University of Ghana http://ugspace.ug.edu.gh

SCHOOL OF PUBLIC HEALTH COLLEGE OF HEALTH SCIENCES

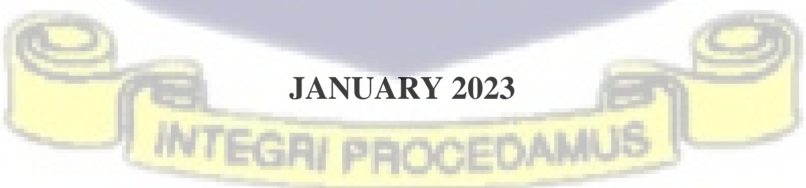
UNIVERSITY OF GHANA

MYTHS AND MISCONCEPTIONS ABOUT CONTRACEPTIVE USE AMONG UNMARRIED SEXUALLY ACTIVE ADOLESCENTS IN THE ELLEMBELLE DISTRICT

BY

DOROTHY ADUBOFFOUR (10933166)

THIS DISSERTATION IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON, IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF MASTER OF PUBLIC HEALTH DEGREE



JANUARY 2023

University of Ghana http://ugspace.ug.edu.gh

DECLARATION

I hereby declare that the work presented is entirely the product of my effort under the supervision of Dr. Adorn Manu except for references to other people's work which have been duly acknowledged. This is my original work which has neither in whole nor in part been submitted to any institution.

Dorothy Aduboffour .... 0|02

(Student)

Dr. Adorn Manu

(Supervisor) 10-Feb-2023

University of Ghana http://ugspace.ug.edu.gh

ACKNOWLEDGEMENTS

First of all, I would like to praise and thank God Almighty who bestowed countless blessings, insights and opportunities on me to finally make this dissertation a reality. My deepest thanks go to Dr. Adom Manu, my supervisor and mentor, for the time, effort and understanding that helped me to successfully complete my studies. His immense wisdom and wealth of experience inspired me throughout my studies. I would also like to thank the library staff for their technical assistance during my research. The respondents are also duly acknowledged for their willingness to be part of this study. Finally, I would like to thank my husband and my children. Without their unwavering support, it would have been impossible to complete my studies.

University of Ghana http://ugspace.ug.edu.gh

TABLE OF CONTENT

DECLARATION ii
ACKNOWLEDGEMENTS iii
TABLE OF CONTENT iv
LIST OF FIGURES viii
LIST OF TABLES ix
ABBREVIATIONS x
ABSTRACT xi
CHAPTER ONE 1
1.0 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: 6
1.4 Research question 6
1.5 Justification 6
1.6 Summary Chapter 7
CHAPTER TWO 8
2.0 LITERATURE REVIEW 8
2.1 Level of Knowledge about Modern Contraceptives 8
2.2 Myths and Misconceptions about Contraceptive Use 11
2.3 Barriers to Contraceptive Use 15
CHAPTER THREE 20
3.0 METHODOLOGY 20
3.1 Introduction 20
3.2 Study design 20
3.3 Study location 21
3.4 Study population 23
3.5 Inclusion criteria 23
3.6 Exclusion criteria 23
3.7 Sample size calculation 23
3.8 Sampling method 23
3.9 Data collection techniques and tool 24
3.10 Data quality control 25
3.11. Data analysis 25
3.12. Ethical considerations 26
CHAPTER FOUR 27

University of Ghana http://ugspace.ug.edu.gh

4.0 RESULTS 27
4.1 Background characteristics 27
4.2 Description of themes, categories and subcategories for adolescents 28
4.4 Knowledge on modern contraception 32
CHAPTER FIVE 37
CHAPTER SIX 41
6.0 CONCLUSIONS AND RECOMMENDATIONS 41
6.1 Conclusions 41
6.2 Recommendations 41
REFERENCES 43
APPENDICES 50
Appendix I: Interview Guide 50
Appendix II: Consent Form 52
Appendix III: Introductory Letter 53
Appendix IV: Ethical Clearance 54

University of Ghana http://ugspace.ug.edu.gh

LIST OF FIGURES

Figure 3.1: Map of Ellembelle District (Ghana Statistical Service, 2014)..22

University of Ghana http://ugspace.ug.edu.gh

LIST OF TABLES

Table 4.1 Background characteristics of adolescents..27

Table 4.2 Description of themes, sub-themes and examples 29

University of Ghana http://ugspace.ug.edu.gh

ABBREVIATIONS

CHPS	Community-based Health Planning and Services
DHS	Demographic Health Survey
FGDs	Focus Group Discussions
GHS	Ghana Health Service
IDI	In-Depth Interview
SDGs	Sustainable Development Goals
WHO	World Health Organization

INTEGRI PROCEDAMUS

University of Ghana http://ugspace.ug.edu.gh

ABSTRACT

Introduction

Unplanned pregnancies among adolescent contribute greatly to maternal morbidity and mortality among adolescents. In Ghana, about 30% of all pregnancies are unintended with significantly higher prevalence among adolescents. This phenomenon has a negative impact on adolescents with regards to education, health and other societal challenges. Myths and misconceptions about the usefulness of condoms and other modern contraceptives still expose many unmarried adolescents to the risk of unwanted teenage pregnancies and sexually-transmitted infections. This study explored the myths and misconceptions about contraceptive use among unmarried sexually active adolescents in the Elle belle District

Methods

This qualitative study used phenomenological cross-sectional study design to explore young people's knowledge, myths and misconceptions and barriers to contraceptive use among sexually active adolescents. Purposive sampling technique was used to select study participants for the study. A total of sixteen (16) respondents were interviewed before saturation of information was reached. This current study yielded 83 new codes. These codes combine and yielded eleven (11) sub- themes. The themes were knowledge on modern contraceptives, contraception myths and misconceptions and barriers to contraceptive use.

Results

The findings indicated good knowledge of modern contraceptives among adolescents, although knowledge on specific types of contraceptives was limited. Myths and misconceptions associated with contraceptive use were observed to emanate from individual beliefs, social/societal/peer influences, and from health care workers. The predominant myths and misconceptions shared by adolescents involved in this study were infertility, fibroid, delayed child birth and birth defects in newborn babies. These misconceptions were identified to serve as barriers to utilization of modern contraceptives alongside parental restrictions, limited knowledge, financial constraints and poor relational expressions from health care provide

Conclusion

The results of this study has indicated that adolescents have some extent of knowledge on contraception which is in a good direction. Moreover, Swift measure ought to be taken to address issues of misconception which seems to cut across the response of many adolescent. It is therefore necessary for Ghana Health Service and Ghana Education service to collaborate to draft achievable intervention in schools to deal with misconceptions.

University of Ghana http://ugspace.ug.edu.gh

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background

Adolescence is the stage of transition from childhood to adulthood involving physical, psychological, emotional and mental changes (Zany, 2017). At this stage, they are expected to acquire and consolidate skills, attitudes, and principles that will prepare them for their adult life (Moore et al., 2015). Adolescence is a period spanning from 10 years to 19 years, a unique stage of human development and crucial time for setting foundations for good health. According to WHO (2011), the lifecycle of the adolescent is characterized by profound biological, cognitive, emotional and social transitions associated with passage through puberty. With this transition, they tend to be engaged in risky sexual activities. In providing sexual and reproductive health, use of modern contraceptives among adolescent of childbearing are areas that cannot be overlooked (Melesse et al., 2020). This is due to the fact that, adolescents are observed to be engaged in sexual activity at an early age.

The use of modern contraceptive is undeniably recognized and ubiquitous worldwide. It is one of the cost-effective interventions for promoting reproductive health including the Sustainable Development Goals (SDGs) and fostering socioeconomic development globally (Gyimah et al., 2015). Beyond the traditional reason of preventing unintended pregnancies, reduction in risk of unsafe abortions as well as maternal mortality, contraceptives also significantly contribute to women empowerment and access to educational opportunity (Fagbamigbe et al., 2018).

Globally, an estimated 40% of women had unwanted pregnancies (World Health Organization, 2013). Recent studies have shown that, an estimated 54 million unplanned

University of Ghana http://ugspace.ug.edu.gh

pregnancies 1.2 million infant and child deaths, and 79,000 maternal deaths could have been prevented with the use of modern methods of family planning, including contraceptive use (Singh, Bankole, & Darroch, 2017). Further, the use of modern contraceptives has been identified as a cost effective method to control explosive population growth (Beson, Appiah & Adomah-Afari, 2018). The use of contraceptive however, varies and is disproportionate in countries. About 95.5% of women in Western Europe utilize modern contraceptive methods whereas 4.5% rely on traditional methods (Dereuddre, Van de Putte, & Bracke, 2016).

Both governmental and non-governmental agencies in sub-Saharan Africa have implemented several policies in the bid to increase contraceptive use. However, there is still evidence of low patronage. In Nigeria for example, it has been reported that only about 14.5% of women use contraceptives (Ajayi, Adeniyi, & Akpan, 2018). In Ethiopia, studies have reported a significantly higher prevalence of unmet need for contraceptive use among married adolescent girls (18.7%), compared to older married women (14.8%). In Ghana, the situation is not different. In 2017, only 27% of sexually-active unmarried 15–19 year-olds were using a modern method, while 8% were using a traditional method (Keogh et al. 2021). This poses several challenges to women reproductive health.

Consequently, low patronage of contraceptives has been reported to result in high occurrences of unintended pregnancies, many practices of unsafe abortions, which ultimately adds to rise in maternal deaths (Beson et al., 2018). The use of contraceptive is reported to be influenced by several factors. These factors include but not limited to limited accessibility to contraceptive services, poor quality services, limited choice of available methods, fear of side-effects and cultural and religious disapprovals (Ochako et al. 2015). Additionally, myths and misconceptions on contraception contribute to non-use, discontinuation and low uptake by young women (Mwaisaka et al. 2020).

University of Ghana http://ugspace.ug.edu.gh

Knowledge of pregnancy risk has been documented to be a reason for which most young adolescents of reproductive age refrain from utilizing modern methods of contraception. In a study conducted in Philippines by Wiles et al. (2018), young and adult women were reported as indicating higher odds of no risk of pregnancy on their first sexual encounter. Sources of knowledge on modern contraception varies, including from health care workers in Ekiti State, Nigeria (Durowade et al., 2017), peers and friends as reported by Sedgh et al., (2014) in developing countries. Bain et al., (2021) also reported high knowledge of modern contraceptive methods among young women of reproductive age.

