

## Nursing

## KEYWORDS:

Contraceptives, Adolescents,  
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## CONTRACEPTIVES KNOWLEDGE AND USE AMONG FEMALE ADOLESCENTS IN BAWKU MUNICIPALITY.



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### ABSTRACT:

**BACKGROUND:** Early sexual engagement, teenage pregnancies, unsafe abortions and increased risk of contracting Sexually Transmitted Infections (STIs) including HIV among adolescents have become a major concern in Ghana. Unsafe abortions among the adolescent girls is a major contributor to high maternal mortality and morbidity rates in Ghana. Increasing contraceptive knowledge and use among the adolescent population improves their reproductive health outcomes. Objectives: The objective of this study was to assess the level of contraceptives knowledge and use among female adolescents in Bawku Municipality.

**METHOD:** The study was a descriptive quantitative study using structured questionnaire involving 150 female girls age 15 – 19 years both in-and-out of school within the Bawku Municipality.

**RESULTS:** The study results indicated that 41.6% of the female adolescents ever had sex, 77.4% of them had their first sex at age 15 – 19 years, 78.4% of the 150 girls have contraceptive knowledge and mentioned condom, pills, injectables and abstinence as some of the methods. Most (68.0%) had their information about contraception from health workers, 80.6% of those who had sex used contraceptive.

**CONCLUSION:** The knowledge and use of contraception are still not as high as expected among the late adolescents in the Bawku Municipality and therefore health authorities and relevant stakeholder must identify aggressive advocacy on friendly adolescent reproductive health (ARH) services especially in school.

### INTRODUCTION

World Health Organisation (WHO) has defined adolescents as people in age groups between 10 – 19 years, with 10 – 14 and 15 – 19 years being early and late adolescents respectively (1). The adolescence phase is a transition period to adulthood with numerous challenges, ranging from physical, social to sexual problems.

According to WHO,(2) every year about 16 million girls aged 15 to 19 and some 1 million girls under 15 give birth of which most of these girls are in low- and middle-income countries. Globally, about 3 million of these adolescents' girls undergo unsafe abortions and contributing to the increase of maternal and infant mortalities.

The proportion of women age group 10 – 19 years who had sex four (4) weeks before the 2014 GDHS were 14.20 percent and those who started childbearing rose to 14 percent in 2014 from 13 percent in 2008 (3). Teenage pregnancy or motherhood poses major health problems for both the mother and child which also reduces girls' educational and employment opportunities. Most adolescents are curious about exploring their sexuality and tend to have many sexual partners which expose them to early pregnancies, unsafe abortions and Sexually Transmitted Infections (STIs) including HIV.

These adolescents are highly vulnerable to sexual exploitation and therefore at a high risk of negative reproductive health outcomes.

The consequences of adolescent unintended pregnancies often result in unsafe abortions and increase the risks of adverse outcomes of the mother and the new-born (4). According to studies conducted, maternal mortality ratio among adolescents is about twice of women in their twenties and the mortality of infants born to them are higher as well (5), (6).

Increasing the uptake of family planning among adolescents is critical in reducing maternal mortality/morbidities and infant mortality as well. The use of modern contraceptives is a key factor in reducing fertility through the prevention of unwanted and unintended pregnancies but modern contraceptives use is still very low in Ghana. Despite the high levels of adolescent pregnancies, contraceptive use still remains low among this population in Ghana. According to the 2010 population and housing census, knowledge of at least one type of modern contraceptive was generally low and use of any modern contraceptive among females age 15 – 19 was 19.5 percent (7). A study done by Enuameh et al (8) indicated that the use of family planning method among sexually active adolescents was as low as 9.1 percent and 10.9 percent respectively for current use and at last sex.

Teenage pregnancy in the Upper East Region of Ghana is steadily increasing from 14.7 percent, 15.0 percent to 15.5 percent in 2011, 2012 and 2013 respectively. Bawku Municipality which is one of the administrative districts of the Upper East Region also recorded 14.0 percent of teenage pregnancy cases in 2013 (9).

Therefore the objective of the study was to assess contraceptive knowledge and use among female adolescents in the Bawku Municipality which will be essential to designing reproductive health programmes to support them overcome sexual related problems.

