KNOWLEDGE AND ATTITUDE TOWARDS CONTRACEPTIVE USE AMONG ADOLESCENTS IN SENIOR HIGH SCHOOL IN THE LEDZOKUKU-KROWOR MUNICIPALITY.

BY

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DECEMBER, 2018
DECLARATION

I AFUA DARKOAH AKUFFO do hereby declare that, apart from references made to works done in relation to this subject area which have been duly acknowledged, this work was independently done by me under supervision. I further declare that this work has not been submitted for the award of any degree in this university or elsewhere.

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(STUDENT)                  SIGNATURE                             DATE

DR FRANKLIN GLOZAH…………………………………………………………
(SUPERVISOR)                SIGNATURE                             DATE
DEDICATION

This work is dedicated to my husband Mr Robert Tetteh and my children Auriel, Aneka and Alvin Tetteh for their support and encouragement. It is also dedicated to all adolescents and their parents who helped in diverse ways to making this research a success.
ACKNOWLEDGEMENT

My greatest appreciation goes to the Almighty God for giving me the Strength and knowledge to undertake this project work. My appreciation will be incomplete without extending my profound gratitude to the various individuals for their enormous contributions.

My profound gratitude goes to my supervisor, Dr Franklin Glozah, who selflessly took me through this work. Dr. Glozah showed me much love and care by offering me important comments on my work, advice and encouraged me at a point when I felt stressed and discouraged to complete this work. His dedication right from writing my proposal to date made me master courage to complete this work.

I will also like to extend my appreciation to the headmasters and mistress of Oreilly Secondary School, Nungua Secondary School, Preseco Nungua, Teshie technical school as well as students and parents who assisted me in gathering data for this research. To the staff of the social and behavioural science Department of the School of Public Health, I say a big kudos to you all for the knowledge imparted in me which enabled me to put this work together.

Last but not the least, I express my gratitude to all and sundry who contributed in one way or the other to make this work a success. Thank you all and may God continue to bless and keep you all in good health.
ABSTRACT

Background: Contraceptive use among adolescents is relatively high. This is crucial in view of the fact that a nation’s growth and development depend largely on the current wellbeing of its adolescents. This study therefore, sought to explore the level of knowledge and attitudes of adolescent towards contraceptive use within the Ledzokuku Krowor Municipality within the Greater Accra region.

Methodology: The study is a cross-sectional study using qualitative method and used in-dept interview (IDI) for data collection. The study used senior high school students and parents in the municipality. A purposeful sampling technique was used to select respondents for the study. The data collected from respondents were transcribed and analyzed using thematic content analysis.

Results: Findings from the study revealed that majority of adolescents had an appreciable knowledge about contraceptive use, and their sources of knowledge about contraceptives emanated from parents, peers and the mass media. It was also revealed that majority of adolescents within the Ledzokuku Krowor of the Greater Accra region advocated for the use of contraceptives because of the following reasons: prevention of unwanted pregnancies, avoiding the contraction of sexually transmitted diseases and, prevents the adolescents from incurring huge financial burdens especially among female adolescents. Also, most parents considered the provision of reproductive health education to their adolescent children as a priority area for them for shaping and modeling their sexual life.

Conclusion: Adolescents within the Ledzokuku Krowor Municipality thus far have divided positions to contraceptive use owing to the myths and misconceptions associated with its use. Multiple factors such as societal ridicule, stigmatization from friends, and parental rejection of its use contribute significantly to adolescents’ attitude towards contraceptive use. It is therefore,
important for collaborations and partnerships between the Ghana Health Service and the Ghana Education Service to intensify public education among adolescents about contraceptive use in order reduce the rate of sexually transmitted diseases and unwanted pregnancies within that age cohort of the country.
# TABLE OF CONTENT

DECLARATION...................................................................................................................................... i  
DEDICATION..................................................................................................................................... ii  
ACKNOWLEDGEMENT.................................................................................................................... iii  
ABSTRACT........................................................................................................................................ iv  
TABLE OF CONTENT......................................................................................................................... vi  
LIST OF TABLE ................................................................................................................................. x  
LIST OF FIGURES............................................................................................................................ xi  
LIST OF ACRONYMS ......................................................................................................................... xii  
CHAPTER ONE ................................................................................................................................... 1  
INTRODUCTION................................................................................................................................ 1  
1.1 Background.................................................................................................................................. 1  
1.2 Problem statement....................................................................................................................... 3  
1.3 Objectives ................................................................................................................................. 5  
1.3.1 General Objective................................................................................................................... 5  
1.3.2 Specific Objectives ................................................................................................................ 5  
1.4 Research Questions..................................................................................................................... 5  
1.5 Justification............................................................................................................................... 5  
1.6 Conceptual Framework ............................................................................................................. 6  
CHAPTER TWO .................................................................................................................................. 9  

LITERATURE REVIEW ............................................................................................................ 9

2.1 Introduction ............................................................................................................................... 9

2.2 Contraceptives and types of contraceptives .............................................................................. 9

2.3 Adolescent sexual behavior .................................................................................................... 11

2.4 Knowledge of adolescents and contraceptive use ................................................................... 12

2.4.1 Sources of contraceptive knowledge among adolescents .................................................... 14

2.5 Adolescents attitude towards contraceptives .......................................................................... 18

2.5.1 Harms Associated with the Use of Contraceptives .............................................................. 18

CHAPTER THREE .................................................................................................................... 20

METHODOLOGY ..................................................................................................................... 20

3.1 Introduction ............................................................................................................................. 20

3.2 Study Type .............................................................................................................................. 20

3.3 Study Area .............................................................................................................................. 20

3.4 Study population ..................................................................................................................... 21

3.4.1 Inclusion Criteria ................................................................................................................. 22

3.4.2 Exclusion criteria ................................................................................................................. 22

3.5 Data Collection and Sampling Technique .............................................................................. 22

3.6 Data Collection Tools ............................................................................................................. 23

3.7 Quality Control ....................................................................................................................... 23

3.8 Data processing and Analysis ................................................................................................. 23
4.3.2 Advocacy for Contraceptive Use among Adolescents......................................................... 36

4.4 Parents Perception about Adolescents Contraceptive Use...................................................... 37

4.4.1 Parents Reactions towards Adolescents Use of Contraceptive ............................................ 38

4.4.2 Parents Involvement in Contraceptive Education for Adolescents......................................... 39

CHAPTER FIVE ........................................................................................................................ 41

DISCUSSION .............................................................................................................................. 41

5.0 Introduction.......................................................................................................................... 41

Limitations of the Study............................................................................................................... 46

CHAPTER SIX ........................................................................................................................... 47

SUMMARY, CONCLUSION AND RECOMMENDATIONS .................................................... 47

6.0 Introduction.......................................................................................................................... 47

6.1 Summary of Findings............................................................................................................ 47

REFERENCES............................................................................................................................ 51

APPENDICES.............................................................................................................................. 55

Appendix A: Participant’s Consent Form.................................................................................... 55

Appendix B: Minor’s Assent Form............................................................................................ 59

APPENDIX C: INTERVIEW GUIDES....................................................................................... 61
LIST OF TABLE

Table 4.1 Demographic Profile of Respondents ................................................................. 27
LIST OF FIGURES

Figure 1.1 Conceptual Framework of knowledge and attitude of adolescents towards the use of contraceptives (Researcher’s own construct).............................................................. 8

Figure 3.1: Map of Ledzokuku Krowor Municipal Assembly (Source: GSS, 2010). ................. 21
## LIST OF ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immuno Deficiency Syndrome</td>
</tr>
<tr>
<td>DHMT</td>
<td>District Health Management Team</td>
</tr>
<tr>
<td>DHIMS</td>
<td>District Health Information Management System</td>
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<td>GHS</td>
<td>Ghana Health Service</td>
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<td>GSS</td>
<td>Ghana Statistical Service</td>
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<tr>
<td>GDHS</td>
<td>Ghana Demographic Health Survey</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>IDI</td>
<td>In-depth Interview</td>
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<tr>
<td>LEKMA</td>
<td>Ledzokuku- Krowor Municipal Assembly</td>
</tr>
<tr>
<td>STDs</td>
<td>Sexually Transmitted Diseases</td>
</tr>
<tr>
<td>UN-</td>
<td>United Nations</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
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CHAPTER ONE

INTRODUCTION

1.1 Background

Adolescents are seen as the future and their health determines their future families and generations, hence there is a growing interest in adolescent reproductive health (Hagan & Buxton, 2012). This is crucial in view of the fact that a nation’s growth and development depend largely on the current wellbeing of its adolescents. The fertility of adolescents has been identified as a major contributing factor to the increase or decline of Total Fertility Rate of every country (Panchaud, Singh, Feivelson, & Darroch, 2002). According to the United Nations (2012) there is an increase in the number of adolescents all over the world, estimated to be about half the world’s population.

Further, the World Health Organization (WHO) indicated that about 16 million adolescents give birth each year; accounting for about eleven percent of all births worldwide (UN Global Pulse, 2014). The period of adolescence has been described as a preliminary phase, which prepares individuals for their future roles in the society and country at large. Nevertheless, it is a period which is associated with numerous significant changes that propels the individual to adulthood, capable of sexual reproduction and the possible consequences of that sexual activity. One major outcome of sexual activities by adolescents is early unwanted pregnancy (usually called Teenage Pregnancy) and this puts them at risk of HIV and other sexually transmitted infections, disruption of education, pre-term birth or poor mental health (Leftwich & Alves, 2017).