Adolescents in Ghana generally begin sexual activity in their middle to late teens. According to the 2022 Ghana Demographic and Health Survey (DHS), the median age for first sexual intercourse is 18.4 years among women aged 20-49. Many of these women had had premarital sex as adolescents, because only 59% of women aged 20-49 were married by age 20. Yet, the uptake of contraceptive prevalence rate among women 15-19 years old is 13%. It is therefore paramount to explore the myths and misconceptions about contraceptive use among unmarried sexually active adolescents.

1.2 Problem statement

Risky sexual behaviours such as unprotected sexual activities among adolescents cannot be emphasized enough. Studies have shown that, many adolescents in Africa engage in sexual activity between the ages of 12-19, as a result, most of them achieve sexual debut by 16 years (Olugbenga-Bello et al. 2014). More importantly, sexual debut in West African countries mostly occurs during adolescent period (15-19 years) (MacQuarrie, Mallick & Allen 2017). Due to the inexperience at this age, sexual debut predisposes a number of adolescents to having unprotected

University of Ghana http://ugspace.ug.edu.gh

sexual intercourse and increase the likelihood of unintended pregnancies, unsafe abortions and STIs.

Ghana has a young population. About 6.9 million Ghanaians are adolescents, about 22% of the total population of nearly 31 million (Ghana Statistical Service, 2021). Unplanned pregnancies among adolescents alone contribute greatly to maternal morbidity and mortality in this age group (MacQuarrie et al. 2017). In Ghana, about 30% of all pregnancies are unintended with significantly higher prevalence among adolescents (70%) (Amaya 2018). This phenomenon has a negative impact on adolescents with regards to education, health and other societal challenges such as disapproval leading to stigma, discrimination and rejection. Typically, a study conducted in Choker, a fishing community in Ghana's Capital has reported that, 86% of teenage pregnant girls who were involved in the study had dropped out of school (Gina, 2013). For this reason, adolescents are advised and encourage to use contraception.

In Ghana, abortion services are not entirely permitted by law, unless occurrence of pregnancy is by rape, defilement or incest or when pregnancy poses significant risk to the mother and unborn baby (Oppugn et al. 2021). Yet, in Ghana it is noteworthy that most unintended pregnancies end in induced abortions with a significant number being unsafe abortions. Contraception use is undoubtedly very important in preventing unintended pregnancies, unsafe abortions and abortion-related complications (Patel, 2014). However, the use of contraceptive in the Elle belle District is an issue of concern. According to DHIS (2022) unplanned pregnancy among females aged 15 to 19 years in the Elle belle District is on the rise. ANC registrants among 15 to 19 years for the Elle belle District were 655 and 682 for 2020 and 2021 respectively (DHIS, 2022). A study conducted in the district has shown that, about 54% female adolescents who have had sex before and 2 in 5 never use modern contraceptive (Ampah 2019). Evidence

University of Ghana http://ugspace.ug.edu.gh

have shown that, Myths and misconceptions and other factors about the usefulness of condoms and other contraceptives still expose many unmarried adolescents to the risk of unwanted teenage pregnancies and sexually-transmitted infections (STIs) (Mbachu et al. 2021). Studies have reported misconceptions of side effects of contraception methods as major factors (Chebet et al., 2015; Ataullahjan et al., 2020). Generally, condom for instance, has been proven to effectively protect against pregnancy and sexually transmitted infections, including HIV (Mome, 2018; Wiyeh, 2020). However, there are misperceptions about how it is used and its effects on fertility and sexual pleasure, which have contributed to significant inconsistent use of condoms in sexual partnerships (Chebet et al., 2015; Ataullahjan et al., 2020). Clearly, misconception has directly affected the utilization of contraception, yet, much has not been reported and these misconceptions still remain unknown.

In addition, many studies have adequately explored social and background characteristics that influenced the uptake of contraception, but few studies have focused on myths and misconceptions of contraception and how these variables interact to influence the uptake of contraceptives particularly in the Elle belle District. Therefore, this qualitative study sought to explore and understand adolescent's myths and conception of contraception and to identify key misconception concerns and patterns regarding the use of contraceptives.

1.3 Objectives

1.3.1 General objective

To explore the myths and misconceptions about contraceptive use among unmarried sexually active adolescents in the Elle belle District.

University of Ghana http://ugspace.ug.edu.gh

1.3.2 Specific objectives:

1. To assess adolescent knowledge about modern contraceptives.
2. To assess myths and misconceptions about contraceptive use among adolescents.
3. To examine the barriers to contraceptive use among adolescents in the Elle belle district.

1.4 Research question

The following research questions will be explored to address the study objectives:

1. To what extent do adolescent in the Elle belle District know about modern contraceptives?
2. What are the myths and misconceptions that adolescents hold on contraceptive?
3. What factors influence contraceptive use among adolescents in the Elle belle District?

1.5 Justification

Despite health promotion activities to encourage the use of modern contraceptive, a study by Ampah (2021) reveals that, there is low uptake of contraceptive in the Elle belle District. However, information regarding the factors that may be affecting the use of modern contraceptives in the Elle belle District is lacking. This study seeks to provide useful information from in-depth understanding of the myths and misconceptions about contraception among adolescents in the Elle belle District. This study was vital because, there is paucity of knowledge on the myths and misconception associated with the use of contraceptives in the Elle belle

University of Ghana http://ugspace.ug.edu.gh

District. Given that, myths and misconception on contraception could easily spread hence limiting the uptake of contraception, it is important to explore some of these misconception and myths about contraceptives among adolescents. Findings from this study will be invaluable in planning suitable interventions to address any knowledge gaps among adolescents. Findings from this study will help boost the provision of modern contraceptive services for adolescents in order to decrease unplanned pregnancies. Also, this information could potentially help focus on the critical issues that will help to increase the current state of access to modern contraceptives among adolescents in the district

1.6 Summary Chapter

The chapter introduces the research, highlighting the significance of adolescence, the global importance of contraceptive use, and the specific challenges faced by adolescents in Ghana. It emphasizes the alarming gap in contraceptive uptake among Elle belle District adolescents, citing risks of unintended pregnancies and unsafe abortions. The chapter outlines objectives to assess knowledge, explore myths, and identify barriers, addressing pertinent research questions. The justification underscores the urgency of understanding factors contributing to low contraceptive use, aiming to provide essential insights for policy and program development to enhance reproductive health and reduce unplanned pregnancies among Elle belle District adolescents.

University of Ghana http://ugspace.ug.edu.gh

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Level of Knowledge about Modern Contraceptives

Adolescent pregnancy, defined as pregnancy that happens below 20 years of age, has been reported as a challenge of public health concern among low- and middle-income countries (Ghose & John, 2017). In addition to complications associated with unsafe abortion methods that are utilized by young girls of reproductive age, pregnancy during adolescence has been documented to be associated with increased risk of adverse neonatal and maternal outcomes, especially in areas of poor health care systems (Marvin-Dowle et al., 2018). Further, babies born to adolescent mothers tend to be at risk of low birth weight, and are likely to experience long-term adverse effects on their health and general well-being (Marvin-Dowle et al., 2018). The WHO (2019) reported that adolescent pregnancy increases mothers' risk of developing puerperal endometritis, eclampsia, pre-eclampsia and other systemic infections. Thus, knowledge of modern contraception methods is imperative, to ensure safe health and well- being of adolescent girls.

According to the Nsubuga et al. (2015), the proportion of young women of reproductive age in sub-Saharan Africa and other developing nations in Asia who have reported and unmet need for contraceptive use and unintended pregnancies, have been on the rise in recent years. Instances of unintended pregnancies increases risk of morbidity and mortality, as well as unsafe abortion rates among young women of reproductive age (Guttmacher Institute, 2015). Consequently, the use of modern contraceptive methods is intended to reduce the unmet need of contraception. The World Health Organization (WHO), have reported that information on modern contraceptive methods constitute fundamental human and health rights of all individuals (WHO, 2021). Thus, efforts must be put in place to increase knowledge of modern contraception methods among

University of Ghana http://ugspace.ug.edu.gh

women of reproductive age. It is imperative to appreciate that knowledge of modern contraception methods not only reduce the proportion on unintended pregnancies and unsafe abortions, but also ensures young women have uninterrupted education, encouraging their participation in educational and societal reforms (WHO, 2021).

In a Ghanaian study, the researchers reported poor knowledge of modern contraception methods among the respondents. Consequently, low prevalence of use of modern contraception as a means of preventing unwanted pregnancies was documented (Beson, Appiah, & Adomah-Afari, 2018). Eliason et al. (2014) have argued that although education on family planning and use of modern contraception is available in Ghana, the information is only provided in health care facilities, limiting their access to the general population. To curb this challenge of inaccessibility to knowledge on modern contraception methods, Beson, Appiah, and Adomah-Afari (2018) suggested that educational programs should be provided to the Ghanaian populace in several dialects in order to reach a greater audience. Further, information on family planning and use of contraception, as well as consequences for their non-use, should be provided at all levels of education in the country, communities, and spread through media outlets, to ensure wider coverage (Beson, Appiah, & Adomah-Afari, 2018).

In a study to evaluate the knowledge and awareness level of contraceptive usage among adolescents, the researchers indicated high levels of knowledge on modern contraceptive use among the respondents of the study, although proportion of unintended pregnancies was found to be high among the study population (Ofosu & Sam, 2020). A study that was conducted in Nigeria to evaluate the knowledge, attitudes and practices of contraception among secondary school students reported similar findings, indicating that non-use of contraception although level of knowledge was high, could be attributed to the fact that most sexual intercourse among young adolescents happened out of curiosity, and were predominantly unplanned (Idonije, Oluba, &

University of Ghana http://ugspace.ug.edu.gh

Otamere, 2011). Young adolescents who become sexually mature at an early age end up engaging in sexual intercourse when they have little knowledge about the sexual and psychological changes associated with puberty, and are likely to be unaware when they get pregnant (Ofosu & Sam, 2020). This places an imperative on educational institutions to implement reproductive and sexual education at early stages of students' development in a bid to increase awareness of the implications of having sex without use of contraceptives.