### MATERIALS AND METHODS

The study was carried out in Bawku Municipality which is located approximately between latitudes 11° 11' North and 100° 40' 11" North and longitude 0° 18' 11" W and 0° 61' E in the north-eastern corner of the region. The municipality has a total land area of about 1215 05 sq km. It shares boundaries with Burkina Faso, the Republic of Togo, Bawku West District and Garu – Tempene District to the north, east, west and the south respectively (10).

This study was a descriptive cross-sectional in design and data was collected using structured questionnaire to collect data from adolescent girls age 15 – 19 years both in- school and out of school residing in the Bawku Municipality. A total number of 384 adolescents were interviewed using convenience sampling technique. Urban West sub-district was purposely selected because of the location of Bawku senior high school. Three communities from the selected sub-district were selected by simple random sampling for the study and Bawku senior high school purposefully

selected to recruit in-school adolescents. The youth aged 15 – 19 years females in the selected communities were chosen to include in the study by convenience. The data collected was analysed using SPSS version 20.0. The analysed data was presented in the form of frequency distribution tables to give easy understanding of the findings.

Permission was sought from the Municipal Director of Health Services (DMHS) and the headmaster of the selected senior high school for the study. Individual verbal consent was also sought from the participants and special care was taken not to ask culturally inappropriate questions and strict confidentiality was ensured. All interviews that were conducted as part of this study was strictly voluntary and confidential.

**RESULTS**

**Background information of respondents of the study**

All of the study participants were in their middle and late adolescence. The age of the participants of the study ranged from 15 – 19 years of which 13 (8.7%) were married and 137 (91.7%) single. Most of them had completed or in SSS/SHS 121 (80.7%) and 18 (12.0%), 8 (5.3%) and 3 (2.0%) were respectively in or completed JHS/JSS, Primary or had no education. Majority were Christians 84 (56.0%), followed by Muslims 64 (42.7%) and Traditional worshippers 2 (1.3%).

On the part of the educational background of parents, fathers were better educated than mothers and even one (1) father attained tertiary level education whilst none of the mothers attained that level of education. About 14 (9.3%) and only 6 (4.0%) of their fathers and mothers respectively completed SHS/SHS (see table 1)

**Table 1 Background information of respondents of the study**

| Attribute                    |                     | Frequency | Percent |
|------------------------------|---------------------|-----------|---------|
| Age of respondent (in years) | 15                  | 16        | 10.7    |
|                              | 16                  | 29        | 19.3    |
|                              | 17                  | 30        | 20      |
|                              | 18                  | 39        | 26      |
|                              | 19                  | 36        | 24      |
| Marital Status               | Married             | 13        | 8.7     |
|                              | Single              | 137       | 91.3    |
| Current level of education   | No formal education | 3         | 2       |
|                              | Primary             | 8         | 5.3     |
|                              | JHS/JSS             | 18        | 12      |
|                              | SHS/SSS             | 121       | 80.7    |
| Religion                     | Christian           | 84        | 56      |
|                              | Muslim              | 64        | 42.7    |
|                              | Traditional         | 2         | 1.3     |
| Father's Level of education  | No formal education | 87        | 58      |
|                              | Primary             | 30        | 20      |
|                              | JHS/JSS             | 18        | 12      |
|                              | SHS/SSS             | 14        | 9.3     |
|                              | Tertiary            | 1         | 0.7     |
| Mother's Level of education  | No formal education | 103       | 68.7    |
|                              | Primary             | 26        | 17.3    |
|                              | JHS/JSS             | 15        | 10      |
|                              | SHS/SSS             | 6         | 4       |

**Sexual activity of respondents of the study**

Among the adolescent girls who have had sex before (n=62), about 33 (53.2%) of them said they used contraceptive during their first sexual encounter and 29 (46.8%) reported that, they never used contraceptives.

Among the 62 adolescent girls who reported ever having sexual intercourse, 39(62.9%) of them said they are still currently sexually active whereas 23 (37.1%) said they were not sexually active (see

table 2).

**Table 2 Sexual activity of respondents of the study**

| Attribute                       |           | Frequency | Percent |
|---------------------------------|-----------|-----------|---------|
| Ever had sex                    | Yes       | 62        | 41.3    |
|                                 | No        | 88        | 58.7    |
|                                 | Total     | 150       | 100     |
| Age at first sex                | 9 or less | 2         | 3.2     |
|                                 | 10 – 14   | 12        | 19.4    |
|                                 | 15 – 19   | 48        | 77.4    |
|                                 | Total     | 62        | 100     |
| Sexually active currently       | Yes       | 39        | 62.9    |
|                                 | No        | 23        | 37.1    |
|                                 | Total     | 62        | 100     |
| Contraceptive used at first sex | Yes       | 33        | 53.2    |
|                                 | No        | 29        | 46.8    |
|                                 | Total     | 62        | 100     |

**Knowledge of contraceptives of respondents of the study**

Among the adolescents (n=148) who responded to the question whether they have ever heard of contraceptives, 116 (78.4%) of them said they have ever heard of contraceptives and mentioned the condom, pills, abstinence and injectable as the contraceptive method they know while 32 (21.6%) were unaware.