The introduction of contraceptive use among adolescents has therefore become essential in order to prevent the mortality of adolescents due to unsafe abortion and to enable them make an
informed decision about having children at the right time. However, the recognition of the importance of contraceptives and its use among adolescents has been a major problem for the past two decades (Holness, 2015), leading to the rise in unwanted pregnancies, unsafe abortions and sexually transmitted infections. The United Nations Population Fund revealed that adolescents in Sub-Sahara Africa had the lowest demand and usage of contraceptives. Azevedo et al. (2015) assert, adolescents are at risk of these difficulties due to poor reproductive services and research, as such, little or no attention is given to their health and information needs. Some health practitioners also considered adolescents as young and immature to be exposed to reproductive and sexual subjects. They held the belief that adolescent sexual activity is unacceptable, as a result, they did not give adolescents’ the opportunity to have access to the reproductive health services available (Awusabo-Asare, et al., 2006).

In the words of Awusabo-Asare et al (2006), the home and school are institutions that also influence adolescents’ exposure to reproductive health issues. This was reported in their study aimed to examine the role of parents in providing sex education to their adolescent children. Results from this study revealed that many parents feel uncomfortable and reluctant to discuss issues of sexuality with their children. They therefore encouraged their wards to abstain from sexual activities, concentrate on their education until they are economically sound and independent before engaging in any form of sexual activities. A similar study conducted by Kumi-Kyereme et al. (2007) however indicated that, most adolescents engaged in sexual activities earlier than their parents actually know. The Ghana Demographic and Health Survey (GDHS) Report indicated that, adolescent girls and boys aged 15 – 19, had been involved in sexual activity at least once, with about 19.4 percent still in sexual relationship (GSS, 2014). The teachers in the school setting, religious leaders and other elders such as opinion leaders in the
community provided little or no information on sex education and puberty to adolescents. Some of the Ghanaian traditional and customary rites such as ‘Dipo’ and ‘Bragoro’, through which adolescents were initiated to adulthood, encapsulated several activities including sex education. They provided the means by which adolescents acquire knowledge on contraception use and thereby prevent early pregnancy. However, most of these rites are currently not being practiced in the country and this was impacting negatively on adolescents. As a result, poverty, poor knowledge on contraceptives and reproductive health played a major role in influencing the knowledge and attitudes of adolescents subjecting them to early unwanted pregnancies.

1.2 Problem statement

According to WHO (2007), over 70% of unmarried adolescents between the ages of “15 -and 19- years” experience unplanned pregnancies across the globe. Also, it is estimated that about 14 million adolescents gave birth each year with 12.8 million births occurring in developing countries alone. This was of great concern because teenage pregnancy has been associated with antenatal and neonatal outcomes (Hagan & Buxton, 2012). Undoubtedly, teenage girls that get pregnant are more likely to exit from school and teenage parents are most probable to lack the social and economic means to raise children (Whitaker & Gilliam, 2008).

With decreasing age of sexual activity, young people are more exposed early to unplanned sexual intercourse which leads to unwanted pregnancies and subsequently abortions which is very common in many Sub-Saharan African countries where persistent high rates of unplanned need for family planning and low rates of contraceptive use are reported. Therefore, adolescents’ early unwanted pregnancy is increasing with socio-economic problems associated with it (Hagan & Buxton, 2012). Owing to the unexpected nature of such pregnancies, most adolescents resort to unsafe abortion methods such as drinking concoctions and inserting sharp objects into the
womb in order to expel the foetus (Althabe et al., 2015). These actions endanger the lives of adolescents and leads to health-related complications and other mental health problems. Furthermore, the risk of dropping out of school is substantial, affecting their employment status in the future since they do not have any formal qualifications. They therefore become great burdens not only to their family but the society at large. Also, adolescents’ perception that their friends have been pregnant influences them to engage in sexual activities without contraception (Althabe et al., 2015).

Teenage pregnancy and motherhood constitute an important social and health issue in Ghana. Early teenage pregnancy causes dire health problems for both the mother and child. Also, an early childbearing greatly reduces women’s educational and employment opportunities and is associated with higher levels of fertility (GSS, 2014).

However, previous studies carried out in Ghana showed that the awareness of contraceptives among young people and the means to obtain them was high and this coupled with the general recognition of the importance of meeting the reproductive health needs of young people, contraceptive use among them was generally low (Hagan & Buxton, 2012). In 2014, 14 percent of women age 15-19 had begun childbearing; either they have had a live birth (11 percent) or were pregnant with their first child (3 percent), a slight increase from 13 percent in 2008 while contraceptive use was lowest at 19% among the youngest women age 15-19years (GDHS, 2014).

In spite of the provision of free adolescent friendly and contraceptive services in the Ledzokuku Krowor Municipal Assembly, contraceptive use among adolescents was low while teenage pregnancy was one of the highest in the Greater Accra Region. Majority of the young girls engaged in early sexual activity to support themselves while others are raped by their relatives and other unknown men in the communities. Most of them died or developed complications in
the process of practicing unsafe abortions and this arouses a lot of public health concern. It is against this background that the present study generally sought to examine the knowledge and attitudes of adolescents in senior high schools towards contraceptive use.

1.3 Objectives

1.3.1 General Objective

To assess the knowledge and attitude of Senior High School adolescents towards contraceptive use in the Ledzokuku- Krowor Municipality

1.3.2 Specific Objectives

1. To explore the level of knowledge of adolescents towards contraceptive use

2. To assess the attitude of adolescents towards contraceptive use

3. To determine the perception of parents on adolescents’ contraceptive use

1.4 Research Questions

1. What do adolescents in Senior High School know about contraceptive use?

2. What is the attitude of adolescents in Senior High School towards contraceptive use?

3. What are the perceptions of parents on adolescents’ contraceptive use?

1.5 Justification

In many nations, including Ghana, the issue of sexual development and beginning of sexual activities occur at younger ages than in the past (Nwaba, 2000). This are not based only on the demographic implications because of increased fertility, but also adversely affects adolescents’ reproductive health invariably due to the exposure to premature pregnancies as well as various sexually transmitted diseases (STDs). As a result of their behaviours, senior high school
adolescents can engage in unsafe sexual practices and become vulnerable to STDs, such as human immune virus (HIV) infection, and thus AIDS, as well as unwanted pregnancies.

Adolescents who reside within socio-cultural environments that are quite dissimilar from those in which the early generations lived. The adolescents’ world was shaped largely based what they learnt from their peers, traditional media and popular magazines. This thus can be influenced their behavioral patterns and attitudes conceived during adolescence affect their capacity to guide their own children. Moreover, teenagers who deliver babies before they are grown, risk their own and their children's health and well-being (Greening et al 2001).

This showed a serious demand to encourage adolescent sexual reproductive health, especially, of between the age ranges of 15 and 19. Consequently, this study examined the knowledge and attitude of adolescents in senior high school towards contraceptive use.

This study would also be a guide of information to the District Health Management Team (DMHT), Government and Non-Governmental Organizations involved in the promotion of contraceptive use most especially among adolescents.

This research would further serve as a bridge to understanding the knowledge and attitude of adolescents towards the use of contraceptives. This would be useful to policy makers and actors by serving as a useful guise for the formulation of appropriate policies and programmes tailored at the promotion of contraception among adolescents.

1.6 Conceptual Framework

This study described how the knowledge and attitude of adolescents towards the adoption and use of contraceptives was influenced by factors such as adolescents’ demographic characteristics, health and social-cultural factors. Adolescents’ demographic characteristics such as age,
educational level and religion influenced their knowledge and attitude with regards to the use of contraceptives. Similarly, socio-cultural factors such as influences from peers and societal roles associated with the sex of individuals (gender) affected adolescents’ knowledge and attitude to the use of contraceptives. For instance, adolescents who were easily influenced by their peers to engage in sexual relations with the opposite sex were at a greater risk of early unplanned pregnancy and were therefore prone to use contraceptives than those who were not easily influenced by their peers. Furthermore, health related factors including the attitude of health personnel and accessibility of adolescent services influenced adolescents’ knowledge and attitude to use contraceptives in preventing early unplanned pregnancy. These factors that influenced the knowledge and attitude of adolescents concerning the use of contraceptives are illustrated in the diagram below.
Figure 1.1 Conceptual Framework of knowledge and attitude of adolescents towards the use of contraceptives (Researcher’s own construct).
CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter provided brief discussions of relevant research works which had been carried out on contraceptives and their types, adolescents’ sexual behavior and contraceptive use, knowledge of adolescents towards contraceptives, community’s attitude towards adolescents’ contraceptives use and the perception of parents on adolescents’ contraceptive use. However, for the purposes of this proposal, the literature review focused on contraceptives and their types and adolescents’ sexual behaviour and contraceptive use.

2.2 Contraceptives and types of contraceptives

“Contraception as a process or technique for the prevention of pregnancy by means of a medication, device, or method that blocks or alters one or more of the processes of reproduction in such a way that sexual union can occur without conception” Mosby's Medical Nursing and Allied Health Dictionary (2002). Also, Foy, Gabriel, Cindi & Dickson-Tetteh (2001) defined contraception as “the prevention of conception by either temporary or permanent means”. Furthermore, “contraceptives are agents used to temporarily prevent the occurrence of conception, including oral pills, condoms, intrauterine devices, diaphragms and injections” Ketting & Visser 1994; Kirby (2001).

