

**SCHOOL OF PUBLIC HEALTH
COLLEGE OF HEALTH SCIENCES
UNIVERSITY OF GHANA**



**KNOWLEDGE, ATTITUDE AND PERCEPTIONS OF
CONTRACEPTIVE USE AMONG SECOND CYCLE INSTITUTIONS IN THE
ADENTAN MUNICIPALITY**

**BY
LYNN KOMEY
(10111567)**

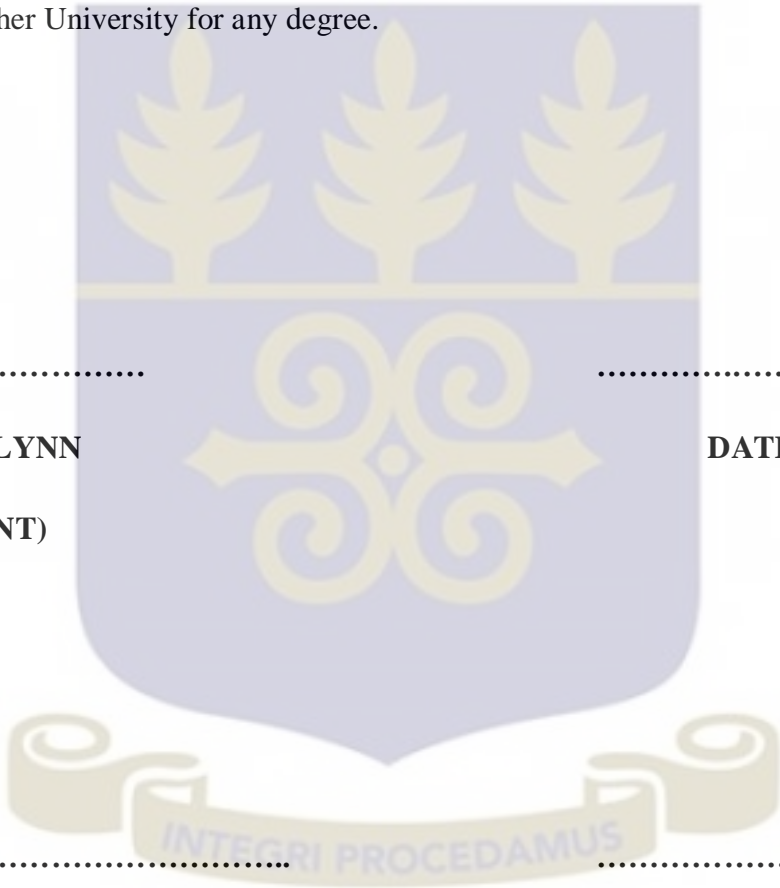
**THIS DISSERTATION IS SUBMITTED TO THE UNIVERSITY OF
GHANA, LEGON IN PARTIAL FULFILMENT OF THE
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APPLIED HEALTH IN SOCIAL SCIENCE DEGREE**

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DECLARATION

I, Lynn Komey hereby declare that this work is a result of my own research, carried out in the School of Public Health, University of Ghana under the supervision of Professor Philip Baba Adongo.

I also declare that with the exception of other academic works referenced, which has been duly acknowledged. This dissertation, either in whole or in part has not been submitted to this or any other University for any degree.



.....

KOMEY LYNN **DATE**

(STUDENT)

.....

PROF. PHILIP BABA ADONGO **DATE**

(SUPERVISOR)

DEDICATION

I dedicate this work to my husband Dr. Samuel Reynolds Menyah for his unfailing support, I love you. To my beautiful daughters Jynelle- Iyra Ewurama Oye Menyah and Jo-elle Adoley Nyamekye Menyah, you give me the strength to move on.

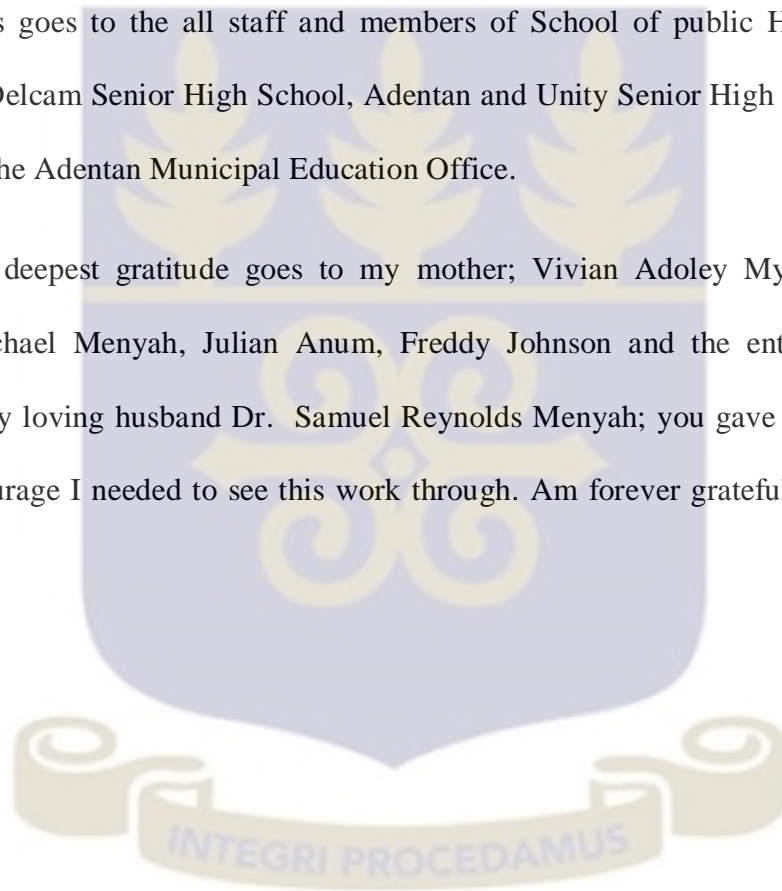


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ABSTRACT

It has become very necessary to study seemingly increasing rate of negative sexual behaviour among adolescents. In the Ghanaian society, many adolescents are ignorant of the various forms of contraceptive methods available and how they are effectively used, despite significant numbers being sexually active. This study seeks to understand the factors that influence the knowledge, attitude and perception of contraceptives amongst second cycle institutions in the Adentan Municipality.

The study is a cross sectional design, which employed both qualitative and quantitative methods. A total of 307 students made up of 140(45.6%) males and 167(54.4%) females aged 14 – 19 participated in the study

A self-administered questionnaire was used in obtaining data on the knowledge, perception and attitude of students. The data was processed using Microsoft Excel 2013 and SPSS software.

Three focused group discussions were held in the two schools. The descriptive analysis of the qualitative data was coded in themes according to the study objectives.

The results showed that the male student had a better knowledge of contraceptives and their use as against the females; the variance in the means for second cycle male students ($M = 19.80$, $SD = 3.87$) and the female second cycle students ($M = 18.47$, $SD = 3.87$) on their knowledge of contraceptive use had a statistical difference of ($t(305) = 0.02$, $p < 0.05$). From this study, it was observed that Students who lived with both parents had better knowledge of contraceptive use as compared to their mates staying with just a parent. For students living with their mothers alone ($p = 0.042$), Father alone ($p = 0.006$) and for those living alone ($p = 0.02$).

Findings from this data collected showed, and held a substantial positive correlation between an individual's knowledge and perception towards contraceptive use. $r(306) = .117^*$, $p = .005$. Again, a noteworthy positive correlation was seen between the form one and two respondents and their perception towards the use of contraceptives respectively. $R(306) = 0.130$, $p = .005$

Results from this study showed that, the fact that adolescent knew what contraceptives were did not mean they knew how they were supposed to be used correctly. Again, findings from the study indicated that participants are reckless with their attitude towards contraceptives and sexual reproductive related issues. They had little or no fear for pregnancy and sexually transmitted diseases and infections. Misperceptions tended to cloud the judgment of adolescents towards contraceptives, thus serving as a barrier to the use of contraceptives.

From this study, clearly there is a need for right interventions to be put in place in order to bridge the gap between the knowledge, attitude, and perception of contraceptive use. Adolescent friendly facilities must be established across the country to help adolescents make informed choices pertaining to sex and their reproductive health.

