

For residence, the majority 72% (36), live with both parents. 18% (9) live with only their mother while minority 10% (5) live with their guardian. As indicated in the table 1 below

Table 1. Study Respondents Demographical Characteristics

<b>Variable</b>	<b>Categories</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Age	14	8	16.00
	15	16	32.00
	16	17	34.00
	17	9	18.00
Class	SHS 2	20	40.00
	SHS 3	30	60.00
Religion	Christian	43	86.00
	Muslim	7	14.00
	Traditional	0	0.00
Residence	Both parents	36	72.00
	Only mother	9	18.00
	Only father	0	0.00
	Guardian	5	10.00

#### **4.2 The Knowledge of Family Planning Among Respondents**

In answering research questions on knowledge of family planning among respondents the following were the outcome. Respondents were asked to describe family planning 42%, (21) indicated an understanding of controlling the timing of children as a key aspect of family planning, 34% (17) indicated controlling the number of children as family planning, 24%(12)

stated controlling unintended pregnancies, 20%(10) indicated using birth control, 18%(9) stated using contraceptives and 2%(1) stated promoting health. As indicated in table two below.

Table 2.Respondents describing family planning.

<b>Responses</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Controlling the number of children	17	34
Controlling the timing of children	21	42
Using Contraceptives	9	18
Controlling unintended pregnancies	12	24
Promoting health	1	2
Using birth control	10	20

To know the family planning methods and devices, where multiple options were allowed ,84% (42) of respondents were familiar with pills, 52.00% (26) knew about the condom, 38% (19) indicated injections, 22.00% (11) of respondents stated natural method , 18%(9) of the respondents chose sterilization, 14%(7) indicated implant, 10%(5) stated using birth control, local herbs, hormonal patches and others, 8%(4) each indicated spermicides and IUD as a family planning method and 6%(3) of the respondents indicated diaphragm and cervical cap. As indicated in table 3 below.

Table 3. Respondents indicating family planning methods/devices they know

<b>Responses</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Pills	42	84
Condom	26	52
Injections	19	38
Natural method	11	22
Sterilization	9	18
Implant	7	14
Local herbs, birth control, hormonal patches and others	5	10
Spermicides	4	8
IUD	4	8
Diaphragm	3	6
Cervical cap	3	6

When asked about the importance of family planning, 66% (33) of respondents understood its role in preventing unintended pregnancies, 22% (11) stated it improves maternal and child health by spacing pregnancies, 6% (3) stated it empowers women in their reproductive choices, 4%(2) stated it causes health complications like infertility and 2%(1) stated it put pressure on social amenities as indicated in table 4 below.

Table 4. Respondents knowledge on the important/benefit of family planning.

<b>Responses</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Prevents unintended pregnancy	33	66
Improves maternal and child health by spacing pregnancies	11	22
Empowers women in their reproductive choices	3	6
Causes health complications like infertility	2	4
Puts pressure on social amenities	1	2

Assessing the knowledge of the potential side effects of family planning methods where they could provide as many as they could, 40% (20) identified irregular menstruation as a common side effect, 20% (10) each stated infertility, headaches, weight gain and weight loss, 16% (8) stated nausea and vomiting, 10% (5) indicated breast/uterine problems, 6% (3) each stated mood change and infection, 4% (2) each stated rashes and prevent unintended pregnancies, and 2% (1) stated increase blood pressure, causes arm pain and discomfort each as indicated in the table 5 below.