In a study to determine the link between adolescent knowledge and use of contraceptives in Ghana, the researchers indicated that knowledge of traditional methods of contraception was higher compared to modern methods of contraception (Ahinkorah et al., 2021). Ahinkorah et al. (2021) reported several factors that influence unintended pregnancies among adolescents and women of reproductive age, including, but not limited to early age of marriage, family instability, family structure, sociodemographic characteristics, inadequate knowledge of female anatomy and sexuality, ineffective use of contraceptives, and cultural influences. To corroborate this report, Eliason et al. (2014) reported in their study that poor knowledge of contraceptive methods have left women of reproductive age with fear and anxiety of side effects associated with use of modern contraception. Cultural influences in Ghana are an impediment to adolescents acquiring knowledge of contraceptives from health care facilities and relatives. According to Ahinkorah et al. (2019), sexuality is considered sacred in the Ghanaian society, hence adults and the young population alike refrain from discussing such matters. Consequently, the stigma associated with seeking to have knowledge of contraceptive methods deter adolescents from acquiring the requisite knowledge, leading to unintended pregnancies and spread of sexually-transmitted infections (Ahinkorah et al., 2019). Thus, adolescents tend to have inadequate knowledge of modern contraceptive methods, inhibiting their effective use. Consequently, adolescents resort

University of Ghana http://ugspace.ug.edu.gh

to the media, friends and other unlikely sources for information on contraceptive methods (Ofosu & Sam, 2020).

2.2 Myths and Misconceptions about Contraceptive Use

Optimal use of modern contraceptive methods has the potential to reduce the proportion of unintended pregnancies and unsafe abortions among women of reproductive age in sub- Saharan Africa (Lasso, Singh, & Ronda, 2016). The World Health Organization recommends the use of intrauterine devices and long-acting reversible contraceptives (LARCs) as the most effective modern contraceptive methods (WHO, 2020). However, there still exist challenges with uptake of modern contraceptive methods among women of reproductive age in low- and middle-income countries. Bain, Amu and Tarkang (2021) have reported that most women in sub-Saharan Africa prefer to use traditional methods of contraception over modern contraceptive methods, or not to use any contraceptive method at all. This can be attributed to myths, misconceptions and misinformation surrounding the use of modern methods of contraception.

The period of adolescence is characterized by several changes in the individual, including physical, psychosocial and sexual changes, which typically leads them to engage in unprotected sexual intercourse (Mbachu et al., 2021). Such sexual "experiments" are as an influence of peers, who also serve as a source of misinformation concerning contraceptive methods (Mbachu et al., 2021). In a study to ascertain myths associated with contraceptive use that are peddled in African communities, Gueye et al. (2015) reported that most adolescents refrain from using contraceptives because of negative stereotypes that are associated with individuals who use contraceptives during sexual intercourse. In their study, Mbachu et al. (2021) identified misconceptions associated with the modes of action of the emergency pill and injectable methods of contraception. In recording

University of Ghana http://ugspace.ug.edu.gh

the response of one respondent on the mode of action of the emergency pill, it was stated that "… after having

University of Ghana http://ugspace.ug.edu.gh

sex, the sperm that has been released by the male will wait for some hours before fertilization can take place. So after sex, she will take the pills and the pills will flush away the sperm" (Mbachu et al., 2021). Pertaining to the use of the injectable hormonal contraceptive, one respondent was recorded as stating that, "for injections, if you inject the family planning drug, it will flow inside your body and go to block your womb so you cannot be impregnated by a man" (Mbachu et al., 2021). These responses elicit the notions that, whereas the emergency pills flush out spermatozoa out of the uterus after sexual intercourse, the injectable hormonal contraceptive actually blocks the womb from receiving spermatozoa in the first place.

In a study that was conducted in Kenya, the researchers indicated that misconceptions associated with non-use of modern methods of contraceptive border on fear of side effects, individual biases, as well as cultural and religious perspectives (Ochako et al., 2015). According to responses from respondents, Ochako et al. (2015) indicated that one common misconception associated with the use of modern contraception methods was a misconception with promiscuity and infidelity. A respondent was reported as saying, "with the pills men are very much against it, and they feel that with the pills their women can have extra marital affairs knowing that they will not get pregnant" (Ochako et al., 2015). According to a female respondent, "the community members don't use condoms because they are married, and you cannot use them with your husband when you are married; maybe if you are having an affair. I don't like condoms because, I have a husband that I live with so I don't see why I should use condoms and I am not straying" (Ochako et al., 2015). This misconception of infidelity amongst couples was reported in other studies that were conducted in Kenya. Burke and Ambasa-Shisanya (2011) reported from their study that partner's tend to influence their spouse's use of contraceptives. The researchers indicated that husbands usually want to determine the number of children without considering their wives' opinions.

University of Ghana http://ugspace.ug.edu.gh

Consequently, in order to please their husbands, wives refrain from using contraceptives (Burke & Ambasa- Shisanya, 2011).

Another misconception that has been documented to be associated with non-use of modern contraceptive methods is fear of side effects. In a study that was conducted in Mali, the researchers indicated that women exhibit fear pertaining to the use of the injectable hormonal contraceptive and the emergency pill, indicating that they can cause infertility permanently (Gueye et al., 2015). Ochako et al. (2015) reported from their study in Kenya, that women of reproductive age in Kenya also fear similar side effects. Further, some respondents from their study reported having proof of side effects of weight gain among women who used modern contraceptive methods (Ochako et al., 2015). This finding indicates that a common means of spread of misconceptions and misinformation is from personal experiences of users or their friends and relatives. Consequently, Geuye et al. (2015) have reported that myths and misconceptions about contraceptive use are usually through informal means, among social circles, where information shared casually often is believed to be true.

Responses from the study conducted by Mbachu et al. (2021) indicated that most adolescents have a misconception on the use of condoms and sexual pleasure, as well as its re-usability. Whereas some respondents from their study indicated that condoms can be washed and reused, others reported using condoms to impact on pleasure derived from sexual intercourse (Mbachu et al., 2021). A male respondent was recorded as stating that "we have soft condom that will not harm you and the person you're having sex with. That is the one you can use two or three times; after using it you wash it". The perception of condom use and pleasure had varied responses, with some indicating positive pleasure and others indicating negative pleasure. A female respondent was recorded as stating that, "use of condom makes it pleasurable because one feels relaxed with it. The sex is enjoyable because both parties know they are safe from contracting disease and the

University of Ghana http://ugspace.ug.edu.gh

girl getting pregnant". On the other hand, a male respondent was quoted as stating that, "it is very good to use flesh to flesh because using condom during sex might not be sweet, but it is advisable to use condom to avoid bringing shame to parents" (Mbachu et al., 2021).

2.3 Barriers to Contraceptive Use

Finlay and James (2017) in their study to examine contraceptive laws and contraceptive use in sub-Saharan Africa argued that regardless of increasing access to modern contraceptive methods and improving misinformation surrounding use of contraceptives, laws governing their use impedes the intended aim for their use. The researchers argue that following their independence from their respective colonial masters, former English and French states are likely to pattern their laws after that of their colonial masters, implying a much stricter law governing contraception use in former French colonies (Finlay & James, 2017). Consequently, Finlay and James (2017) reported from their study that women of reproductive age in former French colonies in sub-Saharan Africa hold on to ideals of non-use of contraception, although present laws legalize their use. This was attributed to a cultural impact the colonial masters left on those states, leaving women to hold on to values which were expected under the strict disciplinarian laws of their colonial masters (Finlay & James, 2017).

Ochako et al. (2015) in their study to ascertain barriers to modern contraceptive methods uptake among young women in Kenya reported the major barrier to be myths, misconceptions and misinformation pertaining to contraceptive use among the population. One adolescent female is quoted to have stated that, "I think the pills are not good and even my mum has warned me severally not to use pills because there will come a time when I might need to have children and I might not be able to get one in future. You don't get pregnant when you use pills" (Ochaku et al., 2015). Another female who uses contraceptives is reported to have said

University of Ghana http://ugspace.ug.edu.gh

that, “If they put the implants on you, when you remove it, you cannot give birth again” (Ochaku et al., 2015). Thus, adolescent females are misinformed by their mothers, whereas adults tend to have negative perceptions to the use of the various contraceptive methods.

In the Republic of Benin, a study conducted by Chae and Woog (2016) for the Guttmacher Institute reported that married women usually desist from using modern contraceptive methods for such reasons as opposition to use by their husbands and negative impact/side effects on their health. Among unmarried women, their reasons for non-use of modern contraception included, but not limited to such reasons as fear of side effects, less frequent and/or no sexual intercourse, and not being married/with a partner (Chae & Woog, 2016). Chae and Woog (2016) indicate that women are usually not the primary decision-makers pertaining to contraceptive use. Husbands tend to determine when and which methods of contraception their wives should utilize. Chae and Woog (2016) reported from their findings that such barriers to contraceptive use were predominant among rural populations, as well as among households where the males were wealthier than their wives. These findings indicate that barriers to non-use of modern contraceptive methods vary among different demographic groups. To corroborate this finding, Bain, Amu and Tarkang (2021) reported from their study that adolescent males and females were most likely to patronize contraceptives when their anonymity is assured. Hence, to avoid being labelled as “bad children” as is common among most African communities (Boamah et al., 2014), adolescents and teenagers patronize contraceptives at locations where their identity would not be revealed to their parents and other relatives.

INTEGRI PROCEDAMUS

Burke et al. (2017) reported that young adolescents often refrain from using contraceptives during sexual intercourse because they are unable to afford to buy them. This finding is corroborated by Bain, Amu and Tarkang (2021), who reported that “unaffordability of contraceptives and

University of Ghana http://ugspace.ug.edu.gh

contraceptive services remain major barriers to the young people in their quest to utilise the contraceptives". This supposes that contraceptive services and modern contraceptive methods are considered expensive to be patronized by adolescents. Consequently, universal health coverage is hampered. The Republic of Benin, to avoid such events, and to reduce maternal and neonatal mortality and morbidity rates, has implemented measures to improve family planning and adolescent sexual and reproductive health services (Chae & Woog, 2016).

From their study, Bain, Amu and Tarkang (2021) reported that although there are associated side effects to use of modern contraception, such side effects are personal and peculiar to an individual, and not a general occurrence. Thus, fears pertaining to side effects from use of modern contraceptives should be addressed by health care personnel, and such information made available to the public, to ensure they are pre-informed about possible side effects to expect from use of contraceptives (Bain, Amu, & Tarkang, 2021). Such side effects as bleeding, excruciating headaches, weight gain, increased blood pressure, and disruption in menstrual cycle were reported among several women of reproductive age who had utilized one method of modern contraception (Bain, Amu, & Tarkang, 2021). A respondent from the study conducted by Ochaku et al. (2015) in Kenya indicated that, "with the injectable, I feel they are not good as they have side effects. They change your physical appearance, making you very fat. Many people get very fat using the injectable". Another user of a contraceptive reported that, "I don't know if its maybe I use the pills for a long time the first time, and that's why they are affecting me. The pills make me loose appetite and I start getting thin because I don't eat" (Ochaku et al., 2015). Thus, although some individuals may experience side effects from use of contraceptives, such information should not be peddled as an effect to every other person.

