UNIVERSITY FOR DEVELOPMENT STUDIES

SCHOOL OF MEDICINE AND HEALTH SCIENCE.

MASTER OF PUBLIC HEALTH

FACTORS AFFECTING THE ACCEPTANCE AND USAGE OF CONTRACEPTIVES AMONG FEMALE ADOLESCENTS (15-19 years) IN SAGNARIGU MUNICIPALITY

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UDS/MPH/0061/18

A THESIS SUBMITTED TO THE DEPARTMENT OF COMMUNITY HEALTH AND FAMILY PLANNING, SCHOOL OF ALLIED HEALTH SCIENCES, UNIVERSITY FOR DEVELOPMENT STUDIES, IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF MASTER OF PUBLIC HEALTH

MARCH 2021

DECLARATION

Students

I hereby declare that this thesis is my own work towards the awards of a master of public health degree and that to the best of my knowledge it does not contain any materials previously published by another person nor material which has been presented for the award of any degree in this university or elsewhere, accept for references to other people's which have been appropriately acknowledged.

Name of student signature date

Awabu adam ……..……. ……..

Supervisor

I hereby declare that the preparation and presentation of this dissertation was supervised in accordance with the guidelines on supervision of dissertation laid down by the University for Development Studies.

NAME: SHAMSU-DEEN ZIBLIM

Signature: ……. Date: ……./……../……

DEDICATION

This piece of work is dedicated to my lovely husband Lawyer Musah Sulemana, and my lovely children for their immerse support and prayers.

ABSTRACT

In Ghana, the uptake of family planning is very low and hence the persistent high rate of unmet needs and low rates of contraceptive usage. With the continuous increase in sexual activities, unplanned and unprotected sexual intercourse place young people at risk of unwanted pregnancies, unsafe abortions, infections with Sexually Transmitted Diseases (STDs) including HIV and AIDS and maternal deaths; which pose a major challenge to adolescent reproductive health. This is however, highly inconsistent with the level of knowledge of contraceptives among adolescents in Ghana. A cross-sectional survey was conducted among 165 female adolescents. Descriptive bivariate and logistic regression analysis techniques were used to analyze and present the data. The demographic characteristics of the respondents was analyzed and presented using a descriptive statistic in the form of Frequency and Percentages. Mean, Median and Standard deviation were also calculated for the age. The study applies Chi-square test to measure the relationship between the response variable and explanatory variables. Logistic regression was applied to evaluate the odds of the factors hindering the acceptance and the usage of contraceptives among the adolescence. Results suggested that although majority of the respondents have heard about contraception (i.e. knowledge about contraceptives), prevalence of contraceptive was however low. Although, a reasonable number of the respondents have ever used contraceptives but only once in a while which cannot justify the high prevalence of contraceptive usage. Based on these findings, the study concludes that more public health education alongside other interventions increase contraceptive usage and prevalence among female adolescents who are sexually active.

ACKNOWLEDGEMENT

I am highly indebted to the Almighty Allah for His mercy and grace for the entire period of study and making this thesis a success. I am thankful to my Supervisor; Dr.Shamsu-deen Ziblim for his efforts and selfless contributions for making this thesis a reality. His expert comments, patience, constructive criticisms, and suggestions were spectacularly significant in improving the output of the work.

I express my profound gratitude to all the lecturers and staff from the School of Medicine and Health Sciences at the University for Development studies, who sacrificed in diverse ways to ensure that I get the right kind of knowledge and guidance to the success of the work. Their rich knowledge has shaped me to impact positively to society.

I also express my gratitude to Lawyer Musah Sulemana, Mr. Issahaku Toyibu and Mr. Usif Osman Wuntuma for their support during the course of this work. My appreciation further goes to all friends who assisted me to administer the questionnaires for this work and to all others whose names cannot be readily mentioned, I am equally grateful to them.

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LIST OF ACRONYMS/ABBREVIATIONS

AIDS	Acquire Immune Dificiency Syndrome
DHIMS	District Health Infomation Management Software
FGD	Focus Group Discussion
FP	Family Planning
GDHS	Ghana Demgraphic and Health Service
GSS	Ghana Statistical Service
HIV	Humans Immune Virus
IUD	Intrauterine Device
JHS	Junior High School
LAM	Lactational Amenorrhea Method
LI	Legislative Instrument
DMPA	Medroxyprogesterone Acetate
MOH	Ministry of Health
NFP	Natural Family Planning
NGO	Non Govenmental Organization
OR	Odd Ratio
PHC	Population and Housing Census
PPAG	Plan parenthod Association f Ghana
STD's	Sexually Transmitted Diseases
TFR	Total Fertility Rate
UNDESA	United Nations Departement of Economic and Social Affairs
UNFPA	United Nation Population Fund

UNICEF	United Nation International Children Educatin Fund
WHO	World Health Organization
WASSCE	West Africa Senir Schools Certificate Examination

CHAPTER ONE

INTRODUCTION

1.1. Background of the Study

Contraceptive usage continues to be protuberant in demographic and health literature because of its enormous health importance to adolescents, families and communities at large in terms of combatting, control and possible eliminating of unintended, unplanned and unhealthy pregnancies thereby improving and aiding health, birth spacing, reducing lifetime risk of maternal mortality and the enhancement and attainment of the development goals (Cates, 2010; Ahmed, 2012). Furthermore, the usage of the modern methods of contraceptive devices and other contraceptive methods remains a dominant and among significant population, health as well as wellbeing issue because of its significant role in the demographic transitions in different countries with varying degrees of demographic situations (Lesthaeghe, 2016). Several works around the globe have perused individual, institutional and community determinants of contraceptive usage as they pertain to adolescents (Stephenson, 2008).

Globally, close to 16 million adolescents between ages 15 to 19 have children each year (Chandra-Mouli and Haisworth, 2014). The pregnancy complications as well as associated dangers in child birth are significant factors associated with mortality among adolescents between the ages 15 to 19 in low and middle-Income Countries (Chandra-Mouli and Haisworth, 2014). Perinatal deaths are patently steeper among babies born by these young mothers than those born to more matured mothers aged 20 to 29 years. The key strategy in preventing pregnancy among adolescents is to improve upon maternal and

infant outcomes. There are over 1.8 billion adolescents living in low and middle-Income countries (UNFPA, 2005).

Pregnancies among adolescents have been directly related to sexual intercourse without the use of contraceptives, non-consensual sex, inadequate negotiation between partners before the sexual act, the belief that being pregnant is the 'real thing' or that an adolescent must prove fertility by getting pregnant, poverty and promiscuity (Martson and King, 2006). A study by Panday et al., (2009) has proved that there is a direct correlation between sexual activity of adolescents and their ages. The chance of an adolescent getting pregnant increases with age. 10% of adolescents with age 15 engage in sexual relations and 61% are sexually active among adolescents aged 19. The general attitudes towards casual sex, alcohol consumption, fear of hormonal contraceptives and poor school-based sexual education have also been related (Ekstrand et al., 2005). Among the diverse and varied reasons for lack of or refusal to use contraception include fear of parents finding out, ignorance, and shyness in going to clinics. It also includes disapproval from the boyfriend (Buga et al., 1996). Promoting the knowledge and the use of contraceptives among adolescent is therefore considered essential to curbing such adverse reproductive health issues (Bearinger et al., 2007). An estimated 30% of maternal deaths and close to 10% of child mortality are preventable globally every year with the effective use of family planning methods (Gomes et al, 2006). Thus, by allowing all women of which adolescents are inclusive have power to delay motherhood, delay births between children and stop unwanted childbearing, contraceptive use eventually reduces unwanted pregnancies and the demand for abortion (Cleland, Ali, and Shah, 2006).

Contraceptive can be defined as any recommended method that is employed to prevent or delay pregnancy. This is usually carried out to distract the natural normal process of ovulation, fertilization and implantation. (Geske et al., 2015). The brain behind contraceptive use is as old as time itself; but for just as long, finding a workable way that anyone can easily access it has been the albatross around the necks of policy makers, communities and individuals (Edgerton, 2011; Tone, 2002). Generally, adolescence is a stage characterized by increased exploration and exposure to risk-taking behaviors, including unsafe sex (Gomes et al, 2008). Generally, the youth, before twenty years becomes sexually active globally (UNFPA, 2005). Casual sex intercourse among adolescents can lead to unmet pregnancies in adolescents, which is a serious concern in public health (Gomes et al, 2006; Mestad et al, 2011).

In Africa South of the Sahara, adolescent sex has precipitated a lot of concern in view of general lack of or inadequate use of contraceptives, unmet pregnancies and sexually transmitted diseases including human immunodeficiency virus and acquired immunodeficiency syndrome (HIV and AIDS). One very significant drawback of family planning programs in sub-Saharan Africa in general and Ghana in particular is how to solve the problem of meeting the reproductive health needs of adolescents as they commence to experiment with sex and are exposed to the risk of pregnancy (GSS, 2013). For instance, some recent studies suggest that modern family planning employment by the sexually active youth and young adults in sub-Saharan Africa is still appallingly abysmal (Yoder et al, 2011). Among the few who use modern contraceptives, majority use them just for child spacing and not for the limiting of the number of children (Yoder et al, 2011).

Fertility is significant in the determination of a country's population demographics in terms of size, structure and composition of the population. In terms of its position on the population league table According to the UN in 2014, the thirteenth most populated country in Africa is Ghana with an estimated population of 26.44 million. (UN DESA, 2014). According to 2010 Population and Housing Census, the country's population is 24,658,823. Ghana population has gone up by 30.4% percent over the 2000 Population and Housing Census figure of 18,912,079. The yearly intercensal growth rate in 2010 was 2.5%, an increase of about 0.2% over the 2000 figure of 2.7%. The 2010 Population and Housing Census revealed that there were 12,633,978 females and 12,024,845 males in the country. The fertility level does not appear to be changing drastically but has been declining slightly declining over the past twenty-six years in Ghana. According to the Ghana Demographic and Health Survey, the fertility rate per woman has reduced to 6.4 in the 1988 to 4.2 children per woman in the 2014 GDHS. This however led to a marginal increase of the total fertility rate for the last six years from 4.0 to 4.2 children per woman. (GDHS, 2014).

Despite the declaration made by Ghana in 1969 under the country's flagship National Population Policy, the country's population remain undoubtedly high. Although the policy has been revised in 1994 in the effort to achieve the stipulated target. Among these targeted indices are the fall in

Total Fertility Rate (TFR) from 5.5 to 5.0 by the year 2000 and further by a 2 percentage points to 3.0 by the year 2020. The Policy also aimed at achieving a Contraceptive Prevalence Rate (CPR) of up to a sixth of the population for modern Family Planning

methods by the year 2000 and by the year 2020, up to have of the population should have use of contraceptives.

Given the enormous increase in population and its adverse effects on the economy, policies aimed at waning fertility rates are significant in addressing the issue. One of such policies has been noted as making accessible modern family planning methods through the promotion of family planning techniques such as the use of modern interventions. Reduction of child mortality, which is one of the very significant health-related Millennium Development Goals can be achieved through the promotion of family planning methods and its importance in reducing child mortality and improving maternal health cannot therefore be underestimated (Williamson et al, 2009). According to the Multiple Cluster Survey report (2011), modern family planning adaptation is essential in the promotion of the health and wellbeing of women and children, by way of helping in the prevention of early or late pregnancies, reduce the number of children per woman as well as extend the period between births.

There are records of low use or availability of family planning in low- and middle-income countries resulting in consistently high unmet needs and low contraceptive use (Bankole et al., 2007).

This may lead to severe health and emotional challenges which may subsequently leads to unplanned pregnancy, unsafe abortion, and the high risk of getting contracted with Sexual Transmitted Diseases (STDs) such as gonorrhea, HIV/AIDS, Syphilis etc., and to the extreme death which pose a major challenge to adolescent reproductive health (Hagan and Buxton, 2012; Eliason et al., 2014). It is difficult to understand when comparing the level of knowledge of contraception among Ghanaian youth. According to the 2014

GDHS, only about 3.5% of adolescent girls have never heard of modern contraception in Ghana. However, currently adolescents are not using high levels of contraception, which equates to 91.3% of all women, including single women who have sex with married women (GDHS, 2014). Despite their extensive knowledge, the use is still very few and therefore the need to carry out an assessment on the knowledge and usage of contraception among adolescent girls in Ghana. Studies has shown that the adolescents are concerned about and want to protect themselves from unintended pregnancy and sexually related phenomenon, miscommunication about sex and its consequences is common and many adolescents do not get the education and services they needed (NRC-IOM, 2005).

The issue of low usage of modem contraceptives is a major challenge for public health in Ghana. A study done by Gyesaw and Ankoma (2013) revealed that Ghana is been identify as one of the countries in the world with the highest adolescent marriage prevalence. There are 12% of adolescents between the ages 15 to 19 years who are either pregnant or have given birth already (GSS, 2012). Ghana Health Service (2015) revealed that, the rate of birth among the adolescents in Ghana as at 2011 was 60 per 1,000 women and this increased to 30% in 2014. According GSS (2014), the current usage of any modern contraceptive in Ghana is estimated to be 23% among all women. These challenges are greater in the northern part of the country especially in the Sagnarigu Municipality. This study therefore seeks to established factors hindering the acceptance and the usage of modern contraceptive among the adolescence in Sagnarigu Municipality.

1.2. Statement of Problem

Worldwide it is estimated that up to 222 million women in developing countries would like to delay, stop childbearing or otherwise space childbearing but do not use any method of contraception. This is principally due to but not limited to the following reasons: limited choice of methods, limited access to contraception, fear or experience of side effects, cultural or religious opposition, poor quality of available services, and gender-based barriers (WHO, 2013). As a direct consequence of this, 21 million unsafe abortions are carried out on year-to-year basis, mostly in low-income countries. This rather unacceptably shocking statistic causes 47,000 maternal deaths annually including adolescents. Many of these griming statistics on deaths could be prevented if information on family planning and contraceptives was widely available and put into widespread use especially for adolescents and young persons. Promotion of contraception and ensuring access to contraceptive methods for women, couples and adolescents is essential to securing the well-being, autonomy and independence of women, while supporting the health and development of individuals, communities and the nation. Contraception has direct health benefits on maternal and child health such as prevention of unintended pregnancy and subsequent decreased maternal mortality and morbidity. Women with unintended pregnancies that are continued to term are more likely to receive inadequate or delayed prenatal care and have poorer health outcomes than women with planned pregnancies, such as low infant birth weight, and higher infant and maternal mortality and morbidity (WHO, 2013).

According to Gadisa, (2004), Northern region of Ghana has the highest total fertility rate of 6.8 children per woman, and the contribution of adolescents to these rates cannot be

over looked. It is noted that, 261,935 of the population in northern Ghana are adolescents with only 8,313 new acceptors of F/P in 2018. (DHIMS and GSS, 2018).

Adolescents are at a higher risk of being assaulted or abused when they are involved in risky sexual activities and early education, especially when they are most socially and economically vulnerable.

It is very common in developing countries that young women will have sex before the age of 20. Statistics shows that 70% of young women have sex before 20 years which can be attributed to the early introduction to sex education (Williamson et al., 2009).

Many governments have made efforts to implement policies that would address the significant challenges on the adolescent and reproductive health with focus on the unwanted pregnancy, unsafe abortion, maternal mortality and the potential risk of sexual transmitted diseases. (Aninanya et al., 2015). Recommendations from health professionals indicates that the use of modern contraceptives can low or prevent the risk of unwanted pregnancy, and sexual transmitted diseases which usually is due to having unprotected sexual intercourse. (Bankole et al., 2007; Opoku and Kwaunu, 2011). Moreover, this can auger well for Ghana's rapid population growth. Studies shows Ghana's knowledge and perception of contraception is of similar to the most parts of the world. Statistics shows that only one method of contraceptive is well known in Ghana and is segregated by gender as 99% and 99.2% in females and males respective fully. It is however unfortunate that contraceptive use in Ghana has been insufficiently promoted. According to Adjei et al. 2014, there has not been a substantial and consistent increase in contraceptive use despite efforts made to promote its use for more than thirty years.

High rates of unwanted pregnancy and high fertility rates have economic consequences for both the individual and the country. 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. Therefore, this study aims to assess adolescent knowledge about contraceptive methods and provide answers to the factors that influence the decision to use contraception among adolescents in Ghana.

In the Northern region, the situation of adolescent pregnancy is not different from what is happening in other parts of the country. Despite all the efforts put into awareness and use of modern contraceptives by Ministry of Health, the Ghana Health Service, the Municipal Health Directorate and NGOs in the Sagnarigu municipality, teenage pregnancy is still a serious development and public health issue. The relatively high percentage of teenage pregnancies couple with low coverage of family planning in the Sagnarigu Municipality clearly highlights the fact that adolescents are probably not using modern contraceptives. Indeed, access to modern contraceptive services by adolescents has been reported to be very low not only in the Sagnarigu Municipality but also in Ghana as a whole (GSS, 2013; GSS, 2014). These studies will provide useful insights on the attitude of accepting and using modern contraceptive among the adolescence. Little is known about the factors hindering the patronage of the modern contraceptives among adolescents in Ghana especially, the Sagnarigu municipality in particular.

1.3. Research Questions

1. What is the prevalence of contraceptive use among female adolescents in the Sagnarigu Municipal?
2. Do female adolescents with some level of education and those without education accept the usage of contraceptives?
3. What are the socio-cultural factors that prevent female adolescents from using contraceptives?

1.4. Objectives of the study

1.4.1. General Objectives

The general objective of this study is to find out the factors that prevent the acceptance and usage of Contraceptives among female adolescents of age 15-19 in the Sagnarigu Municipality.

1.4.2. The specific objectives are to:

1. To examine the prevalence of modern contraceptive use among female adolescents in the Sagnarigu Municipal
2. To ascertain whether female adolescents with some level of education and those without education accept the usage of contraceptives.
3. To assess the socio-cultural factors associated with the non-use of modern contraceptives among female adolescents in Sag. Municipality.