Table 5. Respondents Knowledge on potential side effect of Family planning

<b>Responses</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Irregular menstruation	20	40
Infertility	10	20
Headache	10	20
Weight gain/weight loss	10	20
Nausea and vomiting	8	16
Breast and uterine problems	5	10
Mood changes	3	6
Infection	3	6
Rashes	2	4
Prevent unintended pregnancies	2	4
Increase blood pressure	1	2
Causes arm pain and discomfort	1	2

#### **4.3 Factors Influencing the Acceptance of Family Planning among Respondents**

In answering research questions on the factors influencing the acceptance of family planning among respondents the following were the outcome. Finding out how to explain the acceptance of family planning from the respondents, 18%(9) stated spacing the number of children, 10%(5) stated preventing unwanted pregnancy, 8%(4) stated agreement to use family planning, 6%(3) stated controlling childbirth and protection against disease, 4% (2) stated it prevents over population and because it is practiced at the hospital each as shown in the table 6 below

Table 6. Factors Influencing the Acceptance of Family Planning among Respondents

<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
Spacing the number of children	9	18
Preventing unwanted pregnancies	5	10
Agreement to use family planning	4	8
Controlling child birth and protection against diseases	3	6
Prevent over population	2	4
Because it is practiced at the hospital	2	4

When respondents were asked on the method family planning method which will be easier to use were multiple options were allowed, 64% (42) stated condom ,44% (22) stated pills, 16% (8) stated diaphragm, IUD, implant, vaginal ring among others, 12% (6) stated injection, 4% (2) stated natural method as indicated in table 7 below

Table 7. Respondents' knowledge about the family planning method easier to use

<b>Response</b>	<b>Frequency</b>	<b>Percentage%</b>
Condom	32	64
Pills	22	44
Diaphragm, IUD,implant,vaginal ring and others	8	16
Natural method	2	4

In finding out from the respondents the available and accessible family planning method to use were multiple options were allowed, 50%(25) stated condom,42%(21) stated pills, 12%(6) stated natural method and 6%(3) stated injection as indicated in table 8 below.

Table 8.Family Planning Methods Available and Accessible to Use

Response	Frequency	Percentage
Condom	25	50
Pills	21	42
Natural method	6	12
Injection	3	6

In soliciting the factors influencing family planning choices/decisions among respondents, 50% (25) of respondents stated side effect, 40% (20) indicated religious beliefs, 34% (17) stated partners opinion, 32% (16) stated on health concerns, 20% (10) stated on cultural belief, 14% (7) stated on accessibility of service, 6% (3) stated cost as indicated in the figure 1 below.

