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EMERGENCY CONTRACEPTIVE USE AMONG ADOLESCENTS IN THE AYAWASO WEST MUNICIPALITY OF GHANA.

By

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(11366369)

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

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DECLARATION

I declare that the work in this dissertation titled "Emergency Contraceptive Use Among Adolescents in the Ayawaso West Municipality of Ghana" has been carried out by me in the Department of Population, Family, and Reproductive Health. Information derived from literature has been duly acknowledged in text and a list of references provided.

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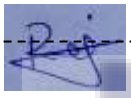
SIGNATURE: 

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ABSTRACT

Introduction: Adolescents represent a critical segment of the population worldwide, facing unique challenges and opportunities in navigating their reproductive health . Barriers to emergency contraceptives impact on the reproductive health outcomes and overall wellbeing of sexually active adolescents.

Objective: This study aims to investigate the use of emergency contraceptives among adolescents in the Ayawaso West Municipality of Ghana.

Methods: An analytical cross-sectional design was employed using a quantitative data collection approach. A total of 431 female adolescents aged 10-19 years from the Ayawaso West Municipality participated in the study. Data were collected using an interviewer administered structured questionnaire. Chi square test was conducted to establish relationship between the dependent (Emergency contraceptive use) and independent variables (Sociodemographic factors; knowledge of EC, Sexual acitivity, Communication factors; educational level . Logistic regression with a generated odds ratios and their respective confidence intervals were used to identify predictors of EC use among adolescents. Knowledge levels were assessed through a series of awareness question, the results were presented as frequencies and percentages. Level of significance was set at $p<0.05$ and data were presented in figures, graphs and tables.

Results: About 202 (46.9%) of participants were aged 10-14years whilst 229 (53.1%) were aged 15-19years. Approximately 19.26% of participants reported use of emergency contraceptives. 118 (27.4%) were sexually active. Of these 118, majority (57.6%) were engaged in sex with one sexual partner. The findings showed that a majority of the respondents 57.8% had heard of emergency

contraceptives. Despite high awareness misconceptions and barriers related to cost (36.2%) and accessibility (41.5%) existed.

Among sexually active adolescents, the odds of emergency contraceptive use was high (OR=66.49, 95% CI=30.00-147.38, p<0.001) however, sexually active adolescent indicating one partner were less likely to use ECs compared to those with multiple sexual partners (OR=0.32, 95% CI=0.14-0.72, p<0.009).

Conclusion: The study revealed a low prevalence (19.26%) of emergency contraceptives use among adolescents in the Ayawaso West municipality. Improving accessibility, education, and subsidizing costs can enhance contraceptive use among adolescents.

Keywords: emergency contraceptives, adolescents, Ayawaso West Municipality, reproductive health, socio-cultural factors, economic barriers, healthcare system, Ghana.

DEDICATION

I dedicate this work to my husband and children who have had to sacrifice a lot to see me through this course successfully.

To my family for their tremendous support throughout the entire period.

To my friends and colleagues who helped and encouraged me one way or the other to keep going.

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I would also like to express my profound gratitude to my husband and family for their support and prayers, that sustained me this far.

Finally, I am most grateful to the Almighty God for giving me the strength and resilience to pursue this to the end.

Table of Contents

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

AIDS – Acquired Immunodeficiency Syndrome

CI – Confidence Interval

CYP – Couple Years of Protection

EC – Emergency Contraceptives

FP – Family Planning

GHS – Ghana Health Service

HBM – Health Belief Model

HIV – Human Immunodeficiency Virus

IUD – Intrauterine Device

NGO – Non-Governmental Organization

OR – Odds Ratio

SD – Standard Deviation

SDG – Sustainable Development Goals

SHS – Senior High School

SPSS – Statistical Package for the Social Sciences

SRH – Sexual and Reproductive Health

STI – Sexually Transmitted Infection

UNFPA – United Nations Population Fund

UNICEF – United Nations International Children's Emergency Fund

WHO – World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

Adolescents represent a critical segment of the population worldwide, facing unique challenges and opportunities in navigating their reproductive health (Zan & Rossier, 2024). Within this demographic, the utilization of emergency contraceptives emerges as a pivotal aspect of sexual and reproductive health care. Emergency contraceptives, commonly known as "morning-after pills" or post-coital contraception, constitute pharmaceutical interventions designed to prevent unintended pregnancies following unprotected sexual intercourse or contraceptive failure (World Health Organization, 2021). These contraceptives encompass various hormonal and non-hormonal methods, each carrying distinct efficacy, side effects, and accessibility considerations (WHO, 2021).

Understanding the dynamics of emergency contraceptive use among adolescents is paramount due to its far-reaching implications. Adolescents, defined by the WHO (2021), as individuals aged 10 to 19 years, often confront heightened vulnerability to unintended pregnancies, which can profoundly impact their educational pursuits, socio-economic prospects, and overall well-being (Dehlendorf et al., 2020). The importance of contraceptives among adolescents is underscored by their potential to mitigate such risks and empower young individuals to make informed decisions about their reproductive health.

From a global perspective, challenges surrounding emergency contraceptive use are multifaceted and reflect disparities in access to reproductive health services. Research by Ugurlucan et al. (2020) emphasized the existence of barriers such as limited availability, high costs, and

sociocultural stigmas, hindering the widespread adoption of emergency contraceptives. Furthermore, issues of misinformation and inadequate counseling contribute to suboptimal utilization on a global scale (Ugurlucan et al., 2020). This indicates a need for comprehensive strategies to address these barriers and improve access to emergency contraceptives for adolescents worldwide.

In the African context, challenges related to emergency contraceptive use are influenced by cultural, economic, and structural factors. Khan et al., (2021) highlighted the impact of cultural norms that stigmatize discussions around reproductive health, making it difficult for adolescents to seek information or access contraceptives. Economic constraints and limited healthcare infrastructure further exacerbate the challenges. Additionally, disparities in awareness and accessibility persist across the continent, leaving many adolescents without reliable options for preventing unintended pregnancies (Mulatu et al., 2020).

Within Ghana, efforts to improve reproductive health services have been made, but challenges persist. The Ghana Health Service (2019) acknowledges the need for enhanced education and awareness campaigns to dispel myths surrounding emergency contraceptives. Cultural factors and societal norms also play a role, impacting adolescents' willingness to seek reproductive health services openly (Ghana Health Service, 2019).

The challenges surrounding emergency contraceptive use have significant repercussions for adolescents, impacting their reproductive health outcomes and overall well-being. Adolescents facing barriers to accessing emergency contraceptives are at heightened risk of unintended pregnancies, which can have profound implications for their lives. Research by Zan et al., (2024) highlights that unintended pregnancies among adolescents can lead to disrupted education, compromised socio-economic opportunities, and adverse health outcomes. Furthermore,

adolescents who experience unintended pregnancies may be more likely to resort to unsafe abortion practices, further exacerbating their health risks (Zan et al., 2024). These challenges underscore the urgent need to address barriers to emergency contraceptive use among adolescents to safeguard their reproductive health and rights.

Community-based initiatives that address cultural norms and socio-economic barriers have shown promise in enhancing adolescents' access to contraceptives (Dehlendorf et al., 2018). Furthermore, the Ghana Health Service recommends efforts to improve the availability and affordability of emergency contraceptives, coupled with targeted awareness campaigns, to help reduce barriers and increase utilization among adolescents (Ghana Health Service, 2019). Examples of some adolescent-friendly initiatives in Ghana include the following;

Adolescent Health Corners: These are designated spaces within health facilities where adolescents can access confidential and youth-friendly reproductive health services, including counseling, contraception, and STI testing and treatment. These corners are staffed by healthcare providers trained to address the specific needs of adolescents.

Youth Clubs and Peer Education Programs: Many organizations and NGOs in Ghana facilitate youth clubs and peer education programs focused on sexual and reproductive health. These initiatives empower young people to educate their peers about topics such as contraception, HIV/AIDS prevention, and menstrual hygiene, fostering open discussions and reducing stigma.

School-Based Health Education: Schools play a crucial role in adolescent health promotion. Various initiatives involve integrating comprehensive sexuality education into the school curriculum, providing accurate information on topics like puberty, reproductive anatomy, and healthy relationships. Additionally, school health clubs and peer mentoring programs support students in making informed decisions about their health.

Mobile Health Clinics: To reach adolescents in remote or underserved areas, some organizations operate mobile health clinics that offer a range of services, including reproductive health screenings, family planning counseling, and STI treatment. These clinics bring healthcare directly to communities, making services more accessible to young people who may face barriers to accessing traditional healthcare facilities.

Online Platforms and Hotlines: With the increasing use of technology among young people, there are initiatives leveraging online platforms and hotlines to provide information and support on sexual and reproductive health issues. These platforms offer confidential counseling, educational resources, and referrals to local services, allowing adolescents to seek help discreetly and conveniently.

The Ayawaso West Municipality in Ghana serves as a microcosm reflecting the broader challenges faced by adolescents in accessing and utilizing emergency contraceptives. Against the backdrop of cultural norms, economic constraints, and healthcare infrastructure, this study aims to explore the dynamics of emergency contraceptive use among adolescents in the Ayawaso West Municipality Understanding these dynamics is imperative for designing targeted interventions and policies that address the unique needs of adolescents and improve their reproductive health outcomes.

1.2 Problem Statement

Many adolescents report that sexual activity is unplanned, infrequent, or spontaneous, making it difficult to commit to daily or routine contraceptive use.

Emergency contraceptives offer a **"**post-event" solution, aligning better with the unpredictable nature of their sexual encounters.

In a qualitative study in Accra, Ghana of unmarried women aged 18-24, most participants had used EC at least once; they reported they *preferred* it because they often could *not plan* sex or regular contraception, so the "after-sex" option was more compatible. *(Yidana et al., 2019).*

A large trend analysis in 28 Sub-Saharan African countries found that while awareness of EC rose over time, the youngest age group (15-19) still lagged behind older women in awareness. For example, in Ghana, awareness among women aged 15-19 was ~27 percentage points lower than those aged 20-24 in 2014. *(Bellizzi et al., 2021).*

A study using the Ghana Demographic and Health Survey (GDHS) data for 2008 found that among female adolescents aged 15-19 years the overall contraceptive prevalence (modern + traditional methods) was **18.3%** (14.6% modern, 3.7% traditional). (Nyarko, 2015).

Among sexually active adolescent girls (15-19) not in union, one source reports only ~**17%** use any contraceptive method. (Seidu et al., 2025).

A trend-analysis of GDHS 2003-2014 data found prevalence of contraceptive use among female adolescents declined from **22.1% in 2003** to **20.4% in 2014**. (Appiah et al., 2020)

According to the 2022 Ghana Demographic and Health Survey, about **15.2%** of female adolescents aged 15-19 have ever been pregnant (Ghana Statistical Service, Ghana Health Service, & ICF, 2023).

On the issue of abortions, Achinkok and Boah (2021) reported that approximately 7.68% of adolescents aged 15–19 in Ghana had a history of induced abortion during 2012–2017.

Aladago, Boakye-Yiadom, Asaarik, and Aryee (2019) state that about 11 %–30 % of maternal deaths in Ghana are due to unsafe abortions, and adolescents contribute about 35 % of those deaths.

Despite efforts to improve adolescent reproductive health and services, adolescents continue to face barriers in accessing emergency contraceptives, which are crucial for preventing unintended pregnancies Asiedu et al., (2020). These barriers include limited awareness of emergency contraceptives, cultural stigmas around sexual activity in adolescence and inadequate availability of contraceptives.