Barriers to contraceptive use have been identified among young women of reproductive age in developing countries to be as a result of their poor perception of pregnancy risk. According to a

University of Ghana http://ugspace.ug.edu.gh

study that evaluated the limitation of modern contraceptive usage among young women, it was reported that young females often have little appreciation of their menstrual cycle, and tend to engage in sexual activity without any regard as to the period within the cycle when they are most likely to get pregnant (Williamson et al., 2009). Further, most young women held on to the notion that it was impossible for them to get pregnant from their very first sexual encounter (Williamson et al., 2009). This finding can be attributed to poor knowledge of pregnancy and pregnancy risk among young women of reproductive age.

In a study conducted among women of reproductive age in a semi-urban community in Southwest Nigeria, the researchers reported that most of the women had no reason for which they refrained from utilizing modern contraceptives (Durowade et al., 2017). The researchers argued that although women could have no legitimate reason for which they refrained from the uptake of modern contraceptives, other possible reasons for their response could be because they consider matters of their sexual and reproductive health private, and are unwilling to share with an external party, not even for education research purposes (Durowade et al., 2017). In addition, women of reproductive age in Africa consider childbirth an act of honour and prestige, by which they gain societal approval. Hence, utilizing contraceptives would hinder their desire for multiple childbirths (Durowade et al., 2017). Although this reason may not be valid, it points out the need for adequate education to be propagated to disannul any negative misconceptions women hold about usage of modern contraceptives.

According to Sedgh and Hussain (2014) women who have an unmet need for contraception in developing countries refrain from contraceptives for such reasons as weight gain, irregularities in their menstrual cycle, malformations among babies, inability to breastfeed babies, and delays in returning to fertility after utilizing modern contraceptive methods, among other reasons. Consequently, the fear of side effects plays an important role in women's decision

University of Ghana http://ugspace.ug.edu.gh

to uptake modern contraceptive methods. Durowade et al. (2017) indicated from their study that among African countries and other developing nations where discussions on sex may be considered a taboo, or a matter of privacy, individuals of reproductive age tend to gain sexual and reproductive information from health care workers. Hence, utilizing health care professionals to provide wholesome education on sexual and reproductive health will go a long way to curb the present unmet need of contraception in developing countries.

A study conducted in South Africa do determine the perceptions of female teenagers on the use of contraceptives provided evidence that young adolescent girls are encouraged to utilize modern methods of contraception when they receive social support (Tabane & Peu, 2015). The researchers reported that positive peer influence encourages young girls of reproductive age to utilize contraceptives. From these findings, it can be posited that negative social support, especially in instances where peers of young adolescents of reproductive age do not encourage the use of modern contraceptives influences uptake.

In their study, Sedgh et al. (2014) reported that one major reason for non-use of modern contraceptives among women is as a result of infrequent sexual intercourse. Thus, women who have no sexual partner with whom they engage frequent sexual intercourse are likely not to utilize modern contraceptives.

University of Ghana http://ugspace.ug.edu.gh

CHAPTER THREE

3.0 METHODOLOGY

3.1 Introduction

This chapter provides a description of the methods and procedures that was employed in the conduct of this study. The section includes the study design, study location, study population, sample size and sampling techniques. There is also a section on data collection techniques, data analysis and ethical considerations

3.2 Study design

The study was a qualitative study using a phenomenological cross-sectional design which focused on exploring myths and misconceptions about contraceptive use among sexually active adolescents in Elle belle District. A qualitative study approach was appropriate as it provides an in- depth understanding of the experiences and perceptions of participants on the subject matter. Additionally, a qualitative study provides an opportunity for understanding the underlying reasons, motivations and attitudes which shape human behaviour (Kaae & Traulsen, 2020). Moreover the use of a phenomenological cross-sectional design helped to gather the experiences of respondents within the limited time for the study. A phenomenology is a qualitative research design that focuses on understanding the lived experiences of individuals or groups, while a cross-sectional study is a quantitative research design that collects data at a single point in time. The phenomenological cross-sectional study design in this study used qualitative methods to collect data from adolescents in Elle belle District at a single point in time. The data was then be analyzed using phenomenological methods to understand the meaning and essence of the participants' experiences.

INTEGRI PROCEDAMUS

University of Ghana http://ugspace.ug.edu.gh

3.3 Study location

The study was conducted in the Elle belle District. It is one of the twenty-two districts in the Western Region of Ghana, with Nkroful being its administrative capital. It was carved out of the Nzema East District in December 2007 and inaugurated in February 2008. The municipality is located between latitudes 4^0 40'N and 5^0 20'N and longitude 2^0 05'W and 2035'W. The municipality shares boundaries with Wassa Amenfi West District to the north, Jomoro District to the west, the Atlantic Ocean to the south and Tarkwa-Nsuaem to the East (Ghana Statistical Service, 2021).

Elle belle District has a total of 154km trunk roads of which 63km representing 41.5% are tarred. The tarred and accessible roads are mostly found in the southern sector of the district. Aiyinase north Sub-district is hardly reached by phone or vehicle even though it produces most of the cash and food crops in the district. The district has a total of seven sub districts (Ghana Statistical Service, 2021).

Fishing is the main occupation of the people in the district. However, arable farming, small scale mining, and trading are carried out in the middle and the northern zones. There are three major market days in the district at Aiyinase and Asasetre markets where most food staffs are sold. Processing and sale of copra oil is also carried out in certain parts of the district.

A profile by the Elle belle District Assembly (2017) indicates that the district is served by a total of 33 health facilities. Among these facilities, one hospital, six health centers, four clinics and twenty-two Community-based Health Planning and Services (CHPS) compounds. Although the district is yet to have a district government hospital it has the second largest Hospital in the western region– St. Martins de Porres Hospital at Eikwe at the northern part of the district. The other health

University of Ghana http://ugspace.ug.edu.gh

centres and CHPS compounds are concentrated in the southern sector. All this facilities are noted for providing adolescent health services.

According to the 2021 population and housing censure, the total population of the municipality was 120,893 comprising females (49.9%) and males (50.1% male). The general fertility rate is 89.7 births per 1000 women aged 15-49 years, higher than the 89.2 for the entire region (Ghana Statistical Service, 2021).

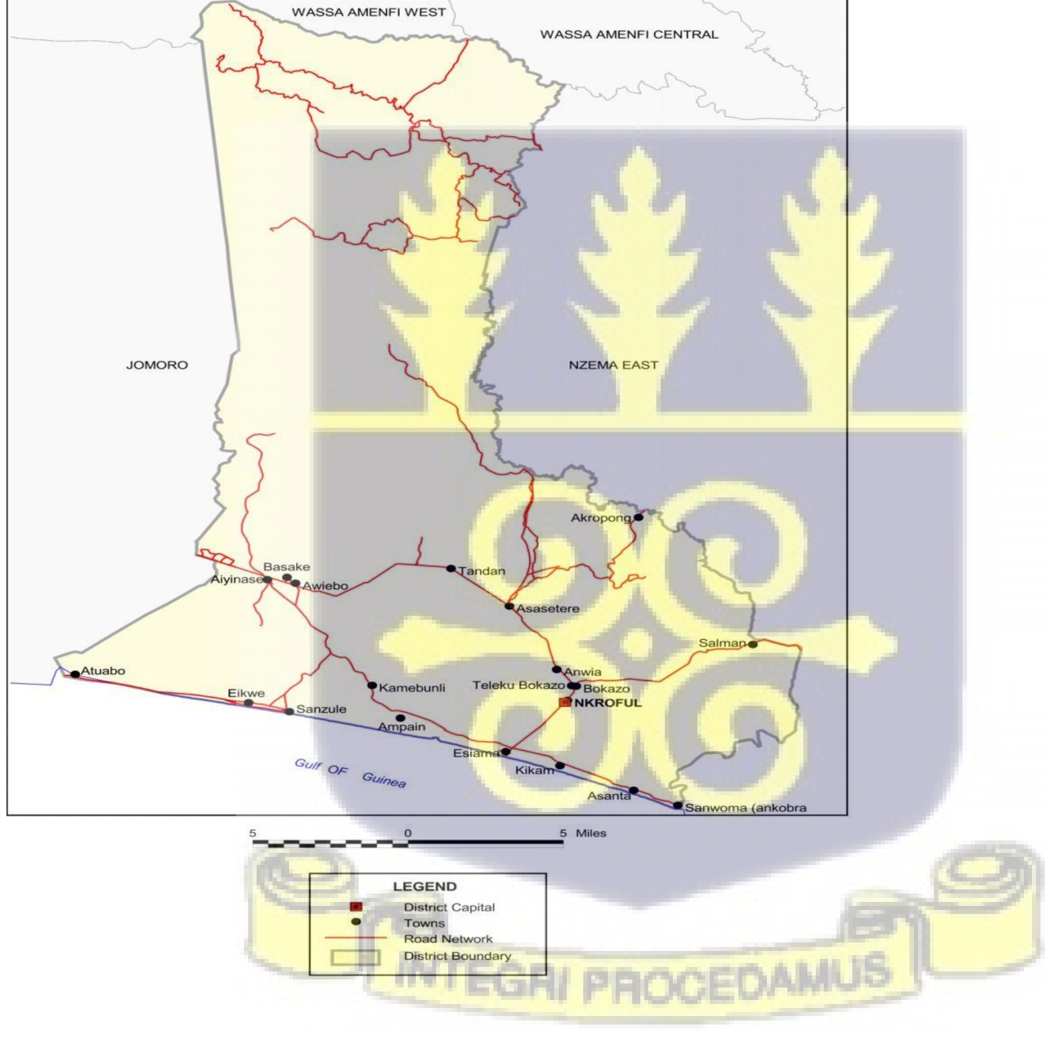


Figure 3.1: Map of Elle belle District (Ghana Statistical Service, 2014)

University of Ghana http://ugspace.ug.edu.gh

3.4 Study population

The study population comprised of unmarried sexually active adolescents aged 10 - 19 years residing in the Elle belle District.

3.5 Inclusion criteria

1. Individuals aged between 10-19 years were eligible for inclusion
2. Adolescents who are sexually active and unmarried and have been residents in the district for at least six months were eligible for inclusion.
3. Sexually active adolescents who gave consent were also included.

3.6 Exclusion criteria

1. Sexually active adolescents who are extremely ill were excluded.
2. All adolescents who qualified to be enrolled in the study but could not communicate in the Nzema or Twi or English language.

