

**KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY**

**COLLEGE OF HEALTH SCIENCES**

**FACULTY OF ALLIED HEALTH SCIENCE**

**DEPARTMENT OF NURSING**

**DIPLOMA PROGRAMMES**



**THE USE OF CONTRACEPTIVE AMONG FEMALES BETWEEN THE AGE OF 18-28**

**YEARS IN HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE**

**BEREKUM**

**SUBMITTED BY:**

**AGYEIWAA GLADYS - 5565221**

**AGYEMAN OFOSU RICHARD - 5567321**

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

**AFFILIATED TO KNUST, KUMASI**

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



**THE USE OF CONTRACEPTIVE AMONG FEMALES BETWEEN THE AGE OF 18-  
28 YEARS IN HOLY FAMILY NURSING AND MIDWIFERY TRAINING  
COLLEGE BEREKUM**

<b>AGYEIWAA GLADYS</b>	<b>-</b>	<b>5565221</b>
<b>AGYEMAN OFOSU RICHARD</b>	<b>-</b>	<b>5567321</b>

**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.

AGYEIWAA GLADYS

5565221



SIGNATURE

29/05/23

DATE

AGYEMAN OFOSU RICHARD

5567321



SIGNATURE

31/05/23

DATE

Certified by:

MISS. ANTOINETTE EFFUM

(SUPERVISOR)



SIGNATURE

31/05/2023

DATE

MONICA NKRUMAH

(PRINCIPAL)

.....

SIGNATURE

.....

DATE

## **ABSTRACT**

The female condom has emerged as an acceptable alternative barrier method to the male condom. The purpose of the study was to assess contraceptive use among female's aged between 18 to 28 years in Holy Family Nursing and Midwifery Training College, Berekum. A descriptive study design was used to. A convenience sampling technique was used to select participants for the study. A total of 50 participants were used for the study. Data was collected through the use of structured and semi structured questionnaires consisting of both closed ended and open ended questions. Data was entered and analyzed using the Microsoft excel and results were presented in the form of frequencies and percentages. The study majority (86%) of the females said contraceptives are the various devices or drugs that are used to prevent pregnancy. Few (14%) of respondents mentioned that contraceptives as drugs used by sexually active people. All (100%) the respondents knew about pills, coitus interruptus and male condom. Majority of the respondents indicated they knew about injectables (80%) and Depo-Provera (80%). The study recommended that female students require rigorous education on the use of all available means to increase awareness and clear misconceptions about the FC. The study concluded that respondents had very good knowledge on contraceptives. The contraceptives respondents knew about most were pills, coitus interruptus and male condom. The leading source of information on contraceptives was health workers.

## TABLE OF CONTENTS

DECLARATION .....	1
ABSTRACT.....	I
TABLE OF CONTENTS.....	III
LIST OF TABLES .....	V
LIST OF FIGURES .....	VI
ABBREVIATIONS .....	VII
ACKNOWLEDGEMENT .....	VIII
CHAPTER ONE .....	1
INTRODUCTION .....	1
1.1 Background of the study .....	1
1.2 Problem Statement .....	4
1.3 General Objective .....	5
1.4 Specific Objective .....	5
1.5 Operational Definition of Terms.....	5
2.3 Types of contraceptive methods used .....	8
CHAPTER THREE .....	22
MATERIALS AND METHODS.....	22
3.1 Study area.....	22
3.2 The study population.....	22
3.3 Study design.....	22

3.4 Sampling technique and Size .....	23
3.5 Data collection methods and instruments .....	23
3.6 Data analysis techniques .....	24
3.7 Ethical consideration.....	24
3.8 Limitation of the study .....	24
CHAPTER FOUR.....	25
DATA ANALYSIS AND RESULTS.....	25
4.0 Data Presentation & Analysis .....	25
4.1 Background characteristics of respondents.....	25
CHAPTER FIVE .....	32
DISCUSSION OF THE RESULTS.....	32
5.0 Introduction.....	32
5.1 Discussions .....	32
5.2 Conclusions.....	35
5.3 Recommendations.....	35
REFERENCES .....	36
QUESTIONNAIRE .....	42

## LIST OF TABLES

Table 4. 1: Respondents age group .....	25
Table 4. 2: Respondents religion .....	25
Table 4. 3: Respondents Knowledge on Contraceptive .....	26
Table 4. 4: Respondents contraceptives they know about .....	27
Table 4. 5: Respondents on positive effects of contraceptive use .....	28
Table 4. 6: Respondents on negative effects of contraceptive use .....	29
Table 4. 7: Respondents perception on the use of contraceptives .....	30

## LIST OF FIGURES

Figure 4. 1: Program of respondents.....	26
Figure 4. 2: Respondents source of information on contraceptives.....	28

## **ABBREVIATIONS**

HIV-Human Immune Virus

AIDS-Acquired Immune Deficiency Syndrome

STDs or STIs-Sexually Transmitted Diseases or Sexually Transmitted Infections

FC-Female Condom

MC-Male Condom

MOH-Ministry of Health

PPAG-Planned Parenthood Association Ghana

GRMA-Ghana Registered Midwives Association

GSMF-Ghana Social Marketing Fund

## **ACKNOWLEDGEMENT**

We would like to extend our gratitude and praise to the ever loving and merciful God for successfully seeing us through this diploma and project work, and bringing those people who literally shared their abundant resources, talents, skills, time and effort for the completion of the study.

We are very much thankful to our research supervisor for her envious guidance, direction, patience and decorum.

Special thanks is also extended to respondents who participated in this study.

Lastly, we say a very big thank you to all the authors from whose books we extracted valuable information for this study.

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background of the study

An integral part of a healthy society is widespread access and rights to sexual and reproductive health (Eliason, et al., 2020). It is reported that around the globe, 222 million women want to prevent pregnancy but are not using efficient, modern contraceptive methods. This leads to an approximately 86 million unintended pregnancies, 33 million births that are not planned, and 20 million risky abortions per year. Complications of pregnancy and birth are the major causes of death for young women often associated with lack of access to service, information and care (Teye, 2020). In 2018, the global incidence of unplanned pregnancy in women aged 15- 44 was 53 per 1,000 females. With the exception of China, the unintended worldwide rate of pregnancy rises to 61 per 1,000 females. Africa had the largest regional rate and Europe and Oceania had the lowest (Somba, et al., 2020).

Contraceptive use in many areas of the globe has risen, particularly in Asia and Latin America but continues to be low in sub-Saharan Africa. Contraception use has increased slightly worldwide, from 54% to 57.4% from 1990 to 2015. The percentage of females within the age of 15 to 49 reporting using a modern contraceptive method increased slightly within 2008 and 2015 on a regional basis (Yemaneh, 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 (Teye, 2020).

Fertility plays a crucial role in determining the size, structure and composition of the population of a country. In sub-Saharan Africa, females aged 15–24 years are responsible for 44 percent of unintended births (United Nations, 2019). Ghana is the thirteenth most populous country in Africa with an estimated population of 26.44 million in 2019 (United Nations, 2019). The country's population, since achieving independence in 1957 tripled from about 6 million to 18 million in 1996 due to high fertility rates. Subsequently, fertility levels remained fairly constant and have been declining over the past twenty-six years. It has declined from 6 children per woman in the 1988 Ghana Demographic and Health Survey (GDHS) to 4 children per woman in the 2018 GDHS with total fertility rate increasing marginally from 4.0 to 5 children per woman in the last six years (GDHS, 2018). In Ghana, population growth still remains high despite the introduction of the National Population Policy in 1969 which has since been revised in 1994 to achieve several targets. Among these targets include, the fall in Total Fertility Rate (TFR) from 5.5 to 5.0 by the year 2000 and further to 3.0 by the year 2020. The Policy also aimed at achieving a 15% Contraceptive Prevalence Rate (CPR) for modern Family Planning methods by the year 2000 and by the year 2020, it is expected to increase to 50%.

Given the continuous increase in population and its effect on the economy, strategies aimed at reducing fertility rates are necessary in addressing the issue. One of such strategies has been identified as improving reproductive health through the promotion of family planning methods such as the use of contraceptives. Avoiding unwanted pregnancies through the promotion of family planning methods has become important to achieving the health-related Millennium Development Goals on reducing child mortality and improving maternal health (Williamson, et al., 2019). According to the GDHS (2018), proper family planning is essential to the health

of women and children, by way of helping to prevent early or late pregnancies, limit the number of children as well as extend the period between births.