These barriers contribute to limited access to emergency contraceptives and consequently compromise adolescents' ability to make informed choices about their sexual and reproductive health, potentially leading to unplanned pregnancies, unsafe abortions, and associated health risks (Oppong et al., 2021). Furthermore, unintended pregnancies among adolescents can have long-term implications for their educational and socio-economic prospects, perpetuating cycles of poverty and inequality (Zan et al., 2024). These cycles exacerbate existing disparities in access to healthcare services and health outcomes observed, disproportionately affecting vulnerable populations such as adolescents and perpetuating health inequities (Dehlendorf et al., 2020).

There remains a gap in understanding the specific barriers to emergency contraceptive use in the Ayawaso West Municipal. This study aims to address this gap by exploring the prevalence of emergency contraceptive use, identifying factors influencing adolescents' decisions, assess knowledge levels, and understanding barriers to access within the municipal context. By generating context-specific evidence, the study seeks to inform targeted interventions and policies that improve access to emergency contraceptives and ultimately enhance adolescent reproductive health outcomes in the Ayawaso West Municipality.

1.3 Aim of the study

The study aims to examine emergency contraceptive use among adolescents in the Ayawaso West Municipality of Ghana.

1.4 Research Objectives

General objective

To investigate the factors influencing emergency contraceptive use among adolescents in the Ayawaso West Municipality, Ghana.

The specific objectives of the study seek to:

1. Determine the prevalence of emergency contraceptive use among adolescents in the Ayawaso West Municipal.
2. Identify the factors that influence the use of emergency contraceptives in the Ayawaso West Municipality.
3. Assess the knowledge levels of adolescents regarding emergency contraceptives in the Ayawaso West Municipality.

1.5 Research Questions

The study seeks to answer the following research questions:

1. What is the prevalence of emergency contraceptive use among adolescents in the Ayawaso West Municipality?
2. What factors significantly influence the use of emergency contraceptives among adolescents in the Ayawaso West Municipality?

3. To what extent do adolescents in the Ayawaso West Municipality possess accurate knowledge about emergency contraceptives?

1.6 Significance of the study

The findings of this study would provide useful information for various stakeholders, ranging from healthcare providers and policymakers to educators and community leaders. The results can provide valuable insights on evidence-based strategies for improving reproductive health outcomes among adolescents in the Ayawaso West Municipality.

Understanding the prevalence, influencing factors, knowledge levels, and barriers related to emergency contraceptive use among adolescents is crucial for informing and refining reproductive health policies and programs. Policymakers can utilize the insights gained from this study to tailor interventions that address the specific needs of adolescents in the Ayawaso West Municipality, ensuring that they are contextually relevant and effective.

1.7 Conceptual Framework

The conceptual framework for this study serves as a structured representation of the key variables and their hypothesized relationships. This framework is designed to elucidate how various factors influence the use of emergency contraceptives among adolescents.

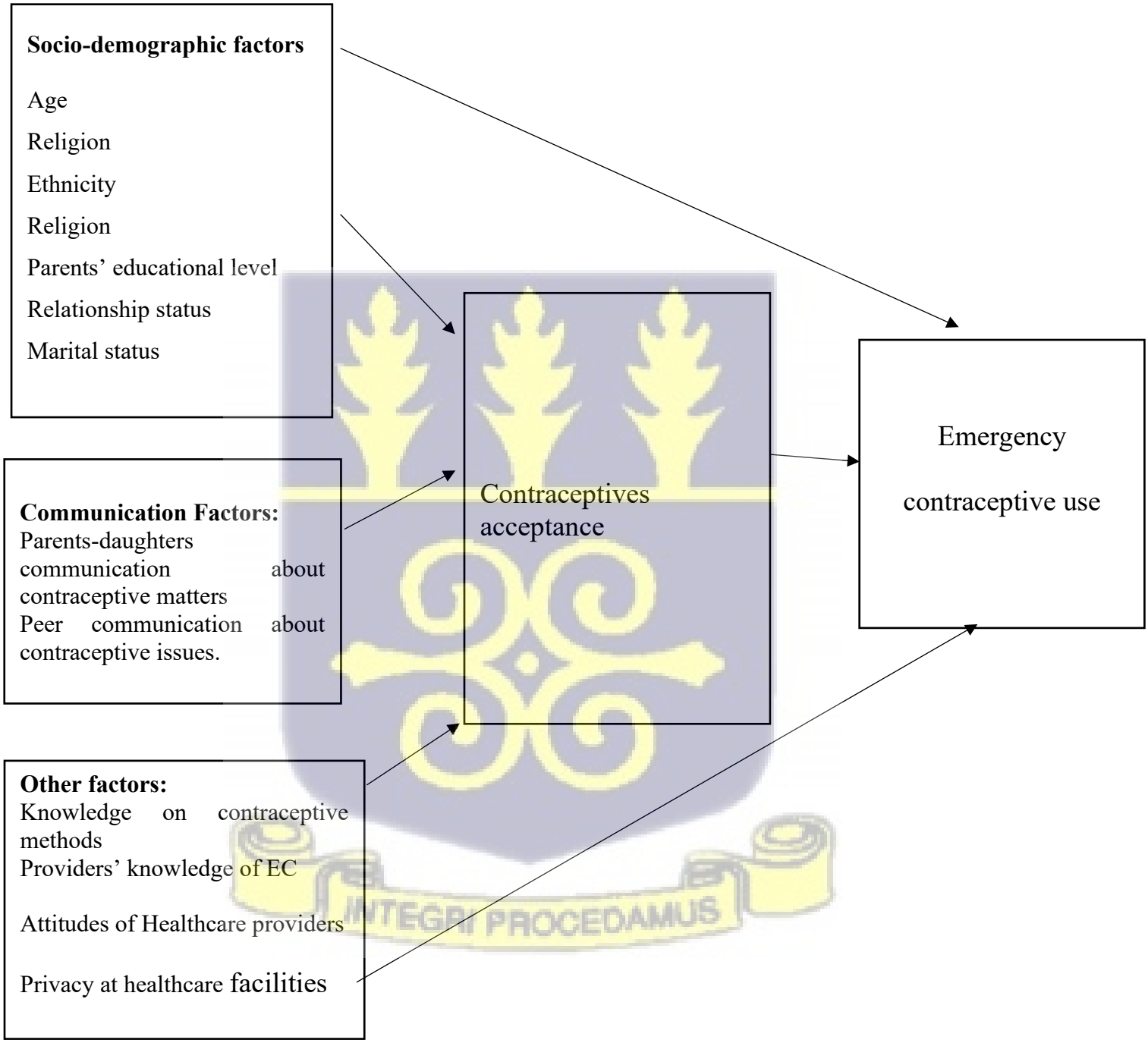


Figure 1 Conceptual framework

Adopted from Wodonu (2008)

The adaptation of the conceptual framework for this study was informed by the need to contextualize emergency contraceptive (EC) use among adolescents in the Ayawaso West Municipality, drawing from Wodonu's (2008) original framework. Wodonu's model primarily focused on general contraceptive use, but adjustments were made to incorporate socio-cultural and economic factors unique to the Ghanaian context. Key modifications include the addition of communication factors, emphasizing the role of parent-adolescent and peer discussions, which are crucial in shaping contraceptive attitudes and knowledge (Dehlendorf et al., 2020; Oppong et al., 2021). Healthcare system factors were expanded to include provider attitudes and privacy concerns, reflecting barriers to access experienced by Ghanaian adolescents (Ghana Health Service, 2019). Furthermore, economic considerations, such as affordability and accessibility, were integrated to highlight financial constraints faced by adolescents in low-resource settings (Zan et al., 2024). These changes ensure the framework effectively addresses the multi-faceted influences on EC use among adolescents.

Socio-Demographic Factors

Age: Adolescents' age significantly influences their awareness and use of emergency contraceptives (EC), as younger adolescents often have less exposure to comprehensive sexual health education and are therefore less knowledgeable about EC options. Studies conducted in sub-Saharan Africa, including Ghana, indicate that younger adolescents (ages 10–14) tend to have limited knowledge about contraceptive methods compared to their older counterparts (ages 15–

19) due to factors such as school curriculum limitations, parental restrictions, and social stigma (Oppong et al., 2021; Ghana Health Service, 2019).

In Ghana, research has shown that younger adolescents are less likely to seek reproductive health services due to a lack of autonomy and fear of societal judgment, further restricting their awareness and use of EC (Asiedu et al., 2020). Older adolescents, on the other hand, are more exposed to peer discussions, media influences, and school-based health education, which can increase their awareness and likelihood of EC use (Dehlendorf et al., 2020).

Religion: Religious beliefs play a significant role in shaping attitudes toward contraceptive use, including emergency contraceptives (EC), as some religious doctrines promote abstinence and may view contraception negatively. Studies have shown that in countries with strong religious influences, such as Ghana and Nigeria, adolescents from religious backgrounds often face moral and ethical dilemmas when it comes to contraceptive use (Asiedu et al., 2020; Oppong et al., 2021). Empirical evidence from a study by Hindin et al. (2019) in sub-Saharan Africa indicates that religious affiliation significantly impacts contraceptive use, with adolescents who frequently attend religious services being less likely to use EC compared to their non-religious peers. Similarly, a study conducted in Ethiopia revealed that young women from conservative religious backgrounds reported feeling guilt and fear of societal condemnation, which hindered them from seeking EC services (Fekadu et al., 2019).

In contrast, research from high-income countries such as the United States and Canada suggests that while religious beliefs still influence contraceptive attitudes, comprehensive sexual education and open discourse within religious communities' help mitigate negative perceptions and encourage responsible contraceptive use (Dehlendorf et al., 2020). However, studies in Latin

America, particularly in countries like Mexico and Brazil, indicate that Catholicism remains a strong deterrent to EC use due to the moral opposition to contraception endorsed by the Church (Rossier & Corker, 2017).

Ethnicity: Ethnicity plays a critical role in shaping cultural norms and values that influence the acceptance and use of contraceptives, including emergency contraceptives (EC), in Ghana. The country is ethnically diverse, with major ethnic groups such as the Akan, Mole-Dagbani, Ewe, and Ga-Dangme, each possessing distinct cultural beliefs and practices that impact reproductive health behaviors (Ghana Statistical Service, 2021). These cultural norms and ethnic differences have been found to either facilitate or hinder adolescents' access to and use of contraceptives in general (Nyarko , 2020) and specifically ECs in communities that upon premarital sexual activity create significant barriers to EC uptake (Adjei et al., 2019).

Moreover, cultural taboos within specific ethnic groups discourage open discussions about sexuality and contraceptive use. Oppong et al. (2021) highlighted that some traditional practices and beliefs—such as the perception that contraceptive use leads to infertility—are prevalent among certain ethnic groups and contribute to reluctance in using EC. This underscores the need for culturally sensitive education and awareness programs tailored to different ethnic groups in Ghana to address misconceptions and improve access to contraceptives.

The intersection of ethnicity and contraceptive use in Ghana is further complicated by socio-economic factors. Ethnic groups with lower levels of education and economic opportunities, such as those in the northern and rural parts of the country, have more limited access to reproductive health information and services, exacerbating disparities in EC use (Zan et al., 2024).

Relationship Status: Relationship status plays a crucial role in shaping the perceived need for emergency contraceptives (EC), with significant differences observed between married and

unmarried adolescents. The societal expectations and cultural norms surrounding marital status influence contraceptive behaviors, particularly in contexts such as Ghana, where marriage is often viewed as a socially accepted context for childbearing, while premarital sexual activity is stigmatized (Asiedu et al., 2020; Oppong et al., 2021).

Consequently, married adolescents may prioritize long-term contraceptive methods, such as injectables and implants, over emergency contraception, which is typically used for unplanned situations. However, there is evidence suggesting that married adolescents may use EC to space pregnancies or delay childbirth while they adjust to marital responsibilities (Zan et al., 2024).