3.7 Sample size calculation

The sample size was determined based on data saturation. Data saturation is reached when the researcher no longer gets new insights from the data (Saunders et al., 2018).

3.8 Sampling method

Purposive sampling technique was used to select four sub-districts across the district for the study. A maximum of five (5) respondents were selected from each sub district; thus, Esiama, Nkroful, Ayinasia and Ekwie sub-district for the study. The Elle belle district is wider spread geographically and has a huge population, thus purposive sampling of sub-districts enabled the study to gather data across different demographic characteristics of population of interest within the study area. Also it was time effective considering the timeline for the study and the size of the study area.

University of Ghana http://ugspace.ug.edu.gh

In each selected sub-district, purposive sampling method was used to select participants for in-depth interview. The participants were selected based on them being sexually active at the time of data collection. Respondent's sexual status was determined upon questioning them after it was established that they met other inclusion criteria for the study. Minors whose parents were around were allowed to give verbal consent after their children agreed to partake. The sampling process comes to an end when no new information or insight is recorded from new recruits or participants (sample saturation) and/or the time limit (time saturation) were reached.

3.9 Data collection techniques and tool

An in-depth interview guide was used for data collection. IDIs were ideal for this study as enable the researcher to obtain varying perspectives about the same topic. The in-depth interview aimed to understand and explore myths and misconceptions about contraceptive use among sexually active adolescents. The in-depth interview guide consisted of open-ended questions on knowledge, barriers and facilitators and myths and misconceptions about contraceptive use among sexually active adolescents.

Both the interviewer and the interviewees mutually agreed on the time and venue of the interviews. A digital audio recorder was used to record proceedings of the discussion for reference, especially on issues which did not come clearly during note-taking.

The interviewer also ensured the smooth running of the interview by asking the necessary questions provided in the IDI guide whiles taking note and also recording proceedings.

The IDI guide comprised of sections which covered the demographic characteristics of participants, knowledge on modern contraceptives, myths and misconceptions about contraceptive use among adolescents and barriers and facilitators to contraceptive use among adolescents. The interview was conducted in the Nzema, Fante and English languages. Probes were used to

University of Ghana http://ugspace.ug.edu.gh

explore issues in-depth during the interview. About 30 to 40 minutes was spent per an interview. The data collection instrument is presented in appendix I.

3.10 Data quality control

Guba's four constructs, credibility, transferability, dependability, and confirmability, were used to assess trustworthiness to achieve methodological rigour in qualitative data (Guba & Lincon, 1982). Credibility refers to the authenticity of the data, which was ensured by giving findings to participants to validate results. Participants were requested to read their transcript after the interview. Transferability refers to the ability of the research findings to fit into similar contexts outside the study situation. To ensure transferability, adequate information about the participants, the research context and settings were provided. This was achieved by sampling participants from various sub-districts as the different experiences of each participant gave a clearer understanding of the research questions.

Dependability pertains to the degree to which the study results will be consistent or replicable with the same subjects or in a similar context. Dependability was strengthened by presenting an in-depth description of how the study progressed. An audit trail was kept on any decision made or any issues during the interviews and throughout the entire data collection process. Confirmability was ensured by acknowledging the reasons for favouring one approach within the final research report when others could have been explained and weaknesses in the techniques employed

3.11. Data analysis

Qualitative data were collected and analysed after verbatim transcription and coded using NVIVO 11. This was done to generate themes and patterns. Analysis was performed thematically using deductive technique. Similar responses were then grouped under the same theme and assigned codes. Participants' names were not used in the analysis or report writing; however, some verbatim

University of Ghana http://ugspace.ug.edu.gh

reporting was done when the participant's actual words were needed to make meaning or emphasise essential issues.

The themes were knowledge on modern contraceptives, contraception myths and misconceptions and barriers to contraceptive use. Knowledge on modern was defined as the awareness of the types, use and the benefits of contraception. Myths and misconceptions on the other hand are the negative perceptions associated with contraception. Lastly, barriers to contraception use are those elements that hinder the use of contraception

3.12. Ethical considerations

Clearance for this study was given by the Ghana Health Service (GHS) with clearance number GHS-ERC:028/10/22. Additionally, written consent was sought from eligible participants after explaining the benefits and risks involved in participation, although there were no risk and benefits. Also, participants were made to understand that participation is purely voluntary and can opt-out at any time. They were also made to understand that there is no compensation involved in participating in the study. Data collected were stored on an external hard drive and kept under lock and key, with only the principal investigator having access. To ensure anonymity, participants were only identified with codes and numbers instead of their actual names during and after data collection.

INTEGRI PROCEDAMUS

University of Ghana http://ugspace.ug.edu.gh

CHAPTER FOUR

4.0 RESULTS

4.1 Background characteristics

Table 4.1 summarized the background characteristics of participants. In all sixteen adolescents were interviewed. Most (11) of them were females and aged between 16 -19 years (10). Majority (13) were Christians and few were Muslims by religion. Further, Akans (12) were more than Ewes (4). Most had father (15) and mother alive (11). For educational level most (5) adolescents had received primary school education with a few (3) receiving secondary school education.

Table 4.1 Background characteristics of adolescents

Variables	Frequency (N=16)	Percentage (%)
Age group		
10 -15	6	37.5
16-19	10	62.5
Sex of respondents		
Male	5	31.25
Female	11	68.75
Educational level		
No formal education	4	25.0
Primary	5	31.35
JHS	4	25.0
SHS	3	18.75
Religion of respondents		
Christianity	13	81.25
Muslim	3	18.75
Father alive		
Yes	15	93.75

University of Ghana http://ugspace.ug.edu.gh

No	1	6.25
Mother alive		
Yes	11	68.75
No	5	31.25

4.2 Description of themes, categories and subcategories for adolescents

This current study yielded 83 new codes. These codes combine and yielded eleven (11) sub- themes. The themes were knowledge on modern contraceptives, contraception myths and misconceptions and barriers to contraceptive use. In this study, knowledge on modern was defined as the awareness of the types, use and the benefits of contraception. Myths and misconceptions on the other hand are the negative perceptions associated with contraception. Lastly, barriers to contraception use are those elements that hinder the use of contraception.

Table 4.2 Description of themes, sub-themes and examples

Theme	Sub-theme	Example
	Meaning	*What I know is that it is a medicine use to prevent pregnancy …P1* *when we say contraceptive, I know it helps to prevent pregnancies. Someone might not want to get pregnant so the person will use it to protect and prevent pregnancies. That is what I know about contraceptives. P2* *For contraceptives I know that they are drugs that are used to prevent pregnancy. That is what I*
	Types	*I know of the pills. That is the one you take the morning after sex such as Levon 2, Postinor 2 and Lydia postpill. I also know about condoms … P5* *I know there one that you take orally. Also, there is another one that is injected into you and there is another one that is implanted into your arms. That is what I know …P8*
	Effects	*Some say that the contraceptives delay menstruation. It can cause irregular menstruation, bleeding or something like that …P5* *As for me I heard your menstruation will not come regularly or you will bleed abnormal. Again,*
Myths and misconception		*people say the medicine does not let you give birth and / or can prolong child birth in future. It can also give you fibroid … P1* *Well with my religious background it is a bad thing but the spirit wants and the body also desires. Basically, since the body desires it I have to protect myself and also not cause any damage or harm to the other person so I think it is good for me but my religious background where I come*

INTEGRI PROCEDAMUS

		The negative thing I have heard is that they term those who use contraceptive as promiscuous and bad so it is sort of a bad identity, they give to those who use it. That is the negative aspect but apart from that they do have the positive aspects …P4
		they do not feel comfortable when using it because of what they have head that is not good … P1 *our parents can prevent us because they will feel we are bad for using contraceptive and will not even give you chop money. So, pastors too will not allow they church people to use the medicine.*
	Stigma	*Some are shy and that can be a barrier …P2*
	Religious	*Yes, please because Bible says we should not fornicate. That is, we should not engage in premarital sex but if you are married you can have sex …P2* *We also have religious reasons. Even with the withdrawal method, some of the religions frown*
	Health workers	*Yes, it can serve as a barrier through their behaviour. For some if you are going for the contraceptive they are already provoked and it might affect how they will talk to you. This will make you feel bad and because of that you might not go there again …P2* *Even some health workers will tell you it's not good for you as an adolescent to use the drugs*
	Money	*One would be money because they do not have the funds to purchase the condom. That is the only barrier …P4* *Also, maybe the price of the contraceptive is very expensive. Example, Lydia is expensive than the other contraceptives …P7*

INTEGRI PROCEDAMUS

	Culture	*Our culture prevents us if you are not within a certain age and you have not performed some cultural rites, you are not supposed to have sex so with these cultural aspects, it also prevents us from accessing these facilities … P4*
	Knowledge	*Maybe the person lacks knowledge about the use of contraceptive and this will be the reason why the person will not go in for contraceptive … P5* *Some too do not have any idea about the use of contraceptives. He or she is ignorant about the use of contraceptives and because of this they will not go in for them… P6*
	Parental	*For the parents it can serve as a barrier because they do warn adolescents that contraceptives can cause infertility or something like that …P5*
	Myths	*What I think will be the barrier is the myths, misconceptions and hearsays that will prevent them from buying the contraceptives … P7* *Some also say it leads to menopause early. So that is why it prevent them from me using the*

University of Ghana http://ugspace.ug.edu.gh

4.4 Knowledge on modern contraception

Adolescents were asked to explain what they understood by contraceptives. Their knowledge/understanding was explored in three main domains; thus, what contraceptive mean, the type of contraception and the effects of contraception. Adolescents in this study had adequate knowledge on what contraceptive is. To them, they understood it a drug that has a primary purpose of preventing sexually transmitted diseases and unplanned pregnancy. This was fundamental and basic among adolescents. However, one participant expressed that, contraceptives also aid in birth spacing. Typical, some adolescents illustrated;

"For contraceptives I know that they are drugs that are used to prevent pregnancy. That is what I know about contraceptives …" (female, 16 years).

"I understand they are drugs that we use to protect ourselves from unwanted pregnancies and sexually transmitted diseases which can cause harm to ourselves …"(male, 12 years).