In several studies on the subject of contraception, contraceptives had generally been subdivided into two groups: modern and traditional methods (Appiah-Agyekum & Kayi, 2013). “The modern methods include the pill, intrauterine device, injectables, spermicide, condoms (male and female), female and male sterilization and norplant while the traditional methods usually include periodic abstinence or rhythm, withdrawal and folk methods (such as using charms, herbs, etc).
In some settings, the known methods of contraception included prolonged abstinence, breastfeeding, billing or mucus or natural family planning (Appiah-Agyekum et al., 2013).”

Khan and Mishra (2008) in their study examined the need for contraceptives among post-pubertal adolescents and revealed that the use of contraceptives was becoming one of the most crucial elementary elements to the reproductive health of adolescents. According to them, adolescents’ access to contraceptives gave them a sense of choice to exercise their sexuality while knowing that they can manage their lives. The choice of a contraceptive is usually influenced by the personal decision of the individual based on other factors such as overall health of the individual, age and frequency of sexual activity. Several types of contraceptives had been identified to aid in the prevention of pregnancy; however, not all of them could prevent sexually transmitted diseases (STDs) such as HIV/AIDS. The only types of contraceptive that could protect the individual from STIs were the use of condom and abstinence. This made it necessary for the sexually active individual to have a vast information about the many forms of contraceptives and their functions, advantages, disadvantages and their level of effectiveness.

As the world’s population increased from 2.5 to 7 billion between the periods of 1950 to 2011, the use of contraceptives had become a global concern (UN, 2011), particularly in Africa. Several studies cited the need for contraceptives, mainly in Africa since sub-Saharan Africa had been known to have higher fertility levels than any other region in the world (Cleland et. al., 2006).
2.3 Adolescent sexual behavior

Sexuality as a phenomenon exists in the life of every individual, however, its existence in the period of adolescence is quite intensive and this aroused the concern of public health professionals all over the world (WHO, 2004). The sexual feelings experienced by adolescents as they go through the transition from childhood to adulthood influences some of them to act upon these feelings through sexual intercourse at a tender age; others do not engage in such activities by concentrating on non-sexual pursuits and seeking educational advancement (Remez, 2000; WHO, 2004). Nevertheless, there are some adolescents who engaged in early sexual intercourse as a result of early marriage, which were sometimes pre-arranged by their family and rape. According to a report by the WHO, a research conducted by Alan Guttmacher Institute in the year 1998 showed that;

• “Eight in 10 young women in sub-Saharan Africa have had their first sexual intercourse before the age of 20; four in 10 before marriage.

• Eight in 10 young women in five developed countries have had intercourse as adolescents; seven in 10 before marriage.

• Six in 10 young women in Latin America and the Caribbean have had sex in adolescence; three in 10 before marriage” (Alan Guttmacher Institute, 1998 cited in WHO, 2004).

Early sexual behaviour among adolescents lead to unwanted and unplanned pregnancies and other problems associated with it such as unsafe abortion, risk of STIs, poor mental health associated with medical, social and personal consequences of early pregnancy. Contraceptive use had become necessary to facilitate efforts aimed at promoting the reproductive health of
adolescents; however, the low level of adolescents use of contraceptives compound all the problems with sexual behaviour among adolescents.

Sexuality not restricted only with sexual activities, but the knowledge of the people about sex; with regards to believe. Sexuality focuses on people’s sexual identities in their cultural and historical setting. “Sexuality cannot be separated from the body; it is also socially constructed” (Finer, Darroch & Singh 1999). The present study uses the understanding of societal normative and cultural contexts in which individuals' knowledge, attitudes and behaviours are constructed. Previous research in third world countries had understood sexuality at the level of the individual. Such concentration on the individual level presumed that sexual behaviour was based on rational decision making based on knowledge (Frank et al 1997).

2.4 Knowledge of adolescents and contraceptive use

The dependence on self-management influence adolescents to be sexually active without recourse to knowledge of contraception and contraceptive use. Globally, the quantum of sexually active adolescent girls, who make use of contraceptives periodically, was relatively small. Numerous factors contributed to this low trend, including difficulties in possessing contraceptive supplies, limited numbers of contraceptive services, and cultural abhorrence attached to contraceptive practices (Allen 2001). Circumstantial material posits that the phenomena are nearly the same or even worse in developing countries. Adolescents are not adequately aware about reproductive physiology and the consequences of sexual intercourse. Contraception could remain a mean of embarrassment to many adolescents (MacPhail & Campbell 2001; Ndubani & Höjer 2001).

Crosby and Yarber (2004) argued that adolescents in rural areas stand the high risk of unwanted pregnancies and bad birth outcomes due to availability of health- related service. In contrast,
family planning services in South Africa, Erasmus and Bekker (1996) as well as Thompson, Frazer and Anderson (1997) discovered that family planning and prenatal services were predominantly in urban areas.

According to the WHO (1996), despite the progress in contraceptive technology, adolescents’ available to reliable methods of contraception remained underutilized. Such Factors as long distances to clinics, challenge with transportation, and clinic hours colliding with schooling hours, could make adolescents’ access to contraceptive services missing or affluent. Adolescents might feel scared by meeting their teachers, their parents and other community members at contraceptive services. This has contributed to adolescents’ under using of contraceptive clinics (Little 1997; Wood et al 1998). “Adolescents might view contraception as a mean of embarrassment, which result in limited knowledge and ineffective application of contraceptives” (Frank et al 1997).

In Ghana, contraceptive knowledge and contraceptive use among adolescent was low with condom and pills being the widely known and used methods (GDHS, 2014). Ghana had had education on sexual and reproductive health for the past two decades through the mass media. “The depth of students’ knowledge was described as inadequate even as majority of them were afraid to get pregnant. Among adolescents aged 15-19 years, only 28% of females and 21% of males had detailed knowledge about how to prevent pregnancies; were aware of a woman’s fertile period, able to reject several popular misconceptions about pregnancy and were familiar with at least one modern method of contraception. Between the 12-14 years old group, only 12% of females and 6% of males had this level of knowledge. The report said adolescents in general expressed little confidence that they could properly use the male condom which was the most common method of protection in this age group (Awusabo-Asare et al, 2006).”
“Most adolescents were surprisingly misinformed about their own reproductive capabilities. Some surveys had shown that as many as two-thirds of adolescent girls believe it is not necessary for them to take precautions because they were too young to get pregnant or because they have not had sexual intercourse enough times to become pregnant” Cobb (2001). It had been noticed that the use of contraceptive is not prevalent with teenagers because of unawareness, inadequate knowledge about sex and others (Cobb, 2001). This shows that adolescents are susceptible sexual activities which are likely to result in an unplanned pregnancies and unsafe abortions.

2.4.1 Sources of contraceptive knowledge among adolescents

2.4.1.1 The Family

The family can be seen “an entity maintained by the mutual interaction of its members. As a result, what happens to one member affects the others” (Kallen, Stephenson & Doughty 1999; Malcolm& Stone 2003). The effect depended on the level and nature of the relationship between the different family members. Adolescents’ choices about contraception and contraceptive practices were influenced by family relationships but also by aspects such as race, cultural practices and beliefs.

“The home remains a major source for learning about sexuality. Parents should ensure that children grow up capable of making informed decisions about their sexuality. Parents should not only act as role models, but also communicate freely on sexuality, development and sexual behavioural patterns. Communication is essential for increasing responsible sexual behavior among adolescents. This parent-child dialogue should begin during primary school as boys and girls often become sexually active at early ages with some girls aged 12 reported to have given birth in some parts of the world (Williams & Ryan 2001; Unger & Molina 2000).”
Parents remain largely involved in the dissemination of sex information to their children and encourage their misgivings. For instance, children discouraged from sexual activities because it is “taboo”, without understanding the implications of their actions (William & Currie 2000). Parents are the basic sex educators for children, and need to be empowered to offer sex information to their children. There is insufficient communication about sex among parents and children, especially between fathers and their children (Kasen, Cohen & Brook 1998; Kumar, Uduman & Kurran 1997). Hoffman (1998) argued that contraception in most parts of the globe is not an easy area for parent-child communication. Richskim (1999) affirmed that when there is an avenue for sexual activity, it is broached; parents’ nervousness, uncertainties and awkwardness interfere with open, honest discussion. McPhail (1998) showed that many difficulties hinder smooth communication about sex between parents and children and where parents and adolescents talk about sex topics, parents suggested that certain topics were discussed, whereas the adolescents felt those topics were neglected.

### 2.4.1.2 The teacher/ School

Various studies had shown that schools’ role in sex education cannot be overemphasized comparing it to what happens at home. “Schools should encourage collaboration to increase parental involvement in fostering the social, emotional and academic growth of learners; considering sex education as a part of the total integrated education for living. The school and the community should partner as a component to provide reproductive sexual education to learners within its jurisdiction (Jaccard, Ortlus & Gordon 1998).”