For unmarried adolescents, the perceived need for EC is often higher due to the risks of unintended pregnancies associated with premarital sexual activity. However, substantial barriers to accessing EC, primarily due to stigma and societal disapproval (Khan et al., 2021). In Ghana, strong cultural and religious values discourage premarital sex, and adolescents who attempt to access contraceptives may encounter judgment from healthcare providers and their communities (Adjei et al., 2019). Studies have shown that unmarried adolescents are more likely to seek discreet and confidential contraceptive options, often relying on pharmacies rather than public health facilities to avoid social scrutiny (Guttmacher Institute, 2022).

Addressing the contraceptive needs of adolescents in Ghana requires acknowledging the unique challenges faced by both married and unmarried adolescents. Unmarried adolescents require access to confidential, stigma-free services that acknowledge their reproductive rights, while married adolescents need comprehensive education on birth spacing and family planning options. Policies aimed at improving access to EC should consider relationship status as a determinant of

contraceptive behavior to ensure interventions are appropriately tailored (Champion & Skinner, 2021).

Parents' Educational Level: Parents with higher educational levels are more likely to discuss reproductive health matters with their children, thereby increasing adolescents' knowledge and potentially their use of EC. This links to a main communication factor - parents-daughter communication about contraceptive matters: Since many adolescents begin sexual activity at a young age, communication between parents and adolescents about contraceptives is crucial in preventing unplanned pregnancies. Additionally peer are a significant source of information for adolescents. Communication among peers can spread awareness and influence attitudes towards EC.

Other Factors such as providers' Knowledge of EC and privacy at Healthcare Facilities are also identified as factors influencing utilization of services.: The knowledge and attitudes of healthcare providers towards EC are crucial. Providers who are well-informed and supportive can greatly facilitate adolescents' access to EC (Nartey et al., 2025). Similarly cnfidentiality is key in the provision of contraceptive needs. If the adolescent doesn't feel their right to privacy is respected, can prevent them from seeking the services from healthcare facilities.

The conceptual framework suggests that socio-demographic factors, family background, and other contextual elements collectively influence adolescents' knowledge and acceptance of emergency contraceptives. These, in turn, impact the prevalence of EC use among adolescents. The framework highlights the complex interplay between individual, familial, and societal factors in shaping adolescents' contraceptive behaviors.

By understanding these relationships, interventions can be better designed to address the specific needs and barriers faced by adolescents in accessing and using emergency contraceptives. For instance, enhancing parental education, fostering open communication about sexual health, and improving provider training can significantly improve adolescents' knowledge and acceptance of EC, thereby increasing its use and reducing unintended pregnancies.

1.8 Organization of the Study

The study was organized into six chapters. The first chapter provided the introduction, offering a brief background of the study, stating the problem, and highlighting the significance of the research. It also outlined the general and specific objectives, as well as the research questions that the study aimed to address. Chapter One further explained the structure and organization of the subsequent chapters. The second chapter presented a review of relevant theories and existing literature on the topic. It discussed previous studies and research works related to emergency contraceptive use, examining their implications for the current research. The third chapter detailed the research methodology used in the study. It provided an extensive explanation of the research approach and design, the sample and sampling techniques, the sources and methods of data collection, and the procedures for data analysis. The fourth chapter focused on the results and analysis of the findings, which were presented through tables, graphs, and estimates.

The fifth chapter discussed the results in the previous chapter. Chapter six summarized the key findings, and offered conclusions and recommendations for future research and policy interventions.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

In this study, a review of the related literature covered the World, African, and Ghanaian views. The literature review was conceptualized under the following headings.

1. Summary of Conceptual Framework

- Overview of Emergency Contraceptives
- The Importance of Studying Emergency Contraceptive Use among Adolescents
- Prevalence of Emergency Contraceptive Use among Adolescents
- Factors Influencing the Use of Emergency Contraceptives
- Knowledge Levels of Adolescents Regarding Emergency Contraceptives
- Challenges of Emergency Contraceptive Use among Adolescents

2.2 Summary of Conceptual Framework

Adolescents' use and awareness of emergency contraceptives (EC) are influenced by several socio-demographic, cultural, and communication-related factors. Age plays a major role, with younger adolescents (10–14) often having lower knowledge and limited access to EC due to restricted autonomy, lack of comprehensive sex education, and social stigma. Older adolescents (15–19) are generally more knowledgeable because of greater exposure to peers, media, and school health programs.

Religion also influences attitudes toward EC. In Ghana and other countries with strong religious values, many adolescents are discouraged from using contraceptives due to teachings that emphasize abstinence. Fear of moral judgment often prevents them from seeking EC, although in some higher-income countries, open dialogue within religious communities helps reduce stigma.

Ethnicity shapes cultural beliefs and practices regarding contraceptive use. Adolescents from more urban and culturally liberal ethnic groups (e.g., Akan, Ga-Dangme) tend to have higher EC awareness and acceptance, while those from conservative and rural groups (e.g., Mole-Dagbani) often face cultural barriers that discourage contraceptive use.

Relationship status further affects EC use. Married adolescents may view contraception as a way to space births but often prioritize long-term methods. Unmarried adolescents may have a greater need for EC but face stigma and judgment, leading them to seek services discreetly or avoid care. Additionally, parents' educational levels influence adolescents' knowledge—more educated parents are more likely to discuss reproductive health with their children. Communication with parents and peers greatly affects awareness and attitudes toward EC. Other key factors include healthcare providers' knowledge and the privacy offered in healthcare settings, as confidentiality concerns can deter adolescents from seeking EC.

Overall, the conceptual framework shows that socio-demographic factors, family background, cultural beliefs, and communication dynamics collectively shape adolescents' knowledge, acceptance, and use of EC. Addressing these factors through culturally sensitive education, supportive communication, and improved healthcare access can help increase EC use and reduce unintended adolescent pregnancies.

2.3 Overview of Emergency Contraceptives

Emergency contraceptives (ECs) are pharmaceutical interventions intended to prevent pregnancy after unprotected sexual intercourse or contraceptive failure (World Health Organization [WHO], 2021). They are often referred to as "morning-after pills," though they can be effective for a few days following intercourse. There are several types of emergency contraceptives, including oral pills containing levonorgestrel or ulipristal acetate, and copper intrauterine devices (IUDs) which can be used as a form of emergency contraception (WHO, 2021). The primary mechanism of action for these contraceptives is to inhibit ovulation, but they may also alter sperm motility and cervical mucus, making it difficult for sperm to reach and fertilize an egg.

Levonorgestrel-based pills are among the most common forms of ECs and are available over the counter in many countries. These pills are most effective when taken within 72 hours of unprotected intercourse but can reduce the risk of pregnancy up to five days after (American College of Obstetricians and Gynecologists [ACOG], 2020). Ulipristal acetate, another oral emergency contraceptive, can be taken up to 120 hours after intercourse and is available by prescription. It is generally considered more effective than levonorgestrel-based options, particularly during the latter part of the five-day window (ACOG, 2020).

Copper IUDs represent another form of emergency contraception. These devices can be inserted by a healthcare provider up to five days after unprotected sex and provide ongoing contraception for up to 10 years (Trussell, Raymond, & Cleland, 2018). The effectiveness of copper IUDs as emergency contraception is superior to that of oral pills, with a failure rate of less than 1% when inserted within the recommended time frame (Trussell et al., 2018). However, their use is limited by the need for a clinical procedure and higher upfront costs compared to oral ECs.

Accessibility and awareness of emergency contraceptives vary globally, influenced by regulatory policies, cultural attitudes, and the availability of reproductive health services. In many countries, ECs are available over the counter, but in others, they require a prescription or are restricted altogether (International Consortium for Emergency Contraception [ICEC], 2021). Despite their proven efficacy and safety, the uptake of ECs is often hindered by misconceptions, stigma, and lack of awareness among potential users and healthcare providers (ICEC, 2021). Efforts to improve access and education about ECs are crucial to ensuring they can effectively contribute to reducing unintended pregnancies.

The Ghana Family Planning Costed Implementation Plan (GFPCIP), published in 2015 by the Ministry of Health and Ghana Health Service, provides a strategic roadmap for expanding access to and use of modern family planning services in Ghana between 2016 and 2020. The plan aims to reduce the unmet need for contraception, improve reproductive health outcomes, and accelerate national progress toward development goals such as reducing maternal mortality and improving women's health and empowerment. (Ghana Health Service, 2015)The national policy document "National Reproductive Health Service Policy & Standards" states: "Emergency contraception shall not be promoted as a regular family-planning method (Ministry of Health, Ghana, 2014).

2.4 The Importance of Studying Emergency Contraceptive Use among Adolescents

Studying emergency contraceptive use among adolescents is crucial due to the unique reproductive health challenges faced by this demographic. Adolescents, defined by the WHO (2021) as individuals aged 10 to 19 years, often experience high rates of unintended pregnancies, which can significantly impact their lives. Unintended pregnancies among adolescents can disrupt educational attainment, limit economic opportunities, and contribute to a cycle of poverty and

disadvantage (Dehlendorf et al., 2020). Understanding how adolescents use emergency contraceptives can inform strategies to mitigate these risks and support healthier outcomes.

Adolescents often lack comprehensive sexual education and access to reproductive health services, which can hinder their ability to make informed decisions about contraception. Studies have shown that many adolescents are unaware of emergency contraceptives or have misconceptions about their use and effectiveness (Gibbs et al., 2020). Addressing these knowledge gaps through targeted education and outreach is essential for empowering adolescents to utilize emergency contraception effectively. Research into the barriers and facilitators of EC use among adolescents can help design interventions that improve their access to and understanding of these critical health resources.

Cultural and social factors play a significant role in the reproductive health behaviors of adolescents. In many communities, discussing sexual health remains taboo, and adolescents may face stigma when seeking contraceptives (Khan et al., 2021). This stigma can prevent them from accessing emergency contraceptives when needed, leading to higher rates of unintended pregnancies. By studying the cultural and social dynamics that influence EC use among adolescents, researchers can develop culturally sensitive approaches that reduce stigma and promote healthy sexual behaviors.

In Ghana, religious institutions hold considerable influence over public health policies, and adolescents often receive conflicting messages from religious leaders and healthcare providers regarding contraceptive use (Khan et al., 2021). As a result, many adolescents may avoid seeking EC services due to fear of judgment or religious sanctions. This underscores the need for culturally sensitive health education programs that engage religious leaders as key stakeholders to promote a balanced understanding of EC without compromising religious values (Zan et al., 2024).

Ethnic groups such as the Ewe and Ga-Dangme, who reside in more urbanized and cosmopolitan areas like Accra, have greater exposure to reproductive health services and tend to be more accepting of modern contraceptive methods, including EC. In contrast, rural-based ethnic communities, such as the Mole-Dagbani and other northern groups, often hold more traditional views, where contraceptive use is perceived to conflict with cultural expectations of fertility and family growth (Ghana Health Service, 2019).

The implications of not addressing the use of emergency contraceptives among adolescents are profound. Unintended adolescent pregnancies can result in adverse health outcomes for both the mother and child, including higher risks of maternal mortality, low birth weight, and preterm delivery (Zan et al., 2024). Furthermore, adolescents who become parents are less likely to complete their education and more likely to face economic hardship, perpetuating cycles of poverty and limiting their potential. By focusing on emergency contraceptive use among adolescents, researchers can contribute to policies and programs that enhance reproductive health services, reduce unintended pregnancies, and improve the overall well-being of young people (Oppong et al., 2021).

2.5 Prevalence of Emergency Contraceptive Use among Adolescents

2.5.1 Global Prevalence Rates

The prevalence of emergency contraceptive (EC) use among adolescents varies significantly worldwide, influenced by factors such as availability, cultural attitudes, and education about reproductive health. Globally, studies indicate that awareness and use of emergency contraceptives are relatively low among adolescents. In the United States, for instance, the National Survey of

Family Growth reported that about 23% of sexually active female adolescents aged 15-19 had ever used emergency contraception (Guttmacher Institute, 2022). This rate highlights a considerable uptake but also suggests room for improvement in awareness and accessibility.