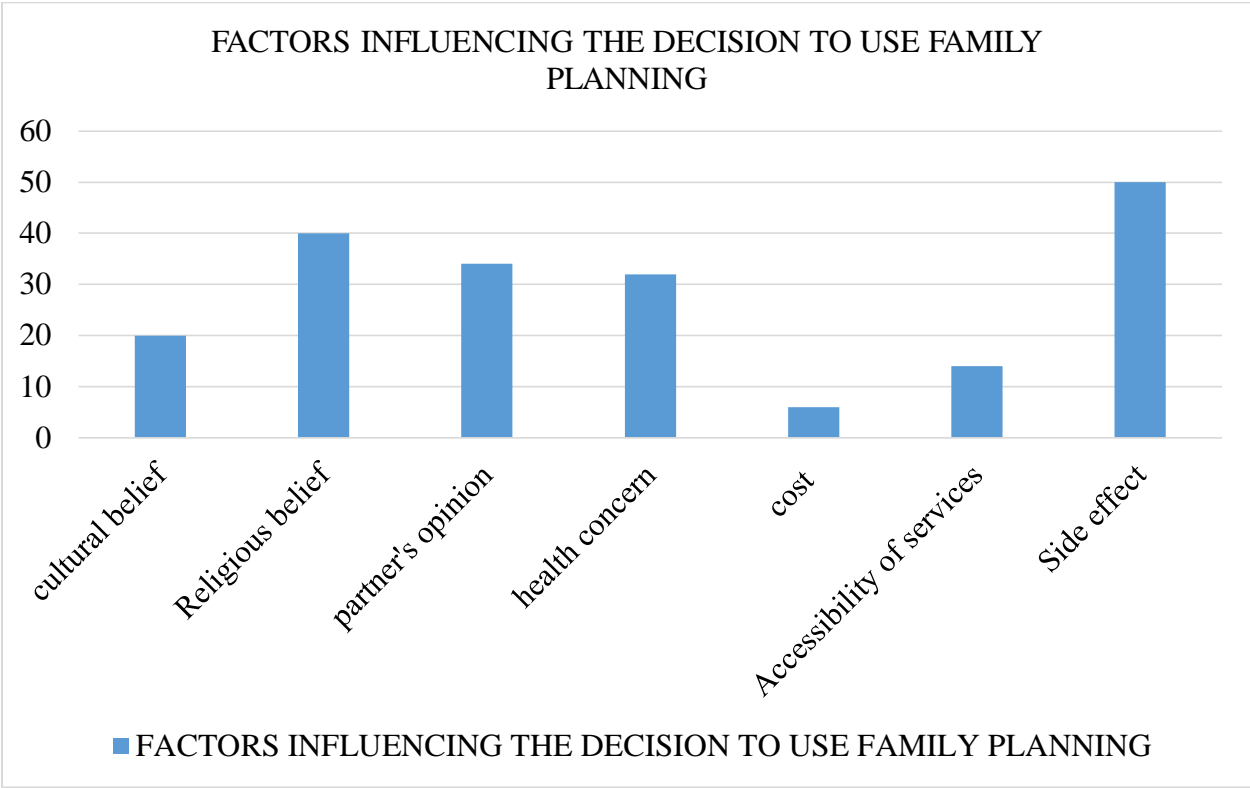


Figure 1. The percentage distribution of the factors influencing the decision to use family planning among Respondents

64% (32) stated health care providers, 28% (14) stated peer group discussion, 22% (11) stated social media and 10%(5) stated parents as shown is figure 2 below.