"What I know about contraceptives is that when you take them, it helps to space births and it also helps to prevent pregnancies. It also helps you to give birth on your own time that you want …" (female, 18 years)

However, adolescents have limited knowledge on the types of contraceptives. Other contraceptive methods were not known to adolescents in this study. The most known contraception among them was condom, oral contraceptive, implant and the rhythm method. However, none of the adolescents were aware of more than three different types of contraceptives. They mentioned;

"I know what we take which is Oral. We also have condom. That is what I know …" (female, 17years)

University of Ghana http://ugspace.ug.edu.gh

"Now what I know is Oral contraceptives and that is the only one I know

…" (female, 17years) "I know about three of them. One is about taking pills or tablets to prevent yourself from pregnancies. The second one I know is protecting yourself by not letting the man not ejaculate inside you so that you will not be pregnant. The other one I know is that you yourself will count and time your menstrual cycle to know your free period to have sex so that you do not get pregnant …" (male, 15 years)

With regards to the adolescents' knowledge on the effect of contraceptive, almost all adolescents mentioned delays in menstrual cycle caused by the intake of contraceptive. One adolescent mentioned possible headaches and sometimes infertility. They were equally aware of some benefits of contraceptives. Prevention of unwanted pregnancies, sexually transmitted diseases and birth spacing were also some illustrated positive impacts of contraceptive. Some of them said;

"After taking it, I do get headaches, also it delays menstruation and sometimes too it makes you bleed in between menstruation when you are not supposed to menstruate …" (female, 16 years)

"Most of the girls fear the use of contraceptive because they have the notion that it can cause infertility …" (male, 18 years)

"It changes your menstrual cycle where the menstruation can come

early or late. That is what I have heard about it …" (female, 13 years)

4.5 Myths and misconceptions on contraceptive

Adolescents also shared several myths and misconceptions around contraceptives in their community. An emerging misconception was that, the use of contraception causes infertility which can lead to delayed child birth in future and deform babies. This was the most common misconception shared by adolescents. Hearsays from friends and colleagues have also led to

University of Ghana http://ugspace.ug.edu.gh

misconception that, the use of contraceptives can lead to fibroid. This came out strongly among female adolescents. Another conflicting misconception was religious belief that the use of contraceptive is a sin.

The following quotes illustrate the adolescents' concerns about contraceptive use:

"What I have heard which is not true is that people say if you take it you might not give birth but a lot of people who have used it are giving birth…" (male, 18 years)

"Some say that when you take these contraceptives it can affect your babies by deforming them. Others too say that when you take these contraceptives you will be obese…" (female, 17 years)

"… well, I heard it is not good and can give fibroid …" (female, 15 years)

Further, adolescents also shared the belief that the use of contraceptive can make one grow fat, lean and have a bloated tommy. This came from a belief that, people often gain weight with the intake of contraception and losing weight on the other hand could be side effect of contraceptive. They also mentioned the use of contraceptives can be uncomfortable.

"Contraceptive use does not make you feel comfortable. Sometimes you can get fibroid because the menstruation ceases…" (female, 16 years)

"I have heard that contraceptive can let you have big stomach. You can also have ceased menstruation. I think it can also get lost on your body - those who insert in their arm …" (male, 17 years)

"I have heard that contraceptive can let you grow lean …

and if the method is not good for you, your menstrual cycle will change and you cannot get pregnant when you want to. It can also let you get miscarriage too…"(female, 13 years)

University of Ghana http://ugspace.ug.edu.gh

4.6 Barriers to contraceptive use among adolescents

The barriers to the uptake of contraceptive in this study were grouped into individual, community and health system categories. With regards to individual barriers, financial challenges, lack of knowledge on contraceptive, religion and parental restrictions affects the uptake of contraceptive. Adolescents expressed the view that, they do not have money to purchase any type of contraceptive since contraceptives are expensive and they do not have any source of income aside their parents. Also, lack of knowledge on the use of modern contraceptive also affects its uptake or use among adolescents. Lastly, some parents often discouraged their children from the use contraceptive due to its side effects and the misconception that, it could cause infertility and deform babies.

"Some people will not have the money to buy the contraceptives. For example, people cannot buy the contraceptive every day or every three months go in for the injection …"(female, 12 years)

"Maybe the person lacks knowledge about the use of contraception. The reason why the person will not go for the contraceptive…" (female, 14 years)

"For the parents it can serve as a barrier because they do warn adolescents that contraceptives can cause infertility or something like that …" (male, 14 years)

"The bible even says we should reproduce and fill the face of earth and if so, why am I using a contraceptive that will prevent me from giving birth. This means I should give birth. For others too, their religion preaches against contraceptive use. Some families to do protest against the use of contraceptive …" (female, 17 years)

University of Ghana http://ugspace.ug.edu.gh

With regards to community factors, adolescents shared the view that, inherent culture in the community affects their uptake of contraceptive. They mentioned their culture frowns on engaging in sexual activity which to an extension prevents them from using contraceptive. Also, societal myths and misconceptions on the negative impact of contraception also affect its use

"Our culture prevents us if you are not within a certain age and you have not performed some cultural rites, you are not supposed to have sex so with these cultural aspects, it also prevents us from accessing these facilities ..." (male, 16 years)

"Some also say it leads to menopause early. So that is why it prevent them from me using the consultative drugs ..." (female, 17 years)

Health system factors were also shared barriers that influence the uptake of contraceptives. Some of the adolescents expressed their point that, the attitudes of health workers many times discourage them from using contraceptive.

"Yes, it can serve as a barrier through their behaviour. For some if you are going for the contraceptive they are already provoked and it might affect how they will talk to you. This will make you feel bad and because of that you might not go there again ..." (female, 14 years)

University of Ghana http://ugspace.ug.edu.gh

CHAPTER FIVE 5.0 DISCUSSION

This qualitative study determined the knowledge of adolescents on modern contraceptives, the myths and misconceptions surrounding their use, and the barriers to their use. In assessing knowledge, adolescents possessed adequate knowledge on what modern contraceptives entail, indicating their use to prevent unplanned pregnancy and to aid in birth spacing. Similar to these findings, Casey et al. (2020) in their study among adolescents in the Democratic Republic of Congo, they reported respondents demonstrating adequate knowledge on contraceptive. Adolescents from their study stated that they should be permitted to obtain contraceptives to prevent unwanted pregnancies, with some women reported as indicating how their use of contraceptives for birth spacing has aided in taking better care of their families (Casey et al., 2020).

Adolescents involved in this study did not provide enough details concerning their knowledge on types of contraceptives, citing only examples with condoms, the pill, and implants. In a study, Casey et al. (2020) reported that adolescents were reported to mention many types of modern contraceptives, including being able to name at least on long-acting reversible contraceptive and permanent method.

Findings from this study illustrated that adolescents adequately expressed knowledge on the effects of modern contraceptives, they mentioned delays in menstrual cycle, headaches, and positive effects as preventing unwanted pregnancies and sexually-transmitted infections, as well as utilization in birth spacing. In Ghana, it is noteworthy that the condom is recommended for use among adolescents because of its dual function of preventing both unwanted pregnancies and the transmission of sexually transmitted infections (Adongo et al., 2014). Similar to the findings of this study, young women in Benin reported unwanted side effects with usage of modern

University of Ghana http://ugspace.ug.edu.gh

contraceptives, including but not limited to excessive bleeding, and interruptions in menstrual cycle (Ahissou et al., 2021).

The predominant myths and misconceptions shared by adolescents involved in this study was that use of modern contraceptives caused infertility, delayed child birth and birth defects in newborn babies. The religious belief that use of contraceptives is a sin and the misconception that contraceptives cause fibroids in women were among the most common misconceptions shared by adolescents in this study. In a comparative study of women of reproductive age in northern and southern Ghana, respondents were recorded as experiencing inability to give birth after going off of using modern contraceptives, indicating this as no misconception but an actual outcome, especially among previous users of contraceptives (Adongo et al., 2014). According to Adongo et al. (2014), individuals living in northern Ghana place much value on children, giving honour to families with a numerous children, hence such information circulating among them would impede the uptake of modern contraceptives among the population. Consequently, Gueye et al. (2015) argued that misrepresentation of modern contraceptive methods spread by community members and peer groups would result in low uptake. Further, in their study, Mwaisaka et al. (2020) reported young women reporting of hearsays of heavy menstrual bleeding from utilizing IUDs, resulting in inability to conceive in the future. It is imperative, therefore, for education to be conducted to aid community members to differentiate between side effects of utilizing modern contraceptives, and other stories that are merely myths and misconceptions.

Whereas some adolescents indicated use of contraceptives to cause one to gain weight, others indicate it as causing weight loss as an unwanted side effect to utilization. These misconceptions were noted to have caused the adolescents to be uncomfortable with the notion of using modern contraceptives. Ochako et al. (2015) have reported the incidence of real side effects from using modern contraceptives, including weight changes (both weight gain and weight loss), heavy

University of Ghana http://ugspace.ug.edu.gh

bleeding, headaches, rise in blood pressure and lack of sexual desire. Although side effects are likely to occur, it has been noted that these are often exaggerated, resulting in increased spread of myths and misconceptions. In a study conducted in Tanzania, the researchers reported similar findings of side effects as noted in this study (Mosha et al., 2013). However, complaints of headaches, bleeding and weight changes were noted to be exaggerated, with descriptions of significant weight gain and/or loss and uncontrollable bleeding from utilizing modern contraceptives (Mosha et al., 2013).

Individual barriers to contraceptive use among adolescents involved in this study included religious beliefs, parental restrictions, limited knowledge and financial constraints. Contrary to the findings of this study, however, Gueye et al. (2015) reported no significant association between individual factors and contraceptive use. Consistent with the findings of this study, Ankomah et al. (2011) reported that individual beliefs and myths influence their utilization of family planning services and modern contraceptive use in Nigeria.

Community-influenced barriers to contraceptive uptake were indicated from reports that the community frowns on pre-marital sexual activity, thus regarding contraceptive use as unnecessary. Further, it was observed that myths and misconceptions on contraceptive use were peddled among the community, undermining their uptake. Consistent with these findings, a study conducted in several regions of Kenya reported that myths and misconceptions about modern contraceptives served as a major barrier to their uptake (Ochako et al., 2015). According to the researchers, young women's uptake of contraceptives is influenced by approval and/or disapproval of their peers, substantiating the fears women were found to have associated with contraceptive use from stories and experiences shared among their peer groups (Ochako et al., 2015).

University of Ghana http://ugspace.ug.edu.gh

The major health system-related barrier to modern contraceptive uptake was found to relate to poor relational expressions from health care providers. This can be attributed to the societal influence where adolescents are not expected to engage in sexual activity, and hence have no need of utilizing contraceptives. Casey et al. (2020) have argued that skilled and supportive health workers trained to provide non-judgmental and quality services to adolescents would strengthen values and build trust among health workers and adolescents, consequently increasing the utilization of reproductive and sexual health services, especially in modern contraceptives uptake. This recommendation was provided following findings from their study suggesting that health workers were more likely to be friendly towards married women, compared to adolescents (Casey et al., 2020).