In European countries, the prevalence of EC use among adolescents also shows variability. In a study encompassing several European nations, the rates of EC use among young women aged 15-24 ranged from 8% in countries with restrictive access to 34% in countries with more liberal policies (Moreau et al., 2020). These variations are often attributed to differences in national health policies, educational programs, and the stigma associated with contraceptive use. Countries with comprehensive sexual education programs and over-the-counter access to EC tend to report higher usage rates among adolescents.

In developing regions, the use of emergency contraception among adolescents is generally lower. For example, in a study conducted in sub-Saharan Africa, it was found that less than 10% of sexually active adolescents had ever used emergency contraception (Ochako et al., 2017). This low prevalence is often due to a combination of limited availability, high costs, cultural barriers, and lack of knowledge about EC. In many parts of Asia and Latin America, similar trends are observed, where traditional norms and limited reproductive health services contribute to the low uptake of EC among young people (UNFPA, 2019).

Globally, studies have found similar trends in low- and middle-income countries. For example, research in Kenya and Nigeria highlights those younger adolescents often rely on misinformation from peers and social media, leading to misconceptions and underutilization of EC (Khan et al., 2021). In contrast, in high-income countries like the United States and the United Kingdom, structured sexuality education programs provide adolescents with more accurate information earlier, which positively correlates with higher EC awareness and usage rates (Guttmacher

Therefore, it is evident that age-related disparities in EC knowledge and use are prevalent across various contexts, necessitating age-specific interventions to ensure that younger adolescents receive comprehensive and age-appropriate sexual health education to empower informed decision-making regarding emergency contraception (Champion & Skinner, 2021).

2.5.2 Prevalence of EC in Ghana

In Ghana, the use of emergency contraceptives among adolescents is similarly marked by low awareness and significant barriers to access. According to a study conducted by Adjei et al. (2019), only 12% of sexually active female adolescents aged 15-19 in urban areas had ever used emergency contraception. This figure is indicative of broader national trends where cultural norms and lack of comprehensive sex education play substantial roles in limiting the use of EC among adolescents.

A survey by the GHS in 2021 revealed that only 35% of adolescents in urban areas had heard of emergency contraception, and an even smaller percentage knew how to use it correctly (Ghana Health Service, 2021). In rural areas, the figures are likely lower due to more pronounced cultural taboos and less access to reproductive health services.

2.6 Factors Influencing the Use of Emergency Contraceptives in Ghana/ Greater Accra Region

Barriers to EC use in Ghana include not only lack of knowledge but also significant cultural and religious opposition to contraceptive use among young, unmarried individuals. Many adolescents' fear judgment or repercussions from healthcare providers, family members, and their communities if they seek out emergency contraceptives (Oppong et al., 2021).

Research by Dehlendorf et al. (2020) indicates that unmarried adolescents may experience internalized stigma, which affects their willingness to seek reproductive health services. Fear of being labeled as sexually active can lead to delayed or non-use of EC, increasing the risk of unintended pregnancies and unsafe abortions. In contrast married adolescents, having already established societal legitimacy for their sexual activity, may experience fewer psychological and social barriers to accessing contraceptives, including EC.

Relationship status also influences the support adolescents receive from their social networks. Unmarried adolescents may face negative reactions from peers and family when seeking contraceptive services, while married adolescents are more likely to receive support from spouses and in-laws who may view contraception as part of responsible family planning (Mulatu et al., 2020). This social support can significantly impact the decision-making process and access to EC services, highlighting the importance of targeted educational interventions for unmarried adolescents.

Additionally, economic barriers play a critical role; the cost of EC can be prohibitive for many adolescents, particularly those in lower socioeconomic groups.

Efforts to improve the correct use of emergency contraceptive in Ghana focus on enhancing education about reproductive health in schools and communities, as well as improving the availability of EC at pharmacies and health centers. Initiatives by non-governmental organizations and international agencies aim to reduce stigma and provide youth-friendly services that respect adolescents' confidentiality and autonomy. By addressing these barriers, there is potential to

increase the use of emergency contraceptives and improve reproductive health outcomes for adolescents in need of these services in Ghana (Guttmacher Institute, 2022).

2.6.1 Socio-cultural Factors

Socio-cultural factors significantly influence the use of emergency contraceptives (EC) among adolescents in Ghana and specifically in the Greater Accra Region. Cultural norms and values deeply embedded in Ghanaian society often discourage open discussions about sexual and reproductive health. Adolescents, particularly young women, may feel stigmatized if they seek information or services related to EC due to societal expectations about premarital sexual activity (Asiedu et al., 2020). This cultural stigma creates a significant barrier, as adolescents fear judgment from their communities and families, thereby limiting their willingness to seek out and use EC.

Religious beliefs also play a crucial role in shaping attitudes towards EC. In many Ghanaian communities, religious doctrines strongly influence moral perspectives on contraception and sexual behavior. Both Christian and Islamic teachings, which are predominant in Ghana, often promote abstinence before marriage and may view the use of contraceptives, including EC, as contrary to these values (Oppong et al., 2021). This religious influence can lead to guilt and fear of condemnation, further deterring adolescents from accessing EC.

Moreover, traditional gender roles and power dynamics impact the use of EC. In Ghana, men often hold significant decision-making power within relationships, which can affect a woman's ability to use contraceptives. Adolescents may face pressure from their male partners or lack the autonomy to decide on contraceptive use, including EC (Adjei et al., 2019). This dynamic can result in lower usage rates of EC among young women who might otherwise wish to prevent unintended pregnancies.

Additionally, peer influence and misinformation contribute to the low use of EC among adolescents. Many young people rely on their peers for information about sexual health, which can lead to the spread of myths and misconceptions. Misunderstandings about the safety and efficacy of EC are prevalent, and without accurate information, adolescents may avoid using EC due to fear of adverse effects or ineffective prevention (Ghana Health Service, 2021).

2.6.2 Economic Factors

Economic factors significantly affect adolescents' access to and use of emergency contraceptives in the Greater Accra Region. The cost of EC is a major barrier for many adolescents, particularly those from low-income families. While EC is available over the counter in many pharmacies, the price can be prohibitive for young people who may not have their own financial resources or who may not wish to ask their parents for money to purchase contraceptives (Dehlendorf et al., 2020). This financial barrier restricts access to EC, leading to a higher risk of unintended pregnancies among economically disadvantaged adolescents.

The economic status of an adolescent's family also influences their ability to access EC. Adolescents from wealthier families may have better access to healthcare services, including private clinics and pharmacies where EC is available. In contrast, those from poorer backgrounds may rely on public health facilities that might be under-resourced or located far from their homes, limiting their access to EC (Mulatu et al., 2020). The disparity in economic resources contributes to unequal access to reproductive health services across different socioeconomic groups.

Furthermore, the availability of EC in rural versus urban areas of the Greater Accra Region affects its use. Urban areas tend to have more pharmacies and health facilities where EC is readily available, while rural areas may have limited access to such services (Adjei et al., 2019).

Adolescents living in rural parts of the region may face additional transportation costs and logistical challenges in accessing EC, further exacerbating the economic barriers.

Economic factors also intersect with educational opportunities. Adolescents who are in school or have higher levels of education are more likely to be informed about reproductive health and contraceptive options, including EC. However, those who have dropped out of school or have lower levels of education may lack the knowledge and resources to access EC (Guttmacher Institute, 2022). This educational disparity, linked to economic status, further influences the use of EC among adolescents in the Greater Accra Region.

2.6.3 Healthcare System Factors

The healthcare system in Ghana, particularly in the Greater Accra Region, plays a critical role in shaping adolescents' access to emergency contraceptives. One significant factor is the availability and distribution of EC within the healthcare infrastructure. While EC is legally available, the inconsistent supply in public health facilities can limit access, especially for adolescents who rely on these services (Ghana Health Service, 2021). Stock-outs and distribution challenges mean that even when adolescents are aware of EC and willing to use it, they may find it unavailable when needed.

Healthcare providers' attitudes and knowledge about EC also impact its use. Providers' personal beliefs and biases can influence their willingness to offer EC to adolescents. Some healthcare workers may hold conservative views about adolescent sexuality and, consequently, may not provide comprehensive information or may discourage the use of EC (Asiedu et al., 2020). This reluctance can deter adolescents from seeking help and create a barrier to accessing necessary services.

Moreover, the training and education of healthcare providers regarding adolescent reproductive health are crucial. Inadequate training on the use of EC and the importance of youth-friendly services can result in poor counseling and support for adolescents. Healthcare providers need to be equipped with accurate information and skills to address the specific needs of adolescents and to provide non-judgmental, confidential services (Oppong et al., 2021). Enhancing provider training can improve the quality of care and increase adolescents' trust in the healthcare system.

Access to health education and counseling services is another critical factor. However, the implementation of these programs is often inconsistent, and cultural resistance can hinder their effectiveness. Strengthening health education and ensuring it includes accurate information about EC can empower adolescents to make informed decisions about their reproductive health.

2.7 Knowledge Levels of Adolescents Regarding Emergency Contraceptives

Adolescents' knowledge about emergency contraceptives (EC) is a critical factor that influences their use. However, studies indicate that many adolescents have insufficient or incorrect information about EC. This knowledge gap often results from inadequate sexual education both at home and in schools, where discussions about contraception are either limited or non-existent.

Misinformation and myths about EC are prevalent among adolescents. Common misconceptions include beliefs that EC can cause infertility, severe health issues, or that it can be used as a regular form of contraception (Ghana Health Service, 2019). Such misconceptions deter adolescents from using EC when necessary, encourage improper use and contribute to the stigma associated with its use. Moreover, some adolescents believe that EC must be taken immediately after intercourse to be effective, not knowing that it can be effective up to 72 hours post-intercourse, albeit with decreasing efficacy (WHO, 2021).

Access to reliable sources of information significantly impacts adolescents' knowledge levels. These programs, however, are not uniformly implemented across all regions. In many parts of Ghana, cultural and religious opposition to sexual education in schools limits the dissemination of accurate information about EC and other contraceptive methods (Oppong et al., 2021).

Peers and media also play influential roles in shaping adolescents' knowledge about EC. Adolescents often turn to their friends or online sources for information about sexual health, which can be both a positive and negative influence. While peers can provide support and share useful information, they can also perpetuate myths and inaccuracies if they themselves are not well-informed (Adjei et al., 2019). Similarly, the internet and social media are double-edged swords; they can offer access to accurate information but can also expose adolescents to misleading or false information regarding EC.

2.8 Challenges of Emergency Contraceptive Use among Adolescents

Adolescents face numerous challenges in accessing and using emergency contraceptives (EC), significantly impacting their sexual and reproductive health outcomes. One major challenge is the lack of awareness and understanding of EC, which is compounded by cultural taboos surrounding discussions of sexual health (Asiedu et al., 2020). This limited awareness prevents adolescents from seeking out EC when they need it, often leading to unintended pregnancies.

Stigma and social judgment are pervasive issues that discourage adolescents from using EC. In many communities, adolescents who seek contraception are often judged harshly, which deters them from obtaining or using EC (Oppong et al., 2021). This stigma is not only from peers but also from family members and healthcare providers, creating an environment where adolescents feel ashamed or afraid to ask for EC. Consequently, many adolescents opt to forgo contraception rather than face potential embarrassment or reprimand.

Economic barriers also play a significant role in limiting adolescents' access to EC. The cost of EC can be prohibitive for many young people, especially those without their own income or financial support from their families (Dehlendorf et al., 2020). Even though EC is available over the counter in some areas, the price can still be a significant barrier. Additionally, disparities in healthcare infrastructure mean that adolescents in rural or under-served areas may have to travel long distances to access EC, adding transportation costs and logistical hurdles to the financial burden.