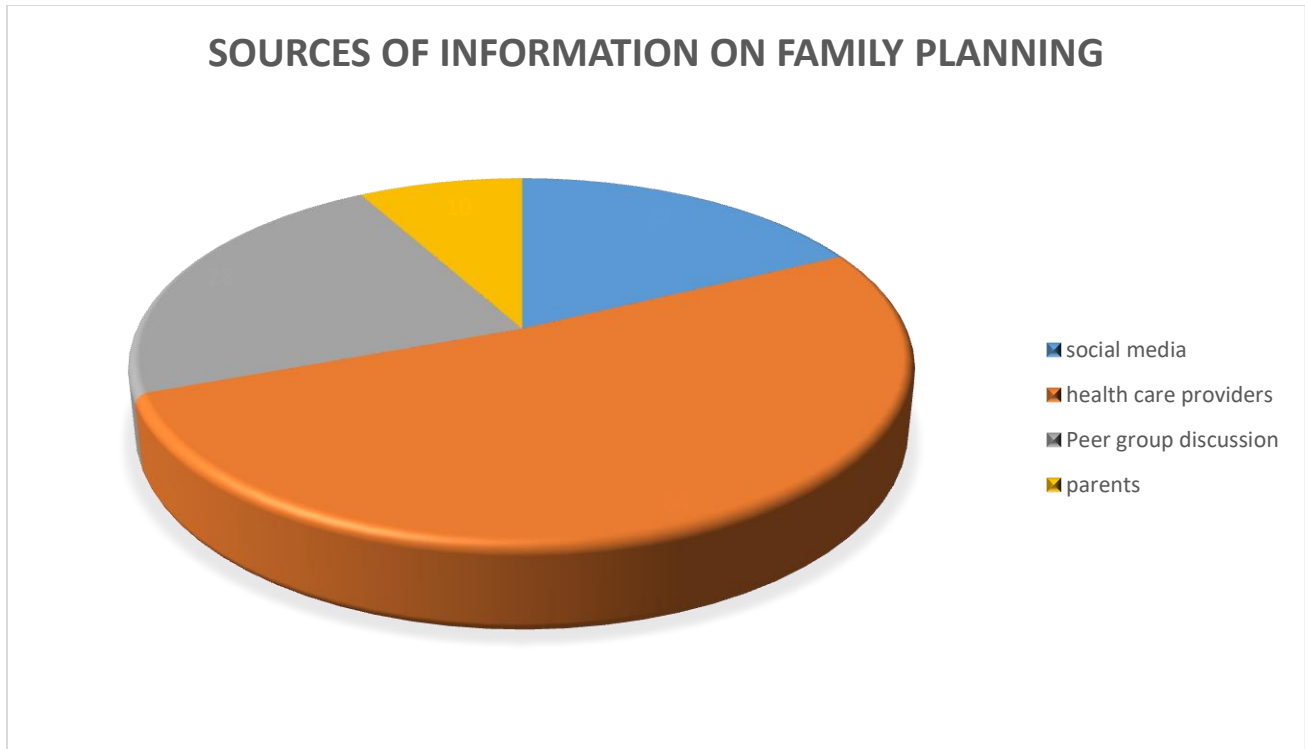


Figure 2. Distribution of the sources of information of Family planning among Respondents

Respondents were asked about misconception of family planning where multiple options were provided, 24%(12) stated infertility,16%(8) stated irregular menstruation, 6%(3) stated cancer and weight gain, 4%(2) stated death, 2%(1) each stated health complications, cost, dizziness, has bad effect , loss of respect, for only marriage couples, affect childbirth , abdominal pain, IUD

can travel to the heart , condoms come in various textures , withdrawal , causes fibroid and low libido as indicated in figure 3 below.