1.5. Justification of the study

One of the measures needed to enhance maternal and infant outcomes is the prevention pregnancy in adolescents. According to the World Health Organization, (2014) the increase rate of child mortality and rapid population growth is as a result of the impact of

adolescent pregnancy and teen motherhood which have become a global concern. Despite the education and sensitization on the modern contraceptives, the teenage pregnancy continues to rise. In Ghana 750,000 young girls between the ages of 15-19 years become pregnant annually. (GHS, 2012). This adversely affects the socio-economic life of these victims and the society at large. The impact has undoubtedly become a challenge to national development and therefore the need to come up with a pragmatic solution to this address it. The availability, accessibility and use of contraceptive can be used as a tool to solving it and has therefore become an intervention in the health sector and hence the need to investigate into the socio-cultural factors preventing the use of contraceptive among adolescents between the ages of 15 to 19 years in Sagnarigu Municipality.

This research is expected to unravel the bottlenecks hindering the use of modern contraceptive which will inform policy makers, Ministry of Health, Ghana Health Service and partner organizations to serve as a guide to health of a female adolescent. It will also add up to the few existing literature with focus on reproductive health and child birth in Ghana and the world at large.

Similarly, to the increase of Ghana's adolescent pregnancy, there is a surge in adolescent pregnancy in the Sagnarigu Municipality. This surge may be attributed to the low patronage of modern contraceptives, however there is no evidence to prove that there are some factors that hinders the. patronage. (GSS, 2014). The study will identify some of the socio-economic influencing the patronage of modern contraceptive in the Sagnarigu Municipality. The finding of this study could be incorporated into family planning programme, the Sagnarigu Municipal Health Directorate, and Civil Society Organizations to improve their coverage on family planning. It could also be used as a reference to

inform future decisions and also to provide an in-depth understanding to the sexual dynamics of adolescents with regards to the prevention of sexual transmitted diseases.

This study seeks to investigate the factors influencing adolescents' 15-19 use of contraceptives. Findings would help outline the hidden factors that affect the patronage of contraceptives and also provide ways to address needs of adolescents in relation to reproductive health' in totality especially the contraceptive needs of the adolescent. This would inform programming to improve contraceptive service provision to adolescents to help curb or minimize unwanted pregnancies, unsafe abortions, early marriages as well as school drop-out. The findings of this study may equally serve as a road map for strengthening future development of health service delivery to the adolescent and as well guide the ministry of health and other health partners or NGOS in planning how to develop programs and activities especially for dual protection and prevention of STIs, including HIV and AIDS.

1.6. Operational Definition of Variables

- **Family Planning:** Family planning is defined as a service which allows individuals and couples to anticipate and attain the desired number of children and spacing and timing of their birth. It is achieved through the use of contraceptive methods and the treatment of involuntarily infertility (WHO, 2015).
- **Contraception:** This can be defined as means of preventing a pregnancy either through a traditional/ herbal or the use of modern family planning method.
- **Utilization:** Is defined as a measure of people who have need for a service and actually having access and using the service in sufficient quality (Peters et al. 2008).

- **Contraceptives:** Substances or devices that are capable of preventing pregnancy. Some examples are male and female condoms, injectable, oral pills, and intrauterine devices (WHO, 2015).
- **Contraceptive Prevalence Ratio:** It defined as the Percentage of women of reproductive age who are currently on or whose partner is currently on, at least one contraceptive method, regardless of the method used (WHO, 2015).
- **Fertility Rate:** The number of children a woman would have by the end of her childbearing years if she were to pass through those years bearing children at the current observed age specific rate (GDHS, 2014).
- **Unmet need** Unmet need for contraception is a term that describes women who either want to postpone child birth for the next two or more years or women who want to stop childbearing altogether but are unable to use a contraceptive (GDHS, 2014).
- **Adolescence:** it is a transitional phase of growth and development.
- **Adolescent**. The World Health Organization (WHO) defines an adolescent as any person between ages 10 and 19. This age range falls within WHO's definition of *young people*, which refers to individuals between ages 10 and 24

1.7. Limitations

Like any other study, this was not without limitations. The data came from a cross-sectional Study and one focus group discussion which initially, the researcher planned three focus group discussions but could organized only one due to the corona virus pandemic. Some variables such as sexual activity and contraceptive use were measured retrospectively. Thus, the study may suffer from recall bias since there was no way to

independently verify respondents' self-reported data from the questionnaires Also, one focus group discussions might not be the ideal reflection of the acceptance and usage of contraceptives for the entire Sagnarigu Municipal. However, the level of correspondences between respondents and interviewers reports of communication suggest that the level of bias may not be a serious threat that could demean the findings of the study. The major constraints of the study were due to the Corona virus pandemic (Covid-19). Thus, instead of three focus group discussion, only one focus group was organized. There was difficulty in gathering people since it was cost involving. There was the need to observe strictly to covid-19 protocols, by providing each participant a nose mask, face cover, alcohol hand-based sanitizer as well as maintain social distancing was a challenge to the data collection process.

1.8. Outline of the thesis

This study comprises of six chapters, the Chapter one consists of the background of the study, the problem statement, the objectives of the study, the significance of the study, scope of the study, limitations and the organization of the study. The Chapter two entails the reviewing of literature relevant to the study and the chapter three provides details of the methodology employed to address objectives of the study. The chapter four involves the presentation of results and the chapter five discusses the results whiles the Chapter six focuses on conclusion and recommendation for policy direction.

CHAPTER TWO

LITERATURE REVIEW

2.0. Introduction

This chapter entails the reviewing of literature related to the factors hindering the acceptance and usage of modern contraceptive among adolescents. The review will discuss the awareness and the knowledge of modern contraceptives among adolescents, the usage of modern contraceptive among the adolescents and also the factors hindering the usage of the modern contraceptives among adolescents.

2.1. The Concept of Contraception (Theoretical Perspective)

As defined earlier, contraception is the means of preventing a pregnancy either through a traditional/ herbal or the use of modern family planning method. This can be carried out using different methods such as the sexual practice, chemicals, devices, drugs or through surgery. Thus, any means or actions that whose purpose is to prevent a woman from getting pregnant can be termed as such. It is carried out to obstruct the natural ovulation, fertilization and implantation process in women.

As a natural biological process in women, after the ovum matures, it creates an opportunity for pregnancy to sets in, this is because the cervix secretes a mucus to be accommodative to sperm and at the same time the uterus is prepared by lining to receive the fertilized egg (ovum). During this time, there is a high rate of conceiving and therefore women that are not interested in getting pregnant be sure of using a reliable birth control method. The obstruction of the natural process in the prevention pregnancy is termed as birth control. Different birth controls react at different process from ovulation to implantation depending of the type of birth control used. These different

types are of varying benefits, side effects and risks and rated differently in terms of their effectiveness. The various types of birth control (Contraceptives) are discussed below.

2.2. Factors Influencing non-use of Modern Contraceptives among Adolescents

Several research in Sub-Saharan Africa revealed that there are numerous factors that obstruct the use of the modern contraceptives among the adolescents. Williamson et al., (2009) outline some barriers that could prevent the use of the modern contraceptives among adolescents, these barriers include; poor knowledge on contraceptives, fears and rumors about the side effect and unsupportive or negative impacts on partners and members of the family. There are pressures coming from family members on the adolescents, especially on females to give birth since they are not sure of her fertility after the use of the contraceptives. Religion could also be basis for one to reject the use of the modern contraceptives (Williamson et al., 2009). Kanku and Mash (2010) stated in their study that, socio-economic status, knowledge on contraceptives, attitudes on issues relating to contraceptives, educational status, counseling received on contraceptives, residential areas, the attitudes of the contraceptive providers, cultural values, beliefs and norms influences the usage of the modern contraceptives among adolescents. The usage of modern contraceptives among the adolescents in recent years is on increased revealed by Davies et al., (2006). On contrary, the study also revealed that consistent reliance on the effective usage of contraceptive still remained low. They also state that lack of sex education appears to be encouraging adolescent pregnancy.

Bankole (2007) done a study on a knowledge of correct use of condom and the consistency use among adolescents within four countries in Sub-Saharan Africa which revealed that adolescents are ignorant about certain issues which includes puberty,

pregnancy, child care and perception. A study done by Gipson et al., (2011) also revealed that poverty, having infrequent sex and lack of knowledge on contraceptives are reasons for the non-use of the modern contraceptives among the adolescents. They acknowledge that the funding of the contraceptive in the country is another reason.

Williamson et al., (2009) indicated that in Sub-Saharan Africa, 20% to 30% of partners is against the use of modern contraceptives and does not motivate the adolescents to adopt the use of the contraceptives. Religion is factor for the non-use of modern contraceptive among the adolescents since it is believed that children are gifts or blessings from God (Gipson et al., 2011). Additionally, most societies have desire for a high number of children since they see children as a source of security, safety of lineage and then human power on farms. These perceptions prevent the adolescents in such societies from using the modern contraceptives to reduce or lower birth (Gipson et al., 2011). The societies that perceived the use of contraceptive as a means of rejecting a tribe would not succumb to the use of contraceptives.

Several studies in Africa have investigated the attitude of healthcare providers towards providing the contraceptives for unmarried adolescents and it was revealed that several providers have negative attitudes. For instance, Ahanonu (2013) reported that most of the healthcare providers have negative attitude towards providing the contraceptives for the young people, they are unwilling to give young people the contraceptives. A study done in South Africa reported that the nurses usually stigmatized adolescent sex and felt uncomfortable giving contraception to adolescent females. Another study on attitudes done in Kenya and Zambia revealed that the majority of people approved the

contraceptive use among sexually active females and were prepared to guide males on how to use a condom (Mbizvo and Zaidi, 2010). On contrary, many of the nurses and midwives in both countries revealed that the first option is to recommend unmarried adolescents to abstain from sex than to offer them contraceptives.

2.2.1 None Usage of Contraceptives due to Nurses Attitudes

Medical Research Council of South Africa (2007) revealed that the attitudes of some nurses at the hospital and other health centers are a barrier for the usage of modern contraceptive among adolescents in South Africa. The study revealed that most nurses are uncomfortable to provide teenagers with modern contraceptive due to their belief systems; there is a feeling within them that adolescents should not engage in sex at their early ages. The study further revealed that nurse's attitude towards adolescents to request for modern contraceptives was highly judgmental and were perceived unhelpful for the teenage mothers. However, it should be noted that social pressures can also prevent adolescents from using the modern contraceptives. The mythologies around the usage of the modern contraceptive and its side effect has a profound effect on the adolescent's health. It should be noted that the modern contraceptives are not 100% safe and it thus contribute to the high increase of teenage pregnancy.

2.2.2 Culture

Cultural differences play a major role in pregnancy among the adolescents. Some cultures put pressure on their teenagers to get pregnant to prove their fertility (Macleod 1999). Parents forced their adolescents to fulfill their mother's cultural norms in order to please them. In a study done by Marule (2008) revealed that most adolescents irrespective their culture are sexually active before the age of twenty. This led to an increase in number of

unplanned and unwanted pregnancies among the adolescents who are too young to assume the physical and psychological burden of parenthood.

2.2.3. Age Discrepancy

The age differential relationship in which the female is younger than the male, the male power and control may undermine ability to negotiate sexual intercourse and the use of contraception (Helen, Holgate and Francisco, 2006). The male partner older than the female may pressure the adolescent's female into participating in unprotected sexual activities based on ideas of trust and fidelity.

The tendency for older men to develop sexual relationships with younger females places the females at a greater risk of contracting infections or becoming pregnant or both due to men having longer sexual history. Moreover, in these partnership female adolescents have less power to decide when to have safer sex since there is a promised of financial assistance from older men (Manzini, 2001).

2.4. The Adolescents Knowledge of Modern Contraceptives

This involves the assessment of the user of the modern contraceptives by the user. This can be done by investigating and interrogating the user of how well they know the method. This process allows to determine the awareness level of the user, the more enlightened the user, the likelihood of increasing the usage and efficient management of the side effects (Islam et al., 1995).

Research shows that, before any contraceptive method can be used, the knowledge and awareness of that method has to be well understood, this confirms a study conducted in Armenia whose findings was that, the use of contraceptives amongst adolescents largely depends on knowledge and availability (Sacci et al., 2008). Therefore, the inadequate use

of modern contraceptive can be attributed to the lack of knowledge and awareness such us the types, the benefits, side effects and allergies amongst adolescents (Kumar et al., 2007)

According to the Ghana Statistical Service (2014). Before one is provided with any form of contraceptive services, the person should be able to identify the method with a simple test and must not necessarily know everything about the method. This makes the rendering of family planning service convenient. The knowledge and awareness of level of the varying methods have increase across sub-Saharan Africa thereby increasing the demand of these methods.

Just like the Sub-Saharan Africa and other parts of the world, Ghana is not exempted with the surge in people's knowledge, perception and awareness level of modern contraceptives. studies show that there was an increase in the knowledge and awareness level from 76% to 98% from 1988 to 2003 and to 99% in 2014. This indicates that almost everybody in the country have some level of knowledge of the contraceptive methods. This was done by interviewing people on their respondents how whether they know of any contraceptive, they respondents were also asked whether they have heard or know anything about any of the eight modern methods. The methods were IUDs, Injectables, female and male sterilization, implant, male and female condoms, emergency contraceptive pill, Lactational Amenorrhea Method (LAM) and rhythm and withdrawal which are Natural Method (GSS, 2014).

The breakdown of the findings was that 99% of respondents are familiar with the modern methods whiles 85% have knowledge on the traditional method. The 99% response rate

of the modern methods indicated that there are familiar with methods such as male condoms, pills, injectable, and female condom were the commonly known methods, however methods such as the Lactational Amenorrhea Method (LAM) was relatively low, 7 out of 10 women indicated they were aware of female sterilization. The respondents for the traditional methods indicated that they were familiar with the rhythm and withdrawal with 77% and 74% for rhythm and withdrawal respectively. The studies therefore concluded that the level of awareness and knowledge on both modern and Traditional methods among married and unmarried sexually active is the same. (GSS, 2014).

2.5. The Use of Modern Contraceptive Among Adolescents

It has been estimated that two-thirds of all unintended pregnancies in developing countries occur among women and adolescents who do not use contraceptives (Mbizvo and Zaidi, 2010). A number of studies have highlighted the problem of low modern contraceptive usage among adolescents as well as the reasons why many adolescents do not use modern contraceptives. A study done in some developing countries revealed that the continuation of contraceptive use by adolescents is not assured, because most adolescents are not consistent in the use of contraceptives. The reasons given for that were fear of side effects, convenience of use, change of needs, and switch to other methods. A Guttmacher report showed that majority of sexually experience teens (78% of females and 85% of males) in the United States used contraceptives during their first sexual intercourse. Adolescents who have sex at age 14 or younger are less likely to use contraceptive at first time of sex than older teen. Condom was seen to be the most commonly used contraceptive method for first intercourse: 68% of females and 80%

males. Other methods used are pills, and long-acting methods like IUD and implants (Guttmacher, 2014). Most adolescents are mostly confused as to whether they have the legal right to use contraceptives and even if they have the right which type of contraceptive to use and where to get it from. They are also concerned about how to use contraceptives (Odu and Ayodele, 2007).

Contraceptive use among sexually active unmarried adolescents in Sub-Saharan Africa is generally low. This varies from 3% in Rwanda to a high of 56% in Burkina Faso (Hindin and Fatusi, 2009). About 23% of teens who use contraceptives use condoms. In Nigeria for instance, one study stated that 19% of adolescents in the middle of their schooling used condom and 77% thinks condoms are more reliable (Ojikutu and Adeleke, 2009). Another study in Nigeria found that adolescent who had early sexual debut are less likely to use contraceptive than older women, and that 77% of adolescents knew about some type of contraceptive but they did not use them (Ojikutu and Adeleke, 2009). A study in the Niger Delta of Nigeria also revealed that lack of resources reduces accessibility to contraceptive and reproductive advice in developing countries. The study further stressed that this situation has been exacerbated by religious beliefs that discourage the use of artificial birth control or family planning methods (Isa and Gani, 2012).

Statistics shows that the use of contraception among unmarried women is 45% whiles married women is 27%, the overall usage of contraception among women in Ghana is 23%. Out of which 22% are using the modern contraception and 5% for Traditional method. This shows that despite the high level of knowledge and awareness, the use of modern contraception is very low (GSS, 2014). Age influence the use of contraception as adolescent between the ages of 15-19 records less percentage. This is because family is

not built within the age range. Married women making up of 8% uses injectable whiles 5% each implant and pill (GSS, 2014). Among sexually active unmarried women most of whom are young, the most common methods are the male condom and the pill (8% each), followed by injectable and rhythm (7% each), and implants (5%) (GDHS, 2014). Use of a traditional method is notably higher among sexually active unmarried women (13%) than women who are currently married (5%) (GSS, 2014). Literature also suggests that, in general, sexually active unmarried adolescents are not seeking to become pregnant and married adolescents may not wish to become pregnant at a young age or, if they have already had a child, wish to delay a second pregnancy (Cleland, Ali and Shah, 2006). Despite this, contraceptive prevalence in Sub Saharan Africa has generally remained low at only 21%, with adolescent girls being the age group with the lowest contraceptive prevalence rate (Loaiza and Blake, 2010). The most common reasons for the low patronage and use of contraceptives in Ghana are due to the fear of side effects, religious and ethnic beliefs, and self-believing of not getting pregnant (GDHS, 2008; Mbizvo and Zaidi, 2010).

2.6. Conclusion

This study has reviewed the relevant literature on factors that has influence on non-use of modern contraceptive among adolescents. The literature revealed that although there are studies on factors influencing the non-use of the modern contraceptives among adolescents and most these studies were done in western world and some parts of Africa. There are some studies in Ghana and most of these studies does not state out the reasons why adolescents do not use the modern contraceptives and this suggest that, there is the need for further research. This study is set out to fill this gap.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0. Introduction

This chapter emphases on the geography of the study area and the methodology employed to address the outline objectives of the study.