However, school teacher and various members of the community should deliberate about sex education and the precise content to be taught and learners should not be taught about sexually primarily from their peers and contraception. The need for formal educational methods to
sexuality sometimes focuses on broadcasting a film or a lecture on the harm dangers of venereal diseases. School curricula should focus on promoting sex education at the secondary levels of education (Ayaniwura 2004).

Spelzer et al (2001) as cited in Donald, Lazarus and Lolwana (1999) revealed that school departments support the idea of schools promoting partnerships to scale up parental involvement and participation in AIDS prevention. Opposition from parents and the clergy has been exhibited, especially in Indian schools, to some sex and AIDS education programmes initiated since 1994. It was revealed that 75.0% of first-year university students were sexually active without obtaining accurate contraceptive information and without practicing safe sex practices (Lane & Day 2001). Sex education in the US federal schools have the probability to increased their chance to acquire more accurate information at school than through other means (Guttmacher et al 1998).

2.4.1.3 Hospital and clinic professionals

Adolescent pregnancy poses exceptional risks and special problems for the adolescent mother, her pregnancy, and her infant so for young girls they prefer to delay pregnancy until they are certain in term of their physical, emotional maturity and financially security (Ehlers et al 2000). Thus, adolescents should seek for counselling and make use of contraceptives services including emergency contraceptives services. Adolescent mothers should seek for sufficient prenatal care coupled with long-term postpartum check-up to improve the chances of positive health outcomes for both mother and child. Richard (1998) as cited in Smith and Maurer (1995) contended that sex education should be combined into an inter-sectoral programme on health education. The health education officers’ role should be to initiate, plan and appraise health education, especially sex education for schools. Well-informed individuals should talk to children about
sexual issues and enable workshops to provide parents information on sexuality and contraception.

2.4.1.5 Peers

Bekaert (2002) underscored a point that sexual behaviours are acquired through learning, and parents and peers are the foremost agents of socialization and, peer pressure plays an important influence in the instigation of smoking, drug use and sexual involvement among adolescents. Children spend majority of their time with their peers, who tend mostly to influence them. Joffe (1999) examined on how adolescents develop sexually activeness and, it was revealed that peer pressure was an integral component in teenage sexual behavior.

Research has shown that many adolescents side with the idea that being sexually active was fashionable, and that the notion of being sexually inactive represents a sign of abnormality. They, as a result of that, become sexually active and considered to be accepted by their peers. The rate to which peers group’s swayed sexual behaviour can be likened to the extent to which peer groups are seen as major sources of information on sex-related aspects. Most adolescents place their peers as the primary source of information on sexuality (Elliot et al 1999) and Lindsay (1995) found that 78,0% of young people between the ages of 11 to 19 years obtained sexuality information from school friends. Mayekiso and Twaise (1992) revealed that peer groups were considered as the main source of sexual information among adolescents.

2.4.1.6 Mass media

The media (Television and radio programmes) remain the significant tool for broadcasting sexual information. Television remains not the only source of sexual information accessible to adolescents, but is an available and captivating one. Television can best demonstrate human sexuality in a socially responsible manner or as degrading and high-risk behaviours. Television
also make irresponsible sex behaviours appear dazzling or without any negative repercussions for the parents and/or children (Briggs & Blinkhorn 2002; Morrison 1999).

### 2.5 Adolescents attitude towards contraceptives

People attitudes regarding sexual and reproductive behaviour vary substantially between different social and cultural groups over time. For instance, in some traditional societies, child marriages and early pregnancies were central features of the social system, while in others; reproduction during adolescence was seen as a mark of impropriety to be condemned. These practices shaped the attitude of adolescents about contraceptive use. Adolescent contraceptive use and sexuality cannot be solely understood within a context of biological frame of reference, but as a social category whose configuration and effects were liable to alter according to interrelating customs, social institutions and beliefs (Dutra, Miller & Forehand 2000).

In a study in India, findings revealed they perceived that contraceptives were used to prevent unwanted pregnancies and for birth spacing while others thought that the contraceptives were used for family planning purposes. Some adolescents thought that contraceptives were used to prevent sexual transmitted infections (STIs). While some adolescents thought that contraceptive use was beneficial, others thought otherwise (Renjhen, Kumar, Pattanshetty, Sagir, & Samarasinghe, 2010)

#### 2.5.1 Harms Associated with the Use of Contraceptives

“The side effects of emergency hormonal contraception are nausea, vomiting, and irregular bleeding. The patient should be counseled to take an antiemetic one (1) hour before taking the hormones and to have a urine pregnancy test if she does not menstruate within three weeks of using the emergency contraception. Outline of disadvantages and side effects of using oral contraceptives;
• No protection against sexually transmitted diseases
• Need to take pill daily
• Irregular menstrual pattern (missed menses, scanty bleeding, spotting, breakthrough bleeding)
• Headaches (new onset or worsening headaches)
• Depression
• Decreased libido
• Increased risk of cervical ectopy and chlamydial cervicitis
• Breast tenderness
• Nausea and vomiting
• Gallbladder disease may progress in susceptible women
• Hypertension
• Hepatocellular adenoma
• Growth of leiomyomas
• Leukorrhea
• Skin changes (chloasma, telangiectasias)
• Hair loss

Nausea, breast tenderness, and irregular bleeding are self-limiting and tend to improve or disappear within three cycles of pill use. The adolescents should be reassured and advised to take the pill at night with a meal to minimize the nausea (West, 2000).”
CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter presents the step by step processes followed in the conduct of the study. It included description of the study design, study area as well as the sampling method and process.

3.2 Study Type

Qualitative research method was used to explore the knowledge and attitude towards contraceptive use among adolescents in Senior High School (15 – 19 years) in the Ledzokuku-Krowor Municipality. This research method was influenced by the interpretivist philosophy, which believed that knowledge is subjectively constructed through meanings and understandings, developed either socially or experimentally (Angen, 2000). The method was appropriate for this study because it aided in explaining and describing several events associated with the knowledge and attitude of adolescents towards contraceptive use through the process of probing, which helps to increase the knowledge and understanding of the research topic.

3.3 Study Area

The Ledzokuku-Krowor Municipality was one of the 16 districts in the Greater Accra Region of Ghana. The people of the municipality are mainly Ga’s with the other tribes as the minority. As a coastal community which shares boundary with the Gulf of Guinea, major economic activities are fishing and trading. LEKMA is bounded on the south by the Gulf of Guinea and is wedged between the Accra Metropolitan Assembly on the west and Tema Metropolitan Assembly on the East. It is made up of 82 communities with an estimated population of 320,000 as at 2010 of which 51% are females and the rest 49% are males (GSS, 2014). The population is described as
youthful in nature with 50.75% of the population under 24 years old. LEKMA is bounded on the south by the Gulf of Guinea and is wedged between the Accra Metropolitan Assembly on the west and Tema Metropolitan Assembly on the East. The municipality has four senior high schools which are included in the study. Figure 3.1 shows the municipal map of LEKMA.

Figure 3.1: Map of Ledzokuku Krowor Municipal Assembly (Source: GSS, 2010).

3.4 Study population

The study population was made up of adolescents in Senior High School in the Ledzokuku-Krowor Municipality of Ghana. The WHO recognized the reproductive age to begin at 15 while
the adolescent age limit ends at 19 years. Thus, adolescents aged between 15-19 years constituted the target population of the study.

3.4.1 Inclusion Criteria

Adolescents aged between 15-19 years who are natives of LEKMA and schooling in any of the four senior high schools and their parents within the municipality were included in the study after obtaining their consent to participate in the study.

3.4.2 Exclusion Criteria

Adolescents aged 15-19 years who are not natives of LEKMA but who are schooling in the four senior high school and their parents within the LEKMA were excluded from the study. The reason for the exclusion was to allow only adolescents who were residents of the Ledzokuku Krowor district; and were students within the specified location.

3.5 Data Collection and Sampling Technique

A non-probability sampling method was used to select samples for the study. The selection of respondents for this study was specifically guided by purposive sampling technique. The purposive sampling technique was appropriate for this study because it relied on the judgments of the researcher with regards to the selection of study respondents. It gave the researcher the opportunity to select persons willing to respond to questions for the study. Unlike other sampling techniques, purposive sampling facilitated this study by focusing on particular characteristics of the target population that are of interest to this study to provide a useful insight into the knowledge and attitude of adolescents’ contraceptive use. In-depth interviews (IDI) were conducted with 16 selected students between ages 15-19 from the four senior high schools that participated in the study. In-depth interviews were also conducted with four parents. The selection of the sample size was done based on the principle of saturation. This is where
participants gave almost the same responses and no new information, themes or sub-themes emerged (Onwuegbuzie & Collins, 2007).

3.6 Data Collection Tools

Data collection tools that were used are an in-depth interview guide and interview summary sheet. For the interview guide, it was categorized under three sections containing three questions each with emphasis on the research objectives and lasted 60mins. An interview summary sheet was also used to record key responses of respondents during the interview sessions. The interview guide can be found on page 60 of the appendices section (Appendix C) of this report.

3.7 Quality Control

To ensure quality, interviewers were briefed and trained on the purpose of the research and the interview guide to enhance their understanding on what to look out for during the collection of data. They were also trained on the ethical issues that should be considered in the process of collecting data to ensure the research respondents are not harmed.