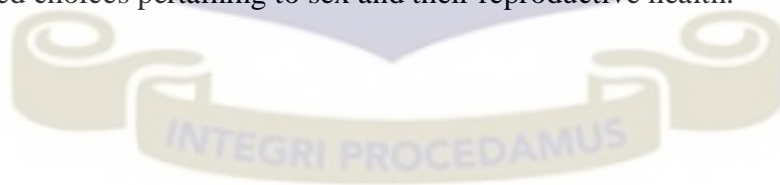


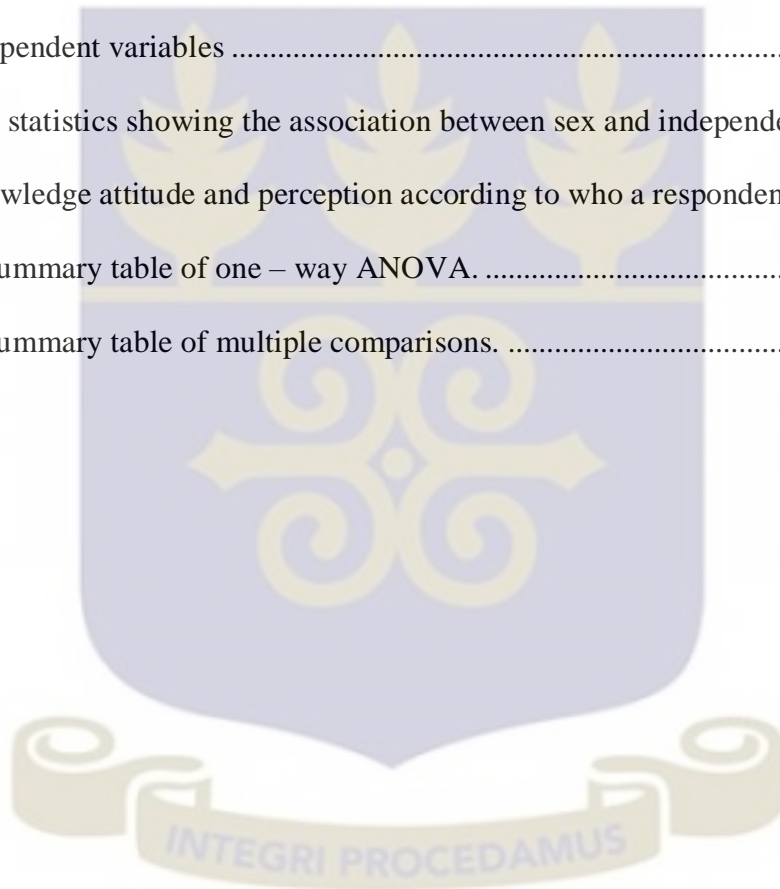
TABLE OF CONTENTS

DECLARATION	i
DEDICATION	ii
ACKNOWLEDGEMENT	iii
ABSTRACT	iv
TABLE OF CONTENTS	vi
LIST OF TABLES	viii
LIST OF FIGURES	ix
LIST OF ABBREVIATIONS	x
CHAPTER ONE	1
1.0 INTRODUCTION	1
1.1 Background	1
1.2 Problem statement	3
1.3 Justification	4
1.4 Research Questions	5
1.5 Objectives.....	6
1.6 Specific objectives	6
1.7 Factors Affecting Knowledge, Perceptions and Attitude of Contraceptive Use	7
CHAPTER TWO	10
2.0 LITERATURE REVIEW	10
2.1 Introduction	10
2.2 Global use of contraceptives	10
2.3 Contraceptive use in Africa.....	11
2.4 Contraceptive Use among Adolescents	11
2.5 Knowledge of Contraceptive Use	13
2.6 Perception of Contraceptive Use	15
2.7 Attitude towards Contraceptive Use.....	18
CHAPTER THREE	23
3.0 METHODOLOGY	23
3.1 Introduction	23
3.2 Study Design.....	23
3.3 Study Area.....	23
3.4 Health & Sanitation	24
3.5 Economy	24
3.6 Education.....	25
3.7 Study Variables.....	25
3.8 Quantitative Method	25
3.9. Inclusion criteria	26
3.10 Exclusion criteria.	27

3.11 Sample method	27
3.12 Sample Size.....	28
3.13 Sample Size Determination.....	28
3.14 Data processing and analysis	29
3.15 Quality control	29
3.16 Qualitative Method & analysis	30
3.17 Ethical issues.....	31
CHAPTER FOUR	32
4.0 RESULTS	32
4.1 Qualitative Method & Analysis	38
4.2 Socio – Demographic Characteristics of Participants	38
4.3 Knowledge of Contraceptive Use	38
4.3.1 Poor Knowledge of Contraceptive Use	39
4.3.2 Knowledge of Menstrual Cycle and pregnancy	39
4.3.3 Knowledge on reproductive health rights	40
4.4 Attitude towards the Use of Contraceptive	41
4.4.1 Susceptibility towards pregnancy and STIs/STDs	41
4.4.2 Service Provider Attitude	42
4.4.3 Reckless Attitudes towards sex.....	42
4.5.2 Parental Approval	44
CHAPTER FIVE	45
5.0 DISCUSSION	45
5.1 Knowledge of Contraceptive Use	45
5.2 Perception of Contraceptive Use	46
5.3 Attitude Towards the use of Contraceptives	47
CHAPTER SIX	49
6.0 CONCLUSION AND RECOMMENDATIONS	49
6.1 Conclusion	49
6.2 Recommendations	49
6.3 Limitations of the Study	51
REFERENCES.....	52
APPENDICES	60
Appendix A: Questionnaire.....	60
Appendix B: PARENTAL CONSENT FOR PARENTS OF ADOLESCENTS AGED 14 to 17 YEARS	66
Appendix C: INFORMED CONSENT FOR STUDENTS 18+	69

LIST OF TABLES

Table 1: Demographic characteristic.....	33
Table 2: Means (M), standard deviation and other statistics of the various variables tested during the conduction of this study.....	33
Table 3: Summary table of correlation using Pearson Product Moment Coefficient between the various variables of interest.....	34
Table 4: Test statistics showing the association between the level of class and the independent variables	35
Table 5: Test statistics showing the association between sex and independent variables ..	35
Table 6: Knowledge attitude and perception according to who a respondent lived with. ..	36
Table 7: A summary table of one – way ANOVA.	36
Table 8: A summary table of multiple comparisons.	37



LIST OF FIGURES

Figure 1: Conceptual Framework 7



LIST OF ABBREVIATIONS

AIDS-	Acquired immune Deficiency Syndrome
FGD-	Focused Group Discussion
HIV-	Human Immune Virus
UNFPA-	United Nations Population Fund
STDs-	Sexually Transmitted Diseases
STIs-	Sexually Transmitted Infections



CHAPTER ONE

1.0 INTRODUCTION

1.1 Background

Adolescence is a period of significant changes that normally ends with the childhood phase and propels the child to a new chapter of adulthood. At this stage, there is rapid growth from childhood dependence to becoming an independent and a mature adult (Press, 2015). In the last twenty years, there has been an increasing recognition that the use of contraceptives amongst the youth, especially adolescents is a common problem; in view of the increasing rise in unwanted pregnancies, unsafe abortions and sexually transmitted diseases (Glasier, et al., 2006; Sedgh, et al., 2012). All over the world, there is an increase in the number of adolescents (UN, 2012); they are estimated to be about half the world's population, a number the World Health Organization puts at 1.2 billion (WHO, 2013). The youth are normally not given the opportunity to access reproductive health services due to the fact that health workers consider adolescent's sexual activity as unacceptable. In many cases, the sexual education of adolescents is seen by health workers to be the duty of parents. Many parents on the other hand feel embarrassed and reluctant to discuss sexual issues with their adolescent children (Awusabo - Asare & Abane, 2004). The issue of contraceptives therefore becomes a "no go area". To them the only available choice for their adolescent is abstinence – only; in cases when they dare talk about sex (Awusabo-asare, Biddlecom, Kumi-Kyereme, & Patterson, 2006).

Most adolescents receive some or no sex education in their schools. The reality however is that most teenagers today engage in sexual activities at earlier ages than their parents know (Awusabo-asare, et al., 2006). Almost half (46%) of 15 – 19 year olds in the United States have had sex at least once, and 70 percent would have had sex by age 18 (Unger & Molina, 2000). The government of the United Kingdom in 1998 set a target to drastically

reduce the prevalence of unplanned pregnancies among adolescents under 18 by half in the year 2010. This they did by using the Teenage Pregnancy Strategy. Though the rate of pregnancy dropped, it rose slightly in 2007 to 4.7 per 1000 girls under 18. According to the 2002 National surveys of family Growth data in the United States, one-third of teenagers have not been educated in anyway concerning the use of contraceptives. Eighteen percent of teenagers aged 16-19 used absolutely no form of contraception. Africa has high rates of unplanned pregnancies among adolescents and teenagers. The rate of HIV and AIDS is equally very high; most pregnant teenagers attempt abortions, thus making attempted abortions and unsafe abortions an issue of high risk among the youth. Studies have shown that on the average, there are around 2.4million unsafe abortions in East Africa, 1.8 million in Western Africa, over 90000 in middle Africa and over 10000 in Southern Africa each year. According to the United National Population fund (UNFPA) the lowest demand and use of contraceptives among adolescents is found in Sub Sahara Africa; with the rate being 30% and 20% respectively.

In Ghana, the 2014 Ghana National Demographic and Health Survey shows that among adolescents aged 15-19, 73.6% of girls and 96.2% of boys had been involved in sexual activities at least once; with 19.4% still in sexually active relationships (GDHS, 2014). Usage of contraceptives however among these adolescents was rather on the low side, as most of these sexually active adolescents admitted to not using any form of contraceptives with most of them receiving the minimal knowledge they have about contraceptives from the media (Awusabo-asare, et al., 2006). Misconceptions with regards to the use of contraception can lead to limitations in its use. This can lead to low patronage of available contraceptives among adolescents and put them at risk of contracting reproductive tract illnesses such as HIV/AIDS (Mun`o, et al., 2010). As a result, there is an alarming need to study the attitudes, knowledge and perception teenagers have about contraceptives and its

uses (Awusabo-asare, et al., 2006). The purpose of this study will therefore seek to find the effects the attitude, knowledge and perception about uses of contraceptives in adolescents of second cycle institutions.

1.2 Problem statement

Early unplanned pregnancies among adolescents are of major concern in Ghana as well as other countries worldwide. Such pregnancies are normally not expected and thus unplanned with high rates of unsafe or illegal abortions (Kliman, 1998).

The effects of early unplanned pregnancies on adolescents could be devastating with negative consequences such as affecting the educational progress or level of education that will be attained with regards to females especially as well as future career options. It can also lead to socio economic deprivation of the economy (Biddlecom, 2009).

Adolescent sexual behavior is generally influenced by one or more factors which include their individual desire, social and culture influence, their social interactions and changes in their culture (Njau, et al., 2006). Also, level of knowledge and attitudes regarding adolescent sexual reproductive health (Rondini & kurugu, 2009) may inform adolescent decision on whether to have sex or not, the kind of relationship they engage in and how they make use of family planning services available (UNICEF, 2006). A high number of Ghanaian adolescents engage in pre-marital sexual activities. A research done on 1782 adolescents aged 15 to 19 on their sexual behavior and contraceptive use, showed that among unmarried adolescents and young adults in Greater Accra and Eastern Regions of Ghana, 67% and 78% of the males and females respectively have practiced premarital sex (Agyei, et al., 2000). Though there has been massive media campaign on education and school related issues concerning sexuality and adolescent reproductive health in Ghana within the last twenty years, the level of the students' knowledge is still inadequate even

though most of them are scared of unwanted pregnancies and its consequences (Hagan & Buxton, 2012). Very little attention has been given to other influences on adolescent sexual behavior; such as peer influence, media influence (Kumi-Kyereme, et al., 2007). Adolescents usually like seeking for information from different sources; sexual awareness is very high with very little in-depth knowledge of pregnancy and HIV prevention (Bankole, et al., 2007). Even though the issue of non – contraceptive use cuts across both developed and developing countries; it is worrisome in Ghana because the developed countries have made provision of a wide range of modern contraceptives; have respect for individual rights to privacy as well as having high public awareness of legal abortion as an option in cases when contraceptives fail. The incidence of high unplanned pregnancies and unsafe abortions can be drastically reduced by effective family planning and quality access to the use of modern contraceptives (Baafour, 2010). This study in this respect will seek to examine what the contraceptive prevalence rate among students in second cycle institutions and the factors that influences their knowledge, attitude and perceptions of contraceptives use.

1.3 Justification

Sexual activity rate among adolescents is quite high, whilst usage of contraception is low or not used at all by these young ones. This makes the risk of pregnancy, unsafe abortion and prevalence to sexually transmitted diseases prevalent. Education targeted towards sexual awareness was developed in the United States and Ghana by (Bell & Milward, 1999; Macphail & Campbell, 2001) all intended to bring down the rate of unplanned pregnancy among adolescents.