The chapter is divided into two sections. Section A focuses on the study setting such as the location, population, land mass, economic activities, road network, health infrastructure availability and health staff in the area. These are important because it will give readers the real understanding of the area.

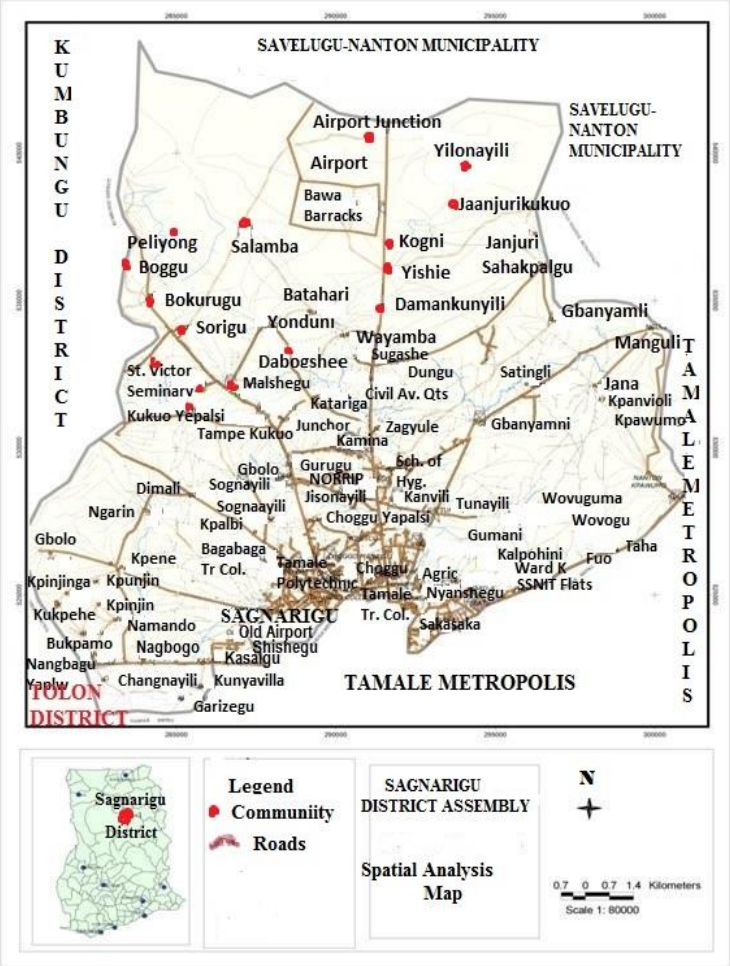
Section B gives a detailed explanation of how the study was conducted. It starts by looking at the study design, sources of data, type of research, tools for data collection, sampling techniques and methods of data analysis.

3.1. Study Area and Land Mass

The study area was Sagnarigu Municipality of the Northern Region of Ghana. The Sagnarigu Municipal with its capital at Sagnarigu is one of the six newly created districts in the Northern Region in the first half of 2012. It was carved out of the Tamale Metropolis by a Legislative Instrument (LI) 2066. Decentralization of the local government system and redirection of developmental projects to less privileged communities in the northern and western part of the metropolis. Sagnarigu Municipal has 20 urban communities, 6 peri-urban and 53 rural making a total of 79 communities (PHC, 2010; GSS, 2013).

The district shares boundary with the Tamale Metropolis to the south and east, Savulugu Municipal to the north, Kumbungu district to the north-west and Tolon to the West with a

total land size of 200.4km^2 . Geographically, the district lies between latitudes $9^0$16 and $9^0$34 North and longitudes $0^0$36 and $0^0$57 West. See figure 3.1 a map of Sagnarigu Municipality (PHC, 2010)



Source: Sagnarigu Annual Health Report (2018)

Figure 3.1 a map of Sagnarigu Municipality.

3.2. The population

The Sagnarigu Municipal have a population of 148,009 as of the 2010 Population and Housing Census, this makes up 6% of the Regional Population. Out of the population of 148,009, female constitute 49.4% and 50.6% male. The 20 urban communities constitute 63.2% of the population. Children from 0-14 years constitute 37.5% and the elderly population of 60 years and above representing 5.9%. A female dependency ratio of (70.5) and (71.9) for that of male, this indicates a higher dependency with the males. The total dependency ratio estimated for the Municipality was 71.2 (PHC, 2010).

According to the PHC 2010, the Northern regional total average fertility rate is 3.5, which is lower than that of the total fertility rate of the Sagnarigu Municipal of 3.3. The general fertility rate is 92.8 births per 1000 women between the ages range of 15-49 years. The Crude Birth Rate (CBR) of 24.2 per 1000 population. The Crude Death Rate (CDR) for the municipality is 5.7 per 1000.

58.7% of people living in the municipality were born elsewhere in the Northern Region and 39.4% were born out of the Northern Region.

The Municipality has a housing stock of 16,307 which constitute 6.3% of the total number of houses in the Northern Region and an average of 9.1 for the number of persons per house. It has 23,447 households. Out of the general household size for the municipality, the extended household size constitutes 50.5%. The average household size was estimated to be 6.3 persons per household. In every household, children are the largest proportion representing 43.3%, spouses in households represents 9.9%.

3.2.1. Economic activities Status

The Sagnarigu Municipal have fair economic status as stated by Ghana Statistical Service (2010). The economically active population which 15 years and older constitute 59% whiles the economically inactive represents 41%. The employment rate of the economically active population in the Municipal 92.1% while the unemployed constitute 7.9% of which 54.6% are seeking to work for the first time. Majority of those under the economically inactive population are students which makes of 58.2%, Housewife represents 22.3% and the aged, challenged and sick represents 2.1% of the economically in active population (GSS, 2010).

3.2.2. Occupational Status of the People in the Area

As indicated earlier, 92.1% of the economically active population are employed. Out of this 27% are engaged as service and sale workers, 22% are into craft and related work, 21.5% are engaged in agriculture and forestry related works, technicians, managers and related works constitutes 16% (GSS, 2010).

15 and above years of the population are self-employed with employees this constitute 57.2%

Among the population, 15 years and older 57.2 percent are self-employed without employees, 25.6% percent are employees and 6.0% contributing family workers. 77.5% are employed under informal private sector and 15.9% are also engaged in the public sector. The private informal sector is noted to be the have created employment opportunities in the district (GSS, 2010).

Just like most districts in the Northern Region, the main economic activity in the Sagnarigu Municipal is agriculture, animal and crop farming are the major occupation in

the Municipal, several animals such as cattle, sheep, goats and livestock are reared. This has created several employment opportunities to the people of the district.

Crop farming is largely practiced in the district. Among the crops cultivated in the districts are cowpea, millet, maize, rice, cassava, groundnut, soya beans, and yam. Although most of the farmers practice subsistent farming, it has created employment opportunities to the youth of the municipal. A number of the population is also engaged in the manufacturing and service sectors of the district (GSS, 2010).

3.2.3. Educational Status

The educational status of the Sagnarigu Municipal as of 2010 was 60% for the age range population of 11 and above years being literate with 68.3% representing male literates and 52% for female literates of the population, out of the total population of literates, 59.1% affirmed they could write and speak English and Ghanaian Languages. The non-literate in the municipal constitute 40%.

Of the population 11 years and above, 60.0 percent are literate and 40.0 percent are non-literate. A population of 135,846 are within the ages of three (3) years and above, of this, 21.5% have completed school, 44.7% are still in school and 33.7% have never been to school (GSS, 2010).

3.2.4. Health Infrastructure

The municipality has 36 health facilities both private, government and Quasi which include a polyclinic, 5 health centers, 2 clinics, 8 hospitals, 2 maternity homes, and 19 functional CHPS zone (Annual health Report, 2018)

3.2.5. Road Networks and Transport System

The Sagnarigu Municipal road network is fairly good. A few of the roads in the district are fairly good. However, many rural roads are in a deplorable state and in need of resurfacing and reconstruction. Most of the farming and Peri-Urban communities are linked to the market centers by feeder roads. In the urban and Tamale-North parts of the district, however, the roads have either asphalt or bitumen surfacing (GSS, 2010).

The Tamale Airport, which is now the gateway to Northern Ghana is located approximately 14 kilometers from downtown Tamale and located within the boundaries of the Sagnarigu District. The airport which was recently upgraded to an international airport is used for inter cities, and nationals' flights. The most convenient and affordable public transport system for touring the district is tricycle. However, transportation from the district to cities and deferred neighborhoods is largely provided by the private transport system such as motorbike. Transportation out of the district to the adjourning towns and districts is, however, largely facilitated by the private mini-bus system. However, transportation from the district to cities and deferred neighborhoods is largely provided by the private transport system such as motorbike (GSS, 2010).

3.3. The Study Design

In this study, both qualitative and quantitative studies were used. Qualitative because of its uniqueness and the opportunities it would provide in obtaining a realistic feeling from the respondents that could not be experienced in numerical data and quantitative for gathering the quantifiable data for performing statistical or computational techniques. The study applied a cross sectional survey design for the data collection and analysis methods. Cross sectional studies provide a snapshot of the outcome and the

characteristics related with it at a specific point in time (Levin, 2006). This study is to identify the factors that influence the non-use of the contraceptives among the adolescents. A cross sectional study design was appropriate since the data or information is collected based on individual characteristic at the time of this study alongside the information about the outcome and the relationship between the individual characteristics and the outcome of interest.

3.4. Study Population

In this study, the study population includes adolescents aged between 15 to 19 years old of Sagnerigu Municipality in the northern part of Ghana. The adolescents can be defined by WHO (2007) as persons between the ages of 10 to 19 years and this study is focused on adolescent's age between 15 to 19 years. This is because, the high incidence of teenage pregnancy in Sagnerigu Municipality is between ages 15 to 19.

3.4.1. Inclusion Criteria

Persons who have their 15th birthday celebrated and not yet had their 20th birthday and are residing within the Sagnarigu Municipality are those included in this study.

3.4.2. Exclusion Criteria

Persons who have not yet had their 15th birthday and those who had celebrated their 20th birthday and also not residing in the Sagnerigu Municipality were not included in this study. Persons who are married were not considered in this study.

3.5. Sample Size

According to the 2010 Population and Housing Census, the population of Sagnerigu District (now Municipality) is 148,099. The population size of the adolescents from age

15 to 19 is 16,733 (PHC, 2010) which is 11.3% of the total population in the district. The total number of the adolescent (age 15 to 19) males are 8,788 and the females are 7,945.

In order to determine an appropriate sample size for the study, Cochran (1977) formula was used. The formula is denoted as follows

$$n = \frac{(z)^2 pq}{(d)^2}$$

Where;

z = the value for the given confidence interval =95% or 1.96

d = margin of error; = 5%

p = adolescent population proportion in Sagnarigu District = 11% (0.11)

q = (1-p) and n = Base sample size required = (1- 0.11) = 0.89

$$n = \frac{(1.96)^2 (0.11)(0.89)}{(0.05)^2}$$

$n = 150$ adolescents

After the computing, the sample size of the adolescents is 150 persons in Sagnerigu Municipality. In order to obtain a reliable data, the research increased the sample size to 165 adolescents in Sagnerigu Municipality to account for non-response, representing a 10% upward adjustment of the actual sample size. The adjusted final sample size for the study was therefore = 165.

3.6. Sample Method

A multi-stage sampling method was used for the study. First, a cluster sampling was used in the initial stage of the sampling and in each cluster of the four cluster one sub-district was selected in the municipality. These four sub-districts were Sagnarigu, Garishegu, Malshegu and Taha. Secondly, houses were then sampled proportionate to the size of each health sub-zone to ensure fair distribution of the sample. Thirdly, a systematic sampling technique was employed to select the required number of houses in each of the four health sub-district. Every 5th house was selected in sub-district selected. In each of the four selected health sub-zones, one main health facility was chosen as the first house and the starting point of the count. Finally, and once the required number of houses were systematically selected, adolescents aged 15-19 were then sampled from each of the selected houses. Only one adolescent aged 15-19 was selected from each of the selected houses. Where the number of adolescents aged 15-19 in any of the selected houses were more than one, a list was made of all adolescents who were willing to take part in the study and a simple random sampling technique used to select only one adolescent.

3.7. Study Unit

The unit of the study constituted 165 adolescents in the Sagnarigu district and was a good estimator for generalization.

3.8. Study Variables

In fulfilling the objectives of this study, the variable considered under objective one was Prevalence of Contraceptive Method. For objectives two and three, the dependent variables were Acceptance of Contraceptive Use and Socio-cultural factors that influence Contraceptive Use among adolescents respectively.

The independent variables for both objectives two and three included; level of education, work status wealth index, religion, ethnicity, health insurance coverage and type of place of residence. These variables are described in the ensuing sub-section.

3.9. Description of variables

Current Contraceptive use: This denotes the current users of modern and traditional methods of contraceptives and non-users. It was binary in nature, that is, use or non-use.

Current contraceptive use by method type: This describes the present use of contraceptives; thus, is it modern, traditional or natural?

Level of education: This shows the level of education of respondents in this study: No education, Primary, Secondary, and Higher. We are expected to get a positive relationship between level of education and contraceptive use because participants are more likely to use contraceptives as their educational status increased and their knowledge of the benefits of contraceptives widens.

Occupation: This indicates whether the participant or respondent is currently working or not. The relationship between contraceptive use and occupational status is expected to be positive for currently working female adolescents as well as those on apprenticeship as against those who are not working or engaged in anything. This is because they are busy, do not want to be interrupted by unwanted pregnancy and can also afford to pay for contraceptive services.

3.10. Data Collection Tool (s)

In this study, questionnaire is used as the research instruments. The questionnaire consists of four (4) parts and each part is a check list question.

- The first part of the questionnaire is the demographic information of the respondents. Queries about the personal information of the sample are age, gender, education, religious affiliation, and marital status, place of residence, mother's education, father's education, occupation of father and occupation of mother.
- The second part of the questionnaire is the questions on prevalence of contraceptive usage.
- The third part of the questionnaire is the questions on acceptance rate among educated versus non-educated adolescents on contraceptives.
- The fourth part of the questionnaire is the questions on socio-cultural factors influencing the usage of contraceptives.

The data collection process was standardized in order to have a uniform and high quality of data. People who assisted in the collection of the data were trained in order to make sure that the objectives of the study were known to them and appropriately ask questions related to the study objectives and record the responses. During the process of the data collection, the errors detected were immediately corrected with the respondents. The accuracy of the data was checked to ensure that the information giving was reliable. The questionnaires were numbered to make sure that at the data entering process no

questionnaire is entered twice. The researcher enters the data into a computer software program and then edited and clean the data in the software.

3.11. Data Source.

Data for this study was sourced from both primary and secondary sources.

Primary data:

The primary data was source from the respondents using the following tools for data collection.

Survey questionnaire, Focus group discussion guide, observation check list

And secondary data from book reviews, magazine articles and thesis of other students.

3.12. Data Collection

A questionnaire was designed and used to solicit information from persons' age 15-19 on factors hindering the acceptance and usage of contraceptives among adolescents in Sagnarigu Municipality. This questionnaire was designed in an English Language and the respondents were asked in both Dagbani and English for a better understanding for respondents who could not understand the English Language.

3.13. Quality Control and Data management

3.14. Ethical Consideration

Ethical clearance for commencement of the study was sought from the Ethical Review Committee of the University for Development Studies, Tamale, Ghana. Study participants was adequately informed of the purpose, nature, procedures, risks and hazards of the study. Verbal and informed consent was obtained from them during the data collection.

3.15. Data Analysis and Presentation

The study considered two main variables such as the outcome/dependent variable and independent variable. The dependent variable for this research is the acceptance and usage of contraceptive. The independent variables that were considered in this study includes the Demographic characteristics, Socio-economic status, prevalence contraceptives, Acceptance and usage of contraceptive and the socio-cultural factors that influence contraceptives usage.

The data for this study will be analyzed using a statistical software known as SPSS (Statistical Package for Social Sciences). The demographic characteristics of the respondents will be analyzed and presented using a descriptive statistic in the form of Frequency and Percentages. Mean, Median and Standard deviation were also calculated for the age. The study applies Chi-square test to measure the relationship between the response variable and explanatory variables. Logistic regression was applied evaluate the odds of the factors hindering the acceptance and the usage of contraceptives among the adolescence. The confident level was 95% and the p-value to was less than 0.05 (i.e., 5% level of significant) considered to be significant

CHAPTER FOUR

PRESENTATION OF RESULTS

4.1. Introduction

This chapter presents the findings of the study. The results were presented in line with the study objectives. It stated by looking at the socio-demographic characteristics of the respondents and the background characteristics of the parents and care takers of the respondents. The main objectives of the study were to find out the factors affecting the acceptance and usage of contraceptives in the Sagnarigu Municipality in the northern region of Ghana.

4.2. Socio-demographic characteristics of the respondents

Table 4.1 presents information on the socio-demographic characteristics of respondents. The study involved 165 female adolescents aged 15-19 years, with a 100% response rate. Majority of the adolescents were aged 19 years, 17 respondents representing 10.3% were aged 15 years, 30(18.2%) 16 years, 28(17.0%) 17 years and 41(24.9%) 18 years. All the respondents were female as the study was limited to only female adolescents aged 15-19 years. The respondents who attain primary education were 10(6.1%), JHS 50 representing 30.3%, Secondary 39(23.6%), Tertiary 4, which is 2.4% and 62(37.6%) were illiterates.

More than half of the respondents were Muslims (84.2%) 23 respondents representing 13.9% were Christians, and 3(1.8%) were Traditionalist. Majority of the respondents (70.3%) were not married. However, 41(24.8%) were co-habiting, 5 respondents representing 3.0% were married and 3(1.8%) separated or divorced. The study indicates that 105(63.6%) were Rural residents and60 (36.4%) were urban residents (see table 4.1).