On the reasons why contraceptives are used as part of assessing their knowledge on contraception, 97 (83.6%) reported that it is used to prevent pregnancy, 17 (14.6%) said to prevent STIs, 1 (0.9%) mentioned to abort pregnancy and to achieve pregnancy respectively.

Among the 116 female adolescents who were asked whether contraceptive use have side effects, 61 (52.6%) of them said yes and mentioned infertility, weight gain, headache, menstrual disorders and death as some of the side effects whilst 55 (47.4%) of them mentioned contraceptives have no side effects (see table 3)

**Table 3 Knowledge of contraceptives of respondents of the study**

| Attributes                                    |                   | Frequency | Percent (%) |
|---|-------------------|-----------|-------------|
| Heard of contraceptives                       | Yes               | 116       | 78.4        |
|   | No                | 32        | 21.6        |
|   | Total             | 148       | 100         |
| Uses of contraceptives                        | Prevent pregnancy | 97        | 83.6        |
|   | Abort pregnancy   | 1         | 0.9         |
|   | Achieve pregnancy | 1         | 0.9         |
|   | Prevent STIs      | 17        | 14.6        |
|   | Total             | 116       | 100         |
| contraceptive side effects                    | Yes               | 61        | 52.6        |
|   | No                | 55        | 47.4        |
|   | Total             | 116       | 100         |
| Possibility of pregnancy using contraceptives | Yes               | 42        | 36.2        |
|   | No                | 74        | 63.8        |
|   | Total             | 116       | 100         |

**Respondents source of contraceptive information**

The main source of contraceptive information among the adolescents was from the health workers 100 (68.0%), followed by television 82 (55.8%), school teacher 78 (53.1%), parents 44 (29.9%), newspapers 38 (25.9%) and siblings 31 (21.1%). While only 3 (2.0%) of the adolescents' knowledge about contraceptives is through the internet.

When respondents were asked where contraceptives can be gotten from as part of assessing their source of contraceptive information, they mentioned from the drug store and health facility (as shown in table 4).

**Table 4 Respondents source of contraceptive information**

| Attribute       | Frequency | Percent (%) |
|-----------------|-----------|-------------|
| Radio           | 61        | 41.5        |
| Television      | 82        | 55.8        |
| News papers     | 38        | 25.9        |
| Health workers  | 100       | 68          |
| Parents         | 44        | 29.9        |
| Friends         | 68        | 46.3        |
| School teachers | 78        | 53.1        |
| Siblings        | 31        | 21.1        |
| Internet        | 3         | 2           |

\*Multiple response\*

**3.4 Respondents use of contraceptives**

The operational definition of current use refers to a contraceptive method currently used by a respondent or the sex partner within the period of the survey.

The study results indicated that, 50 (80.6%) of the adolescents ever used contraceptives of which 40 (80.0%) used modern method, 3 (6.0%) used traditional method and 7 (14.0%) used both traditional and modern methods.

Among the 50 adolescent girls who have ever used contraceptives, 39 (78.0%) of them were currently using contraceptives and 11 (22.0.0%) were not. Those who have ever used contraceptives were asked why they used contraceptives and 41 (82.0%) indicated to prevent pregnancy while 9 (18.0%) said they wanted to prevent contracting sexually transmitted infections Out of the 39 participants who said they were currently using contraceptives, 23 (59.0%) of them got the contraceptives from government health facilities, 12 (30.8%) from chemical/drug stores, 3 (7.7%) from friends/relatives and 1 (2.5%) from private health facilities (see table 5)