Empowerment of youth concerning sex has been extensively preached as a basic principle of health promotion practice in Ghana. The question however is; if it is being applied in

the right way (Ndubani and Hajer, 2001). A 2008 statistical service reported that in the GDHS, about 25% of service providers responded that they would not provide intrauterine device and pills for unmarried adolescent. This shows that though they have high rates of sexual indulgence, they are not encouraged to seek enough information on adolescent reproductive matters. The Netherlands is one of the countries where sex education is taught as early as preschool and integrated into all aspects and subjects of their schooling system, yet they have one of the lowest teen birth rates in the world; 5.1 per 1000 females aged 15 – 19 (Kost & Henshaw, 2012). This could be the case in Ghana as well if effective education on sex as well as its implications and outcomes are done among Ghanaian Youths.

This study is limited in its concentration to Senior High Schools within the Adentan municipality as the sample population, but students bear the same characteristics to senior high schools all over the country in terms of socio demographics, level of education and exposure to sex education and contraceptive use.

1.4 Research Questions

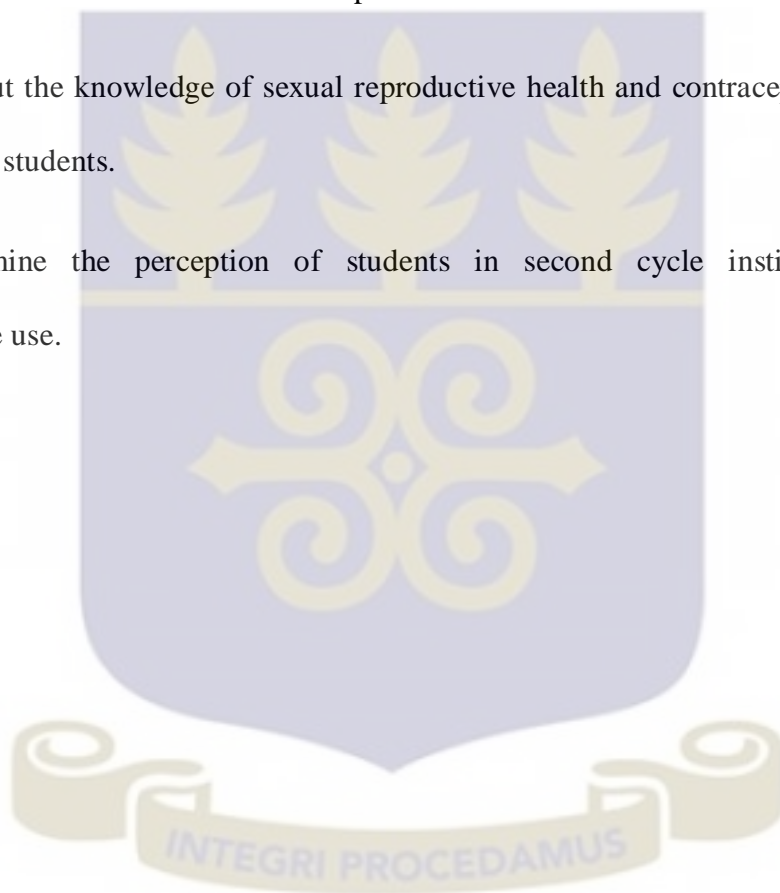
1. What are the attitudes of students in second cycle institutions towards contraceptive use?
2. What is the level of knowledge towards contraceptives use, known by students of second cycle institutions?
3. What are the perceptions held by students in second cycle institutions towards contraceptive's and their use?

1.5 Objectives

The main objective is to investigate the knowledge, attitudes and perceptions of contraception use among second cycle students in the Adentan municipality.

1.6 Specific objectives

- 1.** To determine the attitudes among students of second cycle institutions in the Adentan Municipality towards the use of contraceptives.
- 2.** To find out the knowledge of sexual reproductive health and contraceptive use among second cycle students.
- 3.** To examine the perception of students in second cycle institutions towards contraceptive use.



1.7 Factors Affecting Knowledge, Perceptions and Attitude of Contraceptive Use

PERSONAL FACTORS

HEALTH SERVICE FACTORS

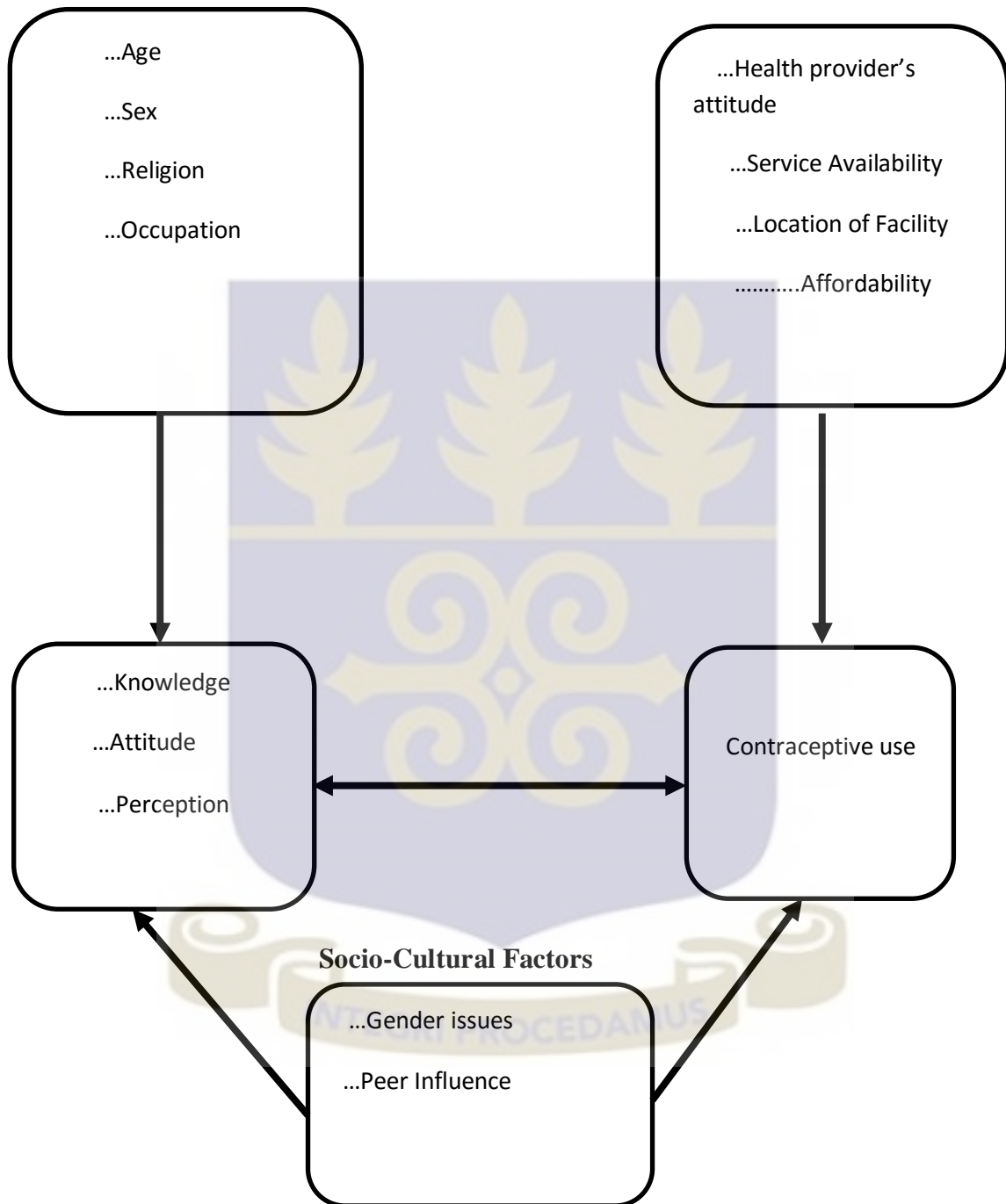


Figure 1: Conceptual Framework

Source: Anderson, (1995).

Explanation of the Conceptual Framework

A number of factors have been found to influence an individual's knowledge, practices and perceptions of contraceptive use. The conceptual framework used in this study is adapted from Bronfenbrenner's ecological model. It is a framework that was developed to be used in organizing research on factors associated with adolescent sexual activity (Bronfenbrenner, 1979). It identifies the environment, social physical and even psychological factors that can affect the adolescent's sexual behaviour. These are brought under systems that interrelate and have effects on one another.

Applying an ecological model in determining the sexual behaviour of adolescents helps in identifying the variables that affect the use of contraceptives. From the higher perspective, the policies made by government and society, concerning adolescent reproductive health and its effect on the decisions and behaviour of the adolescent. It also considers other elements that can determine whether or not an adolescent will use contraceptives. This includes peer pressure, family dynamics, health provider attitude, service availability, and location of facility that can have an effect on the knowledge, attitude and perceptions of the adolescent thus determine the outcome of contraceptive use.

1. Micro systems: It involves factors that have direct effect on the use of contraceptives (age, sex, education, marital status, religion and occupation) have been found to influence a individuals decision to utilize contraceptives.
2. The Mesosystem: This involves settings with the developing person (adolescent) interacts directly. It includes parents, peers, siblings and persons who influence key decisions
3. The Exosystem: These are factors that do not directly affect the adolescent decision to use contraceptives but will to a large extent determine whether they use contraceptives or

not. These include attitude of health care providers, availability of facility and location of facility

4. Macro system: These involves the knowledge, attitude and perceptions held by adolescents due to the society the find themselves, and which adversely affects whether or not they will use contraceptives.



CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

The sum of a literature reviews “is to develop a knowledge base for the conduct of research” (LoBiondo-Wood & Harber 2002; Sparks 1999). This chapter deals with the literature used in relation to this study on the knowledge, attitude and perception of contraceptive use among adolescents.

2.2 Global use of contraceptives

The World Health Organizations (2009), view reproductive rights as “Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health also include the right of reproduction free of discrimination, coercion and violence” can serve as guidelines in reviewing adolescent contraceptive use. As at 2011, the prevalence rate off contraceptives was estimated at 63% worldwide (World contraceptive use 2013). The use of contraceptives is increasingly becoming one of the essential basic element to adolescent reproductive health’ as it gives them a sense of freedom to exercise their sexuality and a sense of power in view that they will be able to manage their lives in dignity (Khan & Mishra, 2008).

Attainment of easy access to the reproductive health need globally is still quite far from being achieved; it is estimated that about 143 million women in sexual relationships globally, face an unmet need for contraceptives; this number has a probability of rising up to 215 million when traditional methods of contraceptives are included (Westoff, 2006).