Table 4.1: Socio-Demographic Characteristics of Respondents (n = 165)

Characteristics	Category	Frequency	Percent
Age of Respondents	15 Years	17	10.3%
	16 Years	30	18.2%
	17 Years	28	17.0%
	18 Years	41	24.8%
	19 Years	49	29.7%
	Total	***165***	***100.0%***
Level of Education	Primary	10	6.1%
	JHS	50	30.3%
	Secondary	39	23.6%
	Tertiary	4	2.4%
	None	62	37.6%
	Total	***165***	***100.0%***
Religion	Christianity	23	13.9%
	Islamic	139	84.2%
	Traditional	3	1.8%
	Total	***165***	***100.0%***
Marital Status	Married	5	3.0%
	Not Married	116	70.3%
	Separated	3	1.8%
	Co-habited	41	24.8%
	Total	***165***	***100.0%***
Palace of Residents	Rural	105	63.6%
	Urban	60	36.4%
	Total	***165***	***100.0%***

Source: field survey, 2020

4.3 Socio-demographic characteristics of the respondents' Parents

In relation to the educational status of mothers and fathers of the respondents, the study indicated that 5(3.0%) of the respondents' mothers attained primary education, 9(5.5%) JHS, 7(4.2%) secondary, 9(5.5%) Tertiary and majority of the respondents' mothers have no education, Representing 81.8%. The study indicated that 3(1.8%) of the respondents' fathers attained primary education, 12(7.3%) JHS, 4(2.4%) secondary, 8(4.8%) Tertiary and majority of the respondents' fathers have no education, Representing 83.6%.

From the study, 128 of the respondents representing 77.6% live with their parents, 25 of the respondents representing 15.2% live with their guardians, 7 of the respondents representing 4.2% live with their partners and 5 of the respondents representing 3.0% live on their own. This can be found in the table below;

The study indicated that, 103(62.4%) of the respondents' fathers were farmers, 9(5.5%) were Public servants, 37(22.4%) were Traders, 3(1.8%) were Butchers, 2(1.2%) were Carpenters, 3(1.8%) were Doctors, 2(1.2%) were Lecturers, and 6(3.6%) were Maisons.

The study indicated that, 22(13.3%) of the respondents' mothers were farmers, 3(1.8%) were Public servants, 3(1.8%) were Unemployed and 137(83.0%) were Traders (see table 4.2).

Table 4.2: Socio-Demographic Characteristics of Respondents Parents (n = 165)

Demographics	Category	Frequency	Percent
Mother's level of Education	Primary	5	3.0%
	JHS	9	5.5%
	Secondary	7	4.2%
	Tertiary	9	5.5%
	None	135	81.8%
	Total	**165**	**100.0%**
Father's level of education	Primary	3	1.8%
	JHS	12	7.3%
	Secondary	4	2.4%
	Tertiary	8	4.8%
	None	138	83.6%
	Total	**165**	**100.0%**
Whom do you live with?	Parents	128	77.6%
	Guardian	25	15.2%
	Partner	7	4.2%
	By myself	5	3.0%
	Total	**165**	**100.0%**
Father's occupation	Famer	103	62.4%
	public servant	9	5.5%
	Trader	37	22.4%
	Bucher	3	1.8%
	Carpenter	2	1.2%
	Doctor	3	1.8%
	Lecturer	2	1.2%
	Mason	6	3.6%
	Total	**165**	**100.0%**
Mother's occupation	Famer	22	13.3%
	Unemployed	3	1.8%
	Public servant	3	1.8%
	Trader	137	83.0%
	Total	**165**	**100.0%**

Source: field survey, 2020

In a focus group discussion with adolescent girls aged 15- 19 years on awareness of contraceptives and contraceptives methods, the following was reported

"To be frank, I have ever heard of it but never used it and where I have been hearing of it is when we are sick and go to hospitals, the nurses normally talk about it. When you want to do conception or when you don't want to conceive, they can give you the contraceptives or inject you the syringe so that you won't get unwanted pregnancy". Source (FDG: participant #1)

Another member reported that *"What I also heard about it is, you can use contraceptives when you don't want to conceive and you may end up becoming pregnant".*
Source (FDG: participant #3)

"What I have been hearing is ***contra 72".*** Source (FDG: participant #1)

"I also heard what they called ***"Lydia".*** *Source (FDG: participant #1, #4, #3, & #5)*
"I have heard about Condom". Source (FDG: participant #2)

In a focus group discussion with adolescent girls aged 15- 19 years on source of awareness of contraceptives and contraceptives methods, the following was reported.

"*I have been seeing people buying it from chemical stores (drug stores). We have chemical store in our house and people are buying it there and mostly, females come to buy it from our chemical store. so, I asked my sister about it and she gave it to me to read".* Source (FDG: participant #1)

"I heard it from school. They taught us about it in school by our social studies master".

Source (FDG: participant #3)

"I heard it from someone". Source (FDG: participant #4 and # 3)

"*I heard people saying that if you want to do contraceptives you can go for the injection".*

Source (FDG: participant #1)

4.4. Sexual Behavior among Female Adolescents and Contraceptive use

Before assessing contraception, prevalence and acceptance of contraceptives among female adolescents, the study first looked at sexual behavior among respondents. The results are shown in table 4. 3.

From the study, majority of the respondents has ever had sexual intercourse, which represents 143(86%) and 22(13.3%) has not had sexual intercourse yet. The study again illustrates that, 108(65.5%) were 15 years when they had their first sexual encounter, 42(25.5%) were 16 years when they had their first sexual encounter 10(6.1%) were 17 years when they had their first sexual encounter, 3(1.8%) were 18 years when they had their first sexual encounter and the remaining 2(1.2%) were 19 years when they had their first sexual encounter.

Also, a little above half (66.7%) had used contraceptives before whiles 55 respondents representing 33.3% have not used contraceptives before. Of those who have ever used contraceptives, less than half, 52(31.5%) of the respondents use contraceptives all the time whiles 113(68.5%) use contraceptives once in a while.

Table 4.3 Sexual Behavior among Female Adolescents and contraceptive use

Contraceptives usage	Response	Frequency	percent
Have you ever had sex?	Yes	143	86.7%
	No	22	13.3%
	Total	**165**	**100.0%**
If yes, how old were you when you first had sexual encounter?	15 years	108	65.5%
	16 years	42	25.5%
	17 years	10	6.1%
	18 years	3	1.8%
	19 years	2	1.2%
	Total	**165**	**100.0%**
Have you used any contraceptive before?	Yes	110	66.7%
	No	55	33.3%
	Total	**165**	**100.0%**
How often do you use any of the methods	Every time	52	31.5%
	Once a while	113	68.5%
	Total	**165**	**100.0%**

Source: field survey, 2020

In a personal interview with an eighteen-year-old adolescent from Shishagu Community, she reported; "I *can't quite remember, I think my virginity was broken at age 15 with a friend influence"*

"the *first time I had sex, as I told you before, I didn't know anything about contraceptives, so you know definitely it will be unprotected, but now is better, although I sometimes use it but not often"* source (18-year-old adolescent from Shishagu)

4.5. Contraceptives Methods Use and Access

The study indicated that, 38 respondents representing 23.0% have ever used IUDs, 62(37.6) have ever used injectable before, 44(26.7%) have ever used implants, 7(4.2%) pills, 10(6.1%) female condom and 4(2.4%) male condoms.

Form the study, 41 representing 24.8% of the respondents were into the usage of IUDs, more than one third of the respondents which is 35.2% were practicing injectable method of contraceptive, 19(11.5%) were using implants, 23(13.9%) were using pills, about 14(8.5%) were using female condoms and 10 of the respondents representing 6.1% were using male condoms.

From the study, it was realized that, more than half of the respondents 90(54.2%), get some of the contraceptives from Hospitals/Clinics, 53(32.1%) of the get the contraceptive from the Pharmacies/Drug stores, 19(11.5%) get theirs from the Health providers, of which 3(1.8%) get it from Family Planning/PPAG Clinics.

The study, again indicated that, about 48.5% (80) of the interviewed, have been using contraceptives for less than one year, 66 (40.0%) have also used contraceptives for one to two years, 7.9% of some of the respondents have used contraceptives for three to five years and 6 of the respondents representing 3.6% have been using contraceptives for about six to ten years. (See table 4.4)

Table 4.4 Contraceptives Methods Use and Access

Contraceptives use	Response	Frequency	percent
Which of these	IUD	38	23.0%
contraceptive	Injectable	62	37.6%
methods have you	Implants	44	26.7%
ever used?	Pills	7	4.2%
	Female condom	10	6.1%
	Male condom	4	2.4%
	Total	**165**	**100.0%**
Which of the	IUD	41	24.8%
contraceptive	Injectable	58	35.2%
methods are you	Implants	19	11.5%
currently using?	Pills	23	13.9%
	Female condom	14	8.5%
	Male condom	10	6.1%
	Total	**165**	**100.0%**
Where do you get	Hospital/Clinic	90	54.5%
these contraceptives	Pharmacy/Drug store	53	32.1%
in the municipality?	Health provider	19	11.5%
	Family planning/PPAG Clinic	3	1.8%
	Total	**165**	**100.0%**
How long have you	Less than one year	80	48.5%
been using modern	One to two years	66	40.0%
contraceptive?	Three to five years	13	7.9%
	Six to Ten years	6	3.6%
	Total	**165**	**100.0%**

Source: field survey, 2020

As reported in focus group discussion with female adolescent. "*I heard people saying that if you want to practice contraceptives, you can go for the injection.* Source (participant # 1, 17-year-old adolescent, single)

One of the participants in a focus group discussion with female adolescent reported to have said:

"I *have been seeing people buying it from chemical stores (drug stores). We have chemical store in our house and people are buying it there and mostly is females who come to buy it always so I asked my sister about it and she gave it to me to read"* source (FGD: participants # 2, 19-year-old adolescent, single).

4.6. Reasons for Using Contraceptives

From the study, more than half of the interviewed which is 109 representing 66.1%, had been using contraceptives to avoid teenage pregnancies, 49(29.7%) had indicated that their reason for using contraceptives, is to prevent STIs and 7 (4.2%) use contraceptives to bring delay in childbirth.

More than half of the respondents 138(83.6%), agreed to the usage of contraceptives and 27(16.4%) disagreed to contraceptive usage.

From the field, about 47(28.5%) of the respondents were willing to use IUDs, 71(43.0%) respondents agreed to use injectable method of contraceptives, 19(11.5%) agreed to use implants, 21 representing 12.7% respondents agreed to use pills, those who said they will like to use female condoms were 5(3.0%), 2(1.2%) were willing to use male condoms and 0(0%) will practice abstinence.

The study also indicated that, less than half of the interviewed 82(49.7%) were not into the usage of the contraceptive because of Religious beliefs and the rest of the respondents

representing 83(50.3%) were not in contraceptives because of fear of side effects of the contraceptives.

From the study, 42(25.5%) of the respondents were having the idea that contraceptives usage was meant for married couples only, whiles 113(68.5%) of the respondents opted that contraceptive usage is meant for all sexually active persons and only 10(6.1%) of the interviewed indicated that contraceptive usage is meant for only adults.

Table 4.5 Reasons for Using Contraceptives

Contraceptive use	Response	Frequency	Percent
What are your reasons for using contraceptive?	To avoid teenage pregnancy	109	66.1%
	To prevent STIs	49	29.7%
	To delay childbirth	7	4.2%
	Total	**165**	**100.0%**
Will you like or agree to use any of the contraceptive?	Yes	138	83.6%
	No	27	16.4%
	Total	**165**	**100.0%**
If yes which of the methods will you use?	IUD	47	28.5%
	Injectable	71	43.0%
	Implants	19	11.5%
	Pills	21	12.7%
	Female condom	5	3.0%
	Male condom	2	1.2%
	Abstinence	0	.0%
	Total	**165**	**100.0%**
If No, what are your reasons for non-acceptance?	Religious believes	82	49.7%
	Fear for side effects	83	50.3%
	Total	165	100.0%
Who in your opinion should use contraceptive?	Married couples only	42	25.5%
	All sexually active persons	113	68.5%
	Adults only	10	6.1%
	Total	**165**	**100.0%**

Source: field survey, 2020

In a focus group discussion with female adolescents, one of the participants said: "*as for me I don't use contraceptives because they say is not 100%. Some people believe that it is 100% and others believe not".* Source (participant # 3, 15-year-old adolescent SHS student).

Another participant reported: **"***Madam, someone may use it and later on when they want to conceive it will be difficult for them. Someone may use it and it will not work for her and you might use it and still end up getting pregnant".* Source (FDG: participant #2, 19-year-old married adolescent)

One of the participants also reported*: "What I also heard about it is, you can use it when you don't want to conceive and you end up becoming pregnant".* Source (FDG: participant #3 19-year-old adolescent single)

"When you use contraceptives for two years and the period is not ended but you don't need it again, what are you going to do about it?" Source (FDG: participant #5, 15-year-old adolescent single)

"Some people say, if is it injection, as for we those growing fat, you can be slim and do it and it will make you fat and it will close your womb by then you won't be able to give birth again." Source (FDG: participant #2)

"*Some people say you can use contraceptives with the intention of not getting pregnant but when you have sex in the end you will get pregnant".* Source: (FGD participant # 4)

*"Someone will use it and it makes her slim".*Source (FDG: participant #1)

"I know someone who has a child and used contraceptives and later it was disturbing her" She was experiencing general body pains and she was weak too. Source (FDG: participant #7)

"Someone may want to use contraceptives but because of societal pressure, she won't use the contraceptives. "Source (FDG: participant #4)

"*Madam, someone may use contraceptives and later on, when they want to conceive again it will be difficult for them. Someone may use the contraceptives and it will not work for her, and someone might use contraceptives and still end up getting pregnant".* Source (FDG: participant #2)

"Madam, someone may use contraceptives and it will make her grow either slim or fat". Source (FDG: participant #3)

"To be frank, some people say in the Islamic religion is not good and some people say is good. Those who said is not good say that the man may still want a child and the woman goes for it (i.e contraceptives) which will make her not to produce again so by then God will punish her. That is what they say". Source (FDG: participant #2)

Another adolescent reported:

"It doesn't mean that when you are a Muslim you can't do it because when you are to do it, it will be an agreement between the couple. When you don't need a child and you need sex you can go ahead and do it". Source (FDG: participant #3)

In a focus group discussion with female adolescents, the following were reported:

"In my opinion, only the Married people should be using contraceptives":

source (FGD, participant # 6, #4 # 3 and # 1)

Another participant reported: *"Ladies can also use contraceptives especially those who have boyfriends and co-habiting"*

"*Students can also use contraceptives"* source (participants # 4)

In a personal interview with a 19-year-old married adolescent from Sagnarigu, she reported; ", *I think that, contraceptives is meant for only the married women because I personally think that contraceptives is the same as family planning, so I ask myself if you are not married, how do you plan our family, to me if you are not married and you go in for any contraceptives is means sex planning but not family planning, so I stand that only those in marital homes should be using contraceptives"*

I think that, there is no specific group of people who are ideally supposed to be using contraceptives. Anybody at all should be using contraceptives but there is an exception, female adolescents might be using contraceptives, for instance, I am just an adolescent struggling to complete my SHS, we are just about writing our WASSCE come this August, 2020 and if I am exposed to sex and can't control myself, then, there is the need for me to go in for contraceptives to prevent myself from being pregnant because, at this age, that is the dangerous life cycle so when I get pregnant all my plans will come to an end".

Source (participant # 4)

In a personal interview with a 17-year-old seamstress apprentice in Sagnarigu Community, she reported; *"I personally use contraceptives because, I cannot control myself from sex, and I believed that I be pregnant from just one unprotected sex and this may end my profession, so I just have to protect myself by using contraceptive"*

4.7 Decision on the acceptance of contraceptives

From the study, more than half of the respondents, that is 94 (57.0%) take the decision on the use of contraceptive when having sexual intercourse, 18.8% (31) use contraceptive because of their friends' influence, 23 (13.9%) from the field indicated that their partners bring idea on the usage of contraceptive when having sexual encounter and 17 (10.3%) parents advise them to use contraceptive when engaging in sexual intercourse.

From the study 141 representing 85.5% opted that they would have had contraceptives on their own, whiles 24 (14.5%) indicated that they won't get access to any contraceptives when the need arises.

The study indicated that,49 (29.7%) would have had access to IUD's,56 representing 33.9% would have had access to injectable method of contraceptive,29 (17.6%) indicated that they could get access to implants,22 (13.3%) of the respondents indicated that they would have had access to pills,3.0% (5) would have had access to female condoms, 4 (2.4%) would have had access to male condoms and 0 (0.0%) indicated that they have indicated they do not have any knowledge as to where to get contraceptives.

From the interviewed, more than half of the respondents which represents 88.5% (146) were having sexual partners whereas 19 (11.5%) do not have sexual partners.

According to the respondents from the field, 135 (81.8%) were having one sexual partner in their life time, 22 (13.3%) were having two sexual partners in their life time and 8 of the respondents representing 4.8% were having three sexual partners in their lifetime. (See table 4.6)

Table 4.6: Decision on the acceptance of contraceptives

Contraceptive use	Response	Frequency	Percent
The last time you use contraceptives who decided on what to use?	You	94	57.0%
	Friend	31	18.8%
	Partner	23	13.9%
	Parent	17	10.3%
	Total	**165**	**100.0%**
If you wanted to, could you yourself get any contraceptive?	Yes	141	85.5%
	No	24	14.5%
	Total	**165**	**100.0%**
If yes, which contraceptive methods?	IUD	49	29.7%
	Injectable	56	33.9%
	Implants	29	17.6%
	Pills	22	13.3%
	Female condom	5	3.0%
	Male condom	4	2.4%
	Total	**165**	**100.0%**
Do you currently have a sexual partner?	Yes	146	88.5%
	No	19	11.5%
	Total	**165**	**100.0%**
How many sexual partners have you had in lifetime?	One	135	81.8%
	Two	22	13.3%
	Three	8	4.8%
	Total	**165**	**100.0%**

Source: Field survey, 2020.