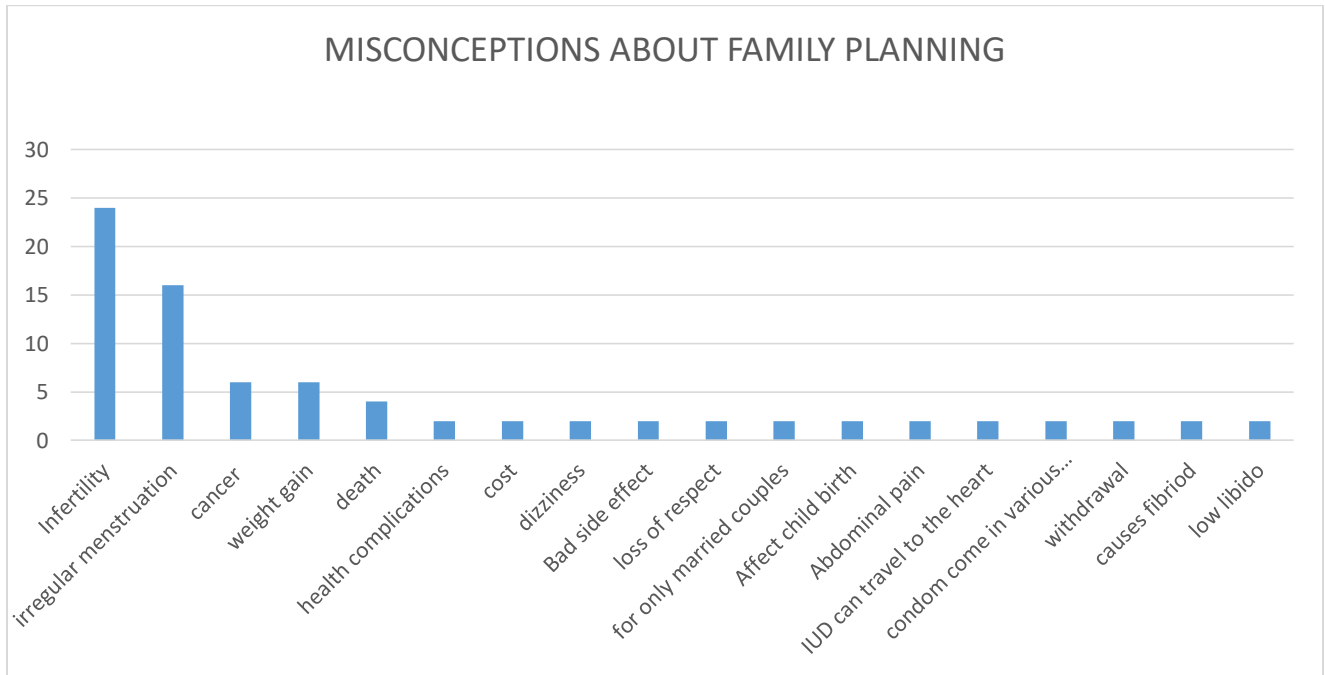


Figure 3. Misconception on family planning methods among Respondents

Respondents were asked where family planning devices or services are easily to get, 68% (34) stated health facilities, 38%(19) stated drug store or pharmacy , 8%(4) stated friends, 6%(3) stated adolescent concerns and community, 4%(2) stated school services and partners, 2%(1) stated donors as indicated in table 9 below

Table 9. Sources of family planning methods or devices

<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
Health facilities	34	68
Drug store/pharmacy	19	38
Donors	1	2
School services	2	4
Adolescent corner	3	6
Community	3	6
Partners	2	4
Friends	4	8

## CHAPTER FIVE

### DISCUSSION, CONCLUSION AND RECOMMENDATION

#### 5.0 Introduction

The chapter focuses on the discussion of the study where findings of the study is discussed in detail and align with previous studies. It also focuses on the conclusion and the recommendation of the study.

#### 5.1 Discussion

**5.1.2 The Knowledge Level of respondents on family planning** From the study, review fair levels of knowledge the respondents were able to describe family planning as method of controlling number and timing of children, preventing unintended pregnancy by using birth control. They were able to indicate method/ device; pill 80%, condom 52% and injections among others. They were also able to give fair knowledge on importance/ benefits as to prevent unwanted pregnancy, and improve maternal and child health by spacing pregnancy. Lastly they were able to indicate potential side effect of family planning as irregular menstruation, infertility, headache, and weight gain / weight loss just to mention but few. This might be as a results of their educational background as students in a formal education and might have been taught in class or availability of adolescent corner as well as social media. These findings are consistent to a study by (Wani *et al.*, 2019).

### **5.1.3 Factors influencing the acceptance of family planning among study Respondent**

The study shows that the following factors influence acceptance or otherwise. As they were able to indicate spacing the number of children and preventing unwanted pregnancies, explains the acceptance of family planning. They were able to indicate family planning method, easier, available to use and accessible as condom and pills. The major influencing factor on decision to use or otherwise is the side effect, religious beliefs (as some may be Catholics or Muslims), partners opinion, health concern and cultural belief.

Respondents were able to mention available and accessible family planning method to use; condom, pills, diaphragm, IUD, just to mention a few. They could also indicate side effect, religious belief, partners and health concerns as factors influencing the decision to use family planning methods. This might be as a result of majority of the respondents being Christians. This finding is in line with a study conducted by (Dhamrait *et al.*, 2022) which found that appropriate spacing between births is associated with a lower risk of maternal and infant mortality, as well as improved maternal health outcomes.

### **5.1.4 The source of information on family planning among Study Respondents**

The study shows that respondents have enough source of information on family planning as they stated health care providers, peer group discussion, social media as well as parent are the sources of information on family planning. Also infertility and irregular menstruation contributed to the misconceptions about family planning. Lastly health facilities, drug stores/ pharmacy were indicated as places of getting family planning devices/services. This may be as a result of easy access to health facilities and drug stores. This finding aligns with previous studies that have

highlighted the effectiveness of health professionals in providing comprehensive and trustworthy information on reproductive health (Agbeno *et al.*, 2021; Kriel *et al.*, 2019). This findings is similar to a study conducted by (Sedlander *et al.*, 2021) were respondents belief that family planning methods can cause infertility. This is consistent to a study conducted by (Wulifan *et al.*, 2019) that public health facilities are the most utilized sources for family planning services due to their perceived reliability, and the availability of qualified healthcare professionals, and the range of services offered.