Healthcare system-related challenges further complicate the use of EC among adolescents. Inadequate training of healthcare providers on youth-friendly services and attitudes towards adolescent contraception can result in poor service delivery (Ghana Health Service, 2019). Some healthcare providers may refuse to provide EC to adolescents or may not offer adequate counseling due to their own biases or lack of knowledge. Additionally, inconsistent availability of EC in public health facilities can limit access, particularly for adolescents who rely on these services due to financial constraints.

CHAPTER THREE

METHODS

3.1 Introduction

This section provides an overview of the research methodology that was employed to investigate Emergency Contraceptive Use among Adolescents in the Ayawaso West Municipality. The research approach, research design, study settings, population size, etc. are discussed.

3.2 Study design

This study employed analytical cross-sectional design relying on a quantitative data collection approach.

3.3 Study Setting

The study was conducted in the Ayawaso West Municipality, which is situated in the Greater Accra Region of Ghana. Data was collected in the various communities within the municipality, (Mempeasem, La Bawaleshie, Okponglo, Abelemkpe, and Dzorwulu).The choice of this municipal area is based on its demographic significance and the need to explore emergency contraceptive use within a specific and defined geographic context. The Ayawaso West Municipality encompasses urban and peri-urban areas, providing a diverse representation of adolescent populations and potential variations in access to reproductive health services.

The Ayawaso West Municipal exhibits a male to female ratio of approximately 0.95, derived from the 2021 population and housing census. Specifically, there are 38,280 males and 40,219 females recorded in the municipal area. This ratio suggests a slightly higher number of females compared to males, indicating a relatively balanced gender distribution.

Regarding adolescent to adult estimates, the population size of adolescents in the Ayawaso West Municipal is 17,584, while the total population of adults is 60,915. This translates to a ratio of approximately 1 adolescent to 3 adults.

3.4 Population

The target population for this study comprised female adolescents (10-19yrs) in the Ayawaso West Municipal.

According to the 2021population census, the total population of the municipality was 75,30 with Sex distribution being 38,614 (51.3%) Males and 36,689 (48.7%) being females.

The municipality has a very high literacy of 94.1 % according to 2021 PHC. This places the municipality as one of the highest-literacy districts nationwide.

Predominantly urban, informal & service economy: the municipality is largely urban and economic activity is dominated by services, petty trading/commerce, small & medium enterprises (SMEs), transport, construction and informal sector activities (market trading, retail). Women participate strongly in the informal sector and small-scale commerce.

High share of economically active population: earlier municipal reports estimated about 63% of the population in the economically active age group (these lines up with urban, working-age concentration).

Micro-enterprise & microfinance presence: studies and municipal strategies note a substantial presence of SMEs and microfinance actors supporting livelihoods and poverty reduction efforts in the area. Municipal plans include support for vocational skills, market improvements and microenterprise development. (Ghana Statistical Service, 2021).

According to the most recent available data from the Ghana Health Service 2023, the estimated population size of adolescents in the Ayawaso West Municipal is 17,584. This figure serves as the baseline for determining the sample size and ensuring the study's findings are representative of the larger population. According to recent data from the Ghana Health Service (2023), the proportion of sexually active adolescents is approximately 47.35%. This figure highlights a significant portion of adolescents engaging in sexual activity within the municipal area. Such data are essential for informing targeted interventions aimed at promoting safe sexual practices, preventing sexually transmitted infections (STIs), and reducing unintended pregnancies among young people.

Inclusion criteria

Female adolescents (10-19years) within Ayawaso west municipality who were available at the time of the study and who were willing to participate in the study were included.

Exclusion criteria:

All female adolescents who were sick or not residents at the time of the study were excluded.

3.5 Sample Size

In this study, the sample size was determined using Slovin's formula, as proposed by Slovin (2021), which provides a formula to calculate an appropriate sample size from a large population. The formula is given by:

$n = \frac{N}{1+N(e)^2}$ .....(i)

where;

(n) is the required sample size

(N) is the population size

(e) is the error margin (0.05).

Using Slovin's formula, let's calculate the sample size for the population of 17,584 adolescents in the Ayawaso West Municipal with a desired level of precision of 5% (0.05).

$$n = \frac{17584}{1 + 17584\ (0.05)^2}$$

≈ 391.103

Based on Slovin's formula, the required sample size for this study would be approximately 391.103

Non-Response Rate: 10%

10% of 391 = 39.1

Final Sample Size = 391 + 39.1= 430.1

Rounding up the adjusted sample size to the nearest whole number, the final sample size would be approximately 431 respondents.

3.6 Sampling Technique

A total of 431 adolescents (10-19yrs) were recruited from four different communities within the municipality (La Bawaleshie, Okponglo, Dzorwulu, Abelemkpe). A random sampling technique was employed for this study. We used one community as our starting point, then moved into the rest, interviewing any adolescent that consented to participate in the study.

3.7 Data Collection Procedures

The data collection process involved a random sampling technique to ensure representation from various demographic groups. Face-to-face interviews were conducted by trained researchers. The interviews were utilized questionnaires, allowing for standardized data collection across participants. Participants were found in homes, churches, lorry stations, etc. The data collection period was estimated to last 30 days, to ensure comprehensive coverage of the targeted population.

3.8 Data Collection Instruments

The data collection instruments for this study consisted of structured questionnaires. These instruments were designed to gather quantitative data on various aspects related to emergency contraceptive use among adolescents. The questionnaires included sections covering demographic information, prevalence of emergency contraceptive use, factors influencing decisions, knowledge levels, and perceived barriers. Closed-ended questions was employed to facilitate quantitative analysis. The instruments will be pre-tested on a small sample of adolescents aged 10–19 years from the La Nkwantanang-Madina Municipality in the Greater Accra Region of Ghana.

3.9 Variables

Dependent variable

Emergency contraceptive (EC) use was the dependent variable of the study.It was defined as a participants ever using EC. It was assessed using the question "Have you ever used EC"

Independent Variables

The independent variables of this study included

i. sociodemographic factors (Age, Religion, Ethnicity, relationship status, marital status, parents' educational level),

ii. communication factors (parent-daughter communication, peer communication), other factors (providers' knowledge of EC, privacy at healthcare facilities).

iii. Knowledge of EC

iv. Sexual History (Sexual activity, number of sexual partners)

Sexual activity was measured using a questionnaire to ask if a participant was sexually active i.e had sex within 6 months

3.10 Validity and Reliability Tests

To avoid spurious results, it was critical to check the validity and reliability of the instrument used in data collection prior to conducting the quantitative analyses of the study. For the purpose of validity and reliability the research objectives were used to design a structured questionnaire under the guidance of the supervisor and other similar researches to ensure using questions that truly measure the issues of importance. Also, it was approved before it was administered in other to meet the purpose of the study.

3.11 Data and Analysis

STATA/ BE18.0 was utilized to conduct a range of analyses, including descriptive and inferential statistics.

Descriptive statistics, such as frequencies, percentages provided an overview of emergency contraceptive use among adolescents in the municipal area. Specifically, mean scores were calculated for the following key variables: Knowledge of emergency contraceptives, Perceived barriers to EC use, Attitudes towards emergency contraceptive use, Sources of information on EC, Self-Efficacy in using EC. This measured adolescents' confidence in their ability to access and use EC correctly when needed (e.g., "I am confident I can obtain EC if necessary").

These statistics offered insights into the prevalence of emergency contraceptive use and knowledge levels among adolescents.

Additionally, associations between various factors such as demographic characteristics (eg. Age, gender) and emergency contraceptive use were be investigated using chi-square tests.

Chi-square tests were conducted to examine relationships among key study variables. The analysis explored associations between socio-demographic factors, communication factors, healthcare system factors, and economic barriers with emergency contraceptive (EC) knowledge, acceptance,

and use. Specifically, the study assessed correlations between age and knowledge, educational level and EC use, and peer communication and acceptance. Chi-square tests identified associations between categorical variables. The findings were presented using graphs, and tables to enhance clarity and interpretation. Logistic regression analysis was also employed to explore the predictive factors associated with emergency contraceptive use, considering various independent variables.

3.12 Ethical Consideration

The study adhered to ethical guidelines to protect the rights and well-being of participants. Informed consent was obtained from all participants or their legal guardians, ensuring voluntary participation. Participants were assured of confidentiality, and personal identifiers were anonymized in the reporting of results. Ethical approval from the Ghana Health Service Ethic Review Committee (GHS ERC) was granted under protocol ID: GHS-ERCO33/09/24. The privacy and confidentiality of every participant was ensured throughout the research period. Participants were informed that their participation in the study is entirely voluntary and that they will not receive any material or financial benefits, as well as an explanation of the study's purpose. They were also told that this was strictly an academic study and that the researcher had no conflicts of interest with the study

In addition, verbal and written consent were sought from participants as well as parents/guardians of participants who were minors (under 18yrs).

Participation was voluntary, and participants were informed of their right to withdraw at any point of the study at no consequence. There was no financial or material benefits.

CHAPTER 4

RESULTS

4.1 Introduction

This chapter presents the results of analyses and interpretation of the responses obtained from participants during the field investigation.

4.2 Demographic Characteristics

This section presents and discusses the demographic features of the 431 female respondents who participated in the survey. Table 4.1 displays the characteristics of the sample.

The age distribution indicates that the majority 229 (53.1%) aged 15-19 years and 46.1% aged 10-14 years. Educationally, 71.9% of respondents have completed junior high school, while 21.1% were not in school. There were none in SHS nor Tertiary institution. All respondents were single, and sexual activity (currently having sex) is reported by 27.4% of respondents.

Among the sexually active participants, the distribution shows 57.6% engaging in sexual activities with a partner. Access to health services varies, with the majority (29.2%) residing 1-3 kilometers from a healthcare facility.

Table 4.1 Demographic Characteristics of Respondents

Table 1 Sociodemographic Characteristics of Participants

Characteristic	N=431
Age	14.613 (2.883)*
Age group	
10-14 years	202 (46.9%)
15-19 years	229 (53.1%)
Education Level	
None	121 (28.1%)
Junior High School	310 (71.9%)
Sexually Active	
No	313 (72.6%)
Yes	118 (27.4%)
[+]**Engaged in sex with partner**	
No	50 (42.4%)
Yes	68 (57.6%)
Access to Health Services	
Less than 1 km	104 (24.1%)
1-3 km	126 (29.2%)
4-5 km	97 (22.5%)
More than 5 km	104 (24.1%)