Participant no. 5 in the focus group discussion reported that;

"Madam, *from my mind, you and your husband may not need a child but when you have sex you might get unwanted pregnancy which will lead you to abortion"*

"You and your husband will understand each other. It is not good for a woman to go behind her husband and do it, because later the man might need a child and when you tell him you are on family planning, he won't be okay with you" source (FDG participant # 7)

In a personal interview with a 17-year-old adolescent, she reported that, "*Ideally, I have a sexual partner although we are not frequently into sexual intercourse, we have a plan to settle as couples, so we share and discuss ideas about the way forward in the relationship"*

4.8. Duration of contraceptive use

From the study, within the past twelve months, 136 respondents representing 82.4% had one sexual partner, 24(14.5%) had two sexual partners within the last twelve months and 5(3.0%) had three sexual partners.

The study again indicated that, 47.9% (79) felt pressure to have unprotected sexual intercourse and more than half of the respondents representing 86(52.1%) did not feel pressure to have unprotected sexual intercourse.

Among the pressurized respondents, 18(22.8%) indicated that they felt pressure from friends, 37 representing 46.8% felt the pressure from their relatives and 30.4 % (24) of the respondents felt the pressure from their partners.

Table 4.7 Duration of Contraceptive use

Contraceptive use	Response	Frequency	Percent
Within the last 12 months, how	One	136	82.4%
many sexual partners have you	Two	24	14.5%
had?	Three	5	3.0%
	Total	**165**	**100.0%**
Do you feel any pressure from	Yes	79	47.9%
others to have unprotected	No	86	52.1%
sexual intercourse?	**Total**	**165**	**100.0%**
If yes, from whom do you feel	Friends	18	22.8%
the pressure?	Relatives	37	46.8%
	Partner	24	30.4%
	Total	**79**	**100.0%**
Do you think sex education	Yes	112	67.9%
can influence contraceptive	No	53	32.1%
use?	**Total**	**165**	**100.0%**

Source; Field survey, 2020

4.9.1. Factors Influencing Contraceptives Use

The study indicated that 64(38.8%) of the interviewed strongly disagreed to religious influence in the usage of contraceptives, 29(17.6%) disagreed to religious influence in the usage of contraceptives of which 1(0.6%) neither agreed nor disagreed to religious influence in the usage of contraceptives, 21.2% agreed to religious influence in the usage of contraceptives and 21.8% strongly agreed to religious influence in the usage of contraceptives.

From the field 17(10.3%) of the respondents strongly disagreed to distance to acquisition of contraceptives, 29(17.6%) disagreed to distance to acquisition of contraceptives,

7(4.2%) from the respondents neither disagreed nor agreed to distance to acquisition of contraceptives of which 27(16.4%) agree to distance acquisition of contraceptives and 85 representing 51.5%of the respondents strongly agree to distance acquisition of contraceptives.

The study showed that, 18(10.9%) of the interviewed strongly disagreed that the attitude of the contraceptive providers can affect its usage, 16(9.7%) of the respondents disagreed, 8(4.8%) of the respondents neither disagreed nor agreed 24(14.5%) of the respondents agreed that, the attitude of staff influences contraceptive usage and more than half of the respondents, 99 respondents representing 60% strongly agreed to the fact that, attitude of service providers influences contraceptive usage.

From the study, 17(10.3%) of the respondents strongly disagreed to the idea that, family members or partners can oppose to the usage of contraceptives,29(17.6%) of the respondents disagreed to the view that, family members or partners can oppose to the usage of contraceptives of which 8(4.8%) neither disagreed nor agreed to the idea of family members or partners opposing the usage of contraceptives,35(21.2%) agreed that, family members can oppose the use of contraceptives and 99 representing 60.0% of the respondents strongly agreed to the view of family members or partners opposing the use of contraceptives.

From the study, 16(9.7%) of the interviewed, indicated that, they strongly disagreed to the fear of side effects of the use of contraceptives, 13(7.9%) of the interviewed, indicated that, they disagreed to the fear of side effects of the use of contraceptives, 5(3.0%) of respondents neither agreed nor disagreed to the fear of side effects of the use of contraceptives, 25(15.2%) of the interviewed, agreed to the fear of side effects of the

use of contraceptives and more than half of the respondents 106(64.2%) strongly agreed to fear of side effects of the usage of contraceptives.

Table 4.8.1: Factors Influencing Contraceptives Use

Influential Factors	Response	Frequency	Percent
Religious beliefs	Strongly disagree	64	38.8%
	Disagree	29	17.6%
	Neutral	1	.6%
	Agree	35	21.2%
	Strongly agree	36	21.8%
	Total	**165**	**100.0%**
Distance to acquisition of contraceptives	Strongly disagree	17	10.3%
	Disagree	29	17.6%
	Neutral	7	4.2%
	Agree	27	16.4%
	Strongly agree	85	51.5%
	Total	**165**	**100.0%**
Attitude of the contraceptive providers	Strongly disagree	18	10.9%
	Disagree	16	9.7%
	Neutral	8	4.8%
	Agree	24	14.5%
	Strongly agree	99	60.0%
	Total	**165**	**100.0%**
Partner or family members opposed to using contraceptive	Strongly disagree	31	18.8%
	Disagree	23	13.9%
	Neutral	17	10.3%
	Agree	35	21.2%
	Strongly agree	59	35.8%
	Total	**165**	**100.0%**
Fear of side effects of contraceptive	Strongly disagree	16	9.7%
	Disagree	13	7.9%
	Neutral	5	3.0%
	Agree	25	15.2%
	Strongly agree	106	64.2%
	Total	**165**	**100.0%**

Source; Field survey, 2020

In a focus group discussion with adolescent girls, some participants reported;

"*To be frank, some people say in the Islamic religion is not good and some people say is good. Those who said is not good hold the view that the man may still want a child and the woman goes for it (i.e contraceptives) which will make her not to produce again so by then God will punish her. That is what they say and so they don't want to use contraceptives".*

Source (participants no. 2, 17-year-old adolescent, SHS student)

Another participant said;

"It doesn't mean that when you are a Muslim you can't do it because when you are to do it, it will be an agreement between the couple. When you don't need a child and you need sex you can go ahead and do it". Source (participant's no. 3 19-year-old adolescent, seamstress apprentice)

"Actually, the distance to the acquisition of contraceptives is a barrier to its usage, for instance, I am a student from Tamale Senior High School, and they don't have contraceptive methods in our sick bay, so when I want any contraceptives what should I do? I have no other option than to forgo it because, I don't know anybody here neither do I have means to search for these contraceptives" Source (19-year-old, Tamale Senior High School Student)

"if the hospital is far it can prevent some people from doing it. If the man doesn't have a motorbike and there is no money for you to chat a tricycle (yellow yellow). Like Kpalsi (St. Lucy Polyclinic) is closer but if it is Tamale Teaching Hospital, we can't do it due to

the distance. So therefore, the distance can prevent a person from doing it". Source (FDG: participant #5)

In the focus group discussion, it was reported by one of the participants that,

"To be truthful, some of the nurses, you may go there if he/she was the person who did it for you and you go back some of them will be yelling at you and it makes you either terrify or embarrass. He/she will just frown her face which will make you not tell her your feeling"

Source (FDG: participant #3)

In a personal interview with an adolescent who said that,

"Some of the nurses, their attitudes are unprofessional; they don't have patience to explain things for you so that you can choose the preferred method that you want"

source (19 years old adolescent, Tamale SHS)

In a personal interview, 16-year-old adolescents said that, "*the side effects of some of the contraceptives greatly affect the uses of contraceptives in general, for instance, some peoples use some contraceptives methods and frequently, they fall sick, so when all her friends got to know that, it is as a result of these contraceptives, the anxiety in them would distance them from using these contraceptives"*

4.9.2. Factors Influencing Contraceptives Use

From the study,15 representing 9.1% strongly disagreed that, lack of knowledge of contraceptive cannot affect the use of contraceptives, 20 representing 12.1% of the respondents disagreed that, lack of knowledge of contraceptive cannot affect the use of contraceptives, 14(8.5%) of the respondents neither agreed nor disagreed to the fact that lack of knowledge of contraceptive can affect the usage of contraceptives, per interviewed,27(16.4%) of the respondents agreed to the fact that lack of knowledge of contraceptives can affect the use of contraceptives, and more than half 89(56.9%) of the respondents strongly agreed to the fact that, lack of knowledge of contraceptive can affect the use of contraceptives.

The study indicated that, 22(13.3%) of the respondents strongly disagreed that infrequent sex can affect the usage of contraceptives, 28(17.0%) of the respondents disagreed that infrequent sex can affect the usage of contraceptives of which 45 representing 27.3% of the respondents neither disagreed nor agreed to the fact that infrequent sex can affect the use of contraceptives, 16(9.7%) agreed that infrequent sex can affect the usage of contraceptive and more than one-third of the respondent strongly agreed that the idea of infrequent sex can affect the use of contraceptive.

From the data collected, majority of the respondents representing 52(31.5%), strongly disagreed that having access to preferred methods can affect the use of contraceptives, 21(12.7%), disagreed that having access to preferred methods can affect the use of contraceptives, 6(3.6%) neither disagreed nor agreed to the view that, having access to preferred methods can affect the use of contraceptives,29(17.6%) of the respondents agreed to the view that, having access to preferred methods can affect the use of

contraceptives, 57(34.5%) of the respondents strongly agreed to the view that, having access to preferred methods can affect the use of contraceptives.

Table 4.8.2: Factors Influencing Contraceptives Use

Influential factors	Response	Frequency	percent
Lack of acknowledge of contraceptive	Strongly disagree	15	9.1%
	Disagree	20	12.1%
	Neutral	14	8.5%
	Agree	27	16.4%
	Strongly agree	89	53.9%
	Total	**165**	**100.0%**
Infrequent sex	Strongly disagree	22	13.3%
	Disagree	28	17.0%
	Neutral	45	27.3%
	Agree	16	9.7%
	Strongly agree	54	32.7%
	Total	**165**	**100.0%**
Hard to get preferred methods	Strongly disagree	52	31.5%
	Disagree	21	12.7%
	Neutral	6	3.6%
	Agree	29	17.6%
	Strongly agree	57	34.5%
	Total	**165**	**100.0%**

Source; Field survey, 2020

In a focus group discussion,

One hair dresser in Choggu in a personal interview said that; "*everything is about knowledge or awareness, just as I am dressing people's hair, if I don't have the knowledge, how would I be able to dress people hair? So definitely, the knowledge of contraceptives is key to it its usage. Dogombas would always say "you* ***always ask of the***

village you intend traveling*", so if you are aware of contraceptives and have a fair knowledge about contraceptives, it can influence its usage. In this case, we those who have been privileged to be educated at least SHS, we might have some knowledge about contraceptives that those illiterates, for instance, we were thought in school several topics that directly link to contraceptives and family planning so I know something about contraceptives. Therefore, I can say confidently without fear and any contradiction that I am using contraceptives more than an illiterate in the village"*

In an interview with one of the adolescents in Sagnarigu, she says that, my believed is that,

"*the availability of contraceptive methods influences its uses. If all methods are available, adolescent will patronize contraceptives, but if there is none availability of some of these contraceptives' methods, young ladies including me will not use the other methods if my preference is not there. For instance, I preferred injectable to condom, so if I go in for the injectable only to realized that, it is not available, but condom or any other methods are available, I don't think I can use it"*

"*In my opinion, infrequent sex can influence the use of contraceptives in a sense that, some adolescents are used to sex, they can't simply avoid sex for days. If she knows the consequences of unprotected sex, then she would rather go in for contraceptives. Again, look at the case of night workers or commercial sex workers, don't you think that, if they were not protected, they cannot work for three months without being pregnant? Even though they are not sure when they will get customers? They would. Because, for them everybody knows that, they are into sex business so I may not be wrong if I say that all commercial sex workers use contraceptive"*

Source (19-year-old adolescent, Wurishe Community)

4.9.3. Factors Influencing Contraceptives Use

The study indicated that, 55 of the respondents representing 33.3% strongly disagreed that high cost of contraceptive can affect its usage, in view of high cost of contraceptive affecting its usage only 22 representing 13.3% were in content with it, 3(1.8%) of the respondent neither disagreed

nor agree that high cost of contraceptive can affect its usage and 22(13.3%) of the respondent agreed that, high cost of contraceptive can affect its usage and 63(38.2%) of the respondents strongly agreed that, high cost of contraceptive can affect its usage.

From the study, 16 of the respondents representing 9.7% strongly disagreed to abide the view that, counselling received by individual can affect the use of contraceptive, 10 of the respondents representing 6.1%, disagreed to the view that, counselling received by individual can affect the use of contraceptive, 17(10.3%) of the interviewed, neither disagreed nor agree that , counselling received by individual can affect the use of contraceptive, 30(18.2%) of the respondents agreed to fact that counselling received, can affect the use of contraceptive and more than half of the individuals strongly agreed to the fact that, counselling received, can affect the usage of contraceptive.

From the of study, the data indicated that, 57(34.5%) of the interviewed, strongly disagreed that cultural or Traditional believes can affect the use of contraceptive, 18(10.9%) of the respondents, disagreed that, cultural or Traditional believes can affect the use of contraceptives while 11(6.7%) of the individuals, neither disagreed nor agreed to the ideal that, cultural or Traditional believes can affect the use of contraceptive, less

than one-third 9(5.5%) of the respondents agreed that Cultural believes can affect the use of contraceptives and more than two-third representing 70(42.4%) of the individuals strongly agreed to fact that Cultural or Traditional believes can affect the of contraceptives.

Table 4.8.3: Factors Influencing Contraceptives Use

Influential factors	Response	Frequency	Percent
Contraceptives methods too costly	Strongly disagree	55	33.3%
	Disagree	22	13.3%
	Neutral	3	1.8%
	Agree	22	13.3%
	Strongly agree	63	38.2%
	Total	**165**	**100.0%**
Counselling received about contraceptives	Strongly disagree	16	9.7%
	Disagree	10	6.1%
	Neutral	17	10.3%
	Agree	30	18.2%
	Strongly agree	92	55.8%
	Total	**165**	**100.0%**
Cultural or Traditional beliefs	Strongly disagree	57	34.5%
	Disagree	18	10.9%
	Neutral	11	6.7%
	Agree	9	5.5%
	Strongly agree	70	42.4%
	Total	**165**	**100.0%**

Source; Field survey, 2020.

In a focus group discussion with adolescent girls aged 15 – 19 years regards to the factors affecting the uses and acceptance of contraceptives, the following were the reports of some of the participants;

"Some people say, if is it injection, as for we those growing fat, you can be slim and do it and it will make you fat and it will close by then you won't be able to give birth again." Source (FDG: participant #2

"*Some people say you can do it with the intention of not getting pregnant but when you have sex in the end you will get pregnant".* Source: (FGD participant # 4)

"Someone will do it and it makes her slim". Source (FDG: participant #1)

"I know someone who has a child and did it and later on it was disturbing her" She was experiencing general body pains and she was weak Source (FDG: participant #7)

"Someone may want to use contraceptives but because of people she won't use the contraceptives. "Source (FDG: participant #4)

"Madam, someone may do it and it will make her grow either slim or fat". Source (FDG: participant #3)

"To be frank, some people say in the Islamic religion is not good and some people say is good. Those who said is not good say that the man may still want a child and the woman goes for it (i.e. contraceptive contraceptives) which will make her not to produce again so by then God will punish her. That is what they say". Source (FDG: participant #2)

"It doesn't mean that when you are a Muslim you can't do it because when you are to do it, it will be an agreement between the couple. When you don't need a child and you need sex you can go ahead and do it". Source (FDG: participant #3)

"Madam, from my mind, you and your husband may not need a child but when you have sex you might get unwanted pregnancy which will lead you to abortion". Source (FDG: participant #3)

"Madam, when you have a child, you and your husband can go for it in case your need a child again you can go back to the hospital for them stop it so that you can conceive again".

Source (FDG: participant #1)

"You and your husband will understand each other. It is not good for a woman to go behind her and do it, because later the man might need a child and when you tell him you are on family planning, he won't be okay with you". Source (FDG: participant #4)

"If only your husband wants you to do it, he will find a way for you to go and do it".

Source (FDG: participant #3)

"My opinion, it can't prevent you from doing it because that is his/her work place so whatever that he/she does you will just exercise patience for her to work on you". Source (FDG: participant #2)

Another participant reported;

"To me, you may even fall sick and go to hospital and a nurse will just do something and you feel like going back home with your sickness. So, to me, the nurse behavior can prevent a person from doing It. Source (FDG: participant #5)

Another participant also said this when asked about the behavior or attitude of nurses towards their clients;

"Some of them you may go to them and the kind of behavior she puts towards will discourage you". Source (FDG: participant #4)

Also, an adolescent said this to a question about knowledge on contraceptive;

"I*f you don't know about contraceptives, you won't be able to do it".* Source (FDG: participant #3)

To me, if the desired contraceptive method is not available and there are others methods, you would do. When you go home the man won't allow you to sleep in the night so you can decide to take a different contraceptive and the nurse will guide you". Source (FDG: participant #6)

During the focus group discussion, a participant said this about the desired method;

"My opinion, you won't do contraceptive if the desired method is not available, because you know what you go for would have been the best one for you". Source (FDG: participant #1)

On the cost of contraceptives during the focus group discussion, an adolescent said this;

"To be candid, someone may want to use contraceptives but because it is expensive, she might not know where to get the money so she won't do It". Source (FDG: participant #3)

One also said this on the cost;

"lack of money could prevent you from using it. What if you go there without money and it requires payment how will you do?" Source (FDG: participant #7)

"Someone may not use contraceptives because of the cost of it" Source (FDG: participant #5)

A participant responded to the question on infrequent sex as follows;

"Some married couples might not do contraceptives if their husbands are not around". Source (FDG: participant #3)

Another one said this;

"Some people do not use contraceptives because she doesn't have sex all the time". Source (FDG: participant #6)

"Adolescent girls need to use contraceptives because we have some people in life; unlike the evil ones, because he knows your husband is not around, he could come in and rape you. But if you don't do it and such thing happens and you may become pregnant". Source (FDG: participant #4)

4.10. Logistic Regression Model Summary

The Chi-square of 92.52628 with 46 degrees of freedom and a related p-value of less than 0.05 revealed that the model fits significantly better than an empty model. The Nagelkerke R-squared is 0.689, which means that some variables in the model predicted 68.90% of the variability of the non-usage of modern contraceptive (see Table 4.9). Since we are interested in predicting factors that influences the non-usage of modern contraceptives the logistic regression model performs well than any other models.