Strength and limitations

An important strength of this study is the way the interviews were conducted, in which deep reflections were explored independently.

This study has some limitations. Young people may feel uncomfortable voicing their opinions about contraception, especially if they are unsure about what they know.

Another limitation could be eligibility criteria that limit participants based on the Fante, Nzema and English languages.

University of Ghana http://ugspace.ug.edu.gh

CHAPTER SIX

6.0 CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusions

The following conclusions are made based on the objectives of the study:

1. The findings from this study indicated good knowledge of modern contraceptives among adolescents, although knowledge on specific types of contraceptives was limited. Adolescents demonstrated knowledge on contraceptives providing protection from unwanted pregnancies and transmission of sexually transmitted infections.

2. Myths and misconceptions associated with contraceptive use were observed to emanate from individual beliefs, social/societal/peer influences, and from health care workers. The predominant myths and misconceptions shared by adolescents involved in this study were infertility, fibroid, delayed child birth and birth defects in newborn babies.

3. These misconceptions were identified to serve as barriers to utilization of modern contraceptives alongside parental restrictions, limited knowledge, financial constraints and poor relational expressions from health care providers

6.2 Recommendations

1. Societal and community influence were observed to influence uptake of modern contraceptives both negatively and positively. Consequently, it is evident that the influence of social networks on modern contraceptives uptake should be explored and utilized to aid in utilization. It is recommended that the district health directorate and its team members should target communal myths and misconceptions and provide adequate education to dispel such fears among the communities.

University of Ghana http://ugspace.ug.edu.gh

2. As was found from respondents in this study, Gueye et al. (2015) indicated the importance of peer influence on utilization of modern contraceptives among adolescents. Health Promotion Officers and other Public Health Agencies should place an imperative on contraceptives campaigns to not only focus on individuals, but target their social networks as well.
3. Health facilities should ensure an enabling environment at sexual and reproductive health centers, to encourage adolescents visiting health facilities for sexual and reproductive needs.
4. Ghana health service should provide in-service training to health workers to enable them provide non-judgmental services to adolescents. The stigma associated with adolescent sexual activity as observed in this study can be combated by providing health workers who provide non-judgmental services to adolescents.
5. Ghana Education Service and Ghana Health Service should collaborate to equip schools and peers with necessary skills to advocate sexual and reproductive health as a right for the adolescent, and not something for which they are stigmatize

University of Ghana http://ugspace.ug.edu.gh

REFERENCES

Adongo, P. B., Tabong, P. T-N., Azongo, T. B., Phillips, J. F., Sheff, M. C., Stone, A. E., & Tapsoba, P. (2014). A comparative qualitative study of misconceptions associated with contraceptive use in southern and northern Ghana. *Frontiers in Public Health*, 2, 137. https://doi.org/10.3389/fpubh.2014.00137.

Ahinkorah, B. O., Hagan, J. E., Seidu, A. A., Hormenu, T., Otoo, J. E., Budu, E., & Schack, T. (2021). Linking female adolescents' knowledge, attitudes and use of contraceptives to adolescent pregnancy in Ghana: a baseline data for developing sexuality education programmes. *Healthcare (Basel), 9*(3), 272. Doi:10.3390/healthcare9030272.

Ahissou, N. C. A., Benova, L., Delvaux, T., Gryseels, C., Dossou, J-P., … & Matsui, M. (2021). Modern contraceptive use among adolescent girls and young women in Benin: a mixed-methods study. *BMJ Open, 12*(1). http://dx.doi.org/10.1136/bmjopen-2021- 054188.

Ampah, B. (2021). Determinants Of Modern Contraceptive Use Among Female Adolescents In Senior High Schools In Ellembelle District Of Western Region, Ghana. *Afribary*. Retrieved from https://afribary.com/works/determinants-of-modern-contraceptive-use-among-female-adolescents-in-senior-high-schools-in-ellembelle-district-of-western-region-ghana

Ankomah, A., Anyanti, J., & Oladosu, M. (2011). Myths, misinformation, and communication about family planning and contraceptive use in Nigeria. *Open Access Journal of Contraception, 2*(1), 95-105.

University of Ghana http://ugspace.ug.edu.gh

Ataullahjan, A., Vallianatos, H., & Mumtaz, Z. (2020). Needles Don't Agree with Me, Pills Don't Agree with Me: Experiences of Contraceptive Use among Pakhtun Women in Pakistan. *Studies in family planning*, *51*(4), 361-375.

Bain, L. E., Amu, H., & Tarkang, E. E. (2021). Barriers and motivators of contraceptive use among young people in sub-Saharan Africa: a systematic review of qualitative studies. *PLoS ONE, 16*(6), e0252745. https://doi.org/10.1371/journal.pone.0252745.

Beson, P., Appiah, R., & Adomah-Afari, A. (2018). Modern contraceptive use among reproductive-aged women in Ghana: prevalence, predictors, and policy implications. *BMC Women's Health, 18*, 157. https://doi.org/10.1186/s12905-018-0649-2.

Boamah, E. A., Asante, K. P., Mahama, E., Manu, G., Ayipah, E. K., Adeniji, E., & Owusu-Agyei, S. (2014). Use of contraceptives among adolescents in Kintampo, Ghana: a cross-sectional study. *Open Access Journal of Contraception, 5*, 7-15.

Burke, H. M. C., & Ambasa-Shisanya, C. (2011). Qualitative study of reasons for discontinuation of injectable contraceptives among users and salient reference groups in Kenya. *African Journal of Reproductive Health, 15*(2), 67-78.

Casey, S. E., Gallagher, M. C., Kakesa, J., Kalyanpur, A., Muselemu, J-B., … & Spilotros, N. (2020). Contraceptive use among adolescent and young women in north and south Kivu, Democratic Republic of the Congo, a cross-sectional population-based survey. *PLoS Medicine, 17*(3), e1003086. https://doi.org/10.1371/journal.pmed.1003086.

Chae, S., & Woog, V. (2016). Barriers to women's contraceptive use in Benin. *In Brief.* New York: Guttmacher Institute. Retrieved from

University of Ghana http://ugspace.ug.edu.gh

https://www.guttmacher.org/pubs/IB- Benin-Contraception.html on May 26, 2022.

Chebet, J. J., McMahon, S. A., Greenspan, J. A., Mosha, I. H., Callaghan-Koru, J. A., Killewo, J., ... & Winch, P. J. (2015). "Every method seems to have its problems"-Perspectives on side effects of hormonal contraceptives in Morogoro Region, Tanzania. *BMC women's health*, *15*, 1-12.

Durowade, K. A., Omokanye, L. O., Elegbede, O. E., Adetokunbo, S., Olomofe, C. O., Ajiboye, A. D., ... & Sanni, T. A. (2017). Barriers to contraceptive uptake among women of reproductive age in a semi-urban community of Ekiti State, Southwest Nigeria. Ethiopian journal of health sciences, 27(2), 121-128.

Eliason, S., Awoonor-Williams, J. K., Eliason, C., Novignon, J., Nonvignon, J., & Aikins, M. (2014). Determinants of modern family planning use among women of reproductive age in Nkwanta district of Ghana: a case-control study. *Reproductive Health, 11*(1), 1-10. https://doi.org/10.1186/1742-4755-11-65.

Elle belle District Assembly. (2017). *District Medium-Term Development Plan*. Elle belle, Ghana.

Finlay, J. E., & James, E. (2017). Barriers to contraceptive use: examination of contraceptive laws and contraceptive use in sub-Saharan Africa. *Journal of Reproductive Health and Contraception, 2*(2), 8. Doi:10.21767/2471-9749.100031.

Ghana Statistical Service. (2014). *2010 Population & Housing Census District Analytical Report- Ellebelle District*.

Ghana Statistical Service. (2021). *2021 Population & Housing Census.* Accra, Ghana.

University of Ghana http://ugspace.ug.edu.gh

Ghose, S., & John, L. B. (2017). Adolescent pregnancy: an overview. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology, 6*(10), 4197-4203. Doi: 10.18203/2320-1770.ijrcog20174393.

Guba, E.G. & Lincon, Y.S. (1982). Epistemological and methodological bases for naturalistic inquiry. *Educational Communications and Technology Journal*, 30 (4), 363-381.

Gueye, A., Speizer, S. I., Corron, M., & Okigbo, C. C. (2015). Belief in family planning myths at the individual and community levels and modern contraceptive use in Urban Africa. *International Perspectives on Sexual and Reproductive Health, 41*(4), 191-199.

Guttmacher Institute. (2015). Unintended Pregnancy and Abortion in Uganda; 2013. Guttmacher Institute. Retrieved from https://www.guttmacher.org/presentations/unintended-pregnancy-abortion-Uganda.pdf on May 24, 2022.

Idonije, B. O., Oluba, O. M., Otamere, H. O. (2011). A study on knowledge, attitude and practice of contraception among secondary school students in Ekpoma. *Nigeria JPCS, 2*(6), 22-27

Kaae, S., & Traulsen, J. M. (2020). Qualitative methods in pharmacy practice research. *In Pharmacy practice research methods,* 31–54. Springer, Singapore.

MacQuarrie, K.L., Mallick, L. & Allen, C. (2017). *DHS COMPARATIVE REPORTS 45.*

Marvin-Dowle, K., Kilner, K., Burley, V. J., & Soltani, H. (2018). Impact of adolescent age on maternal and neonatal outcomes in the Born in Bradford cohort. *BMJ Open, 8*(3), e016258

University of Ghana http://ugspace.ug.edu.gh

Mbachu, C. O., Agu, I., Obayi, C., & Eze, I. I. (2021). Beliefs and misconceptions about contraception and condom use among adolescents in south-east Nigeria. *Reproductive Health, 18*(7), 1-8. https://doi.org/10.186/s12978-020-01062-y.

Mbachu, C.O., Agu, I.C., Obayi, C., Eze, I., Ezumah, N. & Onwujekwe, O. (2021). Beliefs and misconceptions about contraception and condom use among adolescents in south-east Nigeria. *Reproductive Health*, 18(1).

Mome, R. K., Wiyeh, A. B., Kongnyuy, E. J., & Wiysonge, C. S. (2018). Effectiveness of female condom in preventing HIV and sexually transmitted infections: a systematic review protocol. *BMJ open*, *8*(8), e023055.