In developing countries, the uptake of family planning is very low hence the persistent high rate of unmet needs and low rates of contraceptive use. With the continuous increase in sexual activities, unplanned and unprotected sexual intercourse places young people at risk of unwanted pregnancies, unsafe abortions, infections with Sexually Transmitted Diseases (STDs) and maternal deaths; which pose a major challenge to adolescent reproductive health (Eliason, et al., 2020). This is however, highly inconsistent with the level of knowledge of contraceptives among adolescents in Ghana. According to the 2018 GDHS, 96.5% of female adolescents have heard of modern methods of contraceptives. Nonetheless, contraceptive use among female adolescent recorded as low as 8.7% of all women including currently married women and sexually active unmarried women (GDHS, 2018).

Given the significance of contraceptives in promoting the health of women and children, there have been several studies that have come up with probable factors that could affect its use. Some authors have suggested that factors such as education and income may have an influence on the use of contraceptives. For example, Asimwe et al., 2019, revealed that educational level and wealth index were significantly associated with contraceptive use. The results of the study indicated that women who have attained higher levels of education were more likely to use contraceptives, as were those who were amongst the richest households. Others have also suggested that religion may be a significant factor in driving the use of contraceptives and that it may influence the acceptance of contraceptive use in distinct ways based on the different religious backgrounds (Srikanthan & Reid, 2020).

## 1.2 Problem Statement

The engagement in risky sexual activities and early childbearing by young people imposes significant threat to their lives especially when they are most socially and economically vulnerable. Developing countries record higher levels of sexual activities among adolescents with 75% of young women reported to having sex by the age of 20 (Williamson, et al., 2019). Regardless of the efforts of many governments to implement policies that would address specific sexual and reproductive health needs of adolescents, the persistent increase in maternal mortality rates, unwanted pregnancies, unsafe abortions and the rate of STDs indicate the need for greater improvement in adolescent reproductive health (Asiimwe, et al., 2019). Experts in the field of reproductive and child health are of the view that using effective means of contraception can help to prevent the effect of early unplanned and unprotected sexual activities (Bakole, et al., 2020). Consequently, this can auger well for Ghana's rapid population growth. Currently, the knowledge of contraception in Ghana is common. Evidence from the 2018 GDHS indicates that 99.0% of all women and 99.2% of all men know of at least one method of contraceptive. It is however unfortunate that contraceptive use in Ghana has been insufficiently promoted.

Increasing knowledge in this field will enlighten young females on their reproductive health and consider family planning as a choice too. Invariably reducing the carnage of STIs such as HIV infection and less unplanned pregnancies among young people resulting in a healthier generation of families (Kunene, 2019).

According to Somba et al. (2020), there has not been a substantial and consistent increase in contraceptive use despite efforts made to promote its use for more than thirty years. The high rate of unwanted pregnancies and high fertility rate have economic consequences both for the individual and the nation. Given that the use of contraceptives is important in controlling

unwanted pregnancies and to control population growth, it is important to understand the factors that drive the use of contraceptives in Ghana. Thus, this study seeks to assess the use of contraceptives among females in Holy Family Nursing and Midwifery Training College, Berekum.

### **1.3 General Objective**

To assess contraceptive use among female's aged between 18 to 28 years in Holy Family Nursing and Midwifery Training College, Berekum.

### **1.4 Specific Objective**

1. To assess the knowledge among females' students on the use of contraceptives.
2. To assess the effect (positive and negative) on the use of contraceptives among female students.
3. To ascertain the perception on the use of contraceptives among female students.

### **1.5 Operational Definition of Terms**

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

**Sex:** refers to the individual biological maleness or femaleness

**STD:** Sexually Transmitted Diseases

**GDHS:** Ghana Demographic and Health Survey

**DMPA:** Depo-medroxyprogesterone acetate

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

In this section, the paper reviews mainly empirical work of several authors. It focuses on empirical reviews regarding the knowledge and use of contraceptives. In addition, it looks at definitions for contraceptives, explains the methods of contraception and perception on the use of contraceptives.

#### **2.1 Contraceptive use**

In Sub Saharan Africa, research finds that modern contraceptives are on the increase generally but with a great deal of geographical variation. Among unmarried sexually active women, higher rates of use are noted than married women. Although the use is increasing, there are also elevated rates of contraceptive discontinuation. Recent program initiatives mentioned include extending long-acting contraceptive choices, supporting and providing postpartum contraceptive methods, and relying for contraceptive outreach and service delivery on community health workers (Tsui, Brown, & Li, 2020).

Ghana Demographic and Health Survey argues that, at least one contraception method is used by sexually active people. Modern contraception methods in Ghana include female and male sterilization, oral hormonal pills, intrauterine devices (IUD), male condoms, injectables, implants, vaginal barrier methods, female condoms and emergency contraceptive pills. Over the past 35years, the highest value of contraceptive prevalence in Ghana was 28.60% in 2015 (GDHS, 2018).

Increasing education increases the use of contraceptive methods. For instance, 19% of married women without education use a contraception method compared to 34% of married females with secondary or higher education (GDHS, 2018).

Inadequate insight in sexual and reproductive health globally has resulted in unplanned pregnancies and HIV among youth especially women. These sexual behaviors include both positive and negative practices. Abstinence and condom use are positive practices which occurs among youth. Knowledge in contraceptives and its usage are crucial indicators of sexual health among the youth (Grindlay, et al., 2018).

A survey undertaken in Ethiopia indicated that, among those who reported to have had sexual intercourse, 82.97% reported using Emergency Contraceptive pills and 95% reported using Emergency Contraceptive pills among those with unprotected sex. Sexually active female undergraduate students who had unprotected sexual intercourse are using very elevated levels of emergency contraceptives pills such as Lydia and Postinor-2 (Yemaneh, et al., 2018).

## **2.2 Definition of Contraceptives**

The Macmillan dictionary defines contraceptive as a drug, method, or object used for preventing a woman from becoming pregnant. Contraceptives can be grouped into modern and traditional methods. The modern methods include; barrier method (female and male condoms as well as diaphragm), hormonal method (pill, injectable and implants), Intra Uterine Device (IUD), male and female sterilization (GDHS, 2018). The traditional methods, on the other hand, include; periodic abstinence method, and coitus interruptus (Stewart, McNamee, & Harvey, 2019).

### **2.3 Types of contraceptive methods used**

According to the Academy of American Pediatrics (2020), there are many brands of oral contraception used throughout the world that generally contain both synthetic estrogen and progesterone. Oral contraceptive may be categorized as either monophasic, which contain a constant amount of hormones, or multiphasic, which vary the amount of progestin and sometimes estrogen, over the course of a 21-day cycle. The multiphasic (also called triphasic) offer no significant advantage over monophasic pills. There are many types of contraceptives. The barrier methods actually stop sperm from entering a woman's uterus and fertilizing the ovum. They include the male and female condoms, diaphragm, Intrauterine Device and Cervical cap. The hormonal methods consist of pills, patches and implant injections. They make conception difficult by changing levels of reproductive hormones in women. Others are intended to kill the sperm inside the woman's body like the spermicides and they can be gels and foams inserted into the vagina. They are contained in a unique sponge that covers the cervix. The best method of contraception that is a hundred percent secure against venereal diseases and unexpected pregnancies is complete abstinence. At times these contraceptives except abstinence will fail and if a woman is fertile at such periods, she then gets pregnant. The most common side effects of contraceptives are weight gain, breast tenderness, mood swings and headaches but they vary from one woman to another. The types of contraceptive that females use are discussed below:

#### **Condoms**

The use of condoms tripled among adolescents in the 1980s, mainly prompted by the fear of AIDS. Many adolescents find condoms embarrassing to buy or obtain from clinics and may not use one for each act of coitus (Academy of American Pediatrics, 2020). The male condom is mechanical barrier method contraception. Its effectiveness is enhanced by use of spermicidal.

Latex condoms significantly reduce the transmission of STDs and should, therefore, be used by all sexually active adolescents regardless of whether an additional method of contraception is being used. In an era of HIV infection, use of the condom as protection against Sexually Transmitted Infection (STIs) in addition to its use as family planning method has become important. As with other methods of contraception, adolescent's awareness of the male condom is high, but despite the fact that it is one of the most commonly used methods, overall levels of condom use are still low (American Academy of Pediatrics, 2020). Examples of the condoms are male condom and the female condom (femidom). Male condoms have several other advantages. They allow males to share in the responsibility for contraception. They are easily accessible and available. They can be obtained without prescription, are inexpensive and they can be legally purchased by minors. The major advantage of condoms as a choice of contraception is that they protect against sexually transmitted diseases and, indirectly, protect against infertility and cervical cancer (American Academy of Pediatrics, 2020).