According to the WHO (2013), sexual education within the adolescent community is still a challenging issue and of great concern globally, this is due to its sensitive nature and bias acquired from the ways and values that are personal, regional or associated with local traditions.

2.3 Contraceptive use in Africa

Data available indicates that Sub – Saharan Africa has a prevalence rate of contraceptive use being below 30% (Cates, 2010). Again, Africa has 53% of its female population in their reproductive age, having an unmet need for modern contraceptive methods, with the number of females between the ages of 15-24 who reported to using contraceptives in Africa rising from 24% to 27% between 2008 to 2012 (Darroch & Singh, 2013).

The percentage of adolescents who give birth is quite high in Sub-Saharan Africa, this predisposes them to illness and death amongst both the young mothers and their babies; Chad and Mozambique for instance have more than 50% of their adolescents aged 19 already having at least one child (Clifton, et al., 2008).

2.4 Contraceptive Use among Adolescents

According to WHO; the World Health Statistics shows that, worldwide the typical birth rate among adolescent between age 15-19 years is 491000 for girls. The country margin is between 1 to 299 delivery per 1000 females, with the top margin found in sub – Saharan Africa; with an estimate of about 3 million adolescent girls undergoing unsafe termination of pregnancies resulting from non-contraceptive use annually (WHO, 2014).

In most rural African settings, conceiving of babies is seen as something that occurs naturally and thus must not be subjected to any form of interference artificially or

deliberately, thus the use of contraceptives is not encouraged, no matter the consequences of non-usage to the parties involved (Akyeah, 2007).

Sub-Saharan Africa generally has low literacy rate, poor access to materials, and information on health care as well as well as the needed infrastructure which has negative effect on their contraceptive use (Palamuleni, 2013).

In recent years, the use of contraceptives within married women between the ages of 15 - 24 in Kenya for instance, shows that the prevalence rate for the use of contraceptives rose between 2003 -2009 (Obare, et al., 2009). In Sudan, the prevalence of contraceptive use (24%) is a bit low as compared to that of other African countries and globally (Frini, et al., 2013).

In Ethiopia for instance, more than 60% of pregnancies recorded among adolescents are mainly unwanted, leading to unsafe abortion practices that most often end up being the cause of maternal mortality and morbidity (Tessama, et al., 2015).

Ghana has a strong policy on sexual reproductive health. Its objectives mainly is to “promote programs that will improve the knowledge of adolescents on sexual reproductive health which will in turn guide them to develop socially acceptable and responsible attitudes towards sex and sexuality” .It also gives support to programmes and researches to help decrease the rates of Unplanned pregnancies and transmission of sexually transmitted infection and all undesirable conditions associated with unhealthy reproductive health (NPC, 2004).

Findings from studies among adolescents found in Kintampo in the Brong Ahafo region of Ghana has revealed that there was high level of inconsistent use of contraceptives among adolescents; this was evident in the fact that some of the respondents were already teen

parents and were being confronted with harsh social consequences, other adolescents had also undergone unsafe abortion procedures and might be faced with challenging issues with regards to their fertility in future, while others on the other hand were still carrying their pregnancies; this might mean the end of education for such young mothers and bring about immense hardship to both mother and child socially and economically (Boamah, et al., 2014).

2.5 Knowledge of Contraceptive Use

Adolescents generally have little knowledge of contraceptives and their effective use. According to a 2004 Youth Reproductive Health Survey using 12 – 19 year olds, Awusabo – Asare, et al (2006) observed that at least 90% of the adolescents studied, at most knew of one form of modern contraceptives. Quite worrisome was the fact that, the male condom was mostly the only known form of contraceptives; their knowledge of other contraceptive methods was not quite assuring. With regards to the pills, 55.7% males and 52.7 % of the females had some knowledge of its usage. Regarding to the Intra Uterine Device 23.1% of males and 23.5 of females were aware of it. Also there was 55.5% and 56.5% familiarity with the use of injectable among the males and females respectively. Regarding the use of implants, 17.6% of the males and 18.7% of the females had knowledge of it. Males had 20.1% and females 18.4% knowledge with regards to emergency contraceptives. The highest knowledge level was with the male condom; of the total population, 90.6% and 87.9% of the males and females were recorded as being familiar with this method. The Foam or Jelly recorded the least known among the adolescents with 15% of the males and 11.8% of the females having knowledge of its usage (Biddlecom, 2009). In a study of four sub Saharan countries namely Ghana, Malawi Uganda and Burkina Faso; it was observed that education on sex is very essential in adolescent men using contraceptives regularly.

Male adolescents who had received some form on sex talk in school showed that they were considerably more susceptible to using condom consistently, as related to their peers who had not received any sex talk or education (Bankole, et al., 2007).

Demonstrating how to use condom appropriately tended to have a positive outcome in the sense that, male adolescents who had been taught how to use the condom through demonstrations, were more likely to engage in condom use during sexual encounters, as they had been given a form of education on how it is supposed to be used (Bankole, et al., 2007). During a research conducted in a rural based South African University, the teenage participants stated the lack of knowledge on the use of contraceptives as one of the leading causes of teenage pregnancy (Lebese, et al., 2015).

Having knowledge and a good understanding off contraceptives and their uses tended to be an essential step towards the overall acceptance towards initiating or using contraceptives during sex (Khan & Mishra, 2008). Knowledge of contraceptives is generally poor, students are misinformed; thus making usage low even though they have positive attitudes regarding the use of contraceptives, they have the believe that it is especially not safe for female users though contraceptives are available making the use of contraceptives underutilized in Nagpur (Relwani, et al., 2012).

In Kenya for instance, though there was knowledge on contraceptive use during a study to ascertain the knowledge, perception and information that the adolescents in Kenya had concerning contraceptives; it showed that the knowledge was deemed to be shallow, since some of the participants could not distinguish the fact that condom was the same as contraceptives (Miano & Mashereni, 2014).

A gap exist between the knowledge students have on contraceptive use and the actual use, of the contraceptives, conducting a research among adolescents in selected senior High

Schools in the Central Region of Ghana, Hagan & Buxton, (2012) found out that though 18.7% of the students were knowledgeable about contraceptives, as high as 48% were engaged in sexual activities where they admitted contraceptives was not used always. Males usually have low levels of knowledge concerning the different contraceptive methods as compared with females (Tilahum, et al., 2013).

Also, with students in Ghana for instance, there are no exact courses in the educational curriculum labeled as sex education tools; both the teachers and students alike make do with subjects that have relevant education on sex they are able to get from Reproductive health topics in Reproductive system in biology as well as a couple of Family Life subjects in Social Studies (Asiedu, et al., 2014). The appropriate use of contraceptives, prevention of sexually transmitted diseases and infections, coping with secondary sexual characteristics and relationships needs severe attention in the lives of adolescents (Tenkorang & Adjei, 2014).

2.6 Perception of Contraceptive Use

Nigeria has a prevalence rate of contraceptive use which is less than 13%. Some of the reasons why contraception use is quite little, largely stems from the perception that use of contraceptives might result in infertility especially among the females later on in life (Omo-Aghoja, et al., 2009)

Most of the female In a study conducted by Manena – Netshikweta (2007) among secondary school students in the Limpopo Province, 88% answered “no” when asked if they engage their partners in whether to use contraceptives during sexual intercourse. This they claimed was so due to the fact that they felt uncomfortable and had the fear of passing

themselves of as immature, and thus losing their partners in the process should they insist on taking protective measures.

Bangi, (2011) conducted a study among adolescents aged 15 – 18 in Lagos, Nigeria; out of 35 of the respondents, only 4 responded to having used contraceptives in their sexual encounters, while the rest of the 31 admitted to never resorting to any form of contraceptive use. This they claimed was because they had the perception that contraceptives were only meant for married people and not teenagers. Again, family planning and contraceptive use is viewed as a tool for promoting promiscuity among the female population (Nettey, et al., 2015).

In her research work “They will wonder what kind of a girl I am”: Adolescents perceptions towards contraceptive use in Nairobi, by Kinaro, (2012), the results showed that generally there was poor perception towards contraceptive use by the parents and guardians of the adolescent. What they did mostly, was to dissuade their wards from engaging in contraceptive use, because to them it is only meant for married adults. Misperceptions towards the use of contraceptives made students believe that, the use of contraceptives (condom) for example could be harmful to the female during sex (Biddlecom, 2007). Parental views and values played a crucial part in influencing the adolescent’s views toward contraceptives, with most of the females more than their male counterparts perceiving their parents would raise objections if they should find out they are using or would like to use contraceptives (Kinaro, 2012).

In Nigeria, a male adolescent residing in the Onu refugee camp shared his view on why he was not on contraceptives and also discouraged his partners from using it despite being an adolescent father. In his own words, he explains his perceptions as “my girlfriend likes to use contraceptive to prevent pregnancies, but I have advised her not to use it again because

it is not good for unmarried people like us. I told her it can affect her womb and prevent her from giving birth in the future when she gets married and when she is ready to have children; Contraceptives like pills and injections are only good for married people who already have children” (Okanlawon, et al., 2010).

Most adolescents are of the view that sex before marriage should not be practiced, however, it is quite intriguing to know they practice the contrary; in a study conducted by Awusabo-Asare, et al., (2006) the outcome was that 87% and 84% of females and males respectively who held this notion that females should remain virgins prior to marriage, were themselves sexually active. Religious beliefs also make it quite difficult for the adolescent to boldly request for the use of contraceptives or seek education from health care provider (Biddlecom, 2009; Okereke, 2010). This is thought to be so because there is a shared perception that, once the adolescent is given education on sexual and reproductive health issues , the education might in turn lead to the adolescent becoming more sexually aware of themselves (Awusabo –Asare, et al., 2008).

Once there is an acceptance as to why a particular contraceptive method should be practice, it will have an impact on the use of that particular method; this is so because, different contraceptive methods have different efficiencies, effectiveness and side effects (Alkema, 2013). As high as 80% of adolescents who were engaged in a focused group discussion using adolescents within the Buffalo City Municipality of Eastern Cape, found in South Africa, viewed contraceptives as being harmful to their health and fertility as well as it not being an acceptable practice (Mnyanda, 2013).

Some adolescents also have the perception that, they are unsusceptible from the dangers resulting from not using contraceptives, which includes getting pregnant and they also

perceive contraceptive use will lead to them gaining weight, so avoid using it (Hagan & Buxton, 2012).

Adolescents in recent times perceive that engaging themselves in sexual activities is the “In thing”, meaning it is in trend with modernization and also perceive that having a relationship devoid of sex was not possible (Okereke, 2010).