3.8 Data processing and Analysis

During data processing and analysis, data collected through the interview were checked well to ensure that all items on the interview guide were captured. Each datum collected was numbered to facilitate an effective processing and analysis. Transcription of recorded tapes and notes taken during the interview were done to ensure that all issues are effectively captured in the study. Data was transcribed for analysis. Thematic analysis was done manually by categorizing and compiling data collected from respondents into sub-themes. Responses to each question on the interview guide was taken one at a time, comparing data with data and revising dominant themes that emerged from the data in order to facilitate analysis of the findings (Charmaz, 2006).
3.9 Pre-test or Pilot Study

The interview guide was pre-tested to ensure that the questions were easily understood by respondents. Pre-testing the instrument allowed the researcher to find out if there are any ambiguous questions in order to effectively improve them to increase response rate of the respondents (Varkevisser, Pathmanathan & Brownlee, 2003). The pre-testing was carried out at two Senior High Schools in the La Dadekotopon Municipality because it had similar characteristics. This helped to identify gaps for corrections.

3.10. Ethical Consideration

Ethical approval was sought from the ethical Review committee of the Ghana Health Service (GHS/ERC/119/12/17). Informed consent of respondents was sought before they participated in the study. The proposal also received ethical clearance from the University of Ghana, College of Health Sciences research ethics committee. Permission was also sought from the Senior High Schools where the study was conducted.

3.10.1. Access and approval of study area

The district education office was notified of the intention to conduct the study. Subsequently, an introductory letter was obtained from the Head of Department, Social and Behavioural Sciences, School of Public Health, College of Health Sciences, University of Ghana and sent to them. A copy of the approval letter from the Ghana Health Service Ethical Review Committee was also sent to the authorities.
3.10.2. Privacy, confidentiality and Anonymity

Participants’ names were also not mentioned in the report of the study and information gathered on participants were kept strictly confidential between the researcher and the study participants by storing data with password known to only the researcher. Anonymity was ensured in dissemination of findings from this study since participants were not identified by their names.

3.10.3. Compensation

There was no compensation for participating in the study and study participants were duly informed before they chose to take part in the study.

3.10.4. Risk and Benefits

Study respondents lost some time in participating in the in-depth interviews (IDI). Respondents also stood the risk of experiencing emotional discomfort in answering questions bordering on their sexual life. As a result, respondents were informed through the participants inform consent form before they participated in the study. This helped mitigate any psychological discomfort during interview sessions. There were no direct benefits associated with taking part in the study, but the results of the study contributed towards policy decisions making to improve adolescent reproductive health services in the community.

3.10.5. Voluntary Participation and Withdrawal

Participants were at liberty to withdraw from the study at any point in time and this did not create any problem between the researcher and the respondents. Data collected on any participant who withdrew from the study at any stage was deleted. Participants also had the choice not to answer any individual question or all the questions.
3.10.6. Consenting process

Each respondent in the study was approached individually to explain the objectives of the study to them before they gave their consent to participate in the study. In addition, respondents were made to sign a written consent form after a detailed explanation to them before they participate in the study. In the case of minors, consent was obtained from the parents.

3.10.7. Data storage and usage

The data collected was stored with passwords on electronic media and in safely locked boxes and used strictly for this research. Anonymity was ensured in dissemination of findings from this study and participants were not identified by their names.

3.10.8. Declaration of conflict of interest

The researcher as the principal investigator declared no conflict of interest in this study.

3.10.9. Funding of the study

This study is in partial fulfilment of requirements towards the award of a Master of Public Health (MPH) degree at the School of Public Health, College of Health Sciences, University of Ghana, and Legon. Hence, there was no funding from any source and all estimated cost of the study was borne solely by the researcher.
CHAPTER FOUR

RESULTS

4.0 Introduction

This chapter entails the presentation of the research findings. The findings are presented with extracts of the various responses provided by the participants on the subject matter, using thematic analysis.

4.1 Demographic Profile of Respondents.

The demographic features of respondents were classified into the following categories: Gender, age, and level of education. This is presented in the table below:

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Students</td>
</tr>
<tr>
<td>15 years</td>
<td>4</td>
</tr>
<tr>
<td>16 years</td>
<td>4</td>
</tr>
<tr>
<td>17 years</td>
<td>3</td>
</tr>
<tr>
<td>18 years</td>
<td>3</td>
</tr>
<tr>
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<td>2</td>
</tr>
<tr>
<td>38 years</td>
<td></td>
</tr>
<tr>
<td>39 years</td>
<td></td>
</tr>
</tbody>
</table>
### Gender Frequency

<table>
<thead>
<tr>
<th>Gender</th>
<th>Students</th>
<th>Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Female</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>4</td>
</tr>
</tbody>
</table>

### Level of Education Frequency

<table>
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<th>Level of Education</th>
<th>Students</th>
<th>Parents</th>
</tr>
</thead>
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<td>-</td>
</tr>
<tr>
<td>Tertiary</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>4</td>
</tr>
</tbody>
</table>

### 4.2 Adolescents Knowledge of Contraceptive Use

Results revealed that contraceptives are set of medications used to facilitate sexual intercourse between a man and a woman. They are medically approved drugs or pills used before, during and after sexual intercourse between a male and a female to prevent the occurrence of unplanned pregnancies, according to the participants. This was what respondents said;
In my understanding, contraceptives are the methods and medicines used before and during sexual intercourse. Contraceptives are used for the purposes of preventing unwanted pregnancies during sexual activities between partners, and this thus allows the partners to enjoy themselves without any aftermath consequences (Kofi, 15 years Male).

Contraceptives to me means medicines used mostly before or during sexual intercourse. They are like pills which are taken to protect oneself from getting pregnant if one engages in sexual intercourse. I think that contraceptives are also used to prevent the spread of sexually transmitted diseases (STDs) during sexual intercourse, and to prevent the discharge of sperms into the female organ which can lead to pregnancy. (Ama, 16 years, Female).

For me, contraceptives are any drugs or pills taken by ladies to prevent unwanted pregnancies after having sex with the male counterparts, and to protect one from contracting Sexually Transmitted Diseases (STDs). (Kwame, 15 years, Male).

In my view, I think contraceptives are set of drugs or medication taken or used during or before one’s engagement of sexually related activities. I believe that adolescents like myself use contraceptives for varied reasons including, an escape from unwanted pregnancies and protects one from acquiring, Gonorrhea, Syphilis, and HIV/AIDS. (Kwesi, 17 years, Male).

4.2.1 Types / Examples of Contraceptives

Analysis on the above subject indicated that the notable contraceptives include injectable, condoms and pills. Respondent said;
The contraceptives I know of include male condoms such as Kiss condoms, Fiesta condoms, female condoms, and sex stimulants such as Dragon. Well, I have used condom before when I was engaging in sexual intercourse with my girlfriend. (Kwame A., 16 years, Male)

As for me, the common contraceptives I know are Postinor 2, Lydia contraceptive and Estivor. But since the time I was born up till now, it has never occurred to me to engage in sexual related activities, let alone trying to think of using a contraceptive. I always thank my parents for bringing up this way. (Ama, 16 years, Female).

Another respondent interviewed about the types of contraceptives, indicated the following words;

For me, the known and widely used contraceptives are condoms. An adolescent like myself, the familiar contraceptives we all know is condoms such as Champion, Kiss, and Fiesta. I have used a Kiss Condom before when I was engaging in a sexual intercourse with my girlfriend. (Kwesi, 17 years, Male).

Even though I have not used one before, me as a person, I have heard of a lot of contraceptives like Lydia, Viagra, Pills, Condoms and many others. I have heard this from conversations with friends, on TV adverts, and sometimes on social media platforms. (Afua, 18 years, Female).

4.2.2 Sources of Adolescents Knowledge of Contraceptive

Regarding where adolescents got to know of contraceptives revealed the following; advertising on television and radios, interaction with friends, reproductive health programs organized in schools, and from national health campaigns. Respondent has this to say;
My knowledge of contraceptives was gotten from many sources- notably advertising them on the media, reproductive health programs organized in my neighborhood and, also from within my peers. I remember during my form one days, Marie Stopes International in my area in collaboration with Korle-bu Teaching Hospital organized a reproductive seminar for all Senior High Students. At the end of the program, champion condoms were shared to us the guys. (Kwame A, 16 years, Male).

As a person, I know about contraceptives such as pills and condoms mainly from conversations with friends, peers and sometimes from my teachers on campus. (Akos, 17 years, Female)

I got to know about contraceptives from various places. I can say that 90 percent of my knowledge base of contraceptives was because of discussions engaged in with my friends. I mostly also hear about advertisement regarding contraceptives on televisions. As a science student, I also learnt about contraceptives in books and from my teachers. (Adwoa, 18 years, Female).

4.3 Participants Attitudes towards Contraceptive Use

In delving further on whether using contraceptives is good, the participants indicated the following; the use of contraceptives help to prevent unwanted pregnancies, prevents the contraction of STDs, and for purposes of family planning such as child birth control and spacing.

This was what respondents said;

As an adolescent, I think that the use of contraceptives is good because it prevents me from impregnating a female adolescent if we engage in a sexual intercourse and reduces the risk of female adolescents from ectopic pregnancies. (Yaw, Aged 19, Male).
For me, I do not support the use of contraceptives and, the reason is that permitting and allowing its use would promote sexual promiscuity especially by young adolescents including myself. And as a Christian, I have been enlightened to cherish abstinence from sex until marriage, and sex in the Christian sense still represent a spiritual connection with a negative consequence if not done within the appropriate time. (Kwame A, Aged 16, Male).