### **Medroxyprogesterone Acetate Injection (DEPO-PROVERA)**

According to the American Academy of Pediatrics (2020), medroxyprogesterone acetate is a long-acting progestin given every 12 weeks as a single dose. For adolescents, this contraceptive method has many benefits, including effective pregnancy prevention convenience (require no daily drug regimen, no need for planning before intercourse), lack of estrogen-related side effects, and protection against endometrial cancer and iron deficiency anaemia. The major disadvantages of these contraceptive methods for adolescents are menstrual cycle irregularities, weight gain, headaches, bloating, depression and mood changes. This contraceptive method may be safely recommended for adolescents who have chronic illness (i.e., seizures, sickle cell disease). Condoms must be used in conjunction with medroxyprogesterone acetate for protection from STDs. (American Academy of Pediatrics, 2020).

### **Intrauterine Device (IUDs)**

The intrauterine device is an effective long-term contraceptive but it is not suitable for many adolescents because they are at high risk of contracting sexually transmitted diseases. Older teenagers, perhaps those with children or in monogamous relationships, may be better candidates. Many teenagers are concerned that intrauterine devices reduce fertility. They need to know that nulliparity is not a contraindication to using an intrauterine device and fertility is preserved after discontinuing its use. Adolescents who develop an allergy to or local irritation from spermicides can try non spermicidal condoms. Diaphragms and cervical caps are not popular among adolescents and women because they are perceived to interfere with intercourse and require manipulation of their genitals. They provide less protection against sexually transmitted diseases than condoms. When used appropriately, IUDs are safe, effective methods of contraception. IUDs should be reserved for females who cannot use other contraception methods and whose sexual behaviour does not put them at risk of STDs. Some controversy exists as to whether IUDs are an appropriate method of contraception for females. Condoms must be used in conjunction with IUDs for protection against STDs (American Academy of Pediatric, 2020).

### **Diaphragm and Cervical Cap**

The diaphragm and cervical cap are effective barrier methods of contraception that requires use of spermicides and condoms. These contraceptive methods have limited usefulness in adolescents as they require a prescription, a visit with a health care professional for a fitting. Consistent and correct use of diaphragm and cervical cap are critical (American Academy of Pediatrics, 2020).

## **Oral Contraception: The Combine Pill**

There have been changes in the formulation of oral contraceptives over the past four decades. The oestrogen content of OCPs has decreased. Triphasic pills with a reduced total amount of progestin content per cycle have been introduced and new forms (third generation) of progestins have been developed. The pill has been shown to be a safe and effective contraceptive, especially for the adolescent age group. There are many brands of oral contraceptives used throughout the world that generally contain both synthetic oestrogen and progestin. In the United States, birth control pill brands contain 20, 30, 35, or 50µg of ethinyl estradiol as the estrogen. Mestranol is now rarely used (American Academy of Pediatric, 2020). According to the American Academy of Pediatric (2020), several different progestins are used. These are ethynodiol diacetate, norethindrone acetate, norethindrone (first generation), norgestrel, levonorgestrel (second generation); and desogestrel, norgestimate, and gestodene (third generation). Gestodene is not available in the United States. Compared with the older progestins, the newer third generation progestins have the same contraceptive efficacy, ability to regulate the menstrual cycle, and incidence of break-through bleeding. These newer progestins may have a lower incidence of acne vulgaris and hirsutism, while having the same effect on blood coagulation parameters as the older progestins. OCPs in general improve acne vulgaris. One brand, Ortho Tri-Cyclen, has been approved by the Federal Drug Administration (FDA) for treatment of acne since 1997 (American Academy of Pediatric, 2020). Combined oral contraceptives prevent ovulation by inhibiting gonadotropin-releasing hormone leading to follicle-stimulating hormone and luteinizing hormone (LH) inhibition. Other secondary mechanisms by which OCPs provide contraception include progestin-induced changes (e.g., thickening in cervical mucus viscosity, endometrial atrophy, and changes in the tubal transport mechanism). If the OCP is used correctly, the failure rate is less than 1%. However, a more

typical failure rate is approximately 3% in adults, and 5% to 15% in adolescents (American Academy of Pediatric, 2020).

### **Vaginal Spermicides**

The American Academy of Pediatric (2020) indicated that vaginal spermicides include creams, jellies, foams, films, and suppositories. They are used with other barrier methods (condom, diaphragm, cervical cap, sponge, female condom). Failure rates are higher if used alone. Vaginal spermicides used without condoms can reduce the risk for cervical gonorrhoea and Chlamydia. However, protection against HIV infection, if vaginal spermicides are used alone, has not been demonstrated. Vaginal odour, local irritation, allergic reactions, and a possible increase in urinary tract infections are side effects of this method. A link to birth defects has not been found. The main spermicide used in these products is nonoxynol-9, a chemical surfactant which destroys the sperm cell wall. Another is octoxynol. Other spermicides include chlorhexidine, benzalkonium chloride (found in contraceptive sponges), propanol, and acrosin inhibitors (e.g., nifedipine). Nifedipine prevents sperm recognition of ovum and sperm penetration into the zona pellucid. Research is also being conducted on seminal liquefaction inhibitors, chemicals preventing release of sperm from semen.

### **Implant Contraceptive: Norplant**

In 1990, norplant was manufactured as a contraceptive method in which 6 elongated silastic capsules are inserted subcutaneously into the upper arm. Another implant that will be brought soon in the United States is the norplant II. Norplant allows slow release of levonorgestrel (85 µg/d for 8 months and 30 µg/d thereafter) and provides effective contraception for 5 years. The mechanism of action is similar to DMPA, and the failure rate is only 0.2%. The frequency of ovulatory cycles is approximately 39% over 5 years (11% in the, first year, 28% at the third

year and 52% at year 5). There is increased cervical mucus viscosity, impaired oocyte maturation, and atrophic endometrial effect (American Academy of Pediatrics, 2020).

#### **2.4 Knowledge on the use of contraceptives**

Reproductive health is a common knowledge to adolescents but studies from different countries has shown that many adolescents are misinformed or lack deeper understanding of contraception and contraceptive methods (Kunene, 2019). Several factors attribute to this. In Brazil poorly educated adolescents were found to be sexually active at a younger age with little knowledge about contraceptive methods (Martins & Sousa, 2018).

A research undertaken in Tanzania showed that the female students had a high knowledge of contraception. Most of the students were sexually active and sexual activity began at an earlier age. The contraception use frequency, however, is still low. Low contraceptive use indicates the need for an education program in sexual and reproductive health to encourage the use of contraceptive services in these settings. Reproductive health education programs should include the significance of using dual methods of contraception as a means of preventing pregnancy and preventing the transmission of HIV (Ass, et al., 2018).

Tayo et al. (2019) conducted a survey in Lagos in Nigeria on contraceptive knowledge and usage amongst female secondary school students and found that 5% of the female students with contraceptive knowledge were users. It revealed that majority of them who were sexually active were non-users. Additionally, it showed that 45% of these female adolescent sourced information on contraceptives from their parents. The study therefore suggested that advocacy on adolescent reproductive health before initiation of sexual activity be intensified. It also called for the need to spread information on family planning methods among teenagers in the region.

Another study carried out in Ghana by Hagan and Buxton (2019) found that there was high level of awareness among adolescents about contraceptives and where to obtain them. The results of their study showed that 21.0% of adolescents in some selected Senior High Schools with knowledge about contraceptives were users and 82.0% of them who were sexually active were non-users. More so, it showed that 60% of respondents obtained knowledge about contraceptives from the media and 30% from their peers; although nearly 32% of them thought contraceptives were only for adults who were married. It cited condoms as the most common contraceptive used; which is also true for a study conducted in Kintampo, where 86.6% of female adolescents had knowledge of at least one method of contraceptive (Boamah, et al., 2019).

A study by Yidana et al (2018) of 400 adolescent men and women of reproductive age in Northern Ghana, showed that, most adolescent desired to use contraceptives to prevent pregnancies or to continue their education. It found that contraceptive use prevalence among teenage girls who have had their first child rose to levels comparable to that of women in their twenties. Overall, knowledge of contraceptives was significantly high in the region.