**Table 5 Respondents use of contraceptives**

| Attributes                         |                            | Frequency | Percent |
|------------------------------------|----------------------------|-----------|---------|
| Ever used contraceptives           | Yes                        | 50        | 80.6    |
|                                    | No                         | 12        | 19.4    |
|                                    | Total                      | 62        | 100     |
| Why used contraceptives            | To prevent pregnancy       | 41        | 82.0    |
|                                    | To prevent STIs            | 9         | 18.0    |
|                                    | Total                      | 50        | 100     |
| Type of method ever used           | Traditional method         | 3         | 6.0     |
|                                    | Modern method              | 40        | 80.0    |
|                                    | Both                       | 7         | 14.0    |
|                                    | Total                      | 50        | 100     |
| Current contraceptive usage        | Yes                        | 39        | 78.0    |
|                                    | No                         | 11        | 22.0    |
|                                    | Total                      | 50        | 100     |
| Service Provider of current method | Government health facility | 23        | 59.0    |
|                                    | Private health facility    | 1         | 2.5     |
|                                    | Chemical/drugs store       | 12        | 30.8    |
|                                    | A friend or relative       | 3         | 7.7     |
|                                    | Total                      | 39        | 100     |

**4.0 DISCUSSIONS**

Active sexual activity among female adolescents expose them to unwanted pregnancies, unsafe abortions and sexually transmitted infections including HIV if they are not using contraceptives especially condoms. The study results showed that, 41.3% of the middle and late adolescent females ever had sexual intercourse and majority (77.4%) of them were in the age group 15 – 19 years when they had their first sexual encounter. This finding is higher than a study done in Kintampo by Enuameh et al in (8) that reported 27.4% of female adolescents being sexually active. This finding is consistent with the 2014 GDHS that reported 42.7% of the female adolescents engaging in sexual activity (3). A study done in Nigeria also reported 26.54% of female adolescents in secondary school

being sexually active (11). Study done by Biddlecom et al (12) in four (4) African countries including Ghana also reported 60% of female adolescents engaging in sexually activity before age 18 years.

Having contraceptive knowledge is an essential prerequisite in getting access to contraceptives and its potential use. Since this study reported that, 78.4% of the adolescent girls heard about contraceptives with condom, pills, abstinence and injectable as main methods mentioned. This finding signifies that knowledge of contraception among the adolescent girls is high in the Bawku Municipality. The 2014 GDHS also reported almost universal contraceptive knowledge of 96.5% among females age 15 -19 years knowing at least one contraceptive method and as well as one modern method across the country (12). The most common methods mentioned in the 2014 GDHS were also pills, injectables, condom and IUD similar to the findings of this study.

The study saw the most common sources of contraception information as in table 4.4 to be from health workers (68.0%), television (55.8%), school teachers (53.1%), friends (46.3%) and only 2.0% from internet source. Since information about contraception from health workers is the most appropriate and will not be misleading, it suggest that most of the adolescent girls are getting the right information on contraception. On the contrary, previous studies done by Byamugisha (13) and Nworah et al (14), rather reported common sources of contraceptive information to be from friends and rarely from health workers. Information from friends could be misleading as they contain a lot of distortions and misconceptions. Enuameh et al (8) also reported radio, television and socializing being the main sources of contraceptive information.

Those adolescent girls 15 – 19 years who have ever had sexual intercourse, a high percentage (80.6%) of them have ever used any contraceptives method and those currently using contraceptives are also many (78.0%). Those who used modern method (80.0%) were higher than traditional method (6.0%). The contraceptives usage among the study participants has been an improvement unlike the study done in central part of Ghana that reported that 17.9% of the adolescent females ever used contraceptives and 9.1% of them currently using (8). The study also demonstrated that (59.0%) of the female adolescents patronized the contraceptives from the government health facilities and this is however not high as expected since those places have the capacity to counsel them well for them to make an informed choice.

**CONCLUSION**

The findings suggest that there is still relatively quite a high number of the adolescent girls engaging in sexual activities and some not using contraceptives. Though the awareness level as well as usage of contraceptives among the late adolescent females is relatively lower than expected as from previous 2014 GDHS, their family needs must be addressed. However, it is expected that majority of them (more than what is reported in this study) should have been acquiring their contraceptives from the government health facilities due to the capacity they have to properly take them through counseling, administering and possibly managing side effects if any develops.

The relevant stakeholders must intensify aggressive advocacy on adolescent reproductive health (ARH) friendly activities. They should enhance health promotion activities targeting the early adolescents before they start sexual ventures especially establishing friendly ARH services in schools. The teaching of reproductive health should be incorporated in schools curricula starting from upper primary to provide accurate information about sex and contraception.

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