Speaking further on the same subject matter, a respondent also reiterated in the following words;

I do support the idea for the use of contraceptives and, the reason being that many people especially adolescents usually are adventurous and try to engage in sexual activities. With such a situation at hand, the use of contraceptives would prevent teenage pregnancies and, reduce the spread of Sexually Transmitted Diseases (STDs). (Kwame, Aged 15, Male).

For me, I have never made use of any contraceptives before and I do not agree with the stance about the use of contraceptives and the simply reason is that contraceptives use among adolescents promotes indecency and often diverts their attentions from their academic works. Its use among adolescents becomes a justification by many young people to engage in pre-marital sex. Another reason why I will not encourage the use of contraceptives by adolescents is because my cultural understanding promotes chastity and, any form of pre-marital sex remains an abomination in my society. (Esi, 15 years, Female).

Upon further discussions on whether is good to use contraceptives, a participant also had the following to say:
For me as a young lady, I would say is not good because it has side effects. Too much of the contraceptive use can give you problems in your womb and you could become barren. I do not think the use of contraceptives is good because even if one wants to do family planning, there is a natural way God created it. And so, I do not support the artificial methods such as the use of contraceptives. (Akos 17 years, Female).

In my view, I think that the use of contraceptives is good for those who engage in some sort of sexual immoralities for instance. It is also good for women who give birth to too many children they cannot take care of. So, I believe that the use of contraceptives would help in child birth control and help space out the number of children. (Adwoa, Aged 18, Female).

As a young adolescent, I would say that the use of contraceptives is good because some people use it to prevent them from getting pregnant immediately and so they use it for protection. I think this is good because as an adolescent, if you happen to get pregnant, you cannot move on with your academic life and it is just appropriate for adolescents who involve themselves in sexual activities to make use of some sort of contraceptives to safe guard their future academic prospects. (Yaw, 19 years, Male).

I would say yes and at the same time say no. I say yes because, contraceptives use prevents one from suffering financial burdens following the occurrence of unwanted pregnancies and other social stigma. I say no because, adolescents like myself are not supposed to have sex and, when you do not engage in sexual activities, there is no need for contraceptive use. (Kwame 15 years, Male).
Interaction further on the same subject matter of whether using contraceptives by adolescents is good, a respondent stated the following:

For me, considering my religious and cultural backgrounds, I would not encourage the use of contraceptives among adolescents such as myself because accepting its use provides a floodgate for sexual immoralities and, that threatens the moral fiber of our society. As adolescents, we must focus on our studies rather and become great people in the future. (Akos, 17years, Female).

4.3.1 Participants Views on Harms Associated with Contraceptive Use

Exploring further on the harms associated with the use of contraceptives, the participants revealed that the use of contraceptives among adolescents have several problems and side effects including; barrenness in the later years of a person, pre-mature ejaculations in males, death in the event of overly abusing the contraceptives, problems with menstrual cycle in females, complications with the womb, and body disorders such as itching of the genital organs. A respondent interviewed also has the following to say;

I think that the use of contraceptives comes with some side effects especially if one does use it in excess or without following the proper application in its use. And I have learnt from some reproductive health seminars organized in my school that excessive use of contraceptive can lead to delays in the menstrual cycle of females and, also pre-mature ejaculation in males. (Kwame, 15years, Male)

Although I have not used contraceptives before, but I am of the greatest belief that the use of contraceptives comes along with side effects and, such side effects include irregular pains and itches along the genitals. (Kofi, 17years, Male).
Discussions further on the harms associated with the adolescents’ use of contraceptives, a participant indicated the following:

*As for me, I don’t personally have any side effects arising from the use of contraceptives. But I know that with artificial medicines, there are side effects to it if it is overly abused. If God does not have mercy on one, he or she can die in the event that the contraceptives are not used under proper instructions and applications. (Yaw, 19 years, Male).*

*I also learnt if you use contraceptives in its excess and you later want to give birth, it might be difficult for you. Because of these negative effects that the use of contraceptives brings in later years in life, and as a lady, I would only advise my colleague adolescents that even if they want to use contraceptives, it should be used in a moderate manner. (Aba, 16 years, Female).*

*For me, some of the problems I know the use of contraceptives brings include; the issue of infertility, pre-mature ejaculations, and body disorders such as itching of the genitals. I also learnt from health education on television that frequent use of it could bring complications of a woman’s womb. (Kwabena, 15 years, Male).*

*As a science student, my knowledge about the harms associated with contraceptive use is broad and some of these side effects are; it can destroy the female adolescent’s womb and she could become barren in her later years in marriage, and its abuse can cause deformities in both males and females. It can also bring about vomiting, nausea, and severe headaches. (Joe 16 years, Male).*

*Sincerely speaking, all I know about contraceptives is that it helps to prevent female adolescents from getting pregnant any time they engage in sexual intercourse and*
prevents them from contracting any sexually related diseases such as Gonorrhea, and HIV/AIDS. I really do not know if there are any harms associated with the use of contraceptives. (Akos 16 years female).

4.3.2 Advocacy for Contraceptive Use among Adolescents

Participants were asked on why they will encourage adolescents’ use of contraceptives. The following are their reasons for the advocacy of adolescents’ use of contraceptives;

- Prevents the occurrence of unwanted or unplanned pregnancies especially among female adolescents.
- Protects them from contracting Sexually Transmitted Diseases (STDs).
- Reduces the risk of social ostracism or stigma.
- Prevents the adolescents from incurring huge financial burdens especially among female adolescents.
- Prevents teenagers from dropping out of educational ladder in pursuit of their academic objectives.
- Helps to address immediate sexual related problems that could have long term impact on the life of the adolescents.

Further into the interview with the respondents on the same subject matter, another respondent posited in the following words:

To me, I think the benefits of using contraceptives are far higher than its side effects. For instance, the problems associated with teenage pregnancy are so enormous and, such problems include: dropping out of school, social stigma, financial burden among others. (Kweku, 17 years, Male).
4.4 Parents Perception about Adolescents Contraceptive Use

As part of the objective to find out about parents’ perception of contraceptive use among adolescents, the study revealed that majority of the sampled respondents agreed to adolescents’ use of contraceptives and, the reasons given for such a position included; avoiding unwanted and ectopic pregnancies, prevention of sexual transmitted infections and the issue of stigmatization. Also, the study found that some parents indicated the willingness to actively provide reproductive health education that would shape the sexual behavior of their children. However, some parents held the view that the promotion of contraceptive use among adolescents endorsed a promiscuous lifestyle which was an affront to societal values and norms. This was what a respondent said:

*As a parent, I fully ascribe to the use of contraceptives by my child. The adolescence stage of a child remains an adventurous phase where the edge to indulge in sexual-related activities is relatively higher. Issues of unwanted pregnancies and the prevalent increase in sexually transmitted diseases backs my stance for my child to use contraceptives if he or she decides to engage in any sexually related practice. (MR Alidu, 38 years, Male).*

*For me as single parent, I would not support the idea of my adolescent child using any form of contraceptives. As for me, the focus of any adolescent should be to direct his or her energies towards pursuing academic excellence and morally up-bringing. And so, I would not on any day endorse it use by my adolescent child. (MISS Beauty, 38 years, Female).*
Another respondent speaking on the same subject matter, has this to say;

The use of contraceptives by adolescents remains a controversial topic among most parents. Personally, as a parent and guardian, my opinion on adolescent use of contraceptives is that they should be allowed to use it. The reason being that youth exuberance is prevalent among adolescents and, its use would prevent teenage pregnancies and protect them from sexual transmitted diseases and which would enable them continue their education. (MR Romantic, 47years, Male).

4.4.1 Parents Reactions towards Adolescents Use of Contraceptive

Concerning what parents would do should they find their children using contraceptives, it was discovered that majority of the sampled parents would institute an appropriate disciplinary measure against their children whiles others said the situation would be a non-confrontational one. Another participant stated the following;

My disposition if I happen to find out that my adolescent child is using contraceptives would be to engage him or her. My stance would be to understand what kinds of contraceptives he or she uses and, to provide them with a comprehensive explanation on how to properly use them to avoid side effects associated with contraceptives use. I would however, sanction my adolescent children if I discover that they have become addicted to the use of contraceptives. (Dada Cash, 39years, Male).

As a woman, my demeanor as a parent if I find get to know that my child who is adolescent is using contraceptives would be non-confrontational attitude; where I would try to understand and know the kinds of contraceptives he or she uses and, the reasons for its use. (Mrs Wele, 38years, Female)
Interviewing further, another participant revealed the following;

> My stance against the use of contraceptives by adolescents would lead me to develop strict and disciplinary actions towards my adolescent children. This would lead me to keep an “eagle” eye on the associations entered into by adolescent children with their peers. I would take punitive actions or measures if I find out he or she makes use of contraceptives. (MR Romantic, 47years, Male).