In the Greater Accra Region, there is evidence showing that women experiencing induced abortion tend not to have knowledge about contraceptive methods prior to the abortion. However, those who do, fail to use them due to factors such as rumours of side effects or personal negative experiences with modern contraceptives (Biney, 2020).

A research in Takoradi polytechnic also showed that emergency contraceptive (EC) awareness was high (74.7%) but usage was low 28.4% for unprotected sex. However, those who had basic EC awareness lacked thorough understanding of the content, efficiency and timing schedule. Sixty-seven percent had used emergency contraceptive pills (ECP) more than once a year. Usage does not match a high level of ECP knowledge in this student

population. Abuse and repeated use of emergency contraceptives could be curbed by teaching young adults on emergency contraception with emphasis on content, efficacy and proper timing of use through multiple channels of communication (Manortey, Duah, & Baiden, 2018).

A survey was conducted at Makerere University main campus in Kampala, Uganda. A team of well-trained and experienced research assistants interviewed female undergraduate students. A total of 1,008 females responded to the survey. Knowledge of contraceptives was nearly universal (99.6 %). The most commonly known modern methods were pills (86.7 %) and male condoms (88.4 %), followed by injectables (50.3 %), IUDs (35 %) and implants (26.7 %), female condom (22.1 %). The commonest sources of contraceptives were hospitals, clinics and pharmacy/drugs shops. The level of knowledge was also very high regarding sexually transmitted infections (98.7 %), HIV/AIDS (99.3 %) and prevention of HIV/AIDS (98.8 %) as well as its treatment (96 %). However, the proportions of students who knew about availability of treatment for HIV and STIs within their environs was low; 44.2 % and 59.2 % respectively (Nsubuga, et al., 2020).

In Ghana, it has been shown that adolescents (12-19 years old) are aware of at least one method of contraception. About 52.7% of females whereas 52.5% of males had knowledge about the use of pills. 56.5% of females and 55.5% of males were also familiar with the injectable however only 18.7% females and 17.6% males knew about it. The Emergency Contraceptive Pill was known to 18.4% and 20.1% for females and males respectively. The male condom had the highest score of 87.9% and 90.6% among females and males, correspondingly. The least contraceptive known among adolescents was Foam/Jelly 11.8% and 15% for females and males respectively. The study further revealed that, 60% of females and 58.5% of males have discussed contraceptives with their partners (Awusabo-asare & Biddlecom, 2018).

## **2.5 Effect (positive and negative) on the use of contraceptives**

Modern contraceptives are an important means through which women in developing countries control their fertility. On the basis of our review of the scientific evidence concerning the risks and benefits of contraception, we conclude that the risks associated with the use of currently available modern contraceptive methods are considerably lower than the risks associated with pregnancy, labor and delivery, particularly in developing countries (Hagan & Buxton, 2019). Moreover, research has increasingly demonstrated direct health benefits of contraceptive use. Although these results are based largely on studies conducted in the developed world, we regard the available research as a reasonable guide to the risks and benefits of contraceptive use in the developing world (Martins & Sousa, 2018).

Side effects of modern family planning methods, either experienced or anticipated, have been identified as a common reason that women either choose not to start or discontinue contraceptives. Side effects include menstrual changes (heavier bleeding, amenorrhea or oligomenorrhea), changes in weight, headaches, dizziness, nausea, and cardiovascular impacts. In addition, women may harbor fears of long-term effects of contraceptive use, such as infertility and childbirth complications (Staveteig, 2019).

A cross-sectional study that was done on 350 women in Family Health Centers and Units in Abo Hammad District, Sharkia Governorate, Egypt. This study aimed to determine the usage and side effects of oral contraceptive pills among the target group. The study found that majority (81.1%) of the studied group used combined pills. The most frequent side effects found among them were depression (63.7%), breast pain (57.7%), weight gain (56.6%) and abnormal vaginal secretions (56.3%) (Kotb, et al., 2022).

A phenomenological qualitative methodology was employed to explore the lived experiences of women in Southern Ethiopia. Data were collected through focus group discussions and in-

depth individual interviews. The reported lived experiences of rural women revealed that their livelihoods greatly improved in different ways after they began to use contraceptives. The benefits included securing more time, energy and social engagements. Contraceptive use helped women postpone unwanted pregnancies and child births and engage in various income generation activities that not only boosted family incomes but also created opportunity to mobilize the resources for different expenses without waiting for the handouts from their husbands. The women's experiences also indicated that contraceptive use improved the educational status of their daughters and they experienced improved self-image, better social standing and improved family relations. The experiences further illustrated that contraceptive use was not only emancipatory and transformative, but also created peace and stability in their lives. The study concludes that contraceptive use, which is part of a woman's life experience, created remarkable opportunities and achievements. One of these was that women were able to control their bodies, reproduction and fertility which resulted in a higher degree of empowerment. The control of reproduction and fertility has liberated them from worries and entrapment of unplanned and unwanted pregnancies. Moreover, contraceptive use led to wider opportunities in the community, by improving their status and building a sense of empowerment (Alano & Hanson, 2018).

An exploratory mixed-methods study was conducted in the Amansie West District, in the Ashanti Region of Ghana. The goal of this study was to understand the role that side effects play in women's decisions to start or continue the use of contraceptives. Side effects were mentioned as a potential concern in all qualitative interviews. For many, the concerns about side effects outweighed the perceived benefits of using family planning. Of the 17 participants who had discontinued family planning use, only 5 reported experiencing side effects themselves, while the majority recited side effects they believed were associated with modern family planning use. The most common concern about hormonal contraceptives was the

resultant changes in menstrual patterns. There was a belief that menstruation was a means of cleansing the body, and concerns that a lack of menstruation could lead to sickness, dizziness, bloating, and fainting. Additionally, amenorrhea was a concern for women because they could no longer monitor whether or not they were pregnant. In addition to changes in menstruation, participants mentioned other side effects they were concerned about, including dizziness, and changes in weight. Reduction in weight was seen as an undesirable side effect, while weight gain was seen as a desirable side effect (Schrumpf, et al., 2020).

## **2.6 Perception on the use of contraceptives**

The use of contraceptives is increasingly becoming one of the essential basic element to adolescent reproductive health' as it gives them a sense of freedom to exercise their sexuality and a sense of power in view that they will be able to manage their lives in dignity (Amu & Narko, 2018). Research on sexual activity and contraceptive use by female adolescents (14-21-year-old) in Nigeria disclosed that girls preferred coitus interruptus and rhythm method (a natural family planning which helps a woman to know when she is ovulating). This was attributed to possible fear of side effects of modern contraceptive methods, decreased sensitivity with the use of condoms and parents disapproval of the use of artificial contraception (Opoku & Kwaununu, 2019). Recent study conducted in Cameroun on attitudes of women toward female condoms by Ekono et al., (2018) where a total of 320 participants were chosen for the study concluded that most of the participants (83.3%) had poor perception regarding the use of contraception (Ekono, et al., 2018).

A cross-sectional survey was conducted among adult patients of two short-term medical missions (STMM) located in Santo Domingo, Dominican Republic in June 2018. The findings showed that majority (90%) did not think people will judge them if they try to get

contraceptives, 80% said they had ever wanted to use a contraceptive. Most (60%) thought contraceptive alone is a good way to prevent pregnancy (Khamishon, et al., 2022).

Mbelle et al., (2019) conducted a study on perception concerning the use of contraception amongst University and Technical and Vocational Education and Training (TVET) College Students in South Africa. In general, students displayed positive perception towards contraceptive use. The majority indicated that they were confident in taking a pack of condoms that are displayed in public areas on campus. However, the concern was on female students who are less confident in taking or accepting condoms that are on display on campus.

A survey was conducted at Makerere University main campus in Kampala, Uganda. A total of 1,008 females responded to the survey. Overall, nearly a quarter (23.6 %) perceived that modern contraceptive services and commodities were not accessible, or that it is not easy to discuss sexual matters with partner (24.4 %). About one in five students perceived that contraceptives were not for poor people (21.3 %) or that it is wrong to use contraceptives (20.1 %). However, only 6 % believed that contraceptives were for females only (Nsubuga, et al., 2020).

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, 2018).