Peer group seems to have the most influential outcome on adolescent sexual behaviors; adolescents with most of their friends being the opposite sex have been seen to have higher possibility of becoming sexually active where as those with most friends who are of the same sex have less possibility of being sexually active (Bingenheimer, et al., 2015).

Family values and ideals can be altered by adolescents just to get peer acceptance; thus adolescents who perceive their friends to be in sexual relationships are more likely to initiate sex and have multiple sexual partners as in contrast to those who believe their friends are abstaining (Nikken & deGraaf, 2013).

2.7 Attitude towards Contraceptive Use

Adolescent are very vulnerable to contracting sexually transmitted diseases and illnesses such as HIV and AIDS, as well as pregnancies not planned for due to their negative sexual behavior towards contraceptive use (Gupta, et al., 2008).

Within the United States alone, there are about 61 million females who fall within childbearing age (Daniels, 2013). Generally, 43 million of them are at risk of unplanned pregnancies, but may however have to deal with the threat of unplanned pregnancy if they avoid using contraceptives regularly or using it in the correct way (Jones, 2012).

The age at which adolescents begin having sex or practice sexual activities differs a lot; it normally depends on the kind of mingling experiences and opportunities at their disposal which enables them engage in such sexual activities (Atere, et al., 2010).

Studies in Malawi have shown that the use of contraceptives increased with age of the participants; older adolescents between ages 18-24 were more likely to use protection during sex, also conversations relating to sexuality and reproductive health issues between adolescents, their parents and family at large tend to increase contraceptive awareness among students (Melaku, et al., 2014). In recent years, the male population is beginning to approve and embrace the use of contraceptives; however they are more comfortable with the female methods of contraceptives (Iribhogbe, 2013).

A study to examine the attitude students exhibited towards contraceptive use, by Florence Ugoji found out that there was actually a significant difference in the knowledge of contraceptives and the attitude adolescents tend to exhibit towards the actual use of contraceptives; in fact, results showed that it was rather their attitude that influence the knowledge they acquire towards the use of contraceptives (Ugoji, 2013).

Sexual activities among adolescents starts quite early, this is because students as low as age 14, were found to be sexually active in studies conducted within Ghana, Burkina Faso, Malawi, and Uganda which are all within sub-Saharan Africa (Biddlecom, et al., 2007).

This was quite similar to findings among North Eastern Brazilian adolescents whom studies show had a high rising percentage of adolescents who became sexually active before the age of 15 (Costa, et al., 2014).

Even though a considerable large number of adolescent Kenyans were living with their parents, they were quite fast with the attitude to list their parents as the least person they will seek information concerning sex and contraceptives (Kinaro, 2012). A study of

contraceptive use among adolescents randomly selected among seven second cycle institutions in the greater Accra region showed that the main reason attributed to the low use contraceptives among themselves was due to the fact that, most of them were ignorant and felt shy purchasing contraceptives. Also, just 23.3% and 11% of the males and females who admitted using contraceptives, actually did so consistently (Baku, 2012). A 2005 study by Youth reproductive health survey, among adolescents aged 12 to 19 years, 58.5% and 60% of the females responded positively when asked if they had had discussions relating to contraceptive use with their partners (Awusabo- Asare & Biddlecom, 2006).

Having sex prior to marriage is not an issue with adolescents in Ghana only; Bankole, et al., (2004) revealed in their work “the knowledge of correct condom use and consistency of use among adolescents in four countries in sub Saharan Africa” that adolescents between the ages of 12 to 19 in these countries were sexually active. Ghanaian adolescents had 15% and 29% of male and female being involved in sexual activities. Malawi had 60% for males and 37% for females, Burkina Faso reported 34% for males and 45% for females, while Uganda had 49% and 48%; showing that Ghana seems to have less compared with the other three countries (Bankole, et al., 2007).

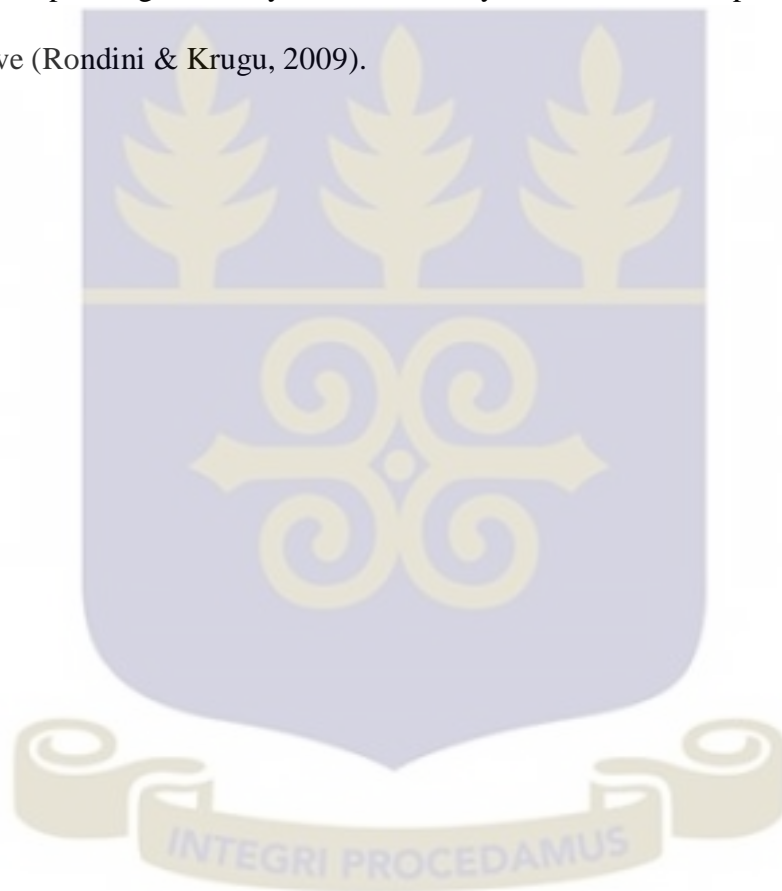
Parents of adolescents normally avoid discussing issues relating to sex and contraceptives with their wards, they believe their children are too naïve and not matured enough to be able to have sexual thoughts or be involved in any form of sexual activity (Elliot, 2014). Adolescents who had prior communication with their parents before the onset of sex are three times likely to engage in the use of condoms or contraceptives during their first sexual encounter, with a high probability of having their first sex at an older age (Winskell, et al., 2011).

A number of students are discouraged by their parents not to enter into sexual relationships, while others on the other hand are influenced to do so mainly due to the financial rewards such relationships bring to them, here Nyovani, et al., (2007) identified that adolescents from low economic background were 2.7 times likely to engage in sexual activities as against those who were well do. Most women in the Kwabre District in a study was realized had high knowledge of contraceptive us, but its usage was rather low due to the fact that, they claimed that though there was family planning services available, the quality of services given is on the low side in terms of the different contraceptives available (Baidoo, 2013).

The choice to utilize contraceptives when having sex involves dynamic thought procedures and maturity of the mind; initially, the decision to use contraceptives has a direct link to one's personal and socio cultural factors. Later, the economic and health related issues then determines the use of contraceptives (Clottey, 2012).

In Ghana, Awusabo- Asare, et al., (2008) found out from studies that one of the main challenges impeding contraceptive use, as well as modern health care facilities among adolescents was the attitude of health care service providers; and this was seen in responses given by the health service providers themselves; some were sympathetic and created welcoming environments for the young in their facilities, while those who were less sympathetic to the adolescents reproductive health needs often turned them away, most especially those who went in seeking for services related to abortion or sexually transmitted infections. A third group of health providers also stereotyped young people either by imposing their own values on them or by projecting the behaviour of their parents or society on them, thus building barriers in the way of adolescent's access to contraceptives and sexual reproductive health services.

The value placed on education by adolescents tends to influence their use of contraceptives; those who desire to attain higher education before having babies are very likely to use protection (Kapito, et al., 2012). Among secondary students in Bolgatanga of the Upper East region in Ghana, the students responded that poverty and high rate of school dropout as well as poor school attendance, tended to impart negatively on contraceptive use, making it problematic with as high as 74.7% of the females and 82.1% of the males responding that they do not use any form of contraceptives despite being sexually active (Rondini & Krugu, 2009).



CHAPTER THREE

3.0 METHODOLOGY

3.1 Introduction

This Chapter describes the methodology that was used in the design of this study. This chapter addresses issues concerned with the research design, the study area and the sampling and data collection that will be use as well as data analysis method.

3.2 Study Design

In this study, both quantitative and qualitative methods were used in gathering information for the study. A cross-sectional method was be used for the survey. Reason given by Petrei et al, (2009) for the cross sectional method is that; it is used in data collection at a specific point in time to describe the knowledge, attitude and perception of people. The weakness of a cross sectional study however lies in the fact that it is unable to analyze causalities. The qualitative aspect of the study therefore sought to establish causalities; this is to ascertain why despite a seemingly high knowledge of contraceptives among adolescents in recent years, contraceptive use seems to be quite low.

3.3 Study Area

The Adentan municipality is one of the sixteen districts in the Greater Accra Region of Ghana. It has as its capital Adentan East and was created in February of 2008 (GSS). The Municipality shares boundaries with Ga East Municipal to the West, Tema Metropolitan to the North, La-Nkwantanang- Madina to the South and Ashiaman municipality to the East (GSS, 2014). It is located 10 kilometers to the Northeast of Accra and has a land area of about 928.4sq km.

By tradition, the families of La and Teshie are the two main rulers of the Adentan municipality. However, they are not owners of the land. The lands are owned by the various families within the paramount areas. The families are divided into clans that together own portions of the land. The paramount chiefs are caretakers of the land.

3.4 Health & Sanitation

Presently, the Adentan municipality can boast of a public community clinic situated at Amanfrom as well as a Community- Based Health Planning Services (CHIPS) compound located at Adjirikarnor. It can also boast of about 14 private health facilities and one Traditional Birth Attendant. These health facilities offer services like; laboratory, pharmacy, family planning, reproductive and child health and maternal services. The municipality has very good sanitation and waste management system. There is however the challenge of increase in cost of disposal of waste, because there is no final disposal sites for both liquid and solid waste within the municipality.

3.5 Economy

Residents in Adentan do most of their marketing regularly in Madina, despite the fact that there is a shopping mall located within the municipality. The vegetation within the Adentan municipality is favourable mostly for little amount of subsistence crops like cassava, okro maize and other vegetables. The short nature of grass serves as extensive grazing fields for their cattle.