### 4.4.2 Parents Involvement in Contraceptive Education for Adolescents

The final results regarding whether or not parents teach or educate their adolescents children about the use of contraceptives found that most of the sampled respondents teaches their children about contraceptives use and some parents admitted that they do not educate them on its use for various reasons. According to some respondents, providing education to adolescent children on contraceptive use would help positively shape their sexual behaviors and some parents also stated that teaching them about contraceptive use would be a step against their religious and cultural backgrounds. A respondent has this to say;

> I believe that the sexual wellbeing of any adolescent should be of great concern to any parent. As a parent, I do provide my adolescent children with education on reproductive health which includes the use of contraceptives. My utmost objectives is to guard myself against social stigma arising out of unprotected adolescent sexual related activities of which my child is likely to indulge in. (MR Romantic, 47years, Male).

Exploring in detail about the same subject matter, some sampled respondents also indicated the following;
For me, my Christian background inhibits my quest to teach my adolescents about the use of contraceptives and, such actions could mean subtle endorsement of promoting sex-related activities among adolescents which is abhorred by the Christian faith. (Mrs Wele, 38 years, Female).

I, as a parent, would take pragmatic steps to provide holistic education to my adolescent children on contraceptive use. It has become extremely relevant to prioritize the reproductive health of my adolescent children. I would undertake regularly interactive sessions to educate them on it at home. (Dada Cash, 39 years, Male)
CHAPTER FIVE

DISCUSSION

5.0 Introduction

The study sought to explore the level of knowledge and attitudes of adolescents towards contraceptive use. This chapter discusses the results of the study in line with the three objectives and comparison with previous studies. This chapter also presents the limitation of the study.

Objective One – To explore the level of knowledge of adolescents towards contraceptive use

The results show that adolescents interviewed had numerous and varied responses towards what contraceptives were. Most of the sampled respondents understood the concept of contraceptive to mean medicines or drugs which were used during the period of sexual intercourse between a male and a female to prevent unwanted pregnancies; as well as serve as a guard against sexually transmitted diseases or infections such a gonorrhea, syphilis, HIV/AIDS among others. The findings as captured in chapter four on the knowledge of adolescents on contraceptive use was largely restricted to drugs and medicines.

This finding is consistent with those of Mosby's Medical Nursing and Allied Health Dictionary (2002), that viewed contraception as a process or technique for the prevention of pregnancy by means of a medication, device, or method that blocks or alters one or more of the processes of reproduction in such a way that sexual union can occur without conception.

The findings also showed that the adolescent interviewed had an appreciable knowledge on some contraceptive types and the notable ones mentioned included: condoms (Kiss condoms, Fiesta condoms, and female condoms), sex stimulants such as Viagra, Dragon etc. and injectables. Contraceptive use among adolescents in terms of their knowledge was highly limited and, such
limitations can be attributed to the socio-cultural context of most African societies such as Ghana; where young people are barred from sexual related conversations and chastity remains the ideal norm for all young persons.

These findings are in harmony with those reported in (GDHS, 2014), that in Ghana, contraceptive knowledge and contraceptive use among adolescents’ adolescent is low with condom and pills being the widely known and used methods. “The depth of students’ knowledge is described as inadequate even as majority of them were afraid to get pregnant. Among adolescents aged 15-19 years, only 28% of females and 21% of males had detailed knowledge about how to prevent pregnancies; were aware of a woman's fertile period, able to reject several popular misconceptions about pregnancy and were familiar with at least one modern method of contraception. Between the 12-14 years old group, only 12% of females and 6% of males had this level of knowledge. The report said adolescents in general expressed little confidence that they could properly use the male condom which is the most common method of protection in this age group (Awusabo-Asare et al, 2006).”

Objective Two – To assess the attitudes of adolescents towards contraceptive use

The study also identified the source of adolescents’ knowledge of contraceptives. The findings outlined parents, peers, reproductive health seminars or programmes as the major sources of adolescents’ knowledge on contraceptives. Most of the respondents revealed that their knowledge on contraceptive was based on their interactions and engagements with their peers on campus; as the school system remains one of the foremost places of socialization for adolescents in the country.
These present findings are also similar to those reported by (Awusabo-Asare et al, 2006) who posited that there have been mass media education and school based programmes on sexual and reproductive health in Ghana for over two decades. The depth of students’ knowledge is described as inadequate even as majority of them are afraid to get pregnant.

Furthermore, the study sought to explore the attitude of adolescents towards contraceptive use. The sampled respondents were interviewed about the purpose behind the use of contraceptives; and whether they supported its use among adolescents or not as well as the harmful effects of its use. Majority of the respondents expressed varied views concerning whether or not the use of contraceptives by adolescents was good or not; some supported its use by adolescents citing social costs and health implications associated with sex-related activities such as pregnancies or ectopic pregnancies among adolescents, dropping out of school and, the contraction of sexually transmitted diseases or infections. These findings are similar to those of Dutra and Forehead (2000). They reported that child marriages and early pregnancies were fundamental characteristics of the social system in many traditional societies. They argued that reproduction during adolescence was viewed as a sign of improper conduct and that these practices shaped the attitude of adolescents about contraceptive use. However, some other respondents disagreed with adolescents’ use of contraceptive citing moral and cultural norms; where they argued that endorsing the adolescent use of contraceptive was a tacit support to promote promiscuity, sexual immorality and fornication of which both religion and society frowns upon. Pertaining to the harmful effects of contraceptive use, the respondents cited some side effects of contraceptive use owning to either its over- abuse or misapplication such as: issues with infertility, pre-mature ejaculations and the itching of the genitals among others. Delays in the menstrual cycle in
women was also espoused among the female respondents interviewed and, it was given as the reason why most of them refrained from its use.

The findings of this research affirmed those of (Renjhen, Kumar, Pattanshetty, Sagir, & Samarasinghe, 2010), who found that most students thought that contraceptives were used to prevent unwanted pregnancy and for birth spacing while others thought that the contraceptives could be used to have a child when required. Some adolescents thought that contraceptives could be used to prevent infections. While some adolescents thought that contraceptive use was beneficial, others thought otherwise.

These findings also agreed with those of (West, 2000), who reported that the side effects of emergency hormonal contraception are nausea, vomiting, and irregular bleeding. Other disadvantages and side effects of using oral contraceptives according to (West, 2000) included; irregular menstrual pattern (missed menses, scanty bleeding, spotting, breakthrough bleeding), headaches, depression, increased risk of cervical ectopy and chlamydial cervicitis, breast tenderness, gallbladder disease may progress in susceptible women, hypertension, hepatocellular adenoma, skin changes (chloasma, telangiectasias), and several others. The adolescents should be reassured and advised to take the pill at night with a meal to minimize the nausea (West, 2000).

Objective Three –To determine the perception of parents on adolescents’ contraceptive use

The study also sought to understand the perception of parents towards adolescents’ use of contraceptives. Majority of the parents who were interviewed admitted to the fact that contraceptive use was pervasive among the adolescent population within the country. They attributed the trend to increased access to information about contraceptive and the unending
desire of young people to indulge in sexually related activities (youthful exuberance). Also, the parents interviewed conceded to the fact that they would not hesitate to provide reproductive health education to their adolescent children. And the reason behind such an action was that it remains an inevitable decision parents had to take due to the exigencies of the time; where the sex prevalence among adolescents was relatively higher. These findings affirmed those reported in the works of (Williams & Ryan, 2001). According to them, the home remains a major source for learning about sexuality. They added that parents should ensure that children grow up capable of making informed decisions about their sexuality. Parents should not only act as role models, but also communicate freely on sexuality, development and sexual behavioural patterns. However, some other parents interviewed did not support the idea of adolescents making use of contraceptives; and argued that such a move undermined the moral fiber of society as well as destroy the sound upbringing of adolescents.

Findings are consistent with (Remez, 2000; WHO, 2004), who argued that the sexual feelings experienced by adolescents as they go through the transition from childhood to adulthood influences some of them to act upon these feelings by engaging in sexual intercourse at an early age; others do not engage in such activities by concentrating on non-sexual pursuits and seeking educational advancement. Nevertheless, there are some adolescents who engage in early sexual intercourse as a result of early marriage, which are sometimes pre-arranged by their families.
Limitations of the Study

The following are the limitations of this study:

- **Unwillingness of majority of the respondents to provide relevant information on the subject matter.**
- **Financial constraint was one of the problems faced during the gathering of resources to conduct the study.**
- **Limited time to conduct the study as most at times period of time given to students for interview was limited and interfered with their classes.**
CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.0 Introduction

This chapter outlines a summary of the main findings, conclusions and recommendations. The study sought to assess the knowledge and attitude of Senior High School Adolescents towards contraceptive use within the Ledzokuku Krowor Municipality. Furthermore, the study identified some challenges in the process of undertaking this research.

6.1 Summary of Findings

The study found that contraceptives are set of medications used to facilitate sexual intercourse between a man and a woman. They are medically approved drugs or pills used before, during and after sexual intercourse between a male and a female to prevent the occurrence of unplanned pregnancies, according to the participants. Majority of the respondents believed that contraceptives are used for the purposes of preventing unwanted pregnancies during sexual activities between partners, and this thus allows the partners to enjoy themselves without any aftermath consequences. The findings of this study underscore the fact that adolescents’ knowledge or reason for their use of contraceptives have primarily been to prevent unwanted pregnancies arising out of one’s engagement of sexual related activities and to prevent the spread of Sexually Transmitted Diseases (STDs) such as Gonorrhea, Syphilis, and HIV/AIDS.