Adolescents perceptions towards contraceptive use in Nairobi, by (Kinaro, al., 2019), the results showed that generally there was poor 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. 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.

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, Reeves, & Agbaje, 2018).

A cross-sectional study was conducted in Kenya to explore the relationship between the perception of peers' use of contraceptives and its use and method of choice among young men and women in Kenya. The results showed that about 42% of young women and men reported that they thought all or most of their peers use family planning to avoid pregnancy or protect against STI. Among male users of condoms, 54.2% believed all or most of their peers use family planning whereas only 35.9% of users of any other modern method and 34.9% of nonusers perceived that all or most of their peers use family planning. Among young women, 57.5% of condom users, 50.0% of other modern method users, and 54.2% of nonusers perceived that all or most of their peers use family planning (Calhoun, et al., 2022).

A cross-sectional descriptive study conducted among 153 respondents in the University of Development Studies Tamale on perception of the usage of female condom reported that majority of the respondents were not currently or previously been in any intimate sexual relationship 88(57.5%). Of those in or previously in intimate sexual relationships, the great majority have never used the female condom before 53(81.5%). Of the 12 (18.5%) who have used the female condom before, majority used it occasionally 9 (75.0%). When respondents were asked their future intentions regarding the female condom usage (Amu & Narko, 2018).

## **CHAPTER THREE**

### **MATERIALS AND METHODS**

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

#### **3.1 Study area**

The study was conducted in the Holy Family Nursing and Midwifery Training College, Berekum located in the Bono Region of Ghana. The school shares boundary with the Holy Family Hospital, Berekum and Freeman Methodist School. The college was established in the year 1957 by Sr. Catherine (Patrick) Shean of the Medical Mission Sisters. The major inhabitants of the College are the Staffs and trainees. The college comprises of both males and females' trainees. The college runs three Diploma programs: Registered General Nursing (RGN) Diploma, Registered Midwifery (RM) Diploma and a two-year post basic midwifery (NAP/NAC).

#### **3.2 The study population**

The college has a student population of six hundred and eighty-eight. First years are two hundred and sixty-two, Second years are two hundred and forty two and Third years are one hundred and eighty three. The entire trainees of Holy Family Nursing and Midwifery Training College, Berekum were the target population with the accessible population being females aged 18 to 28 years.

#### **3.3 Study design**

This is the blueprint for conducting a study that maximizes control over factors that could interfere with the study's desired outcomes (Burns et al., 2018). The study design is the use

of evidence-based procedures, protocols, and guidelines that provide the tools and framework for conducting a research study. The choice of the study design is a methodological decision made by the investigators before submitting the study for ethics review and starting data collection (Majid, 2018). A descriptive study design, one which tends to describe the characteristics of a phenomenon being studied will be used for the study. The design will be adopted because participants or subjects are observed in their natural and unchanged environment. The data collection of in descriptive research allows for gathering in-depth information. Descriptive research may be a precursor to future research because it can be helpful identifying variable that can be tested.

### **3.4 Sampling technique and Size**

Sampling is the process by which you reduce the total research population for a research project to a number which is practically feasible and theoretically acceptable or Sampling is the process of selecting a statistically representative sample of individuals from the population of interest (Majid, 2018). A convenience sampling technique was used to select participants for the study because it is extremely speedy, easy, readily available and cost-effective sampling method as far as this study was concerned. Convenience sampling method is also simple to implement. The sample size will be 50 students.

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

Data collection was done through the use of structured and semi structured questionnaires consisting of both closed ended and open-ended questions for easy expression of views and ideas. This was chosen because of its ability to cover a large number of people, relatively cheaper, avoided embarrassment on the part of the respondents, possible anonymity of respondents and no user bias. This was transcribed unto google forms (web-based questionnaire). Respondents used approximately 20 minutes to answer the questionnaire.

### **3.6 Data analysis techniques**

Data analysis is the process of inspecting, cleaning, transforming and modelling data with the goal of discovering useful meaning and conclusions (Burns, Grove, & Gray, 2018). Microsoft excel software version 2016 was used to analyze the data and presented in the form of tables and figures.

### **3.7 Ethical consideration**

Ethical consideration is the application of moral rules and professional codes of conduct to the collection, analysis, reporting, and publication of information about research subjects, in particular active acceptance of subjects' right to privacy, confidentiality, and informed consent (Encyclopedia, 2020). An introductory letter will be obtained from the administration Holy Family Nursing and Midwifery Training College, Berekum. The respondents will be well informed about the purpose of the study. The right of each respondent was respected and their personnel integrity safe-guarded. The respondents will be allowed to participate and withdraw from the study if they felt like. The study will also be carried out with no physical or psychological harm on the respondents.

### **3.8 Limitation of the study**

Limitations of the study are those characteristics of design or methodology that impacted or influenced the application or interpretation of the results of the study (Burns et al., 2018). They are the constraints on generalizability and utility of findings that are the result of the ways in which the researcher chose to design the study and/or the method used to establish internal and external validity (Burns et al., 2018). The study was limited by inadequate resources most especially the financial aspects. The time allocated for the study was small hence the study was conducted with a sample size of 150 which made it difficult to generalize findings.

## CHAPTER FOUR

### DATA ANALYSIS AND RESULTS

#### 4.0 Data Presentation & Analysis

This chapter deals with analysis of data collected from the field of study and the results obtained from the analysis. The data collected was analysed using Microsoft Excel. Descriptive statistical measures, such as tables with averages and percentages, along with graphs.

#### 4.1 Background characteristics of respondents

**Table 4. 1: Respondents age group**

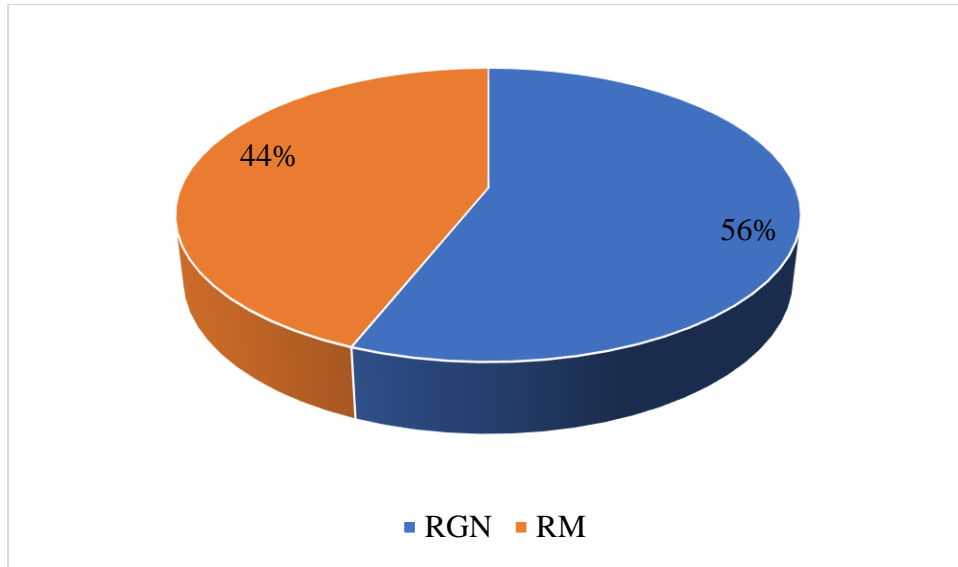
Variable	Frequency	Percentage
18-21	12	24
22-25	32	64
26 and above	6	12

Table 4.1 shows that most (64%) of the respondents were aged 22-25 followed by 18-21 years (24%) and 26 and above (12%).

**Table 4. 2: Respondents religion**

Variable	Frequency	Percentage
Christianity	41	82
Islamic	9	18
Traditionalist	0	0

Table 4.2 shows that majority (84%) of the respondents were Christians with only (18%) belonging to the Islamic religion.



**Figure 4. 1: Program of respondents**

From figure 4.1 over half (56%) of the respondents were registered general nursing students while 44% were registered midwifery students.