Table 4.9: Logistic Regression Model Summary

Log likelihood	Chi-Square	DF	Nagelkerke	R Square	P-value
-39.66627	92.52628	46	0.689012	3.907117	0.05

Source: field survey, 2020

4.11. Logistic Regression of Factors that hinder the usage and prevalence of Contraceptives

From Table 4.10 below; Going to a respondent who attend JHS from a respondent who attend primary school, the odds of a respondent with JHS decreases by 0.97 and p-value indicates that it is not statistically significant. Going from a respondent with JHS to a respondent with secondary, the odds of a respondent with secondary education decreases by 0.99 and it is a significant factor which can influence the non-use of contraceptives. Going from a respondent with secondary to a respondent with Tertiary education, the odds of a respondent with Tertiary increases by 1.61. Going from a respondent with Tertiary to respondent with none education, the odds of a respondent with none education decreases by 0.99 and it is a significant factor which can influence the non-use of contraceptives. Going from respondent with a partner to a respondent without a partner, the odds of a respondent without a partner decrease by -1.37. Going from a respondent with one partner to a respondent with two partners, the odds of a respondent with two partner's decreases by 0.87 and p-value indicates that it is statistically significant factor in influencing the non-use of contraceptives. The odds of a respondent having two partners within the last 12 months reduced the chances of the respondent using contraceptives by -1.55. The odds of a respondent having three partners within the last 12 months reduced

the chances of the respondent using contraceptives by 0.65. The odds of a respondent to disagree that distance to acquisition of contraceptives could be a factor to hinder the non-use of contraceptives decreased by 0.99 and the p-value indicates that, it is a significant factor that hinder the use of contraceptives. The odds of a respondent been neutral that distance to acquisition of contraceptives could be a factor to hinder the use of the contraceptives decreased by 0.85 and the p-value indicates that, it is not a significant factor that influences the non-use of contraceptives. The odds of a respondent to agree that distance to acquisition of contraceptives could be a factor to hinder the use of the contraceptives decreased by 0.99 and the p-value indicates that, it is a significant factor that influences the use of contraceptives. The odds of a respondent to strongly agree that distance to acquisition of contraceptives could be a factor to hinder the use of the contraceptives decreased by 0.67 and the p-value indicates that, it is not a significant factor that influences the use of modern contraceptives. The odds of a respondent been neutral that the attitude of the contraceptive providers could be a factor that influences the use of the modern contraceptives increased by 0.95 and the p-value indicates that, it is a significant factor that influences the use of contraceptives. The odds of a respondent to agree that the attitude of the contraceptive providers could be a factor that influences the non-use of the modern contraceptives decreased by 0.74 and the p-value indicates that, it is not a significant factor that influences the non-use of modern contraceptives. The odds of a respondent to disagree that the partner or family members opposed to using contraceptive could be a factor that influences the non-use of the modern contraceptives decreased by 0.53 and the p-value indicates that, it is a significant factor that influences the non-use of modern contraceptives. The odds of a respondent been neutral that the

partner or family members opposed to using contraceptive could be a factor that influences the non-use of the modern contraceptives increased by 3.18 and the p-value indicates that, it is not a significant factor that influences the non-use of modern contraceptives. The odds of a respondent to agree that the partner or family members opposed to using contraceptive could be a factor that influences the non-use of the modern contraceptives increased by 3.72 and the p-value indicates that, it is not a significant factor that influences the non-use of modern contraceptives. The odds of a respondent to strongly agree that the partner or family members opposed to using contraceptive could be a factor that influences the non-use of the modern contraceptives decreased by -0.12 and the p-value indicates that, it is not a significant factor that influences the non-use of modern contraceptives.

The odds of a respondent to disagree that the contraceptive methods too costly could be a factor that influences the non-use of the modern contraceptives decreased by 0.72. The odds of a respondent to agree that the contraceptive methods too costly could be a factor that influences the non-use of contraceptives decreased by 0.52. The odds of a respondent to strongly agree that the contraceptive methods too costly could be a factor that influences the non-use of the modern contraceptives decreased by 0.37 and the p-value indicates that, it is not a significant factor that influences the non-use of modern contraceptives.

Table 4.10: Logistic Regression of Factors Influencing non-use of Modern Contraceptives

Estimate	*Std. Error*	*z value*	*OR*	*Pr(>|z|)*	
(Intercept)	5.00627	7.72806	0.648	149.3466	0.51711
Age	5.11499	2.42225	2.112	166.4991	0.03471 *
Education	6.24998	2.96336	2.109	518.0025	0.03494 *
Marital status	7.43109	3.08701	2.407	1687.6461	0.01607 *
Residence	-10.07438	6.90604	-1.459	4.214575	0.14463
Mother's edu	-15.06917	7.71777	-1.953	2.854580	0.05088.
Father's edu.	0.47374	8.25259	0.057	1.60599	0.95422
Stay with	-14.38813	7.59413	-1.895	5.640452	0.05814.
Father's occu.	36.59228	13.84348	2.643	7.795191	0.0082 **
Moher's occu	33.27066	15.00140	2.218	2.813598	0.02657 *
Have sex	6.49202	4.68193	1.387	659.8549	0.16556
Yes/No	4.54200	3.38956	1.340	93.8781	0.18025
Use of cont.	6.79390	6.50712	1.044	89.2391	0.29645
Method use	15.97526	8.09021	1.975	8.668937	0.04831 *

Current use	47.27366	3061.39429	0.015	3.393840
0.98768				
Place of contraceptives	-0.44081	2.53215	-0.174	6.435148
0.86180				
Duration of use	-5.97426	2.11611	-2.823	2.543383
0.00475 **				
Reason for use	-36.02056	16.84602	-2.138	2.272315
0.03250 *				
Agree to use	-5.80976	9.09022	-0.639	2.998150
0.52274				
Yes	-42.59324	19.20200	-2.218	3.176802
0.02654*				
No	-6.00338	5.03806	-1.192	2.470399
0.23342				
Opinion on use	22.84374	1633.33487	0.014	8.335089
0.98884				
Decision on conra.	-8.15245	9.11090	-0.895	2.880283
0.3708				
Acquisition of cont	-3.96445	8.04962	-0.493	1.897840
0.62236				
Yes, to q26	3.33107	4.66950	0.713	27.9683
0.47562				
Sexual partner	-3.35562	1.61273	-2.081	3.488787
0.03746 *				
Pressure from peers	1.15563	1.46572	0.788	3.1760
0.043044				
Yes	18.40001	9.28619	1.981	9.795430
0.04754 *				
Sex education	9.79134	8.42185	1.163	1.787830
0.02449*				

Religious	14.58272	6.26856	2.326	2.153755
0.02000 *				
Distance	2.37324	1.87061	1.269	10.7321
0.020455*				
Attitude	-5.19534	7.02750	-0.739	5.542309
0.04597*				
Decision of partner	5.39729	11.80037	0.457	2.208071
0.00647*				
Fear of side effect	-4.63479	7.39958	-0.626	9.708125
0.00531*				
Knowledge	-1.76481	2.17806	-0.810	1.712201
0.0417*				
Infrequent sex	38.25267	16.41886	2.330	4.101313
0.01982 *				
Availability	27.23535	14.21333	1.916	6.732275
0.0055*				
Counselling	3.31191	7.26029	0.456	27.4376
0.006482*				
Cultural beliefs	4.29700	2.90536	1.479	73.4790
0.013914*				

*Signif. Codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1*Source: field survey, 2020

CHAPTER FIVE

DISCUSSION OF RESULTS

5.0. Introduction

This chapter entails the discussion of the results. It comprises a summary of the findings in relation to other literature on the topic under investigation. The broad objective of this study was to examine the factors affecting the acceptance and usage of contraceptives among female adolescents aged 15-19 in the Sagnarigu municipality.

5.1. Demographic Characteristics of Respondents

Table 4.1 presents information on the socio-demographic characteristics of respondents. The study involved 165 female adolescents aged 15-19 years, with a 100% response rate. Majority of the adolescents were aged 19 years, 17 respondents representing 10.3% were aged 15 years. All the respondents were female as the study was limited to only female adolescents aged 15- 19 years.

Majority of the respondents were still illiterates with few respondents attaining JHS and primary education. More than half of the respondents were Muslims (84.2%), Majority of the respondents (70.3%) were not married. However, 41(24.8%) were co-habiting,

5.2. Socio-demographic characteristics of the respondents' Parents

In relation to the educational status of mothers and fathers of the respondents, the study revealed that only a few of the respondents' mothers attained primary education, 9(5.5%). The study revealed that, 128 of the respondents representing 77.6% live with their parents and their fathers being farmers and mothers into petty trading.

5.3. Awareness of contraceptives among female adolescents

In a focus group discussion with adolescent girls aged 15- 19 years on awareness of contraceptives and contraceptives methods they reported that they have little or no knowledge on contraceptives use and some reported that they were not aware of contraceptives.

With regards to contraceptive use among the adolescents, the qualitative study revealed that, some of the respondents, reported that, they have never seen nor use it in their life time. This finding is in support of that of Apanga (2014) that adolescents in rural Ghana have no or little knowledge on contraceptives.

5.4. Sexual Behavior of Respondents

Findings showed that majority of the respondents (86.7%) reported that they have had sex before, while only 13.3% indicated otherwise. Among those who have had sex before, 65.5% had their first sex at their early teens of 15 years. More than half of the sexually active adolescents (66.7%) indicated that they have ever used any contraceptive before while 33.3% reported that, they have never used a contraceptive. However, 68.5% out of the respondents who have ever used contraceptives, used it once in a while whiles only 31.5% used contraceptives all the time indicating low prevalence.

5.5. Prevalence of contraceptives

A little above half have used contraceptives before whiles 55 respondents representing 33.3% have not used contraceptives before. Of those who have ever used contraceptives, less than half, of the respondents use contraceptives all the time whiles 113 (68.5%) use contraceptives once in a while. The findings suggested that while awareness of contraceptives was generally high, contraceptive prevalence was still very low. This

finding dismisses that of Ziblim (2015) that contraceptives prevalence is high with high knowledge and conform with Ghana Demographic and Health Survey (2015) study which was found that, although there was high awareness of contraceptives, current use was low (23%) among women. This is in line with conclusion that although knowledge and awareness of contraceptives improve its usage, it does not assure use many adolescents aware of at least one contraceptive method yet do not use (Cheng 2011).

Again, the current study conforms with that of Sedgh et al., (2007) who found that, in developing countries, knowledge of contraceptives does not translate into its usage.

5.6. Adolescent level of Education against Contraceptive use and acceptance

It was reported in the focus group discussions and the key informant interview that, increasing level of education result in an increase of contraceptive use and acceptance. This was due to the fact that, if an adolescent cant not control herself and cohabitating, but want to pursue a higher degree, she is compel to use contraceptives. This study conforms with the study of Ziblim (2016) that, adolescent will use contraceptives if they plan if they plan to pursue higher education ($P< 0.001$ and $X^2=17.8$).

The current study in in line with that of Khan e'tal. (2012) who found in their study that, there is low contraceptive use among uneducated female adolescents in Bangladesh. Also, a study by Aryeetey et'al.2010) among women in Greater Accra found that, knowledge on contraceptives increases as the level of education increases which is in consistency with the current research that, adolescent with some level of education know more about contraceptives against the uneducated female adolescents although, the level of knowledge and awareness do not reflect current contraceptive use.

5.7. Socio-cultural factors that affect the use of contraceptives among female adolescents.

The socio-cultural factors that affect the use of contraceptives was,

in this study, cultural or traditional and religious beliefs was found to associated with contraceptive use (p-value of 0.020), this study confirm that of the study of Faridul Hasnain et al., (2013) and Sahu and Hutter (2012) where it was reported that, religion is an important influence on the Knowledge and use of contraceptives. These finding however contradicts that of the study in Ghana which shows that religion did not affect contraceptive use (Asnu et al., 2009)

Another Socio-cultural factor that was found to be significant in this study was the attitude of the contraceptive providers (p-value of 0.045), it was found that, the best possible attitude shown by contraceptives service provides at delivery points reflect contraceptive use. This is backed by that of the study by Karavus et al., (2004) who found that, contraceptives service providers impede contraceptive use. They introduce bias by dictating the method to be useful to clients either clearly or by implications is an attitude which also affects contraceptive use (Nalwasdda et al., 2010) just as in this current study, the availability of preferred methods was also significant that confirms the studies above.

Fear of Side effects of contraceptives was also found to be significant (p-value of 0.005). These findings support a study in Malawi which found that, fears of side effects, such as prolonged menstruation, infertility and genital sores, weight gain or loss couple with high blood pressure hindered contraceptives use (Chipeta et al.,2014). Contraceptives use depends on the information about the side effects (Sedgh and Hussain, 2014). This is in line with findings of the Ghana Demographic and Health Survey (2014) which states that,

fear of side effects are reasons for non-use of contraceptives (GSS, 2015). Campbell et al., (2006) also have it in their study that, fear of side effect is a barrier to contraceptive use.

5.8. Other Factors affecting Contraceptives Use and Acceptance

In this study adolescents who were aged 15-16 were at a reduced odd of not using contraceptive when compare to those aged 17-19. Older adolescents were more likely to practice contraceptive use than younger adolescents. Perhaps, this is because older adolescents are more mature and enlightened in terms of available contraceptive types and the importance of contraceptive use, compared to younger adolescent who may be comparatively naïve in terms of contraception (GDHS, 2014). Besides, older adolescents are more likely to be working, engaged in some form of apprentice or pursuing a higher education and may have obtained more education and more likely to be sexually active than their younger counterparts.

Educational status of the respondents was also found to be significant to the acceptance and usage of contraceptives. Thus, increasing educational attainment tended to be associated with more contraceptive use, the likelihood of contraceptive use among adolescent increased significantly with increase in level of education. Thus, educated adolescents were more likely to use contraceptives than their uneducated counterparts. This may result from the fact that educated adolescents are more likely to be abreast with available contraceptives and are more likely to appreciate the positive impacts contraceptive have on their lives. This finding is in conformity with the work of Ziblim (2015) which states that education has a great influence on the health seeking behavior of

people. The study also revealed that people with some level of formal education turn to go in for contraceptives as compare to those without formal education.

The study further found that both mothers' and fathers' educational status was also associated with the use of contraceptives. There were significant differences between respondents whose mothers and fathers had no education and who did not use contraceptives as compared to those with mothers and fathers with some level of education and whose adolescents used contraceptives. This may result from the fact that, educated parents are more likely to be abreast with available contraceptives and are more likely to appreciate the importance or positive impacts contraceptives have on their lives, and therefore encourage their sexually active children/adolescents to use contraceptives.

5.9. Strengths and limitations

The study used both qualitative and quantitative methods of data collection which enabled triangulation. This study has helped to reveal some factors affecting the acceptance and usage of contraceptives among female adolescents aged 15-19 which has implication for adolescent's health policy and interventions on sexual and reproductive health.

The study however has some limitations. The data came from a cross-sectional Study and one focus group discussion which initially, the researcher planned three focus group discussions but could organized only one due to the corona virus pandemic. Some variables such as sexual activity and contraceptive use were measured retrospectively. Thus, the study may suffer from recall bias since there was no way to independently verify respondents' self-reported data from the questionnaires. Also, one focus group discussion might not be the ideal reflection of the acceptance and usage of contraceptives

for the entire Sagnarigu Municipal. However, the level of correspondences between respondents and interviewers reports of communication suggest that the level of bias may not be a serious threat that could demean the findings of the study.

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.0. introduction

This study set out to find out the factors that affect the use of contraceptives among adolescents in the Sagnarigu municipality. A cross-sectional survey was conducted among 165 female adolescents. Descriptive bivariate and logistic regression analysis techniques were used to analyze and present the data. Results suggested that although majority of the respondents have heard about contraception, that is knowledge about contraceptives, prevalence of contraceptive was however low. Although, a reasonable number of the respondents have ever used contraceptives but only once in a while which cannot justify high prevalence of contraceptive usage

6.1. Conclusions

A number of socio-demographic factors such as age, religion, marital status, place of residence, educational background to an extent, respondent's parents educational background of adolescents was significantly associated with the use of contraceptives. Older adolescents were more likely to use contraceptives than younger adolescents, also higher educational qualification was associated with contraceptive use. Other related reasons included lack of knowledge of contraceptive methods poor attitude of contraceptive providers and partner opposed to use the modern contraceptives and distance to acquisition of contraceptives as well as the availability of desired contraceptive methods. Based on these findings, the study concludes that more public health education alongside other interventions increase contraceptive usage and prevalence among female adolescents who are sexually active.

6.2. Recommendations

Based onthe findings of the study, the following recommendations were made to help address issues regarding to contraceptives among the adolescent.

First, adolescents who were aged 15-16 were at a reduced odd of not using contraceptives when compared to those aged 17-19. It is important therefore for the Ghana education service and the Ghana health service to ensure that adolescent reproductive health programs target adolescents aged 15 to 16 and below at the basic and secondary schools as well as female adolescents with no formal education, that is the out of school group. Doing so will help promote contraceptive use and prevalence among the younger ones and will encourage more uneducated adolescents to use contraceptives in order to reduce teenage pregnancy and child birth as well as STI prevention.