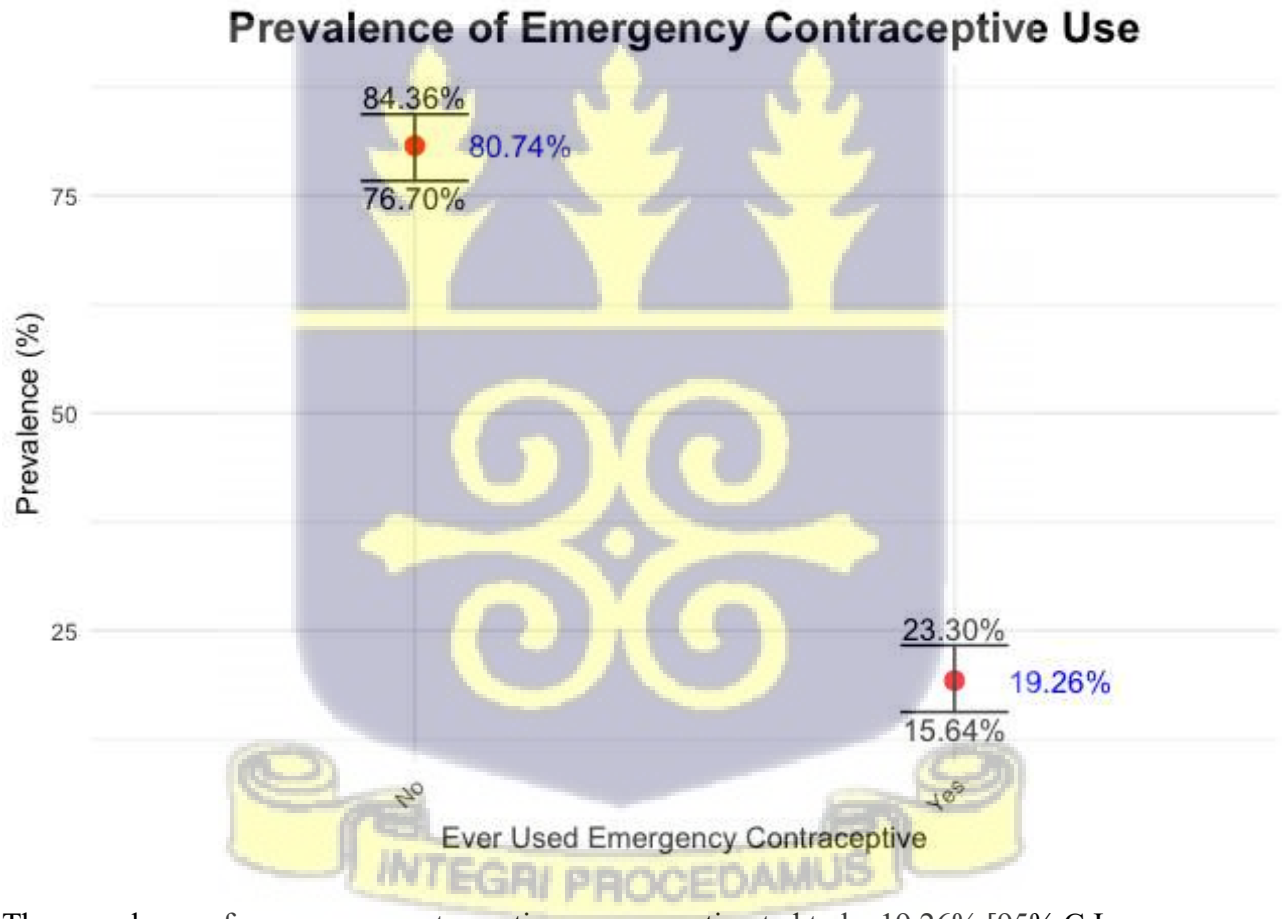
*Mean(SD)

[+]Eligible to answer the question if the response to the previous question was yes

4.2 The Prevalence of Emergency Contraceptive Use among Adolescents in the Ayawaso West Municipal

Figure 4.2 provide valuable insights into the prevalence of emergency contraceptive (EC) use among adolescents in the Ayawaso West Municipality. The findings align with the conceptual framework of the study, which identifies socio-demographic factors, communication factors, and healthcare system factors as key determinants of EC use among adolescents.

4.2 Prevalence of Emergency Contraceptive Use among Adolescents in the Ayawaso West Municipal



The prevalence of emergency contraceptive use was estimated to be 19.26% [95% C.I: 76.70%,80.74%]

4.3 Knowledge And Awareness of Participants on Emergency Contraceptives

Characteristic	N = 431
Heard of Emergency Contraceptives	
No	182 (42.2%)
Yes	249 (57.8%)
Source of Information on Contraceptives	
Parents	91 (21.1%)
Friends	86 (20.0%)
School	86 (20.0%)
Health Professionals	67 (15.5%)
Internet	101 (23.4%)
Understand correct use	
No	188 (43.6%)
Not Sure	72 (16.7%)
Yes	171 (39.7%)
Know where to obtain EC	
No	170 (39.4%)
Not Sure	78 (18.1%)
Yes	183 (42.5%)
Know EC effectiveness timeframe	
No	187 (43.4%)
Not Sure	76 (17.6%)
Yes	168 (39.0%)
Aware of different EC types	
No	165 (38.3%)
Not Sure	73 (16.9%)
Yes	193 (44.8%)
Aware of side effects	
No	183 (42.5%)
Not Sure	83 (19.3%)
Yes	165 (38.3%)
Know EC can be obtained without prescription	
No	171 (39.7%)
Not Sure	84 (19.5%)
Yes	176 (40.8%)
Understand EC efficacy	
No	174 (40.4%)
Not Sure	78 (18.1%)
Yes	179 (41.5%)
Know EC mechanism	

No	176 (40.8%)
Not Sure	82 (19.0%)
Yes	173 (40.1%)
Know EC cost	
No	156 (36.2%)
Not Sure	80 (18.6%)
Yes	195 (45.2%)
Understand appropriate use	
No	176 (40.8%)
Not Sure	85 (19.7%)
Yes	170 (39.4%)
Aware of EC myths	
No	176 (40.8%)
Not Sure	87 (20.2%)
Yes	168 (39.0%)
Know EC is not a regular contraceptive	
No	162 (37.6%)
Not Sure	90 (20.9%)
Yes	179 (41.5%)

Table 4.3 shows Percentage distributions of Knowledge of Emergency Contraceptives among the participant. Knowledge of contraceptives among participants was 57.8 %.

The commonest sources of information on emergency contraceptives were internet 23.4%, parents 21.1% friends 20 %, school 20%, and health professionals 15.5%. 39.7% knew the correct use of EC, 43.6% did not know how to use the EC and 16.7% were unsure. Only 39% knew the time frame effectiveness of EC. However, the proportions of students who were aware of side effects of EC was 38.3%.

4.4 Perceived Influences on The Use of Emergency Contraceptives.

The majority of the participants, 39.9%, had idea an about their cultural acceptability. 37% had no idea about their cultural acceptability. The majority of the study participants 39% said their religion had effect on emergency contraceptive use, 37.8% didn't believe religion had influence on emergency contraceptive use. 37.4% of the participant believed that education level had influence on emergency contraceptive usage. Majority of the participants 41.5% said access to health care services had influence their EC use and 36% of the participant believed cost barrier influenced their use of EC

Table 4.4 Perceived Influences on The Use of EC

Characteristic	N = 431
Religious influence	
No	163 (37.8%)
Not Sure	100 (23.2%)
Yes	168 (39.0%)
Cultural beliefs influence	
No	158 (36.7%)
Not Sure	101 (23.4%)
Yes	172 (39.9%)
Peer influence	
No	168 (39.0%)
Not Sure	75 (17.4%)
Yes	188 (43.6%)
Parental influence	
No	179 (41.5%)
Not Sure	91 (21.1%)
Yes	161 (37.4%)
Education level influence	
No	176 (40.8%)
Not Sure	72 (16.7%)
Yes	183 (42.5%)
Access to health services	
No	171 (39.7%)
Not Sure	81 (18.8%)
Yes	179 (41.5%)
Cost barrier	

No	177 (41.1%)
Not Sure	98 (22.7%)
Yes	156 (36.2%)
Confidentiality concerns	
No	180 (41.8%)
Not Sure	94 (21.8%)
Yes	157 (36.4%)
Healthcare provider influence	
No	165 (38.3%)
Not Sure	71 (16.5%)
Yes	195 (45.2%)
Media exposure	
No	181 (42.0%)
Not Sure	81 (18.8%)
Yes	169 (39.2%)

4.5 Association between Sociodemographic Characteristics and EC Use.

Majority (97.6%) of respondents aged between 15–19years ever used emergency contraceptives as compared to 2.4% of those aged between 10–14years who ever used emergency contraceptives. Minority (12.4%) of respondents were sexually active among which 90.4% of them ever used EC. Age of participant and sexual activity were significantly associated with EC use ($p<0.05$)

Table 2.5 Association between Sociodemographic Characteristics and EC Use.

Characteristic	Ever Used EC		P-value[1]
	No N = 348	Yes N = 83	
Age			
10-14 years	200 (57.5%)	2 (2.4%)	<0.001*
15-19 years	148 (42.5%)	81 (97.6%)	
Education Level			
Not in school	100 (28.7%)	21 (25.3%)	0.532
Junior High School	248 (71.3%)	62 (74.7%)	
Sexually Active			
No	305 (87.6%)	8 (9.6%)	<0.001*
Yes	43 (12.4%)	75 (90.4%)	
Number of sexual partners			
>1	11 (25.6%)	39 (52.0%)	0.005*
1	32 (74.4%)	36 (48.0%)	

N/A	313		
Access to Health Services			
Less than 1 km	88 (25.3%)	16 (19.3%)	0.363
1-3 km	99 (28.4%)	27 (32.5%)	
4-5 km	74 (21.3%)	23 (27.7%)	
More than 5 km	87 (25.0%)	17 (20.5%)	

[1]Chi-square test
*Significant at 95% Confidence level

4.6 Association between Use of EC and Knowledge and Awareness of EC.

At the bivariate level, having heard about EC was significantly associated with ever use of EC (p<0.05),

Table 3 Association between Use of EC and knowledge and Awareness of EC

Characteristic	Ever Used EC		P-value[1]
	No N = 348	Yes N = 83	
Heard of Emergency Contraceptives			
No	180 (51.7%)	2 (2.4%)	<0.001*
Yes	168 (48.3%)	81 (97.6%)	
Source of Information on Contraceptives			
Parents	74 (21.3%)	17 (20.5%)	0.653
Friends	73 (21.0%)	13 (15.7%)	
School	65 (18.7%)	21 (25.3%)	
Health Professionals	54 (15.5%)	13 (15.7%)	
Internet	82 (23.6%)	19 (22.9%)	
Understand correct use			
No	153 (44.0%)	35 (42.2%)	0.082
Not Sure	64 (18.4%)	8 (9.6%)	
Yes	131 (37.6%)	40 (48.2%)	
Know where to obtain EC			
No	136 (39.1%)	34 (41.0%)	0.491
Not Sure	60 (17.2%)	18 (21.7%)	
Yes	152 (43.7%)	31 (37.3%)	

Know EC effectiveness timeframe			
No	145 (41.7%)	42 (50.6%)	0.210
Not Sure	66 (19.0%)	10 (12.0%)	
Yes	137 (39.4%)	31 (37.3%)	
Aware of different EC types			
No	124 (35.6%)	41 (49.4%)	0.059
Not Sure	63 (18.1%)	10 (12.0%)	
Yes	161 (46.3%)	32 (38.6%)	
Aware of side effects			
No	148 (42.5%)	35 (42.2%)	0.381
Not Sure	71 (20.4%)	12 (14.5%)	
Yes	129 (37.1%)	36 (43.4%)	
Know EC mechanism			
No	144 (41.4%)	32 (38.6%)	0.423
Not Sure	62 (17.8%)	20 (24.1%)	
Yes	142 (40.8%)	31 (37.3%)	
Know EC cost			
No	119 (34.2%)	37 (44.6%)	0.100
Not Sure	63 (18.1%)	17 (20.5%)	
Yes	166 (47.7%)	29 (34.9%)	
Understand appropriate use			
No	146 (42.0%)	30 (36.1%)	0.418
Not Sure	70 (20.1%)	15 (18.1%)	
Yes	132 (37.9%)	38 (45.8%)	
Aware of EC myths			
No	136 (39.1%)	40 (48.2%)	0.212
Not Sure	75 (21.6%)	12 (14.5%)	
Yes	137 (39.4%)	31 (37.3%)	
Know EC is not a regular contraceptive			
No	129 (37.1%)	33 (39.8%)	0.508
Not Sure	70 (20.1%)	20 (24.1%)	
Yes	149 (42.8%)	30 (36.1%)	

*Significant at 95% Confidence level
[1]Chi- square test

4.8 Multivariate analysis of factors associated with Emergency contraceptive use

The results of the logistic regression of variables which had been identified to be associated with EC use at the bivariate level showed that after adjusting for other factors, the odds of EC use was higher among sexually active adolescent (XXXXX)… and lower among those who had just 1 sexual partner as compared to those who had multiple sexual partners 0.33 [95% C.I: 0.14,0.76].