#### **4.2 Knowledge on Contraceptive Us**

**Table 4. 3: Respondents Knowledge on Contraceptive**

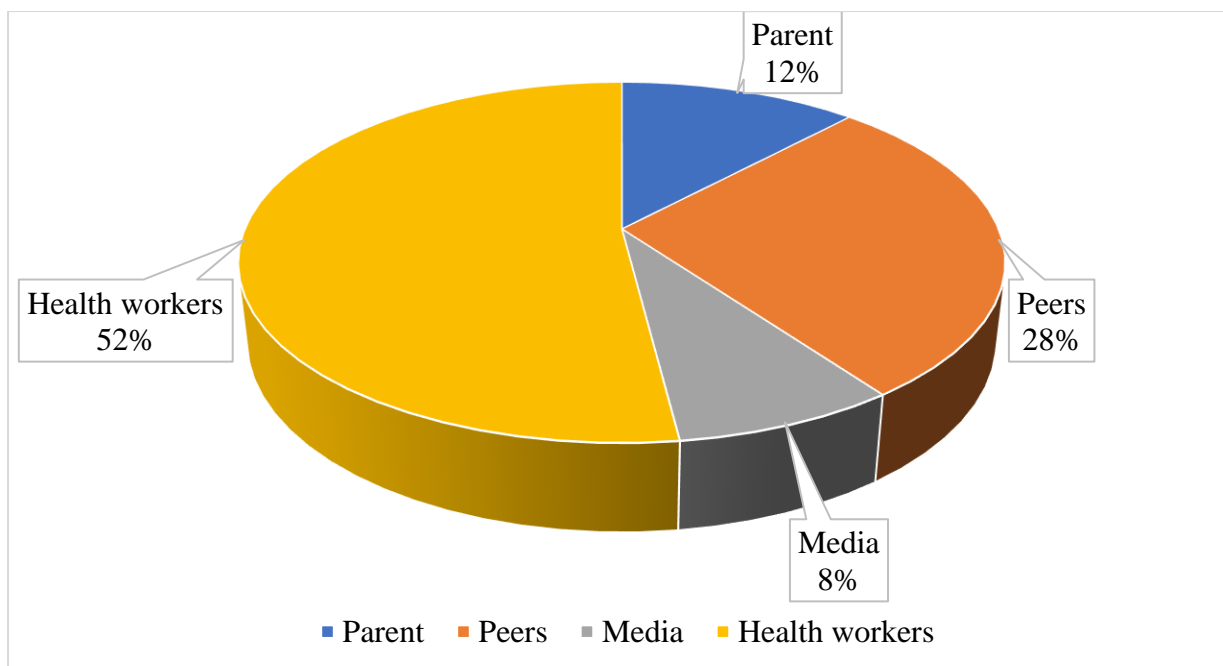
Statement	Frequency	Percentage
Devices or drugs which are intended to prevent pregnancy	43	86
Contraceptives are devices used by sexually active people.	7	14

Different people have different views about what contraceptives are. The views of the 50 respondents consisting of have been shown in Table 4.3. From the study it was realized that majority (86%) of the females said contraceptives are the various devices or drugs that are used to prevent pregnancy. Few (14%) of respondents mentioned that contraceptives as drugs used by sexually active people.

**Table 4. 4: Respondents contraceptives they know about**

Statement	Frequency	Percentage
Female sterilization	28	56
Pills	50	100
Male Condom	50	100
IUD	37	74
Injectables (inject plan)	40	80
Depo-Provera	40	80
Implants (Norplant)	38	76
Female Condom	26	52
Rhythm method	27	52
Coitus interruptus or Withdrawal	50	100

As shown in table 4.4, all (100%) the respondents knew about pills, coitus interruptus and male condom. Majority of the respondents indicated they knew about injectables (80%) and Depo-Provera (80%). Most of the respondents indicated they knew about IUD (74%) and implants (76%). Over half of the respondents cited they knew female sterilization (56%), female condom (52%), and rhythm method (52%).



**Figure 4. 2: Respondents source of information on contraceptives**

As shown in figure 4.2, over half (52%) of the respondents indicated health workers as their commonest source of information on contraceptives followed by peers (28%), parents (12%) and media (8%).

### 4.3 Effect (Positive and Negative) On the Use of Contraceptives

**Table 4. 5: Respondents on positive effects of contraceptive use**

Statement	Frequency	Percentage
Helps in postponing unwanted pregnancies	42	84
Family stability	39	78
More time to engage in income generation activities	34	68
More time for social engagements	35	70
Others	0	0

Table 4.5 illustrates the positive effects of contraceptive use, majority (84%) of the respondents indicated that contraceptives helps in postponing unwanted pregnancies followed by ensuring family stability (78%), more time for social engagements (70%) and More time to engage in income generation activities (68%).

**Table 4. 6: Respondents on negative effects of contraceptive use**

Statement	Frequency	Percentage
Weight gain	35	70
Depression	12	24
Breast pain	15	30
Abnormal vaginal secretions	30	60
Changes in menstrual pattern	44	88
Dizziness	14	28
Others	0	0

Table 4.6 illustrates the negative effects of contraceptive use, majority (88%) of the respondents indicated that contraceptive use results in changes in menstrual pattern. Most of the respondents cited that the use of contraceptive can lead to weight gain (70%) and abnormal vaginal secretions (60%). Less than half of the respondents pointed out that contraceptive use can result in breast pain (30%), depression (24%) and dizziness (28%).

#### 4.4 Perception on the Use of Contraceptives

**Table 4. 7: Respondents perception on the use of contraceptives**

Statement		Yes	No
Do you want to use a contraceptive?	n	43	7
	%	86	14
I would recommend a contraceptive method to a friend	n	42	8
	%	84	16
Contraceptive is a good way to prevent pregnancy	n	49	1
	%	98	2
I am confident enough to buy a pack of condom in a public area	n	32	18
	%	64	36
Modern contraceptive services are easily accessible	n	40	10
	%	80	20
Contraceptives are for females only	n	21	29
	%	42	58
Contraceptives are mean for only married people	n	7	43
	%	14	86
Contraceptives promotes promiscuity	n	33	17
	%	66	34

As shown in table 4.7, majority of the respondents indicated contraceptive is a good way to prevent pregnancy (98%), they want to use a contraceptive (86%), they would recommend a contraceptive method to a friend (84%) and modern contraceptive services are easily accessible (80%). Most of the respondents said they are confident enough to buy a pack of condom in a public area (64%) and contraceptives promotes promiscuity (66%). Over half

(58%) of the respondents disagreed that contraceptives are for females only. Majority (86%) of the respondents disagreed that contraceptives are mean for only married people.

## CHAPTER FIVE

### DISCUSSION OF THE RESULTS

#### 5.0 Introduction

In this chapter, the data analyzed in chapter four were interpreted based on scientific evidence. The findings are briefly discussed with references to support the study.

#### 5.1 Discussions

The main focus of this study was to assess contraceptive use among female's aged between 18 to 28 years in Holy Family Nursing and Midwifery Training College, Berekum.

##### 5.1.1 Knowledge on Contraceptive

From the current study it was found that majority (86%) of the females said contraceptives are the various devices or drugs that are used to prevent pregnancy. Similarly, Stewart et al. (2019) defined contraceptive as a drug, method, or object used for preventing a woman from becoming pregnant. Also, Ass et al. (2018) found that female students in Tanzania had a high knowledge of contraception. Most of the students were sexually active and sexual activity began at an earlier age.

The present study found that all (100%) the respondents knew about pills, coitus interruptus and male condom. Majority of the respondents indicated they knew about injectables (80%) and Depo-Provera (80%). Most of the respondents indicated they knew about IUD (74%) and implants (76%). Over half of the respondents cited they knew female sterilization (56%), female condom (52%), and rhythm method (52%). Correspondingly, Nsubuga et al. (2020) found that the most commonly known modern methods were pills (86.7 %) and male condoms (88.4 %), followed by injectables (50.3 %), IUDs (35 %) and implants (26.7 %), female condom (22.1 %).

The current study found that over half (52%) of the respondents indicated health workers as their commonest source of information on contraceptives followed by peers (28%), parents (12%) and media (8%). This is inconsistent with a study conducted by Tayo et al. (2019) in Nigeria which showed that 45% of these female adolescent sourced information on contraceptives from their parents. However, the study findings is partially consistent with a study conducted by Boamah et al. (2019), as they found that 60% of respondents obtained knowledge about contraceptives from the media and 30% from their peers. Correspondingly, Nsubuga et al. (2020) found that the commonest sources of contraceptives were hospitals, clinics and pharmacy/drugs shops.