There is quite a number of manufacturing processing industries like Baron Distilleries and Yuri M plastics; as well as real estate development companies, such as Trassaco valley. Financial institutions like GBC, NIB, and Prudential bank limited are also available to provide their services.

3.6 Education

There are about 13 basic schools and 135 private basic schools located within the Adentan municipality. It does not have a public senior High school, but has about 4 private senior high schools. There are two tertiary institutions situated within the Adentan Municipality.

3.7 Study Variables

For this study, the dependent variable of interest was the use of contraceptives

The independent variables that were examined in this work were:

- i) Knowledge of contraceptive use
- ii) Attitudes of contraceptive use and
- iii) Perceptions on the use of contraceptive; all among adolescents.

3.8 Quantitative Method

All SHS students that were available in both schools and gave their consent were included in this study. A self-administered questionnaire, which had both closed and open ended questions was used in the solicitation of information from the respondents. The questions were structured in a way to assist in meeting the objectives of the study. The questions solicits answers on socio – demographics, family structure, sexual history, sex communication, knowledge on contraceptives, attitude towards contraceptives and perceptions towards the use of contraceptives.

A two day training was conducted for data collectors and research assistants about the contents of the questionnaire, its administration and issues related to confidentiality of the responses and the rights of the respondents. The data collection was thoroughly coordinated by the principal investigator.

3.9. Inclusion criteria

In this study, the researcher included all students who were around both in Delcam senior high and Unity senior high at the time of the study, and also who aged between 14 – 19 years. Respondents who took part agreed voluntarily to do so and acknowledge their consent by signing the consent forms that were included in the study.

The quantitative questionnaire used consisted of three subscales each testing respondents on their knowledge, perception and attitude respectively. The subsection on knowledge contained 10 questions which had possible scores ranging 2-39. Each question was scored on a likert scale ranging 1-5 depending on the possible responses. For each question that had a possible response of never were reverse coded as 1. Strongly disagree 2. Agree 3. Strongly disagree 4. Disagree 5. Never. For example question 17 on this subscale asked “a woman can only get pregnant once within her monthly menstrual cycle” was reverse scored as 1. Strongly disagree 2. Agree 3. Strongly disagree 4. Disagree 5. Never. Respondents scoring above 19 were considered as having a positive or high knowledge about contraception whereas those scoring lower were seen as having a lower knowledge on contraceptive use.

The second subscale had a possible score of ranging 5-40 and again the same likert scale method was used. This scale sort to find the perception respondents had about contraceptive use. A respondent scoring above 20 on this scale was considered to have a positive perception towards contraceptive use and a respondent scoring lower was thought to have a negative perception.

The last subscale which measured respondents’ attitude had a possible score ranging 2-45 using the same likert scale method. A respondent who scored above 22 was considered as

having a positive attitude toward contraceptive use. A respondent scoring lower was also considered as having a negative attitude towards contraceptive use.

3.10 Exclusion criteria.

Students who had been sacked home for school fees and students who were below and above the ages 14- 19 respectively were exempted from the study. Also students who for one reason or the other did not want to be part of the study were not included and their rights respected.

3.11 Sample method

Delcam Senior High and Unity Senior High are the largest private Senior High Schools within the Adentan municipality, thus they were chosen as the areas for the study. The two schools have total population 340 students; of that are spread out in two different levels; form one and two. They both have a six class present at each level. General Science, General Arts, Business Home Economics and Visual arts These subject classes has been spread out into 11 classrooms, with each subject having a single classroom. Delcam had 5 classes while Unity senior High had 5 classes.

Based on the size of the school, allocation of the number of respondents to be used in the study, all the classes in both schools were used. The number of students in each class ranged between 25- 40. A total number of 167 females and 140 males were used.

3.12 Sample Size

A sample size of 308 students was used for this study. The research took place within two strategically selected senior high schools in the Adentan Municipality; Delcam Senior High School and Unity Senior High School. The population size is 655. Delcam has a population of 318, while Unity has a population of 337 students. These schools were purposefully chosen due to their population size. All the senior High schools within the Adentan Municipality are private and the populations are quite small. Both schools are located within the Adentan municipality. Delcam senior high is located at the Adentan barrier behind the main Adentan Police station. Unity Senior High is located on the Adentan Frafraha main road; about 600 meters from the Adentan Barrier. The participants were made of all the students present on the campuses on the day the researches were conducted.

3.13 Sample Size Determination

The sample size was determined with the following factors in mind.

-Estimated prevalence of contraceptive use among selected senior High Schools in the central region of Ghana was 21% (Hagan % Buxton, 2012).

-The desired level of confidence in this study will be pegged at 95% (a standard value of 1.96)

-Acceptable margin of error will be 5% with a standard value of 0.05

$$N = Z^2 \times P (1-P) /$$

$$d^2$$

Where N = minimum required sample size

D = margin of error at 5%

Z = confidence level at 95%

P = estimated proportion of adolescent using contraceptives

$$N = (1.96)^2 \times 0.21 \times 1 - 0.21 / (0.05)^2$$

$$N = 254.9286$$

The above calculation of 254.9 sample size was rounded up to the nearest hundreds that is 300. Therefore a sample size of 308 was used.

3.14 Data processing and analysis

At the end of administration of the questionnaires; they were checked for completeness and internal consistencies. The data collected was entered using Microsoft Office Excel 2013. The data entry sheet was prepared designed with appropriate variable definitions and codes and placed in order to minimize errors during the entry process. The data was sorted in classes of the respondents, coded and cleaned in order to ensure accuracy of information. The data was doubly entered which helped in detecting discrepancies to ensure corrections are made where needed. The final data was then entered and finally imported into SPSS version 16 for the final analysis.

3.15 Quality control

In order to attain quality and credibility, research assistants were given training before pre-testing of questionnaires were carried out. The training was done primarily to make sure that the research assistants understood the research topic, objectives and the sensitivity of the topic, as well as the need for confidentiality. Also, it was to see to it that they were

suitably informed to administer the questionnaires. Supervision was carried out by the principal investigator throughout the duration of the field work.

3.16 Qualitative Method & analysis

The qualitative was conducted using a separate group for a focus group discussion, with students from Delcam senior High and Unity Senior High. A total of three discussions were conducted in all. The respondents in each of these four groups were 8 – 11 in number at the most. Their ages basically ranged between 15 – 19 years. Group one was made up of females only, second males only and the third consisted of both males and females. Participants were randomly selected from the various forms using random number assignment generated with Microsoft excel.

Data from the focus group discussion was analyzed manually. In collecting the data, a mediator, note taker and tape recorders were used. A back up transcribing by an independently trained assistant was also be used; to ensure that meanings of narratives are not omitted during transcription. Each session lasted between 15 – 35 minutes. The respondents were given; an orientation on how the session will be done (Polit & Hungler, 1987). The discussion session was held in English. Clarification of questions were given were needed as well.

The recorded audio was then transcribed manually in note pads. Transcribing verbatim was used. No interpretation was given; they were typed just the way participants gave their responses. The textual data was then read through in order to identify themes in the data. The transcribed text data was then put under themes using Microsoft word. The various themes that were identified were coded under knowledge, attitude and perceptions of contraceptive use among adolescents. These themes were manually interpreted and structured according to their themes using thematic content Analysis to answer questions

relation to the knowledge, attitude and perceptions of contraceptive use among senior high students within the Adentan municipality.

3.17 Ethical issues

Ethical clearance and approval was sought from The Ghana Health Service Ethical review committee Board. Letters from the school of Public health introducing the principal investigator and the purpose of the study was sent to the Adentan Municipal Education Office, as well as the heads of Delcam and Unity senior High Schools respectively. Also, written consent was sought from the parents or guardians of students below the age of 18, as well as staff members of the students in the participating schools.

The participants were given clear explanations on the objectives and details of the study as well as its benefits. Those who agreed to be a part of the study were asked to give acknowledgement by signing the consent form. They were also made aware that, notwithstanding their consent given, they were free to pull out from the study at any point in time they felt they did not want to continue. To ensure confidentiality, student's identities remained anonymous and undisclosed at every point of the study. Data collected was password protected, stored on the computer and backed up on external hard drive. Hard copies were locked up in cabinets with limited access to only the principal investigator and the supervisor of the study.

This research was self – sponsored and there was no form of compensation for participants of the research. This was to ensure that the responses from the participants would not be bias on account of the hope of remuneration. The principal investigator had no conflict of interest with regards to the study.

CHAPTER FOUR

4.0 RESULTS

This current chapter presents the demographic information of respondents as well as results and analysis from data gathered from the same respondents. The data is presented in the form of statistics and short discussions. The statistical package used in the analysis of the hypotheses was the Statistical instrument for the Social Sciences (SPSS), version 16.

The study was conducted using 307 participants, selected from the Delcam School and the Unity senior high school both in the Adentan municipality. The respondents were made up of males 140 (45.6%) and 167 females (54.4%). The mean age of participants for this study was 17.13, with the minimum range being 14-16 years and the maximum being 17-19 years. On the educational level 120 respondents (39.1%) were first year students and the remaining 187 (60%) were second year students. When it came to who respondents lived with 69 of them representing 22.5% living with their mother alone, 54 representing 17.6% living with their father alone 103 of them representing another 33.6% living with both parents. 67 respondents representing 21.8% of the respondents and 14 respondents also representing 4.6% lived either with a guardian or alone respectively.

Socio-demographic characteristics of the respondents**Table 1: Demographic characteristic**

Variable	Freq.	Percent
Sex		
Female	167	54.4
Male	140	45.6
Age		
14-15	41	13.36
16-17	133	43.32
18-19	133	43.32
Educational level		
Form 1	120	39.09
Form 2	187	60.91
Religion		
Christian	242	78.83
Muslim	60	19.54
Traditionalist	2	0.65
Other	3	0.98
Total	307	100

During this study respondents were asked questions on their knowledge, attitudes and perceptions about contraceptive use. All these constructs were independently tested.

Table 2: Means (M), standard deviation and other statistics of the various variables tested during the conduction of this study

Variable	N	Mean	SD	Min	Max
Knowledge of contraceptive use	307	25.46	3.84	8	28
Attitudes towards contraceptive use	307	27.05	5.64	12	39
Perception of contraceptive use	307	19.08	3.04	12	39

In order to ascertain whether there was any association between the year of education in the second cycle institution and their ages on the various variables that is Knowledge, Attitude and perception about contraceptive use and even associations within respondents performance on these constructs the Pearson Product Moment Coefficient was run to find out the significant correlations that existed.