## **5.2 Conclusion**

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

1. The majority of respondents have a fair understanding of family planning, particularly in controlling the timing of children.
2. Also, Child spacing was a significant factor influencing the acceptance of family planning among respondents
3. Health care providers were the primary source of family planning information for most respondents.
4. Health facilities were the most accessible source of family planning services.
5. However, some misconceptions persist, such as the belief that family planning can cause infertility.

### **5.3 Recommendation**

Based on the findings from the study, the following are the recommendation;

1. Schools and health organizations should offer clear and accurate information about family planning to counter misconceptions, like the fear of infertility. This should be part of school lessons and community programs.
2. Adolescent corners and the school health services should ensure that family planning methods, especially popular ones like condoms, are available and easy to get.
3. Such a research can be carried out in a larger scale for easy generalization.

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## APPENDIX

### RESEARCH QUESTIONNIRE

**Title: Knowledge and Acceptance of Family Planning among Senior High School Students in Berekum.**

#### **Introduction:**

Dear Participant,

We kindly invite you to participate in a research study focusing on the knowledge and acceptance of family planning among senior high school students in Berekum. Your input is valuable and will contribute to a better understanding of adolescent reproductive health in our community. Thank you for taking time to complete this questionnaire.

#### **Section 1: Demographic Information**

**Instruction:** From the question below choose one appropriate response by ticking in the box provide beside the respond or write a short answer where required.

1. What is your age? .....
2. What is your Grade/Class? .....
3. What is your Religion?

Christian

Muslim

Traditional

Others, please specify .....

4. Who do you stay with?

Both my parent

Only Mother

Only Father

A guardian

Others, please specify .....

**Instructions:** From the below sections (Section 2 to 4), Tick all that may be applicable to the questions provides or provide short answers if required.

**Section 2: Knowledge of Family Planning**

1. How would you describe Family planning?

Controlling the number of children.

Controlling the timing of children

Using contraceptives

Preventing unintended pregnancies with birth control.

Promoting health

Using birth control

Using local herbs

2. Indicate as many as possible family planning methods/ devices you know?

.....

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.....

3. Which of the following is/are important(s) of family planning?

- Prevents unintended pregnancy.
- Improves maternal and child health by spacing pregnancies.
- Empowers women in their reproductive choices.
- Causes health complications like infertility.
- Put pressure on social media

4. What potential side effects are associated with the use of modern contraceptive?

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.....  
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.....

**Section 3: Factors Influencing the Acceptance of Family Planning**

6. Would you consider accepting the use of family planning methods in the future? State your reasons for your answer

.....

7. Which family planning method do you think will be easier to use

.....  
.....  
.....  
.....

8. Which family planning method is available and accessible to use?

.....

.....

.....

.....

9. What factors influence your decision on whether or not to use family planning methods?

- Cultural beliefs
- Religious beliefs
- Partner's opinion
- Health concerns
- Cost
- Accessibility of services
- Slide effect

**Section 4: Sources of Information on Family Planning**

10. Where do you receive information about family planning?

- Social Media
- Health care providers
- Peer group discussions
- Parent

Others, specify

11. Indicate any misconceptions about family planning methods?

.....

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.....

.....

12. Where do you easily get family planning devices/services?

- Health facilities
- Drug store/pharmacy
- Donors
- School services
- Adolescent corners
- Community
- Partners
- Friends

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Our Ref. ....

Your Ref. ....

Date 14th August, 2024

The Headmaster  
All for Christ SHS  
Berekum

Dear Headmaster

**PERMISSION TO CONDUCT A RESEARCH**

I wish to introduce to you the under listed names of final year students of the college.

1. Antwi Indira Serwaa
2. Ekufful Mabel
3. Konama Sandra Afia

As part of the pre-requisite for the award of Diploma in Midwifery, they are to conduct a research on the Topic " Knowledge and acceptance of Family Planning among Senior High School (All for Christ Senior High School ) students (14- 17) years in Berekum".

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

Thank you.

**Ms. Martha Kyeremaa**  
Supervisor  
For: Principal