Findings of the study further revealed that the notable contraceptives include injectable, condoms and pills. Majority of the sampled respondents revealed that they knew contraceptives such as condoms like Kiss condoms, Fiesta condoms, female condoms, Postinor 2, Lydia contraceptive and sex stimulants such as Dragon. Their sources of knowledge about these contraceptives
includes advertisement about contraceptives on television and radios, interaction with friends, reproductive health programs organized in school, and from national health campaigns.

Furthermore, the study found that using contraceptives is good for reasons such as helping to prevent unwanted pregnancies, prevents the contraction of STDs, reduces the risk of social ostracism or stigma, prevents the adolescents from incurring huge financial burdens especially among female adolescents, prevents teenagers from dropping out of educational ladder in pursuit of their academic objectives and for purposes of family planning such as child birth control and spacing. The participants subsequently revealed that the use of contraceptive among adolescents has several problems and side effects including; barrenness in the later years of a person, premature ejaculations in males, death in the event of overly abusing the contraceptives, problems with menstrual cycle in females, complications with the womb, and body disorders such as itching of the genital organs.

It was further found that majority of the sampled respondents agreed to adolescents’ use of contraceptives and, the reasons given for such a position included; avoiding unwanted and ectopic pregnancies, prevention of sexual transmitted infections and the issue of stigmatization. Also, the study found that some parents indicated their willingness to actively provide reproductive health education that would shape the sexual behavior of their children. However, some parents held the view that the promotion of contraceptive use among adolescents endorsed a promiscuous lifestyle which was an affront to societal values and norms. It was also discovered that majority of the sampled parents would institute appropriate disciplinary measure against their children whiles others said the situation would be a non-confrontational one.
6.2 Conclusion

Objective One- To explore the level of knowledge of adolescents towards contraceptive use

As a developing country, the use of contraceptive has had a relatively lower coverage in terms of its availability, acceptance owing to the cultural orientation given to a vast majority of Ghanaian adolescents.

The study revealed the limited knowledge of adolescents on what contraceptives use meant and majority of the sampled respondents affirmed that it was used solely for the purposes of preventing unwanted pregnancies and, as a guard against one contracting Sexual Transmitted Diseases (STDs) during sexual intercourse. It was further revealed that adolescents’ source of knowledge on contraceptives and its uses were obtained primarily from the media (Radio, Television, and Social Media), interactions with friends and peers and reproductive health seminars organized in their respective schools or neighborhoods.

Objective Two- To assess the attitude of adolescents towards contraceptive use

The study found that majority of the required respondents have not made use of any contraceptives before, however, they encouraged its use among adolescents. The reasons adduced included; the prevention of unwanted pregnancies, guarding against STDs, avoiding Social Stigma, dropping out of school and the financial burdens associated with pregnancies.

Objective Three – To determine the perception of parents on adolescents’ contraceptive use

Parents acknowledged the need for reproductive health education for adolescents but disagreed on adolescents’ use of contraceptives. The study revealed that parents’ approval of adolescents
use of contraceptives could mean a facet endorsement of promiscuous lifestyles among adolescents; which is abhorred by both cultural and religious of the country.

6.4 Recommendations

**Objective One - To explore the level of knowledge of adolescents towards contraceptive use**

Based on the findings, the researcher recommends that Authorities of Senior High Schools in collaboration with the Ghana Health Service (GHS) should establish mini reproductive health clinics in second cycle institutions in order to broaden their knowledge base on contraceptives. Also, it is recommended that the Ghana Health Service in partnerships with Ghana Education Service (GES) should revise the educational curriculum to inculcate reproductive health as a priority area.

**Objective Two- To assess the attitude of adolescents towards contraceptive use**

In line with the findings, it is recommended that general sensitization nationwide should be undertaken by the Ghana Health Service to correct the myths and misconceptions about contraceptive use among adolescents. Also, through Ghana Population Council (GPC), a national quiz can be instituted on adolescent reproductive health to help develop enough awareness among students of Senior High on the above subject matter.

**Objective Three- To determine the perception of parents on adolescent’s use of contraceptive**

The researcher recommends that parents must provide adolescents on reproductive health education since the home remains the closest point of socialization for adolescents.
REFERENCES


Frank, GR. 2000. Early childbearing: perspectives of Black adolescents on pregnancy, abortion


APPENDICES

Appendix A: Participant’s Consent Form

School of Public Health

College of Health Sciences

University of Ghana

Research Topic: Knowledge and Attitude Towards Contraceptive Use Among Adolescents in Senior High School in the Ledzokuku- Krowor Municipality.

Introduction

My name is AFUA DARKOAH AKUFFO, a student pursuing Masters in Public Health in the School of Public Health, University of Ghana. I am the principal investigator in this study and together with my research assistants we are conducting a study on the above subject.

You are warmly invited to take part in the study. But before you make a decision to take part in the study or not, we would like you to read this consent or let someone read it to you to guide you in making your decision.

There will be no costs for participating in this research and there will be no payments awarded for participating in this research. The only cost you will incur will be the time taken to answer the questionnaire. Some of the questions also border on private sexual life and these may create some discomfort for you. You however reserve the right to decline answering any question you do not wish to answer.

Confidentiality
Every single information you provide will be held in absolute confidence and data collected in this study are strictly for research purposes and will be stored with passwords on electronic media and in safely locked boxes. Access to the data will be limited strictly to the researcher and supervisor. Anonymity will be ensured in dissemination of findings from this study since participants will not be identified by their names.

Potential Risk and Benefits

Study respondents will lose some time in participating in the in-depth interviews and FGD. Respondents also stand the risk of experiencing emotional discomfort in answering questions bordering on their sexual life. As a result respondents will be informed through the participants inform consent form before they participate in the study. This will help mitigate any psychological discomfort that may be posed in the questions that will be asked during interview sessions. There are no direct benefits associated with taking part in the study. However, it is expected that the results of the study will contribute towards policy decisions making in order to improve adolescent reproductive health services in the community.

Voluntary Participation and Withdrawal

You are at liberty to withdraw from the study at any point in time as a participant and this will not create any problem between the researcher and you. Data collected on you will be deleted following withdrawal from the study. You may also choose not to answer any individual question or all the questions.

Consenting process

Each respondent in the study will be approached individually to explain the objectives of the study to them before they give their consent to participate in the study. In addition, respondents will be made to sign a written consent form after a detailed explanation to them before they participate in the study. In the case of minors, consent will be obtained from the parents in addition to their consent.
Recording of interviews and focus group discussions

In the process of collecting information from study participants, the interview sessions and focus group discussions will be recorded to be replayed later in order to facilitate interpretation.

Ethical Approval

The study has been reviewed and approved by the Ghana Health Service Ethical Review Committee (GH-ERC). This committee is there to ensure that participants in researches are protected from harm and their rights are respected.

Participant’s Consent Form

I have read the foregoing information/ the foregoing information has been read to me or translated to me in a language that I understand and I have fully understood it. I consent voluntarily to participate in this study.

(Name and signature of a witness should be provided in a case where the participant cannot speak or read English)

Signature/thumbprint: ________________________________

Name of witness: __________________________________________

Signature/thumbprint of witness: __________________________

Interviewer's Statement

I, the undersigned (your name), have explained this consent form to the participant in simple language that she/he understands, clarified the purpose of the study, procedures to be followed as
well as the risks and benefits involved. The participant has freely agreed to participate in the study.

Signature of interviewer .........................................................

Date ........... / ............ / .............

Address:

Telephone number:

Email address:

In case of any concern you can contact the Ethics Administrator, Miss Hannah Frimpong, GHS/ERC on: 0243235225 / 0507041223.
Appendix B: Minor’s Assent Form

School of Public Health

College of Health Sciences

University of Ghana

Research Topic: Knowledge and Attitude Towards Contraceptive Use Among Adolescents in Senior High School in the Ledzokuku-Krowor Municipality.

Participant’s Consent Form

The purpose of this study has been explained to me sufficiently as well as my parents in our language of understanding and I have fully understood it. I consent voluntarily to participate in this study.

(Name and signature of a witness should be provided in a case where the participant cannot speak or read English)

Signature/thumbprint: ________________________________

Name of Parent: ________________________________

Signature/thumbprint of Parent: ________________________________

Interviewer’s Statement

I, the undersigned (your name), have explained this consent form to the participant in simple language that she/he understands, clarified the purpose of the study, procedures to be followed as
well as the risks and benefits involved. The participant has freely agreed to participate in the study.

Signature of interviewer ………………………………………………….

Date …………. / …………… / ……………

Address:

Telephone number:

Email address:

In case of any concern you can contact the Ethics Administrator, Miss Hannah Frimpong, GHS/ERC on: 0243235225 / 0507041223.
APPENDIX C: INTERVIEW GUIDES

Knowledge of contraceptives

1. What are contraceptives?
2. What are they used for?
3. Mention any contraceptives you know
4. Have you used contraceptives before?
5. From where did you get to know about contraceptives?

Attitudes towards contraceptives

1. Do you think using contraceptives is good? Why do you think it is good/not good?
2. Are there any harm associated with contraceptive use? What are they?
3. Will you encourage adolescents like you to use contraceptives? Why?

Parents Perception about adolescents’ contraceptive use

1. Would you allow your child to use contraceptives? Why?
2. What will you do if you find your child using contraceptives
3. Do you teach your child about contraceptives? Why?