Table 3: Summary table of correlation using Pearson Product Moment Coefficient between the various variables of interest

Variable	1	2	3	4	5
Knowledge on contraceptive use					
use	1	0.9	0.117*	0.033	0.009
Attitudes towards contraceptive use		1	0.054	-0.26	0.034
Perception of contraceptive use					
use			1	0.130*	-0.004
Level of education				1	0.225**
Age					1

** Correlation is significant at the 0.001 level (2-tailed).

*Correlation is significant at the 0.05 level (2-tailed).

From table three above, the analysis of the data collected showed and supported a significant positive correlation between an individual's knowledge and perception about contraceptives. $r_{(306)} = .117^*$, $p = .005$

Also a significant positive correlation was observed between the level of education of respondents and their perception on contraceptive use. $r_{(306)} = 0.130^*$, $p = .005$

An investigation was made to find out whether there is a difference between the two sexes that is male and females and also if a difference existed between first year students and second year student when it came to their knowledge, perception and attitude towards contraceptive use. An independent t test was run in order to find out if any difference existed. Table 5 and 6 below are summary tables of Independent t-test showing the influence of year of education and sex on the various variables respectively.

Table 4: Test statistics showing the association between the level of class and the independent variables

Variable	Df	T	P
Knowledge of contraception use	305	-0.57	0.57
Attitudes towards contraceptive use	305	0.45	0.66
Perception of contraceptive use	305	-2.28	0.02

Table 5: Test statistics showing the association between sex and independent variables

Variable	Df	T	P
Knowledge on contraception	305	3.07	0.002
Attitudes towards contraceptive use	305	-0.49	0.62
Perception about contraceptives	305	-0.85	0.39

The results in table 4 showed the difference in the means for second year students (M=26.06, SD = 5.75) and first year student (M=24.53, SD = 5.65) on their perception about contraceptive use, to have a statistical difference ($t_{(305)} = 0.02$, $p < 0.05$). Therefore, second year students have a better perception about contraceptive use than first year students this is statistically significant. However, there is no statistical difference in the knowledge and attitude between the two forms.

The results in table 5 showed the difference in the means for second cycle male students (M= 19.80, SD = 3.87) and second cycle female students (M=18.47, SD = 3.87) on their knowledge on contraception, to have a statistical difference ($t_{(305)} = 0.02$, $p < 0.05$). Therefore, measuring the knowledge of contraceptive use and comparing that of the male respondents against the female respondents is seen as statistically significant. However, there is no statistical difference in their attitude and perceptions.

Table 7 below provides information of the individual group statistics on how whom respondent lived with had an effect, when it came to their knowledge attitude and perception about contraceptive use.

Table 6: Knowledge attitude and perception according to who a respondent lived with.

Variable	N=307	Std.			
		Mean	Deviation	Minimum	Maximum
Mother	69	18.4928	3.93186	8.00	28.00
Father	54	17.9630	3.87524	11.00	24.00
both parents	103	20.1262	3.49700	12.00	27.00
Guardian	67	19.4478	3.48713	11.00	24.00
Alone	14	16.8571	5.06659	9.00	26.00
Total	307	19.0814	3.84034	8.00	28.00

In order to gain insights as to if a difference existed among respondent's knowledge, attitude and perception about contraceptive use depending on who they lived with, that is whether mother or father alone, both parents, guardians or alone a one-way analysis of variance test was used to gain this information.

Table 7: A summary table of one – way ANOVA.

Variable	Sum of squares	Df	Mean squares	F	P
Between groups	282.15	4	70.54	5.035	0.001
Within groups	4230.81	302	14.009		
Total	4512.964	306			

There was a significant difference between the groups with a significant difference of 0.001. In order to know where these differences existed, a post HOC analysis was used to compare respondent's performance on the knowledge, attitude and perception towards contraceptive use.

Table 8: A summary table of multiple comparisons.

(I) who do you stay with	(J) who do you stay with	Mean Difference (I-J)	Sig.
Mother	Father	.52979	.937
	both parents	-1.63346*	.042
	guardian	-.95501	.571
	Alone	1.63561	.569
Father	Mother	-.52979	.937
	both parents	-2.16325*	.006
	guardian	-1.48480	.194
	Alone	1.10582	.862
both parents	Mother	1.63346*	.042
	Father	2.16325*	.006
	guardian	.67845	.777
	Alone	3.26907	.020
Guardian	Mother	.95501	.571
	Father	1.48480	.194
	both parents	-.67845	.777
	Alone	2.59062	.131
Alone	Mother	-1.63561	.569
	Father	-1.10582	.862
	both parents	-3.26907*	.020
	guardian	-2.59062	.131

The table above shows the presence of any significant difference in the knowledge of contraceptives and their uses by the participants with respect to who they stay with. In all comparisons, participants staying with both parents had better knowledge and this was statistically significant compared to participants who were staying with mother alone ($p = 0.042$), father alone, ($p = 0.006$) and then staying alone ($p = 0.02$). However, participants who were staying with guardians showed no statistical difference in knowledge of contraceptive use compared to those living with both parents

4.1 Qualitative Method & Analysis

The methodology of this study's data collection specifies that both quantitative and qualitative methods were covered. The two methods were used in arriving at the knowledge, attitude and perceptions on Senior High Students in the Adentan municipality towards the use of contraceptives. In this regard, the qualitative results sought to compensate the results derived from the questionnaire (quantitative data). The qualitative was conducted using a separate group for a Focus Group Discussion, with students from Delcam senior High and Unity Senior High.

4.2 Socio – Demographic Characteristics of Participants.

A total of three discussions were conducted in all. They were thirty three in number, of which seventeen were males and sixteen females. The respondents in each of these three groups were 8 – 11 in number at the most. Their ages basically ranged between 15 – 19 years. Group one was made up of females only, second males only and the third consisted of both males and females. Participants were randomly selected from the various forms using random number assignment generated with Microsoft excel. This variation was done to work out the different views, held by both adolescents of the two sex groups towards the use of contraceptives in Senior High Schools within the Adentan municipality.

4.3 Knowledge of Contraceptive Use

When it comes to what contraceptives are, adolescents generally have an idea; when asked to mention, they were able to name one or two with the most popular being condom and Postinor 2. In this study, a clear observation was made that shows that despite adolescents having awareness of contraceptives, it does not translate to its actual usage.

4.3.1 Poor Knowledge of Contraceptive Use

Knowing how to use contraceptives aptly and effectively will lead to it being used. Recordings were made of instances during the research, where the participants exhibited poor knowledge on the correct way of using some contraceptive forms. Once Senior High School students do not know right way of using contraceptives, the probability of using them becomes less. When asked to give contraceptives they knew of and their uses, some of the responses given by the females in this study included;

“Postinor 2, I heard that they were used if you are going to have sex with a guy you have to take it for a minute “(form one female, 17 years, Delcam Senior High)

“You can use it [Postinor 2] after or during sex, after or before sex “(form two female, 19 years, Unity Senior High)

“It is taken [Lydia] on the first day of menstruation” (form two female, 18 years, Unity Senior High)

The male respondents also exhibited poor knowledge on contraceptive use when asked the same question;

“All of them know how to use the contraceptives. Most of them know how to use it but not [as] much [as the] condom. We know condom and we know the girls if you are having sex [with] the girl, if only the girl is having family planning [contraceptive implant] that you will not use condom” (form one male, 18 years, Unity Senior High)

“Postinor 2 hmmm you take it after sex. Maybe unplanned sex and you take it after sex. I think the range is 72 or 48 or 72 right? 72 hours after sex, right to maybe, you know kill the sperms so that it will prevent pregnancy....” (Form two male, 18 years, Delcam Senior High)

4.3.2 Knowledge of Menstrual Cycle and pregnancy

Observations made in this study revealed that majority of the participants, most especially the ladies could not tell exactly what day or how many times in the menstrual cycle a female could get pregnant. It is clear that, once they are unable to identify this period; it

becomes unlikely to use contraceptives before or after sexual intercourse. Participants indicated;

“It can only happen once. It can happen any time, it says that ummm if you are having your menses, from the 1st day to the 10th day you don’t need to have sex, so after you can have sex from the 1st day to the 10th day going to the 11th day or something, you will be able to get pregnant, that one dies normal” (form 2 female, 19 years, Unity Senior High)

“Twice, after your 5th period, like if you have menses on the 1st you end 5th, after that 5th, 6,7,8,9 10 or 11th after that 11th going on to 15 or 17, that is your, if you have sex you can get pregnant but after that you can’t get pregnant and 28 day or if you are having menses, you can get pregnant” (form 2 female, 19 years, Unity Senior High)

“There is no way a woman can get pregnant on the day of her menstrual cycle. It is just that the blood that comes out is dirty, it is not appealing to the eyes, but a woman cannot get pregnant on the day of her menstrual cycle, I disagree” “I know that in case you menstruate for 7 days, the 3 days left is safe period, when its 6, the rest of the 4 is your unsafe period.” (Form one female, 18 years, Delcam Senior High)

4.3.3 Knowledge on reproductive health rights

It is important adolescents know their reproductive health rights. This will enable them walk into health facilities and seek appropriate information they need. It also empowers the females to negotiate for the use of protection. Answers given by respondents in this study, clearly indicates they are generally unaware of this right. Participants indicated that;

“It is when you know, let me say your period let’s say your menstrual cycle you know your date and everything and you know when to have sex, your unsafe and safe periods in having sex and all of that”(Form one female, 16years, Delcam Senior High)

“They are rights that the individual has to determine whether to have sex” (form two female, 19 years, Unity Senior High)

4.4 Attitude towards the Use of Contraceptive

The use of contraceptives involves having a positive or right attitude towards sex. Adolescents on the other hand are most of the time impulsive and act before reflecting on their actions.