Mosha, I., Ruben, R., & Kakoko, D. (2013). Family planning decisions, perceptions and gender dynamics among couples in Mwanza, Tanzania: a qualitative study. *BMC Public Health, 13,* 523. https://doi.org/10.1186/1471-2458-13-523.

Mwaisaka, J., Gonsalves, L., Thiongo, M., Waithaka, M., Sidha, H., Agwanda, A., Mukiira, C. & Gichangi, P., (2020). Exploring contraception myths and misconceptions among young men and women in Kwale County, Kenya. *BMC Public Health*, 20(1).

Mwaisaka, J., Gosalves, L., Thiongo,, M., Waithaka, M., Sidha, H., … & Gichangi, P. (2020). Exploring contraception myths and misconceptions among young men and women in Kwale Country, Kenya. *BMC Public Health, 20*(1694). https://doi.org/10.1186/s12889-020-09849-1.

Nsubuga, H., Sekandi, J. N., Sempera, H., & Makumbi, F. E. (2015). Contraceptive use, knowledge, attitude, perceptions and sexual behaviour among female university students in Uganda: a cross-sectional survey. *BMC Women's Health, 16*, 6. https://doi.org/10.1186/s12905-016-0286-6

University of Ghana http://ugspace.ug.edu.gh

Ochako, R., Mbondo, M., Aloo, S., Kaimenyi, S., Thompson, R., & Temmerman, M. (2015). Barriers to modern contraceptive methods uptake among young women in Kenya: a qualitative study. *BMC Public Health, 15*(118). https://doi.org/10.1186/s12889-015-1483-1.

Ofosu, A. S., & Sam, N. B. (2020). Knowledge and awareness level of contraceptive usage among adolescents in Mankranso of Ahafo-Ano South District. *Biomedical Journal of Scientific & Technical Research, 31*(4), 24317-24324.

Olugbenga-Bello, A.I., Adebimpe, W.O., Akande, R.O. & Oke, O.S. (2014) Health risk behaviors and sexual initiation among in-school adolescents in rural communities in southwestern Nigeria. *International Journal of Adolescent Medicine and Health*, 26(4), 503-510.

Patel, M. (2014). Contraception: Everyone's responsibility. *SAMJ: South African Medical Journal*, *104*(9), 644-644.

Powell, R. A., Single, H. M., & Lloyd, K. R. (1996). Focus groups in mental health research: enhancing the validity of user and provider questionnaires. *International Journal of Social Psychology*, *42*(3), 193–206.

Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: exploring its conceptualisation and operationalisation. *Quality & Quantity*, *52*(4), 1893–1907. https://doi.org/10.1007/s11135-017-0574-8

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, *22*(2), 63–75. https://doi.org/10.3233/EFI-2004-22201.

University of Ghana http://ugspace.ug.edu.gh

Lasso, M., Singh, S., & Ronda, T. (2016). The cost of post-abortion care in developing countries: a comparative analysis of four studies. *Health Policy and Planning, 31*(8), 1020-1030.

Wiles, M., Agustin, S., Narasimhan, S., & Gipson, J. D. (2018). Reproductive consequences of unwanted sexual debut among young adult women from Metro Cebu, Philippines. *Health Care for Women International*, 1–18. doi:10.1080/07399332.2018.1464574

Wiyeh, A. B., Mome, R. K., Mahasha, P. W., Kongnyuy, E. J., & Wiysonge, C. S. (2020). Effectiveness of the female condom in preventing HIV and sexually transmitted infections: a systematic review and meta-analysis. *BMC Public Health*, *20*(1), 1-17.

World Health Organization. (2018). *Adolescent Health*. https://www.who.int/topics/adolescent_health/en/

World Health Organization. (2020). *Adolescent Health. World Health Organization*. Retrieved on May 24, 2022 from https://www.who.int/southeastasia/health-topics/adolescent-health

World Health Organization. (2021). *Contraception. World Health Organization*. Retrieved from https://www.who.int/health-topics/contraception on May 24, 2022.

University of Ghana http://ugspace.ug.edu.gh

APPENDICES

Appendix I: Interview Guide

DATA COLLECTION TOOL FOCUS GROUP DISCUSSION GUIDE

KNOWLEDGE ON CONTRACEPTIVES

1. Tell me what contraceptive means or how you understand contraceptives or what you understand by contraceptives.

2. Tell me about the type of contraceptives you know about

3. Where can young people get contraceptives [Tell me about all the places in Ellebelle that young people can get contraceptives from; probe by asking the places a young person like you will go if they need contraceptive)

4. From each contraceptive source: Ask when would a young person choose to go to ----

--------- for contraceptive [Probe: before sex, after unprotected sex, desire for long term contraception?, Ask them what reason will make them go

5. Tell me about the kind of young person who would go to --------- if they need contraception [Probe to explore gender and type of contraception].

6. Ask what does each participant like about their preferred source of contraception

[probe about the most important quality].

7. Ask what does each participant dislike about their preferred source of contraception.

8. Do you think using contraceptive is good/bad? [Probe for reasons given for each choice]

University of Ghana http://ugspace.ug.edu.gh

MYTHS AND MISCONCEPTION ON CONTRACEPTIVES

9. Use a vignette with the following preamble: Kweku Frimpong and Atta Adwoa are talking about contraceptives but they are nervous about what they have heard from their family and friends. What are some of the things they might have heard which is making them nervous?

10. Ask participants what things they have heard about using contraceptives[probe to explore myths and misconception]

BARRIERS TO CONTRACEPTIVE USE

11. Are there any reasons why sexually active adolescents do not patronize/use contraceptives?[Probe to ask for these reasons]

12. What barriers do you have regarding contraceptive use in this community [Probe for socio-cultural, religious, parental barriers, health worker barriers]?

13. Have you ever been refused contraceptive service for any reason or at any time in the day? [Probe to explore these reasons]

University of Ghana http://ugspace.ug.edu.gh

Appendix II: Consent Form

CONSENT FORM FOR RESPONDENTS

STUDY TITLE: MYTHS AND MISCONCEPTIONS ABOUT CONTRACEPTIVE USE AMONG UNMARRIED SEXUALLY ACTIVE ADOLESCENTS IN THE ELLEMBELLE DISTRICT

PARTICIPANTS' STATEMENT

I acknowledge that I have read or have had the purpose and contents of the Participants' Information Sheet read and all questions satisfactorily explained to me in a language I understand (Nzema/Fante). I fully understand the contents and any potential implications as well as my right to change my mind (i.e. withdraw from the research) even after I have signed this form.

I voluntarily agree to be part of this research.

Name of Participant…………………………..

Participants' Signature ……………………..OR Thumb Print……………………………

Date:………………………………….

INTERPRETERS' STATEMENT

I interpreted the purpose and contents of the Participants' Information Sheet to the afore named participant to the best of my ability in the (Nzema/Fante) language to his proper understanding.

All questions, appropriate clarifications sort by the participant and answers were also duly interpreted to his/her satisfaction.

Name of Interpreter……………………………

Signature of Interpreter……………………….. OR Thumb Print ……….........................

Date:………………………

University of Ghana http://ugspace.ug.edu.gh

Appendix III: Introductory Letter

UNIVERSITY OF GHANA
DEPARTMENT OF POPULATION, FAMILY AND REPRODUCTIVE HEALTH
SCHOOL OF PUBLIC HEALTH

Ref No.: ....

24th August, 2022

Ellembelle District heath Directorate
P.O. Box 78
Nkroful, Western region

Dear Sir/Madam,

LETTER OF INTRODUCTION
DOROTHY ADUBOFFOUR-10933166

I write to introduce to you **Dorothy Aduboffour,** an MPH Student with the Department of Population, Family and Reproductive Health, School of Public Health, University of Ghana, Legon.

As part of her academic requirement, she is undertaking a research on the topic **"Exploring the myths and misconceptions on contraceptive use among sexually active adolescents in Ellembelle District, western region".**

She would need assistance on pertinent information in your facility to enable her carry out her research work successfully at the Ga West Municipal Hospital.

We would be grateful if she is accorded all the necessary assistance.

Thank you.

Yours faithfully,

Prof Richmond Aryeetey
(Head of Department)

INTEGRI PROCEDAMUS

COLLEGE OF HEALTH SCIENCES
P.O. Box LG 13, Legon, Accra, Ghana.
Telephone: +233 (0)28 910 9021/22 **Email:** pfrh@ug.edu.gh **Website:** www.publichealth.ug.edu.gh

University of Ghana http://ugspace.ug.edu.gh

Appendix IV: Ethical Clearance

GHANA HEALTH SERVICE ETHICS REVIEW COMMITTEE

In case of reply the number and date of this Letter should be quoted.

Research & Development Division
Ghana Health Service
P. O. Box MB 190
Accra
Digital Address: GA-050-3303
Mob: +233-50-3539896
Tel: +233-302-681109
Email: ethics.research@ghs.gov.gh
19th January, 2023

My Ref. GHS/RDD/ERC/Admin/App/23/032
Your Ref. No.

Dorothy Aduboffour
SDA NMTC Box 175
Asanta-Axim

The Ghana Health Service Ethics Review Committee has reviewed and given approval for the implementation of your Study Protocol.

GHS-ERC Number	**GHS-ERC: 028/10/22**
Study Title	Myths and Misconceptions about Contraceptive Use among Unmarried Sexually Active Adolescents in the Ellembelle District
Approval Date	19th January, 2023
Expiry Date	18th January, 2024
GHS-ERC Decision	**Approved**

This approval requires the following from the Principal Investigator

- Submission of a yearly progress report of the study to the Ethics Review Committee (ERC)
- Renewal of ethical approval if the study lasts for more than 12 months,
- Reporting of all serious adverse events related to this study to the ERC within three days verbally and seven days in writing.
- Submission of a final report after completion of the study
- Informing ERC if study cannot be implemented or is discontinued and reasons why
- Informing the ERC and your sponsor (where applicable) before any publication of the research findings.

You are kindly advised to adhere to the national guidelines or protocols on the prevention of COVID -19

Please note that any modification of the study without ERC approval of the amendment is invalid.

The ERC may observe or cause to be observed procedures and records of the study during and after implementation.

Kindly quote the protocol identification number in all future correspondence in relation to this approved protocol

SIGNED...
Dr. Naa-Korkor Allotey
(Ag. Head, Ethics & Research Management Department)

Cc: The Director, Research & Development Division, Ghana Health Service, Accra

INTEGRI PROCEDAMUS