Characteristic	cOR	95% C.I	P - value	aOR	95% C.I	P-value
Age						

10 - 14 years	1			1		
15-19 year	54.73	13.24,226.18	<0.001	40.68	9.74, 169.82	<0.0001
Number of Sexual partners						
>1	1			1		
1	6.64	3.81 ,11.56	<0.001	3.10	1.72, 5.85	<0.0001

Chapter 5

DISCUSSION

5.1 Introduction

The findings of this study provide important insights into their reproductive health behaviors. The discussion aligns with the study's conceptual framework, which identifies sociodemographic, communication, and other influencing factors, such as provider's knowledge of EC and attitude of healthcare providers

5.2 Prevalence of emergency contraceptive use among female adolescents

The study found that 19.26% of adolescents reported using emergency contraceptives, indicating a low prevalence of EC use. These findings are lower than those of Abdul-Manan (2023) and

Abdulai et al. (2020 who reported prevalence of 30% among SHS students in Yendi Municipality. It also aligns with a similar study, where 12.8% of adolescents aged 10-19 years had ever used EC among students of public secondary schools in Ilorin, Nigeria (Babatundei, et al., 2016). The low prevalence could be attributed to issues of access and affordability.. Although minority, some of the participants, believed that emergency contraceptives are costly (36.2%) This aligns with findings from a study conducted by (Burke and Potter, 2023) found that financial difficulties mostly related to cost to be associated with low emergency contraceptive use

However, among the declining proportion of adolescents that use ECs, the finding also raises concerns of poor contraceptive planning among sexually active adolescents that require the use of EC as backup. There is evidence ot indicate that women who are reluctant to use condoms and daily oral contraceptive pills fall back on ECP as their last resort (Rokicki et al, 2012).

Additionally, the study findings indicated a relatively high level of awareness and knowledge of …ECs among adolescents, with 57.8% of respondents having heard of emergency contraceptives which is consistent with findings by a study in Public secondary schools in Ilorin, Nigeria with about 65% reported to have ever heard of emergency contraceptive. (Babatunde, et al., 2016.) A good number of respondents, were aware of EC options, correct usage, and their effectiveness. Sustained efforts at education and awareness creation are critical to boost knowledge levels. Evidence from Nketia et al (2022) showed that nonuse among sexually active adolescents was as a result of inadequate knowledge of EC.

Other findings by (Silumbue et al, 2018) identified access as a barrier to use of emergency contraceptives, as treatment received from healthcare professionals when they visit hospitals for

contraceptive services and absence of nearby services were significant obstacles. In this study, some (41.5%) said access to health services influenced their decision to use ECs.and others indicated (45.2%) that healthcare provider's influence affected their decision to use EC.

5.3 Factors that influence the use of emergency contraceptives

The study found that among sexually active adolescent females, those who reported never use of EC may be due be due an intention to remain faithful to their partner. This was observed among adolescents in a relationship with only one sexual partner and could be indicative of remaining faithful to that partner to dissuade any fears of promiscuity.

These reasons are supported by a similar study conducted in Nigeria, Niger Delta region reported that, 74.5% of respondents disagreed to use emergency contraceptives due to fear of being tagged promiscuous. (Onasoga et al, 2016).

Overall, the study highlights the prevalence, influencing factors, and knowledge levels related to EC use among adolescents in the Ayawaso West Municipality. While awareness levels are relatively high, socio-cultural barriers, and misconceptions remain challenges. Addressing these issues through culturally sensitive interventions and improved healthcare services is critical to improving EC uptake and promoting reproductive health among adolescents.

5.1 Chapter Summary

Chapter 4 presented an analysis of the demographic characteristics, prevalence, influencing factors, and knowledge levels of emergency contraceptive (EC) use among adolescents in the Ayawaso West Municipality. The demographic analysis revealed that all of respondents were female (100%) and majority of the respondents were between aged 15-19 years (53.1%). Educational attainment varied, with most respondents being in school (JHS) and all participants reported being single. The prevalence of EC use among adolescents stood at 19.26%. Despite high awareness levels, there was a gap between knowledge and actual utilization, indicating potential barriers to access and acceptance. Factors that influenced EC use were categorized under sociodemographic and knowledge of EC. The knowledge assessment indicated a relatively high knowledge level (57.8%), with adolescents demonstrating understanding of EC availability and effectiveness. However, misconceptions and gaps in knowledge regarding costs, legal regulations, and confidentiality persisted. The findings highlighted the need for targeted interventions to address barriers and enhance adolescents' access to accurate information and services to promote responsible contraceptive use.

CHAPTER 6

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

6.0 Introduction

This chapter presents the summary, recommendations, and conclusion of the findings. The chapter summarizes the findings of the study and conclusions that were made out of the study findings. The chapter finally ends with recommendations of the study.

6.1 Summary of the study

This study, titled "Emergency Contraceptive Use among Adolescents in the Ayawaso West Municipality of Ghana," aimed to examine the prevalence, influencing factors, and knowledge levels related to emergency contraceptive (EC) use among adolescents aged 10-19 years. The study adopted an analytical cross-sectional design with a quantitative data collection approach, targeting a sample size of 431 respondents, drawn from an adolescent population of 17,584 in the municipality based on Ghana Health Service data (2023).

The first objective assessed the prevalence of EC use, revealing that 19.26% of adolescents reported using EC. The findings indicated that despite high awareness levels, several barriers affected actual utilization.

The second objective explored the factors influencing EC use, categorizing them into sociodemographic, communication, and other factors (barriers and cues to action). Cultural and religious beliefs, peer influence, parental attitudes, and healthcare provider's influence were identified as determinants of EC use. Access to healthcare services and concerns about confidentiality were also considerations affecting utilization.

The third objective assessed the knowledge levels of adolescents regarding EC, with results showing a high overall knowledge level of 57.8%, suggesting strong awareness of EC options and effectiveness. However, knowledge gaps persisted regarding cost, legal restrictions, and misconceptions about EC usage.

Overall, the study highlights the need for targeted interventions to address socio-cultural and communication barriers, improve access to EC services, and enhance adolescents' reproductive health knowledge to promote informed decision-making.

6.2 Key findings of the study

- The study found that while a significant portion of adolescents in the Ayawaso West Municipality are aware of the existence of emergency contraceptives, the actual prevalence of use remains low. Many adolescents had not used emergency contraceptives despite their awareness, suggesting that awareness does not necessarily translate into usage.

- Cultural and religious beliefs were identified as factors influencing the decision to use emergency contraceptives. Adolescents from households or communities with strong cultural or religious norms were less likely to use emergency contraceptives.
- barriers such as accessibility to health services was identified as a factor that limited the use of emergency contraceptives. Adolescents who lacked access to nearby health facilities were less likely to use ECs.
- The study also revealed that adolescents had a high level of awareness about the existence of emergency contraceptives. However, there were knowledge gaps in specific areas, including the different types of emergency contraceptives available, their side effects, and the cost and.
- The study found low emergency contraceptive use among participants with one sexual partner, which could be attributed to faithfulness.

6.3 Limitations of the study

This study is not without limitations:

First, due to the sensitive nature of the topic, some adolescents were reluctant to offer responses for fear of appearing socially inappropriate. This could have introduced a desirability bias however the researcher reassured them of confidentially and privacy at all times.

Additionally, as the survey employed a quantitative approach, it did not explore the underlying reasons behind the observed behaviors. However, its strength lies in the ability to quantify patterns and identify associations within the data, thereby contributing valuable insights to the existing body of knowledge

6.4 Recommendations

Based on the findings of the study, the following recommendations are proposed:

- health authorities should improve access to ECs by establishing more adolescent-friendly health centers in the Ayawaso West Municipality. These centers should provide affordable and confidential services, ensuring that adolescents can easily access ECs when needed.
- Given the influence of staying faithful to one partner, counsellors in the adolescent friendly corners should encourage adolescents that are sexually active with one sexual partner to build their relationship on mutual trust, respect, and open communication to reduce risky sexual behaviour.
- community outreach programs be conducted to focus on creating awareness and dispelling myths about ECs, fostering a more supportive environment for adolescent contraceptive use.
- There is a need for comprehensive sexual health education programs that specifically address the knowledge gaps among adolescents regarding the types, side effects, and correct use of emergency contraceptives. Schools, community centers, and digital platforms should be utilized to provide accurate information and debunk misconceptions about ECs.
- Socio-cultural barriers, improving access to contraceptives, and filling knowledge gaps through targeted educational campaigns are critical for increasing contraceptive use among adolescents. By removing these barriers and ensuring that adolescents have the information and resources they need, stakeholders can improve reproductive health outcomes and reduce unintended pregnancies in this population. This study contributes to the growing body of research on adolescent reproductive health in Ghana.

6.4.1 Future Research Directions

- Future research should explore the long-term impact of socio-cultural and religious beliefs on not only emergency contraceptive use but also other forms of contraceptives among adolescents. A deeper understanding of how cultural norms evolve over time and influence contraceptive choices could guide more targeted interventions.
- A longitudinal study could be conducted to assess the effectiveness of educational campaigns and programs aimed at increasing adolescents' knowledge and correct usage of emergency contraceptives. This research would help identify the most effective methods for improving knowledge retention and reducing misconceptions.
- Further research is needed to investigate the economic factors that restrict access to emergency contraceptives. This could include studies on the cost-effectiveness of subsidized contraceptive programs and their impact on adolescent contraceptive use, particularly among low-income communities.
- Future studies should focus on understanding adolescents' perceptions of confidentiality when accessing reproductive health services, including emergency contraceptives. Investigating how concerns about privacy affect health-seeking behaviors could inform policies that improve adolescent-friendly health service delivery.

6.5 Conclusion

In conclusion, this study assessed the prevalence, factors influencing use, and knowledge levels of adolescents regarding emergency contraceptives in the Ayawaso West Municipality of Ghana. The findings revealed a low prevalence of emergency contraceptive use, with several barriers affecting

usage, including cultural and religious beliefs, economic constraints, and limited access to health services. While awareness of emergency contraceptives was generally high, there were notable gaps in adolescents' knowledge about the different types of contraceptives, side effects, and access points.

Key factors such as relationship status and number of partners were found to impact adolescents' decisions to use emergency contraceptives. However, misconceptions and myths about emergency contraceptives persisted, indicating a need for enhanced educational efforts.

Based on the study's findings, addressing socio-cultural barriers, improving access to contraceptives, and filling knowledge gaps through targeted educational campaigns are critical for increasing contraceptive use among adolescents. By removing these barriers and ensuring that adolescents have the information and resources they need, stakeholders can improve reproductive health outcomes and reduce unintended pregnancies in this population. This study contributes to the growing body of research on adolescent reproductive health in Ghana.

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APPENDIX 1

PART I: INFORMATION SHEET

Introduction

My name is Rejoice Asabagna a Master of Public Health student at the University of Ghana. As part of the academic requirements, I am conducting research on Emergency Contraceptive Use Among Adolescent in the Ayawaso West Municipality in Ghana and will like to invite you to participate in this study. You do not need to decide immediately to participate.

I will explain the details of this consent form to you so that you understand what the study entails.

Purpose and Nature of the Study

Researching and addressing contraceptive use will go a long way to prevent teenage pregnancies and abortions in the Ayawaso West Municipality

The information you will provide will help us to determine the support available for your school in terms of contraception.

Right to Participant: You have the right to withdraw from participating after you have consented to participate in this research without it affecting you.

Benefits: There are no direct benefits to you as an individual. Findings will be communicated to authorities for interventions to be taken to help other adolescents like yourself prevent unintended pregnancies.