Also, the study suggested from the findings that whereas awareness of contraceptives was very high by hear say, contraceptive prevalence was still very law 33.3%. Positive behavior change programs should be implemented by both the Ghana health service and the Ghana education service to provide adolescents with greater understanding of the risks associated with unprotected sexual practices which include acquiring STIs including HIV and AIDS, Hepatitis B and C and to enable them take control over their sexual lives in a responsible manner that will prevent complications or even death resulting from induced abortions of unplanned and unwanted teenage pregnancies.

Furthermore, health service providers should adopt youth friendly attitudes and environments to attract the adolescents who are in dire need of their services to positively impact the acceptance and usage of modern contraceptives. It is therefore recommended that the Ghana health service organize in-service training to all reproductive health

service providers in Sagnarigu Municipality in the provision of adolescent friendly services to enable them patronize contraceptives

In addition, fear of side effects and lack of 100% trustworthy of contraceptives hinder the usage and prevalence of contraceptives. The Ghana health service should therefore institute informational and educational programs to address real and perceived side effects, as well as provider-level training, particularly at hospitals and clinics for better management of side effects and to ensure that adolescents know what to expect when using contraceptive methods.

Finally, Adolescent corners should be established at vantage points in the Sagnarigu municipality and all the commodities supplied in abundance to ensure availability at all times. This would help increase the usage and prevalence of contraceptives sharply in the municipality. Educational campaigns like durbars, advocacy video shows as well as drama shows should be organized regularly to target chiefs, opinion leaders and all the significant others who have influence over the adolescents to disabuse their minds on the myths, strange beliefs and misconceptions about the contraceptives that have negative influence on the acceptance and usage of contraceptives among the adolescents in the Sagnarigu Municipal.

REFERENCES

Adadow Y, Shamsu-Deen Z, Thomas B &Yakubu I A (2015) *Socio-Cultural Determinants of Contraceptives Use Among Adolescents in Northern Ghana, University for Development Studies, School of Medicine, Department of Community Health and Family Medicine, Tamale,* Ghana Public Health Research 2015, 5(4): 83-89 DOI: 10.5923/j.phr.20150504.0

Adjei, D., Sarfo, J. O., Asiedu, M. and Sarfo, I. A. (2014), *Psychosocial Factors Affecting Contraceptive Usage: A Case of Unmet Needs in Ghana, European Scientific Journal, edition vol.10, No.15, 84-93.*

Adjei G, Enuameh Y, Asante KP, Baiden F, Nettey OEA, Abubakari S*l. Predictors of abortions in rural Ghana: a cross-sectional study.* BMC Public Health. 2015; 15:20

Agyei, H. (2014), *Factors Influencing Contraceptive Uptake Among Women with Induced Abortion Presenting at Kath*, Kumasi-Ghana, Global Educational Research Journal.

Ahanonu, E. L. (2013). *Attitudes of Healthcare Providers towards Providing Contraceptives for Unmarried Adolescents in Ibadan, Nigeria*. Journal of Family and Reproductive Health Vol. 8, No. 1,

Ahmed, S., Li, Q., Liu, L., &Tsui, A. O. (2012). *Maternal deaths averted by contraceptive use: an analysis of 172 countries.* The Lancet, 380(9837), 111–125.

Ahmed, F., Neema, S., Ouedrango, C., and Konyani, S (2012). *Knowledge of Correct Condom Use and Consistency of Use among Adolescents -in SubSaharan Africa*. African Journal of Reproductive Health. 11(3), PP 197-220

Aninanya, G. A., Debpuur C. Y., Awine, T., Williams, J. E., Hodgson, A. and Howard, N. (2015*), Effects of an Adolescent Sexual and Reproductive Health Intervention on Health Service Usage by Young People in Northern Ghana*: A Community-Randomised Trial. PLoS ONE 10(4): e0125267. doi: 10.1371/journal.pone.0125267

Aryeetey, R., Kotoh, A. M., &Hindin, M. J. (2011). *Knowledge, perceptions and ever use of modern contraception among women in the Ga East District, Ghana*. African Journal of Reproductive Health, 14(4).

Bankole, A., Ahmed, F. H., Neema, S., Ouedraogo, C., &Konyani, S. (2007). Knowledge of correct condom uses and consistency of use among adolescents in four countries in Sub-Saharan Africa. *African journal of reproductive health.*

Bearinger, L. H., Sieving, R. E., Ferguson, J., & Sharma, V. (2007). *Global perspectives on the sexual and reproductive health of adolescents*: patterns, prevention, and potential.

Bhathena R, &Guilleband J, 2006, *Contraceptives for the older Women*.DOI:10.1080/13697130600857904

Blum, R. W. (2007). Youth in sub-Saharan Africa. *J Adolescent Health.*

Buga, GAB, Amoko, DHA &Ncayiyana, DT. 1996. *Sexual behaviour, contraceptive practice and reproductive health among school adolescents in rural Transkei*. South African Medical Journal 86(5):523-527.

Campbell, M., Sahin-Hodoglugil, N. N., & Potts, M. (2006). *Barriers to fertility regulation*: a review of the literature. Studies in Family Planning, 37(2), 87–98.

Chandra Mouli, D. R. M., Sharon J Phillips, Nancy E Williamson, & Hainsworth, a. G. (2014). *Contraception for adolescents in low- and middle-income countries: needs, barriers, and access*. Reproductive Health, http://www.reproductive-health journal.com/content.

Cheng, K.-W. (2011). *The effect of contraceptive knowledge on fertility: The roles of mass media and social networks. Journal of Family and Economic Issues*, 32(2), 257–267

Cleland, J., Bernstein, S., Ezeh, A., Faundes, A., Glasier, A., & Innis, J. (2006). *Family planning: the unfinished agenda.* The Lancet, 368(9549), 1810–1827.

Cleland, J., Ali, M. M., & Shah, I. (2006). Trends in protective behaviour among single vs. married young women in sub-Saharan Africa: the big picture. *Reproductive health matters.*

Clottey, C. (2012). *Social Barriers that Affect the Non-Use of Contraceptives among Adolescents in the Gomoa East District*. University of Ghana.

Cochran, W.G. (1977). *Sampling Techniques*. Third Edition, Wiley Eastern Limited, New Delhi

Darroch, J. E. (2013). *Trends in contraceptive use*. 87(3), 259–263.

Darroch, J. E., & Singh, S. (2013). *Trends in contraceptive need and use in developing countries in 2003, 2008, and 2012*: an analysis of national surveys. The Lancet, 381(9879), 1756–1762.

Davies, S. L., DiClemente, R. J., Wingood, G. M., Person, S. D., Dix, E. S., Harrington, K.O, K. (2006). *Predictors of inconsistent contraceptive use among adolescent girls*: findings from a prospective study. Journal of Adolescent Health, 39(1), 43-49.

Dorroch, J. E, Landry, DJ & Singh, S. 2000. *Changing emphases in sexuality education in US*

public secondary schools from 1988 to1999. Family Planning Perspectives 32(5):204-211.Edgerton, D. (2011). *Shock of the Old: Technology and Global History Since 1900*. Profile books

Farid-ul-Hasnain, S., Johansson, E., Gulzar, S., & Krantz, G. (2013). *Need for multilevel strategies and enhanced acceptance of contraceptive use in order to combat the spread of HIV/AIDS in a Muslim society*: a qualitative study of young adults in Urban Karachi, Pakistan. Global Journal of Health Science, 5(5), p57.

Geske, S., Quevillon, R., Struckman-Johnson, C., & Hansen, K. (2015). *Comparisons* of Contraceptive Use between Rural and Urban Teens. *Journal of Pediatric and Adolescent Gynecology*.

Ghana Statistical Service (2013). *Children, Adolescent & Young People in Ghana, Population and Housing Census Report, 2010.* Accra, Ghana.

Ghana Demographic and Health Survey 2008, 2014

Ghana Health Service Report, 2015

Ghana Statistical Service (2013). *Children, Adolescent & Young People in Ghana, Population and Housing Census Report, 2010. Accra, Ghana*.

Ghana Statistical Service (2014). *Ghana Demographic and Health Survey Report, 2014*. Accra, Ghana.

Ghana Statistical Service. *Ghana multiple indicator cluster survey with an enhanced malaria module and biomarker, 2011*, final report. Ghana: Accra; 2011. http://www.unicef.org/ghana/Ghana_MICS_Final.pdf. Accessed 01 January 2017

Ghana Statistical Service (2014). *Ghana Demographic and Health Survey Report, 2014. Accra, Ghana*

Gomes, K. R., Speizer, I. S., Oliveira, D. D., Moura, L. N., & Gomes, F. M. (2008). *Contraceptive method uses by adolescents in Brazilian state capital.*J PediatrAdolesc Gynecol.

Gyesaw NYK, Ankomah A. *Experiences of pregnancy and motherhood among teenage mothers in a suburb of Accra, Ghana*: a qualitative study. Int J Womens Health. 2013; 5:773–80

Islam, M. S. (2014). *Socio-Demographic Factors Differently Associate with Contraceptive Use Among Older Women in Comparison with Younger Women in Bangladesh*. Research on Humanities and Social Sciences, 4(5), 50–57.

Islam, R., Islam, A. Z., & Rahman, M. (2013). *Unmet Need for Family Planning*: Experience from Urban and Rural Areas in Bangladesh. Public Health Research, 3(3), 37–42

Kanku, T., & Mash, R. (2010). *Attitudes, perceptions and understanding amongst teenagers regarding teenage pregnancy, sexuality and contraception in Taung*. South African Family Practice, 52(6).

Khan, S., Mishra, V., Arnold, F., &Abderrahim, N. (2007). *Contraceptive trends in developing countries* [CHS comparative reports 16]. Calverton, Maryland, USA.

Kothari, C.R. (2003). *Research Methodology: Methods and Techniques*. 2nd ed. Medicine (Editorial).

Kumar, RM, Uduman, SA &Kurran, AK. 1997. Impact of pregnancy on maternal acquired immune-deficiency syndrome. Journal of Reproductive Medicine 42(4):429-434.

Levin, K. A. (2006). Study design III: *Cross-sectional studies. Evidence-Based Dentistry, 7(1), 24-25. doi: 10.1038/sj.ebd.6400375*

Maclead R 1994. *The causes of teenage pregnancy*. Review of south Africa Research, South Africa Journal of Psychology 29(1) 8-16 DOI: 10.117/00124639902900102

Marshall, C. & Rossman, G.B. 1990. *Designing qualitative research. Newbury Park, CAS: Sage*.

Marule, M. 2008. By the Numbers: *The Public Cost of Teen Childbearing. National Campaign to Prevent Teen Pregnancy*. United States of America: Brooks/Cole publishers.

Marston, C., & King, E. (2006). *Factors that shape young people's sexual behaviour:* a systematic review. The Lancet, 368(9547), 1581-1586.

Mbizvo, M. T., & Zaidi, S. (2010). *Addressing critical gaps in achieving universal access to sexual and reproductive health (SRH):* the case for improving adolescent SRH, preventing unsafe abortion, and enhancing linkages between SRH and

HIV interventions. International Journal of Gynecology & Obstetrics, 110, S3-S6.

Melles, M. M. (2007). *Youth Reproductive and Sexual Health in Botswana Print*.

Mestad, R., Secura, G., Allsworth, J. E., Madden, T., Zhao, Q., &Peipert, J. F. (2011). *Acceptance of long-acting reversible contraceptive methods by adolescent participants in the Contraceptive CHOICE Project*. Contraception, 84(5), 493- 498.doi: 10.1016/j.contraception.2011.03.001

Mfono Z. (1998). *Teenage contraceptive needs in urban South Africa*: A case study. International family planning perspectives 24 (4):180-183.

Nalwadda, G. K. (2012). *Contraceptive Use among Young People in Uganda*: Exploration of obstacles, enablers, and quality of services.

Nalwadda, G., Mirembe, F., Byamugisha, J., &Faxelid, E. (2010). *Persistent high fertility in Uganda*: young people recount obstacles and enabling factors to use of contraceptives. BMC Public Health, 10(1), 530

NRC/IOM 2005 (National Research Council*). Effectiveness of National Biosurveillance Systems: BioWatch and the Public Health System*: Interim Report. Washington, DC: National Academies Press; 2005. [PubMed]

Nyarko, S. H. (2015*). Prevalence and correlates of contraceptive use among female adolescents in Ghana.*BMC Women's Health

Parkes, A., Wight, D., Petticrew, M., & Hart, G. J. (2009). *Limits to modern contraceptive use among young women in developing countries*: a systematic review of qualitative research. Reprod Health, 6(3), 1-12.

Sagnarigu Health Directorate, *Annual report 2019*

Sahu, B., &Hutter, I. (2012). ―*Lived Islam in India and Bangladesh: negotiating religion to realize reproductive aspirations*. Culture, Health & Sexuality, 14(5), 521–535.

Salinas, J. J., Al Snih, S., Markides, K., Ray, L. A., & Angel, R. J. (2010). *The rural–urban divide: Health services utilization among older Mexicans in Mexico. The Journal of Rural Health, 26(4), 333–341.*

Sedgh, G., & Hussain, R. (2014). Reasons for Contraceptive Nonuse among Women Having

Unmet Need for Contraception in Developing Countries. Studies in FamilyPlanning, 45(2), 151–169.

Singh K, Osei-Akoto I, Otchere F, Sodzi-Tettey S, Barrington C, Huang C, et al. Ghana's *National Health insurance scheme and maternal and child health: a mixed methods study*. BMC Health Serv Res. 2015; 15:108

Stephenson, R., Baschieri, A., Clements, S., Hennink, M., &Madise, N. (2008). *Contextual*

Influences on Modern Contraceptive Use in Sub-Saharan Africa. Am J Public Health, 97, 1233–1240.

The society of Obstetricians and Gynaecology (2004) Choosing a contraceptive that 's right for URL.www.sexuality and U.ca retrieved on 17 /3/2012.

Trussell J, Grummer-Strawn L. *Contraceptive failure of the ovulation method of periodic abstinence*. Fam PlannPerspect. 1990;22:65–75. [PubMed]

Trussell J. *Estimates of contraceptive failure from the 1995 National Survey of Family Growth.* Contraception. 2008;78:85. [PMC free article] [PubMed]

Ojikutu, R., & Adeleke, I. (2009). *Current contraceptive awareness and use among students of tertiary institutions in lagos state*, NIGERIA. International Journal of Academic Research, 1(2)

United Nations Report, 2014

UNFPA The State of World Population (2005). *The Promise of Equality: Gender Equity, Reproductive Health and the Millennium Development Goals* - See more: http://www.unfpa.org/publications/state-world-population-2005 University of Ghana http://ugspace.ug.edu.gh 61

United Nations Population Fund [UNFPA] (2005) *State of the World Population 2005*: The Promise of Equality, Gender Equity, Reproductive Health and the Millennium Development Goals

United Nations Departement of Economics and Social Affairs report 2014

UNICEF (2014). *Adolescence: An Age of Opportunity*. The State of The World's Children.

UNICEF (2011). *Adolescence: An Age of Opportunity*. The State of the World's Children.

Williamson, L. M., Parkes, A., Wight, D., Petticrew, M. and Hart, G. J. (2009), *Limits to Modern Contraceptive Use among Young Women in Developing Countries*: A Systematic Review of Qualitative Research, Reproductive Health 2009.

W.H.O. (2008). *Why Is Giving Special Attention to Adolescents Important for Achieving Millennium Development Goal 5? Fact sheet, WHO/MPS/08.14.*

W.H.O. (2011). *Guidelines on Preventing Early Pregnancy and Poor Reproductive Outcomes among Adolescents in Developing Countries*.

World Health Organization - WHO. (2014). *World health statistics 2013. Geneva, Switzerland: World Health Organization*

World Health Organization. *The Family Planning Fact Sheet 2013*. WHO, Geneva?

WHO/USAID (2007). *Family planning*, A global handbook provider.

World health organization .2010. *The sexual and reproductive health of young adolescents in developing countries.*http://www.who.int/immunization/hpv/target/the_sexual_and_reproductive_health_of_young_ad olescents_who_2011.pdf. p. 8. Accessed 28.11.2014.

World health organisation 2013. Acessed 1.03.2013. http://www.who.int Programmes and projects>A-Z> *Maternal, newborn, child and adolescent health > Document centre>list by topic>completed list>listed by year of publication>2007*>WHO discussion paper on adolescent>Contraception in adolescents. Available at http://www.who.int/maternal_child_adolescent/documents/discussion/en/index.html

World Health Organization. 2013.Availablehttp://www.euro.who.int/en/data andevidence/evidence-informed-policy-making/publications/hen-summaries-of-network-membersreports/what-are-the-most-effective-strategies-for-reducing-the-rate-of-teenage-pregnancies. Accessed on 13.11.2013.77

World Health Organization 2012 *Emergency contraception*. Accessed 06.11.2013. World Health Organization 2013. Family Planning. Available at http://www.who.int/mediacentre/factsheets/fs351/en/. Accessed 11.11.2013.

World Health organization. 2004. *WHO discussion paper on adolescents. Contraception: Issues in Adolescent Health and Development*

World Health Organization - WHO. (2014). *World health statistics 2013. Geneva, Switzerland: World Health Organization.*

Yoder, P., Guèye, M., &Konaté, M. (2011). *The use of family planning methods in Mali*: The how and why of taking action.

UNIVERSITY FOR DEVELOPMENT STUDIES

QUESTIONNAIRE

This questionnaire is to solicit information on the topic **"Factors Affecting the Acceptance and Usage of Contraceptives among Female Adolescents in Sagnarigu Municipality"** towards a Master of Public Health at the School of Medicine and Health Science, and you have been chosen as a participant in this study. Your willingness to participate in this study is much appreciated. ***Remember, your response shall be kept confidential, it is for only academic purpose your name will not be recorded in any of our document and there will not be any voice recording. All data collected will be put together and analyzed together. So, feel free to answer these questions.***

From your personal experience and knowing yourself, kindly provide responses that represent the reality concerning issues being studied in this research. Your responses will remain highly confidential. Thank you.