### **5.1.2 Effect (Positive and Negative) On the Use of Contraceptives**

The current study found that majority (84%) of the respondents indicated that contraceptives helps in postponing unwanted pregnancies followed by ensuring family stability (78%), more time for social engagements (70%) and More time to engage in income generation activities (68%). These findings are consistent with the study conducted by Alano and Hanson (2018), they reported that contraceptive use helped women postpone unwanted pregnancies and child births and engage in various income generation activities that not only boosted family incomes but also created opportunity to mobilize the resources for different expenses without waiting for the handouts from their husbands. The benefits also included securing more time, energy and social engagements.

The current study found that majority (88%) of the respondents indicated that contraceptive use results in changes in menstrual pattern. Few of the respondents indicated that contraceptive use results in dizziness (28%). Consistently, Straveteig (2019) reported that the side effects menstrual changes (heavier bleeding, amenorrhea or oligomenorrhea), changes in weight, headaches, dizziness, nausea, and cardiovascular impacts.

In the present study most of the respondents cited that the use of contraceptive can lead to weight gain (70%) and abnormal vaginal secretions (60%). Less than half of the respondents pointed out that contraceptive use can result in breast pain (30%), depression (24%). Similarly, Kotb et al. (2022) opined that the side effects found among them were depression (63.7%), breast pain (57.7%), weight gain (56.6%) and abnormal vaginal secretions (56.3%).

### **5.1.3 Perception on the Use of Contraceptives**

In the current study majority of the respondents indicated contraceptive is a good way to prevent pregnancy (98%), they want to use a contraceptive (86%), they would recommend a contraceptive method to a friend (84%) and modern contraceptive services are easily accessible (80%). Similarly, Khamishon, et al. (2022) found that majority (90%) did not think people will judge them if they try to get contraceptives, 80% said they had ever wanted to use a contraceptive. Most (60%) thought contraceptive alone is a good way to prevent pregnancy

The present study found that most of the respondents said they are confident enough to buy a pack of condom in a public area (64%) and contraceptives promotes promiscuity (66%). In the same way, Mbelle et al., (2019) found that majority indicated that they were confident in taking a pack of condoms that are displayed in public areas on campus.

Presently, over half (58%) of the respondents disagreed that contraceptives are for females only. Correspondingly, Nsubuga et al. (2020) reported that only 94% did not believe that contraceptives were for females only

Per the current finding majority (86%) of the respondents disagreed that contraceptives are mean for only married people. Contrastingly, Nettey (2018) found that majority of the participants 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.

## **5.2 Conclusions**

The study concluded that respondents had very good knowledge on contraceptives. The contraceptives respondents knew about most were pills, coitus interruptus and male condom. The leading source of information on contraceptives was health workers. The most mentioned benefits of contraceptive use were that contraceptives helps in postponing unwanted pregnancies and ensures family stability. Changes in menstrual pattern was the most mentioned negative effect of contraceptives. The overall perception of respondents on contraceptive use was good.

## **5.3 Recommendations**

Based on the findings of the study, the following recommendations are made.

1. Female students require rigorous education on the use of all available means to increase awareness and clear misconceptions about the FC.
2. Parents should try and educate their adolescents well on the use of contraceptives rather than shirking their responsibilities on the bases that the adolescents should not use contraceptives because they are not adults.
3. Conscious efforts should also be made at the health facilities to promote the FC to females of reproductive age to increase acceptance and usage in order to empower women in their sexual reproductive health
4. Partner support for the female condom use should be encouraged since most women did not use FC because they felt their partners would not trust them.
5. Further studies should be conducted on how to resolve the barriers to contraceptive use.

## REFERENCES

- Alano, A., & Hanson, L. (2018). Women's perception about contraceptive use benefits towards empowerment: A phenomenological study in Southern Ethiopia. *PLoS ONE*, *13*(9).
- American Academy of Pediatrics. (2020). Committee on adolescence, adolescent pregnancy, Current trends and issues. *Journal of American Academy of Pediatrics*, 516-520.
- Amu, H., & Narko, S. H. (2018). Trends in contraceptive practices among women in reproductive age at a health facility in Ghana. *Contraception Reprod Med.*, *1*(1), 1.
- Asiimwe, J. B., Ndugga, P., Mushomi, J., & Ntozi, J. P. (2019). Factors Associated with Modern Contraceptive Use among Young and Older Women in Uganda. *BMC Public Health*, *14*.
- Ass, T., Univer, J., & Sc, B. (2018). Predictors of emergency contraceptive use among Regular Female Students at Adama University , Central Ethiopia. 1-19.
- Awusabo-asare, K., & Biddlecom, A. (2018). *Adolescent Sexual and Reproductive Health in Ghana : Results from the 2016 National Survey of Adolescents, Occasional report No. 22*.
- Bakole, A., Ahmed, F., Neema, S., Ouedraogo, C., & Konyani, S. (2020). Knowledge of Correct Condom Use and Consistency of Use among Adolescents in Four Countries in SubSaharan Africa. *African Journal of Reproductive Health*, *11*(3), 197-220.
- Bangi, A. (2019). Influence Of Knowledge, Attitude And Beliefs On Adolescent Contraceptive Use In Greater Accra Region, Ghana. *West African Journal of Nursing*, *23*(2).

- Biney, A. A. (2020). Exploring Contraceptive Knowledge and Use among Women Experiencing Induced Abortion in the Greater Accra Region, Ghana. *African Journal of Reproductive Health March*, 15(5), 37-46.
- Boamah, E. A., Asante, K. P., Mahama, E., Manu, G., Ayipah, E., Adeniji, E., & Agyei, S. (2019). Use of Contraceptives among Adolescents in Kintampo, Ghana: A Crosssectional Study. *Open Access Journal of Contraception*, 5(2), 7-15.
- Burns, N., Grove, S. K., & Gray, J. (2018). *Understanding nursing research: building an evidence-based practice* (6th ed.). St Louis, Missouri: Elsevier.
- Calhoun, L. M., Mirzoyants, A., Thuku, S., Benova, L., Delvaux, T., Akker, T., & McGuire, C. (2022). Perceptions of peer contraceptive use and its influence on contraceptive method use and choice among young women and men in Kenya: a quantitative cross-sectional study. *Reproductive Health*.
- Ekono, S., Mantell, J. E., West, B. S., Sue, K., Hoffman, S., Exner, T. M., & Kelvin, E. (2018). Health care providers: a missing link in understanding acceptability of the contraception. *AIDS Educ Prev.*, 23(1), 65-77.
- Eliason, S., Awoorno-Williams, J. K., Eliason, C., Novignon, J., Nonvignon, J., & Aikins, M. (2020). *Determinants of Modern Family Planning Use among Women of Reproductive Age in the Nkwanta District of Ghana: A Case-control Study*, *Reproductive Health*.
- Encyclopedia. (2020, December 16). *Research Ethics*. Retrieved from <https://www.encyclopedia.com/social-sciences/dictionaries-thesauruses-pictures-and-press-releases/research-ethics>

- Ghana Demographic and Health Survey. (2018). *Ghana Multiple Indicator Cluster Survey with an Enhanced Malaria Module and Biomarker*. GHS.
- Grindlay, K., Dako-Gyeke, P., Eva, G., Ngo, T. D., Gobah, L., Reiger, S. T., & Blanchard, K. (2018). Contraceptive use and unintended pregnancy among young women and men in Accra, Ghana. *PloS One*, *13*(8).
- Hagan, J. E., & Buxton, C. (2019). Contraceptive Knowledge, Perceptions and Use among Adolescents in Selected Senior High Schools in the Central Region of Ghana. *Journal of Sociological Research*, *3*(2), 170-180.
- Khamishon, R., Chen, J., Ranatunge, N., Wu, Q., Downey, N., Love, E., . . . Ryan, M. (2022). Use and Perception of Contraception among Genders in Santo Domingo Dominican Republic. 1-9.
- Kinaro, J., Kimani, M., Ikamari, L., & Ayiemba, E. H. (2019). Perceptions and Barriers to Contraceptive Use among Adolescents Aged 15-19 Years in Kenya: A Case Study of Nairobi. *Health*, *7*(1), 85.
- Kotb, M. A., Ragab, H. M., Elwan, Y., & Hussein, H. H. (2022). Oral contraceptive pills use and adverse effects. *The Egyptian Journal of Hospital Medicine*, 286-290.
- Kunene, H. S. (2019). *Factors Influencing Emergency Contraceptive Use: Perspectives of Students in Durban, South Africa*.
- MacDonald, S., & Headlam, N. (2015). *Research methods handbook*. Manchester: Centre for Local Economic Strategies (CLES).
- Majid, U. (2018). Research fundamentals: study design, population, and sample size. *URNCSST Journal*, *2*(1), 1-7. doi:<https://doi.org/10.26685/urncst.16>