Potential Risks and Discomforts

No invasive procedure will be performed. Your views and decisions are highly respected. In participating in this study, I will be asking you to share some personal views and experiences concerning emergency contraceptive use with me and you may feel uncomfortable talking about some of these issues. You do not have to answer every question or take part in the research if you don't wish to do so.

Freedom to withdraw: Also, you may with draw from the study at any time that you wish. I will allow you at the end of the interview to review your responses, and you can ask to change any responses that you want. You do not have to give me any reason for withdrawing.

Additional Costs and Compensation You will not have to spend money in partaking in this study and you will not be compensated for participating. If you agree to participate in the study, you will only have to spare 5 minutes of your time to answer the questions I will ask.

Confidentiality

No information shared with me will be disclosed to anyone who is not part of the study team and I will not need your name in this study. The information that I will collect from this study will be used only for academic purposes.

Contacts for Additional Information

If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact

Rejoice Asabagna
School of Public Health, Legon
Mobile: 0247876950
Email: asarejyinpoka@yahoo.com

Nana Abena Atatu
GHS-ERC Administrator
Mobile: 0503539896
Email: ethics.research@ghs.gov.gh

CONSENT FORM

EMERGENCY CONTRACEPTIVE USE AMONG ADOLESCENTS IN THE AYAWASO WEST MUNICIPALITY OF GHANA

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 (…….*name of language*). 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 (…….*name of language*) 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:……

STATEMENT OF WITNESS

I was present when the purpose and contents of the Participant Information Sheet was read and explained satisfactorily to the participant in the language he/she understood

(……..*name of language*)

I confirm that he/she was given the opportunity to ask questions/seek clarifications and same were duly answered to his/her satisfaction before voluntarily agreeing to be part of the research.

Name:……

Signature…….... OR Thumb Print …….....

Date:……

INVESTIGATOR STATEMENT AND SIGNATURE

I certify that the participant has been given ample time to read and learn about the study. All questions and clarifications raised by the participant have been addressed.

Researcher's Name…….

Signature…….

Date…….

CHILD ASSENT FORM

Introduction

My name is **Rejoice Asabagna** from the Department of Population, Family, and Reproductive Health at the University of Ghana. I am conducting a research study entitled Emergency Contraceptive Use Among Adolescents in the Ayawaso West Municipality in Ghana.
I am asking you to take part in this research study because I am trying to assess the prevalence and knowledge level of adolescents regarding emergency contraceptives in the municipality**.**
This will take 10-15 minutes of your time as you will be required to answer some structured questions.

General Information

If you agree to be in this study, you will be asked to give answers to questions which will be administered by the researcher and his trained research assistants. It is estimated to last between 10-15 minutes with your permission. You have the right to withdraw from the study even after consenting without any consequences. You can also feel free to decline to answer questions you consider very sensitive or seek clarification about anything regarding this study.

Possible Risks and Discomforts

The study will take a maximum of 20 minutes of each participant's time. No major risk is expected in this study**.**

Possible Benefits

Findings will be communicated to authorities for interventions to be taken to prevent future occurrences.

Confidentiality

During the data collection process, each participant's anonymity will be protected, and

any additional personal information that could allow for identification will be excluded. To protect privacy and confidentiality, the process will take place in appropriate settings, participation is voluntary, and participants have the right to withdraw from

participation.

Compensation

No monetary benefit will be given in this study.

Voluntary Participation and Right to Leave the Research

Participation is voluntary, as a foster parent you can withdraw respondents from participation anytime you feel uncomfortable with them continuing with the process

Contacts for Additional Information

You may ask the principal researcher for any questions about this study. You can call me on **0247876950** or talk to me the next time you see me.

Please talk about this study with your house masters if you have doubts before you decide to participate. I will also ask permission from your head of school before you are enrolled in the study. Even if your school head says "yes" you can still decide not to participate.

VOLUNTARY AGREEMENT

By making a mark or thumb printing below, it means that you understand and know the issues concerning this research titled Emergency Contraceptive Use Among Adolescents in the Ayawaso West Municipality in Ghana.

If you do not want to participate in this study, please do not sign this assent form. You and your house masters will be given a copy of this form after you have signed it.

This assent form describes the benefits, risks, and procedures for the research titled Emergency Contraceptive Use Among Adolescents in the Ayawaso West Municipality in Ghana.

has been read and or explained to me. I have been allowed to have any questions about the research answered to my satisfaction. I agree to participate.

Child's Name…… **Researcher's Name……**

Child's Mark/Thumbprint…….

Researcher's Signature……

Date: **……**

UNIVERSITY OF GHANA

SCHOOL OF PUBLIC HEALTH

QUESTIONNAIRE FOR RESPONDENTS

Dear Sir/Madam,

This study is being conducted on **"Emergency Contraceptive Use among Adolescents in the Ayawaso West Municipality of Ghana"** for writing a Master's thesis. Hence, your cooperation in responding to the following questions will be highly appreciated. Please note that every information you give will be treated as confidential so you are urged to freely express your views.

Thank you.

Rejoice Asabagna

Candidate

EMERGENCY CONTRACEPTIVE USE AMONG ADOLESCENTS IN THE AYAWASO WEST MUNICIPALITY

Please tick (√) or write where appropriate your responses candidly in the spaces provided.

SECTION A: Personal Information of Respondents

i.

a. Age: …….

b. Educational Level: None [ ] Junior High School [ ] SHS [ ] Tertiary [ ]

c. v. Others (Specify)

……

ii. Marital Status: Single [ ] Married [ ]

iii. Are you sexually active? Yes [ ] No [ ]

iv. Are you engaged in sexual activities with one partner? Yes [ ] No [ ] N/A [ ]

v. Employment Status: Employed [ ] Unemployed [ ] Student [ ]

vi. Access to Health Services: Less than 1 km [ ] 1-3 km [ ] 4-5 km [ ] More than 5 km [ ]

vii. Knowledge of Contraceptives

viii. Have you ever used contraceptives: Yes [ ] No [ ]

ix. If yes to #8 move to #9, if No to #8, move to #15

x. Type of contraceptive used…….

xi. Frequency of use of contraceptive …….

xii. Knowledge of EC: Yes [ ] No [ ]

xiii. Previous use of EC: Yes [ ] No [ ]

xiv. Frequency of use of EC ……..

xv. Source of Information on Contraceptives: Parents [ ] Friends [ ] School [ ] Health professionals [ ] Internet [ ] Others (specify) ……..

SECTION B: THE PREVALENCE OF EMERGENCY CONTRACEPTIVE USE AMONG ADOLESCENTS IN THE AYAWASO WEST MUNICIPAL

Please rate the following factors on a 5-point Likert scale of 1 to 5, where **strongly agree – 5, Agree – 4, Uncertain – 3, Disagree – 2, strongly disagree – 1** If you are unsure, please select "Neutral."

STATEMENTS	SD	D	U	A	SA
1. Adolescents in the Ayawaso West Municipal are generally aware of the existence of emergency contraceptives.					
2. It is easy for adolescents in the Ayawaso West Municipal to obtain emergency contraceptives when needed.					
3. A significant number of adolescents in the Ayawaso West Municipal have used emergency contraceptives at least once.					
4. There is a social stigma associated with the use of emergency contraceptives among adolescents in the Ayawaso West Municipal.					
5. Schools in the Ayawaso West Municipal provide adequate education on the use of emergency contraceptives.					
6. Parents in the Ayawaso West Municipal are supportive of their adolescents using emergency contraceptives.					
7. Peer pressure significantly influences the use of emergency contraceptives among adolescents in the Ayawaso West Municipal.					
8. Adolescents in the Ayawaso West Municipal are aware of the potential health risks associated with emergency contraceptives.					
9. Adolescents are concerned about maintaining confidentiality when obtaining emergency contraceptives in the Ayawaso West Municipal.					
10. Emergency contraceptives are readily available in pharmacies and health centers in the Ayawaso West Municipal.					
11. The cost of emergency contraceptives is a barrier for adolescents in the Ayawaso West Municipal.					
12. Adolescents in the Ayawaso West Municipal believe that emergency contraceptives are effective in preventing unintended pregnancies.					
13. Health care providers in the Ayawaso West Municipal are approachable and provide adequate information about emergency contraceptives.					

14. Religious beliefs significantly influence the decision to use emergency contraceptives among adolescents in the Ayawaso West Municipal.					
15. Adolescents in the Ayawaso West Municipal have a good understanding of how to correctly use emergency contraceptives.					
16. The availability of emergency contraceptives has led to more responsible sexual behavior among adolescents in the Ayawaso West Municipal.					

SECTION C: THE FACTORS THAT INFLUENCE THE USE OF EMERGENCY CONTRACEPTIVES IN THE AYAWASO WEST MUNICIPALITY

Please rate the following factors on a 5-point Likert scale of 1 to 5, where **strongly agree – 5, Agree – 4, Uncertain – 3, Disagree – 2, strongly disagree – 1** If you are unsure, please select "Neutral."

STATEMENTS	**SD**	**D**	**U**	**A**	**SA**
1. Cultural beliefs and norms in the Ayawaso West Municipality influence adolescents' decision to use emergency contraceptives.					
2. Religious teachings and beliefs affect the willingness of adolescents to use emergency contraceptives in the Ayawaso West Municipality.					
3. Peer pressure and friends' opinions significantly impact adolescents' decisions to use emergency contraceptives.					
4. Parental attitudes and guidance play a crucial role in whether adolescents choose to use emergency contraceptives.					
5. The level of education and awareness about emergency contraceptives influences their use among adolescents.					
6. The ease of accessing health services and obtaining emergency contraceptives influences their use among adolescents.					
7. The cost of emergency contraceptives is a significant factor in their usage among adolescents.					

8. Concerns about confidentiality and privacy affect adolescents' willingness to use emergency contraceptives.					
9. The attitudes and approachability of healthcare providers influence adolescents' decisions to use emergency contraceptives.					
10. Exposure to information through media and other sources affects adolescents' awareness and use of emergency contraceptives.					

SECTION D: THE KNOWLEDGE LEVELS OF ADOLESCENTS REGARDING EMERGENCY CONTRACEPTIVES IN THE AYAWASO WEST MUNICIPALITY

Please rate the following factors on a 5-point Likert scale of 1 to 5, where **strongly agree – 5, Agree – 4, Uncertain – 3, Disagree – 2, strongly disagree – 1** If you are unsure, please select "Neutral.".

STATEMENTS	**SD**	**D**	**U**	**A**	**SA**
1. I am aware of the existence of emergency contraceptives.					
2. I understand how to correctly use emergency contraceptives.					
3. I know where to obtain emergency contraceptives in the Ayawaso West Municipality.					
4. I am aware that emergency contraceptives are most effective when taken as soon as possible after unprotected sex.					
5. I know there are different types of emergency contraceptives (e.g., pills, IUDs).					
6. I am aware of the possible side effects of using emergency contraceptives.					
7. I know that emergency contraceptives can be obtained without a prescription in some places.					
8. I know that emergency contraceptives are not 100% effective in preventing pregnancy.					
9. I understand how emergency contraceptives work to prevent pregnancy.					
10. I am aware of any legal age restrictions for obtaining emergency contraceptives.					
11. I know how much emergency contraceptives cost.					

12. I understand when it is appropriate to use emergency contraceptives.					
13. I am aware that there are many myths and misconceptions about emergency contraceptives.					
14. I know that emergency contraceptives are not meant for regular use and should not replace regular contraceptives.					
15. I know if emergency contraceptives are available at school health facilities.					
16. I am aware that I can obtain emergency contraceptives confidentially.					
17. I understand how emergency contraceptives fit into broader reproductive health and family planning.					
18. I know where to find support and counseling services related to the use of emergency contraceptives.					
19. I am aware of the need for follow-up care after using emergency contraceptives.					
20. I understand my legal rights concerning access to emergency contraceptives.					

Thank you for your time in answering this questionnaire.