SECTION A: RESPONDENTS DEMOGRAPHY

1. Age of Respondent ……

2. Gender of Respondent: Male [ ] Female [ ]

3. Level of Education: Primary [ ] JHS [ ] Secondary [ ] Tertiary [ ] None [ ]

4. Religion: Christianity [ ] Islamic [ ] Traditional [ ]

5. Marital Status: Married [ ] Not Married [ ] Divorced [ ] Separated [ ] Co-habiting [ ]

6. Place of Residence: Rural [ ] Urban [ ]

7. Mother's level of Education: Primary [ ] JHS [ ] Secondary [ ] Tertiary [ ] None [ ]

8. Father's level of Education: Primary [ ] JHS [ ] Secondary [ ] Tertiary [ ] None [ ]

9. Whom do you live with? Parents [ ] Guardian [ ] Partner [ ] By Myself [ ]

10. Father's Occupation: ……

11. Mother's Occupation: ……

SECTION B. CONTRACEPTIVE USAGE AND ACCEPTANCE AMONG FEMALE ADOLESCENTS

Remember, your response shall be kept confidential, it is for only academic purpose your name will not be recorded in any of our document and they will not be any voice recording. All data collected will be put together and analyzed together. So, feel free to answer these questions

12. Have you ever had sex? Yes [ ] No [ ]

13. If yes how old were you when you first had sexual encounter? ……

14. Have you used any contraceptives before Yes [ ] No [ ] IF NO SKIP TO 21

15. How often do you use any of the methods Every time [ ] Once a while[ ] Not at all

16. Which of the methods have you ever used IUD [ ] Injectable [ ] Implants [ ]Pills Female condom [ ] Male condom [ ] Diaphragm [ ] Others Specify……..

17. Which of the methods are you currently using? IUD [ ] Injectable [ ]Implants [ ]Pills [ ] Female condom[ ] Male condom

18. Where do you get this contraceptive in the municipality from? Hospital/Clinic [ ] Pharmacy/Drug store [ ] Health provider [ ] Family Planning/PPAG Clinic[ ] Other specify …….

19. How long have you been using contraceptives? One month and above [ ] One to two years [] Three to five years Six to 10years [ ] Six to 10years [ ]

20. What are your reasons for using contraceptives?

To avoid teenage pregnancy [ ]To prevent STIs [ ] To delay childbirth

21. Will you like or agree to use any of the contraceptives? Yes [ ] No [ ]

22. If yes which of the methods will you use? IUD [ ] Injectable [ ] Implants [ ] Pills [ ] Female condom[ ] Male condom Others; specify

23. If no what are your reasons for non-acceptance? Religious beliefs [ ] Fear of side effects [ ] Others; specify……

24. Who in your opinion should use contraceptives? Married couples only [ ] All sexually active persons [ ] Adults only[ ] Other specify ……

25.The last time you used a contraceptive who decided on what to use?

You [ ] Friend [ ]Partner [ ] Parent[ ]

26. If you wanted to, could you yourself get any contraceptives? Yes [ ] No [ ]

If No Why

27. If yes, which contraceptive methods? IUD Injectable [ ] Implants [ ] Pills [ ] Female condom [ ] Male condom [ ] None [ ]Others (specify) ……

28. Do you currently have a sexual partner (boyfriend/girlfriend)? Yes [ ] No [ ]

29. How many sexual partners(boyfriend/girlfriend) have you had in your lifetime?

30. Within the last 12 months, how many sexual partners have you had?.....

31. Do you feel any pressure from others to have unprotected sexual intercourse? Yes [ ]

No [ ]

If No skip to question 33

32 If yes to question 31, from whom do you feel the pressure? Friends [ ] Relatives [ ]

Partner

33. Do you think sex education can influence contraceptive use? Yes [ ] No [ ]

SECTIN C. SOCIO-CULTURAL FACTORS INFLUENCING THE USAGE OF CONTRACEPTIVES

Please respond to these questions by ticking the extent to which you agree or disagree about the factors that influence the use of contraceptives

1= Strongly Disagree 2= Agree 3= Neutral 4= Agree 5= Strongly agree

S/N	**Socio-cultural factors affecting contraceptive usage and acceptance**	**1**	**2**	**3**	**4**	**5**
34	Religious beliefs					
35	Distance to acquisition of contraceptives					
36	Attitude of the contraceptive providers					
37	Partner or family members opposed to using					
38	Fear of Side effects of contraceptives					
39	Lack of knowledge of contraceptives					
40	Infrequent sex					
41	Hard to get preferred methods					
42	Contraceptives methods too costly					

43	Counselling received about contraceptives					
44	Cultural or traditional beliefs					

THANK YOU

FOCUS GROUP DISCUSSIONS: ADOLESCENT GROUP

BEGIN INTERVIEW:

FGD PARTICIPANT INFORMATION (*Do not record names*)

Person #	Age	Education	Residence	Marital Status	Religion
#1					
#2					
#3					
#4					
#5					
#6					
#7					

1. ***What is the acceptance rate of modern contraceptives among adolescents in Sagnarigu Municipal? Probe***

a. Are you aware of any Contraceptive methods?

b. Have you ever heard about the contraceptives?

c. Mention any contraceptive methods that you know?

d. How did you get to know these contraceptives?

e. Do you know a place in your community where you can get a contraceptive?

f. Can adolescent become pregnant from just one unprotected sex?

g. . Do you think that using contraceptive during sex provide 100% protection from pregnancy?

Remember, your response shall be kept confidential, it is for only academic purpose. your names will not appear in any of our document. So feel free to answer these questions

2. ***What is the prevalence of modern contraceptive use among adolescents in the Sagnarigu Municipal? probe***

a. Have you used any contraceptives before?

b. How often do you use Contraceptive?

c. Which methods have you ever used? Mention as many as possible

d. Which of the methods are you currently using?

e. Who in your opinion should use modern contraceptives?

f. If you wanted to, could you yourself get any contraceptives

g. Do you currently have a sexual partner (boyfriend/girlfriend)?

h. How many sexual partners(boyfriend/girlfriend) have you had in your lifetime?

i. Within the last 12 months, how many sexual partners have you had?

j. Do you feel any pressure from others to have unprotected sexual intercourse?

3. ***Are adolescents with some level of education accept contraceptives and use than those without education? probe***

   a. What is the acceptance level of contraceptives among adolescents with JHS/JHS Leavers?

   b. What is the acceptance level of contraceptives among adolescent with SSS/SHS Leavers?

c. What is the acceptance level of contraceptives among adolescents with Tertiary education?

d. What is the acceptance level of contraceptives among adolescents with no education?

4. What are the socio-cultural factors that affect adolescents from using modern contraceptives? Probe

a. What are the Factors that influences the usage and acceptance of contraceptives?

b. Do you think that Religious beliefs can influence the use of contraceptives? explain

c. What of Distance to acquisition of contraceptives? explain

d. Can the Attitude of the contraceptive providers influence it patronage? Explain

e. What of Fear of Side effects of contraceptives? explain

f. Do you think that Lack of knowledge of contraceptives influences its usage? Explain?

g. What of difficult to get preferred contraceptive methods? explain

h. Is Contraceptives methods too costly? How much do you buy one?

i. Can Infrequent sex influence the usage and acceptance of contraceptives? Explain

At the end summarize the main point and ask participants if they have something to add. Reflect the intended purpose of the FGD and stress on the confidentiality

APPENDIX: I

RESULTS FROM FOCUS GROUP DISCUSSION (NUMBER OF PARTICIPANTS: 7)

S/N	QUESTIONS	RESPONSE	SOURCE
1	**Are you aware of any Contraceptives of contraceptive methods?**	To be frank, I have ever heard of it but never use it and where I have been hearing of it is when we are sick and go to hospitals, the nurses normally talk about it. When you want to do conceptive or when you don't want to conceive, they can give you the pills or inject you the syringe so that you won't get pregnancy	**Participant#1**
		someone may do it and later on when they want to conceive again and it will be difficult for them. Someone may do it, it will not work for her, and you might do it and still end up getting pregnant	**Participant#2**
2	**can you tell me the Contraceptives methods that you know?**	What I also heard about it is, you can do it when you don't want to conceive and you end up becoming pregnant	**Participant#3**
		what I have been hearing is **contra 72**	**Participant#6**
		I also heard what they called **"Lydia".**	**Participant #**
		Lydia	**Participant #**
		Lydia	**Participant#5**
		Injectable	**participant#2**
		Condom	**Participant#3**
3	**where did you hear it?**	have been seeing people buying it from chemical store	**Participant#4**
		We have chemical store in our house and people are buying it there.	**Participant#1**

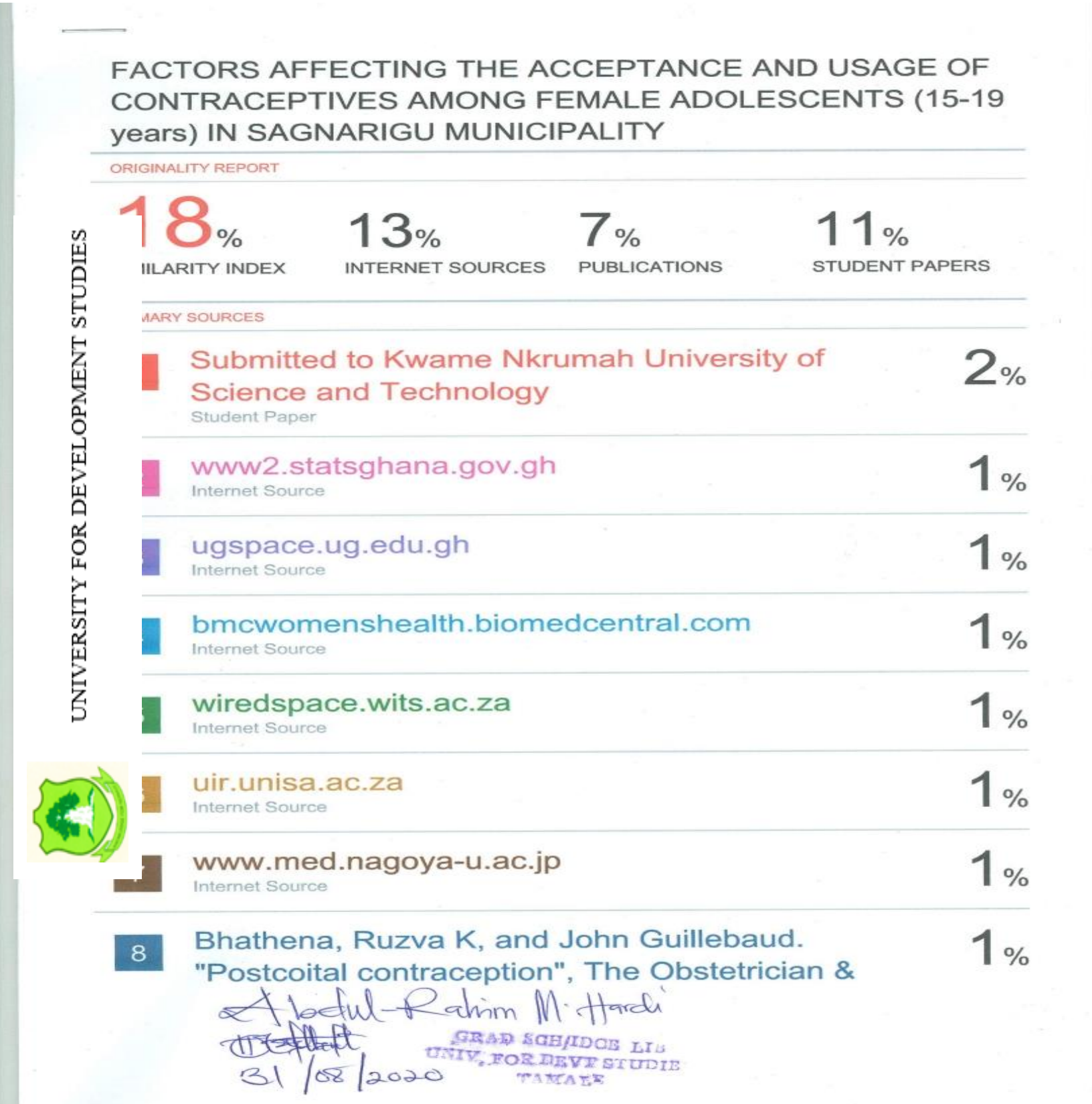
		Females are using it. One lady came and bought it, so I asked my sister about it and she gave it to me to read.	**Participant#1**
4	**Are they males or females who are buying it?**	Yes, I heard people saying that if you want to do contraceptives you can go for the injection.	**Participant#2**
		I heard it from somebody.	**Participant#3**
5	**do you think that when a lady has her first intercourse would she get pregnant?**	Yes, she could.	**Participant#4**
6	**Why would she get pregnancy**	Because she didn't do family planning	**Participant#5**
		Because she didn't protect herself.	**Participant#1**
7	**do you think the usage of the contraception can protect someone (100%) from getting**	they say is not 100%. Some people believe that it is 100% and others believe not.	**Participant#1**
8	**has anyone of you used it before? Don't be timid, just feel free as I told you.**	To be frank, I have never used it before	**Participant#2**
		I haven't seen it before?	**Participant#3**
9	**who do you think should use contraceptives?**	Someone who has a baby.	**Participant#4**
		Ladies can also use it.	**Participant#1**
		Those who are in their marital home (couple)	**Participant #2**
		If you don't have a child, it is not good for you	**Participant#3**
		When you use it, it could prolong you from c	**Participant#4**

		Yes, if you don't need a child, you can use it but if you need a child you can't use it.	**P articipant#5**
		If you are working and you don't want to get pregnant, you can use it.	**Participant#6**
		Married people.	**Participant #7**
		Ladies can also use it. Those who have boyfriend	**Participant #1**
		students.	**Participant #2**
10	**So now, among those who are educated and uneducated, who do you think they use the**	To be candid, those who are educated and married are those whom I think will be using it more. If she has a child and does not need another one could do it	**Participant #**
		someone may do it and it will make her grow	**Participant#7**
12	**what are the factors influence that usage and acceptance of the contraceptives?**	To be frank, some people say in the Islamic religion is not good and some people say is good. Those who said is not good say that the man may still want a child and the woman goes for it (i.e contraceptive contraceptives) which will make her not to produce again so by then God will punish her. That is what they say.	**Participant#2**
		It doesn't mean that when you are a Muslim you can't do it because when you are to do it, it will be an agreement between the couple. When you don't need a child and you need sex you can go ahead and do it.	**Participant#1**
		from my mind, you and your husband may not need a child but when you have sex you might get unwanted pregnancy which will lead you to abortion.	**Participant#2**
		Madam, when you have a child, you and your husband can go for it in case your need a child again you can go back to the hospital for them stop it so that you can conceive Again	**Participant#3**

		other. It is not good for a woman to go behind her and do it, because later the man might need a child and when you tell him you are on family planning he won't be okay with you.	**Participant #4**
13	**What about if you want to do it and the hospital is far away from you, do you think that it can prevent a person from doing it or not?**	No, it can't prevent you.	**Participant#5**
		If only your husband wants you to do it, he will find a way for you to go and do it.	**Participant#6**
		Yes, if the hospital is far it can prevent some	**Participant#7**
		If the man doesn't have a motorbike and there is no money for you to chat a tricycle (yellow yellow). Like Kpalsi (St. Lucy Polyclinic) is closer but if it is Tamale Teaching Hospital, we can't do it due to the distance. So therefore, the distance can	**Participant#1**
14	**Do you think that the behavior Of a nurse can stop you from doing it? Though you want to do it but due to the Behavior of the nurse, so would that prevent a person from doing it? Tell me the truth, as I told you to freely express your thoughts So that if there Is any prevention.**	My opinion, it can't prevent you from doing it because that is his/her work place so whatever that he/she does you will just exercise patience for her to work on you.	**Participant#1**
		To me, you may even fall sick and go to hospital and a nurse will just do something and you feel like going back home with your sickness. So to me, the nurse behavior can prevent a person from doing it.	**Participant#1**
		To be truthful, Some of the nurses, you may go there if he/she was the person who did it for you and you go back some of them will be yelling on you and it makes you either terrify or embarrassment.	**Participant#1**
		He/she will just grimace or frown her face which will make you not telling her your feeling.	**Participant#2**

		Some of the nurses have patience. You may go there and one of them will do everything for you until you recover	**Participant#3**
		Some of the nurses have patience. You may go there and one of them will do everything for you until you recover	**Participant#4**
15	**does this suggest that, their attitude can prevent someone from doing it?**	Yes	**Participant #5**
		To me, you would do. When you go there unlike the man won't allow you to sleep in the night so you can decide to take a different contraceptive and the nurse will	**Participant#6**
		My opinion, you won't do because you know what you go for would have been the best one for you	**Participant#7**
16	**So, the cost of it, can it prevent someone from doing it? When you go and it is expensive, would you do it?**	To be candid, someone may want to do but because it is expensive, she might not know where to get the money so she won't do it.	**Participant#1**
		Yes, lack of money could prevent you from doing it. What if you go there without money and it requires payment how will you do	**Participant #2**
		Yes, one may not do it because of the cost.	**Participant#3**
17	**Someone may be there and the husband is not around and she thinks that she doesn't do it (sex) all times, so could that lead her to do it or not? Or someone may also be there who has no husband but rather boyfriend because they don't have sex all the time, could that make her Use it or not? Do you Think such a person could do it?**	She might not do it because her husband is no	**Participant#4**
		She might not do it because she doesn't do it	**participant #5**
		She can do it because even first day intercourse could lead to pregnancy	**Participant#6**
		We have some people in life; unlike the evil ones, because he knows your husband is not around he could come in and rape you. But if you don't do it and such thing happens and you may become pregnant.	**Participant#7**

APPENDIX II: PLAGIARISM CHECK REPORT



FACTORS AFFECTING THE ACCEPTANCE AND USAGE OF CONTRACEPTIVES AMONG FEMALE ADOLESCENTS (15-19 years) IN SAGNARIGU MUNICIPALITY

ORIGINALITY REPORT

18%	13%	7%	11%
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MARY SOURCES

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