- Manortey, S., Duah, W., & Baiden, F. (2018). Factors Associated with the Use of Emergency Contraceptive Pills among Students of the Takoradi Polytechnic in Ghana. *Journal of Scientific Research and Reports, 12*(3), 1-10.
- Martins, L. B., & Sousa, M. H. (2018). Knowledge of Contraceptive Methods among Adolescent students. *Rev Saude Publica*.
- Mbelle, D. G., Weeks, M. R., Zhan, W., Li, J., Hilario, H., Abbott, M., & Medina, Z. (2019). Contraceptive use and adoption among men and women in a general low-income urban us population. *AIDS Behav., 19*(9), 1642-1654.
- Nettey, O. (2018). Family Planning needs of Adolescents in Predominantly Rural Communities in the Central Part of Ghana. *Open Journal of Preventive Medicine, 5*, 269-279.
- Nsubuga, H., Sekandi, J. N., Sempeera, H., & Makumbi, F. E. (2020). Contraceptive use, knowledge, attitude, perceptions and sexual behavior among female University students in Uganda: a cross-sectional survey. *BMC Women's Health*.
- Okanlawon, K., Reeves, M., & Agbaje, O. F. (2018). Contraceptive use: knowledge, perceptions and attitudes of refugee youths in Oru refugee camp, Nigeria. *African Journal of Reproductive Health, 14*, 17-26.
- Opoku, B., & Kwaununu, F. (2019). Knowledge and Practices of Emergency Contraception among Ghanaian Women. *African Journal of Reproductive Health, 15*(2), 147-152.
- Schrumpf, L. A., Stephens, M. J., Nsarko, N. E., Akosah, A., Baumgartner, J. N., Ohemeng-Dapaah, S., & Watt, M. H. (2020). Side effect concerns and their impact on women's uptake of modern family planning methods in rural Ghana: a mixed methods study. *BMC Women's Health*.

- Somba, M. J., Mbonile, M., Obure, J., & Mahande, M. J. (2020). Sexual behaviour, contraceptive knowledge and use among female undergraduates' students of Muhimbili and Dar es Salaam Universities, Tanzania: a cross-sectional study. *BMC Women's Health, 14*(1), 94.
- Srikanthan, A., & Reid, R. L. (2020). Religious and Cultural Influences on Contraception. *J Obstet Gynaecol Can., 129-137*.
- Staveteig, S. (2019). Fear, opposition, ambivalence, and omission: Results from a follow-up study on unmet need for family planning in Ghana. *PLoS One, 12*(7).
- Stewart, M., McNamee, K., & Harvey, C. A. (2019). Practical Guide to Contraception Part 3: Traditional Methods, Sterilisation and Emergency Contraception Medicine Today, 2019. *14*(9), 55-56.
- Tayo, A. O., Akinola, A., Babatunde, A., Adewunmi, A., Osinusi, D., & Shittu, L. (2019). Contraceptive Knowledge and Usage Amongst Female Secondary Students in Lagos, Southern west Nigeria. *Journal of Public Health and Epidemiology, 3*(1), 34-37.
- Teye, J. K. (2020). Modern Contraceptive Use among Women in the Asuogyaman District of Ghana: Is Reliability more Important than Health Concerns? *African Journal of Reproductive Health, 17*(2).
- Tsui, A. O., Brown, W., & Li, Q. (2020). Contraceptive Practice in Sub-Saharan Africa. *Population and Development Review, 43*(1), 166-191.
- United Nations, D. o. (2019). *World Urbanization Prospects: The 2019 Revision, Highlights*.
- Williamson, L. M., Parkes, A., Wight, D., Patticrew, M., & Hart, G. J. (2019). *Limits to Modern Contraceptive Use among Young Women in Developing Countries: A Systematic Review of Qualitative Research, Reproductive Health*.

Yemaneh, Y., Sayih, A., Niguse, W., Lema, M., & Tsegaye, A. (2018). *Emergency oral contraceptive use among undergraduate female students of mizan-tepi University, mizan campus south nations nationalities and peoples regional state south west, Ethiopia 2016.*

Yidana, A., Ziblim, S., Azongo, T. B., & Abass, Y. I. (2018). Socio-Cultural Determinants of Contraceptives Use among Adolescents in Northern Ghana. *Public Health Research*, 83-89.

**QUESTIONNAIRE**

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

**QUESTIONNAIRE**

**Dear Respondent,**

We are final year students of the Holy Family Nursing and Midwifery Training College, Berekum, conducting a study on the topic: contraceptive use among female’s aged between 18 to 28 years in Holy Family Nursing and Midwifery Training College, Berekum

Any information provided shall be secured and kept private. To ensure confidentiality and anonymity, your name is not required. Participation is voluntary and you have the sole right to withdraw from participating in this study at any time of your discretion.

***PLEASE TICK [✓] THE MOST APPROPRIATE RESPONSE TO THE QUESTION IN THE SPACE PROVIDED AND/OR WRITE IN THE SPACE PROVIDED***

**SECTION A: RESPONDENT DEMOGRAPHIC DATA**

- 1. Age: a. 18-21  b. 22-25  c. 26-28
- 2. Religion: a. Christianity  b. Islamic  c. Traditionalist
- 3. Program: a. RGN  b. RM

**SECTION B: KNOWLEDGE ON CONTRACEPTIVE US**

4. What is a contraceptive?

.....

.....

.....

5. Indicate the contraceptive method or type you know about;

- a. Female sterilization

- b. Pills
- c. Male Condom
- d. IUD
- e. Injectables (inject plan)
- f. Depo-Provera
- g. Implants (Norplant)
- h. Female Condom
- i. Rhythm method
- j. Coitus interruptus or Withdrawal

6. Indicate your commonest source of information on contraceptive

- a. Parent
- b. Peers
- c. Media
- d. Health workers
- e. Others (specify): .....

**SECTION C: EFFECT (POSITIVE AND NEGATIVE) ON THE USE OF CONTRACEPTIVES**

7. Indicate the positive you have experienced or seen someone experienced as a result of contraceptive use

- a. Helps in postponing unwanted pregnancies
- b. Family stability
- c. More time to engage in income generation activities
- d. More time for social engagements
- e. Others (specify):  
.....

8. Indicate the negative you have experienced or seen someone experienced as a result of contraceptive use

- a. Weight gain
- b. Depression
- c. Breast pain
- d. Abnormal vaginal secretions
- e. Changes in menstrual pattern
- f. Dizziness
- g. Others (specify):

.....

**SECTION D: PERCEPTION ON THE USE OF CONTRACEPTIVES**

9. Do you want to use a contraceptive?

- a. Yes
- b. No

10. I would recommend a contraceptive method to a friend

- a. Yes
- b. No

11. Contraceptive is a good way to prevent pregnancy

- a. Yes
- b. No

12. I am confident enough to buy a pack of condom in a public area

- a. Yes
- b. No

13. Modern contraceptive services are easily accessible

- a. Yes

b. No

14. Contraceptives are for females only

a. Yes

b. No

15. Contraceptives are mean for only married people

a. Yes

b. No

16. Contraceptives promotes promiscuity

a. Yes

b. No

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



**BANKERS:**

Ghana Commercial Bank, Berekum  
Agric Development Bank, Berekum  
Fidelity Bank, Berekum

Our Ref ..... HFNMTC/GC/011/100722

Your Ref .....



P.O. Box 21,  
Berekum, E/A  
Ghana, W/Africa  
Tel: 0352222124  
Fax: 0352222474

October 7, 2022

Date .....

Antoinette Effum  
Holy Family NMTC  
Post Office Box 21  
Berekum

Dear Ms. Effum

**PERMISSION TO CONDUCT RESEARCH**

With reference to your Memorandum dated September 22, 2022, 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 use of Contraceptive among Females between the ages of 18-28 Years in Holy Family Nursing and Midwifery Training College, Berekum".

1. Agyeiwaa Gladys
2. Agyeman Ofose Richard

Thank you

Yours faithfully

Monica Nkrumah (FGCNM)  
Principal

**PRINCIPAL  
HOLY FAMILY NURSING AND  
MIDWIFERY TRAINING COLLEGE  
BEREKUM**