4.4.1 Susceptibility towards pregnancy and STIs/STDs

The adolescent stage is basically one filled with high hormones. This tends to make students in second cycle institutions act impulsively. They think they are smart and matured enough to maneuver their way out of any situation. When asked if they felt susceptible to pregnancy and STIs / STDs when they fail to use contraceptives, their responses were;

“You see the thing is that they feel, but on the lighter side they feel that oh I will surely get pregnant but they think the probability of getting pregnant will be higher umm, sorry, it will be lower, that’s what they think. They think they can control themselves but you see with a feeling like this, sometimes when it comes its uncontrollable” (form two male, 18 years, Unity Senior High)

“Yes they do, I can sometimes during having the sex, both of them will be afraid that they may be they can have the sex that day and one, the girl can get pregnant. Just that they are adamant and they don’t want to ...” (form two male, 18 years, Delcam Senior High)

“We don’t bother about that; the only thing we bothered about is having the girl pregnant” (form one male, 17 years, Unity Senior High)

“And sometimes some guys think hmmm, they want, they just want skin to skin they just have unprotected sex. They think skin to skin is much sweeter” (form two female 18 years, Unity Senior High),

4.4.2 Service Provider Attitude

The attitude of health workers has a lot of influence on adolescent’s use of contraceptives. Instances of unprofessional attitude of health personnel’s were identified. Adolescents need to be taught the right way and time of using contraceptives. They student had this to say when asked about the attitude of health workers towards them;

“Most of the time the nurses do insult you, they will insult you that are they the ones who ask you to do it” (form one male, 19 years, Unity Senior High)

“Very harsh” (form one male, 16 years, Delcam Senior High)

“My mum is a medical ehh sorry, a nurse at Pantang Hospital. So one day she came home and told me a young girl like 16 17 years girl came over there and was like, when the girls are pregnant they go for something called ante natal you know, but when she went the nurses around started insulting her saying hey! You, Night you will not sleep, you will not go to school and other things baasa, so they don’t go” (form one female, 19 years, Unity Senior High)

4.4.3 Reckless Attitudes towards sex

Adolescents are associated with risky behaviours which predisposes them to teenage pregnancies as well as HIV and AIDS as well as other sexually transmitted infections. Such recklessness can cause or lead to irreversible damage. A participant indicated that;

“Sexual activity can take place anywhere; there is no special place for it to take place. Depending on the kind of maturity it has in the relationship. When there is no sort of maturity and your guy doesn’t have that kind of respect for you, he just sees

you anywhere as in, like in a car, in a corner, standing on and chalk on the wall, anywhere at all”(form two female, 19 years, Unity Senior High)

4.5 Perception of contraceptive use

Misperceptions have negatively affected the consistent use of contraceptives in our societies. Adolescents have this perceptions deeply rooted in their minds, thus preventing them from seeking the needed information on contraceptives and their uses.

4.5.1 Perceived effects of contraceptives use

Generally there are perceived consequences resulting from the use of contraceptives. Such perceptions though difficult to eliminate, can be dispelled through practical and intensified campaigns on the positive benefits of using contraceptives. Perception was also found to play a great role in ladies lack of contraceptive use as evidenced below;

“Let me say for me, I choose not to use contraceptives because I have the perception that it [has] a side effect which can bring about infertility in women”(form two female, 19 years, Unity Senior High)

“..... But you see, I learnt that this kind of drugs, when you use them frequently like that your blood gets addicted to it and it gets to a time it will not work”(Form one female, 16 years, Delcam Senior High School)

“Recently research made us note that the condoms that has come back, if you use it hmmm, you see all sorts of rashes on your private part, both of you. It may be the guy puts it on and have sex with the lady something like that will come, so because they don't want that kind of rash, you just have to do it without condom.”(form one male, 17 years old, Unity Senior High)

4.5.2 Parental Approval

The adolescent stage is one where one is matured enough to seek to do what he/ she deems right. They tend to crave acceptance and might avoid or hide their use of contraceptives from their parents. This mainly is due to the fact that they believe their parents will not consent to them being sexually active. They felt their parents did not approve because;

“Because they know it is not 100% safe. At times when you are using it, it can burst or hmm it’s having side effects like chemical they use in producing the condoms, it can affect you the lady yeah” (form two female, 19 years, Unity Senior High)

“No they don’t approve, but sometimes we do even hide and do it because you don’t want your parents to know” (form two male, 19 years. Unity Senior High)

“Some of them do punish and other things” (form one male, 17 years, Delcam Senior High)

4.5.3 Peer Influence

One of most remarkable features of the attainment of adolescent is the strong need for peer acceptance. This normally leads students to engage in activities they will ordinarily have avoided, just to gain peer acceptance. The students gave some of their reasons for being in sexual relationships as;

“It is true because some of the ladies, they follow their friends. If they are umm having friends that are older than them, they will follow their friends, because my friend is having a boyfriend and I don’t have they will, when they are discussing something about boyfriend and girlfriend you will not be talking anyone, they will tease you, they will laugh at you,, so you too you will engage yourself in it so that when they say some, so that they don’t laugh at you” (form two female, 17 years, Unity Senior High)

CHAPTER FIVE

5.0 DISCUSSION

This current research seeks to provide insight on the knowledge, perceptions and attitudes of contraceptive use among Senior High Schools in the Adentan municipality. Several relevant issues were raised by the findings of this study. A lot has been researched concerning the rising number of adolescents who engage in sexual activities at an early stage; this activity is combined with inadequate knowledge on how to use and access contraceptives as well as reproductive health (Bie, Diogenes & Moura, 2006). The implications and impact of such early onset of sex is worsened by limited knowledge, poor attitude and misperceptions of behavior related to sex and contraceptives (Alves & Lopes., 2008).

5.1 Knowledge of Contraceptive Use

Findings from this study indicate that, adolescents generally are aware of contraceptives. This knowledge is mainly due to media advertisement. These however do not correspond with the knowledge on the actual or correct use of contraceptives. As evidenced in the data collected, the males showed a higher knowledge of contraceptive use, ($t_{(305)} = 0.02$, $p < 0.05$), though rudimentary, as compared to the females. The male condom is the most known, easy to access and simplest form of contraceptives with regards to adolescents; as such the adolescents displayed greater knowledge concerning that contraceptive method. This was supported from findings of the qualitative method as well. Evidence has proved that once the adolescent knows how to correctly use contraceptives, it increases the chances as well as confidence of it being used (Kinaro, et al., 2015). Adolescents are more familiar with condoms and oral pills, which may be due to lack of knowledge concerning the other methods (Buxton & Hagan, 2012).

This study supports the view that merely mentioning or knowing about a particular form of contraceptive method, did not necessarily mean having the correct information on their use, advantages and disadvantages (Mendes, et al., 2011).

The study also discovered that adolescents who lived with one parent only, significantly had less knowledge of contraceptives than those who live with both parents. This is likely attributed to the fact that single parents are more preoccupied with issues relating to the home such as utilities, bills and work; thus they may not have the time to discuss reproductive health and its related subjects with their wards (Winskell, et al., 2011).

Moreover, adolescents who were living with both parents from the study recorded better knowledge of contraceptive use. However during the qualitative study, most of participants expressed that they felt more comfortable talking about relevant reproductive health issues with their mothers. This may disadvantage adolescents living in a home with only a parent. Individuals who live in a home where they do not feel comfortable with their parent may not be encouraged to discuss sensitive issues (Kinaro, 2012).

5.2 Perception of Contraceptive Use

Generally insufficient knowledge concerning a subject area corresponded to a negative perception of it. Considering the fact that most adolescents interviewed during this study were not adequately informed on the various contraceptives, their forms and their correct usage; it was not surprising to discover that most students had a negative perception towards contraceptives (Mnyanda, 2013).

The research findings in addition revealed that a significant positive correlation existed between the adolescents' knowledge of contraceptive use and their perception of its use.

The study also revealed that many adolescents held the view that parents disapprove the use of contraceptives. This was in agreement to similar findings conducted in other studies in Nigeria and Kenya (Izugbera, 2007; Kinaro, et al., 2015). Some other studies have also revealed that adolescents who felt their parents or guardians will consent to their use of contraceptive were much more likely to use those (Meekers & Klein, 2002).

Contrary to the general consensus that greater knowledge would lead to a better perception of contraceptive use, there was no major distinction in the perception held by male and female adolescents. Males generally were more informed about contraceptives and their appropriate uses. However this did not translate into a greater positive perception of contraceptives (Alkema, 2013).

From this study, it was observed that there was no significant difference between the two forms of in terms of knowledge pertaining to contraceptive use. It however showed that, an individual's knowledge and perception of contraceptives showed a significant positive correlation.

5.3 Attitude Towards the use of Contraceptives

Adolescent females are the most affected when contraceptives are misused or not used during sexual intercourse; in the sense that teenage pregnancy has many undesired consequences such as truncation of education, poor maternal and fetal health and social stigma. Adolescent males are not as severely affected (Baidoo, 2013). It was proposed that females would have a more embracing attitude towards contraceptive use due to its impact on their well-being. Conversely, the results of this study proved that females and males displayed no clear difference in their attitude towards contraceptives and their use. In analyzing the qualitative data however, the boys showed poor attitude; their care was

inclined towards instant sexual gratification without a care for its consequences, while the ladies held back a bit for fear of getting pregnant.



CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

The observations made in this study, indicates that adolescents have scanty knowledge on the use of contraceptives. Individual factors, coupled with socio- cultural factors as well as other health service factors from the conceptual framework can be seen to have an effect on the adolescent student use of contraceptives. The study also revealed that poor perceptions being held by students in the Adentan municipality served as a barrier in using them. Students again had an attitude of not caring if contraceptives were available or not; their only care was for avoidance of pregnancy. They had no fear they were susceptible to sexually transmitted diseases and infections.

There is a growing need to improve service provider skills on quality adolescent sexual and reproductive health services that are youth-friendly. Adolescents should be better equipped to make better decisions concerning their sexuality as well as intensive education on their vulnerability to sexually transmitted diseases and infections.

6.2 Recommendations

The findings of this study have important implications on the sexual and reproductive health of adolescent students. Sex education is vital in providing information and knowledge to enable the adolescent, be better equipped for the decisions they have to take with regards to sexual activities and their outcomes

Government and Ghana Education Service

Results from the study exposed adolescent's poor knowledge on their menstrual cycle; they were unable to state clearly which day in her menstrual calendar a woman ovulates. It

is therefore recommended that the Ministry of Education review their reproductive health curriculum to get adolescents become knowledgeable about their menstrual cycle since there is an association between knowing ones menstrual cycle and contraceptives use among young adults. Several policies concerning the introduction of sex education into Senior High School curriculum exists in the National Youth Policy document. However, there is the need for policies and laws concerning the sexual health of adolescents to be implemented and fully enforced. Ghana has had an adolescent health policy for more than a decade and it has undergone ratification under the ICPD since 1994; nonetheless, further attempts have not been made to make sure the dictates of the policy which includes sex education is being fully enforced.

Ghana Health Service and the family

The results of this study highlights the need for further investigations by the Ghana Health Service that would make it easier in obtaining a greater understanding and improve the role of the family in sexual and reproductive behaviour of adolescents. Observations in this study showed that adolescents who lived with both parents had better knowledge and perception of contraceptives and their use. The family is the first unit of socialization where values, norms and beliefs are learnt. There is the need for the family to socialize the adolescents effectively. Parents should discuss issues that concern sex and reproductive health with their children often to enable them form the right values and norms concerning sexual activities. This will assist them in making appropriate choices. The timing and initiation of parental communication is key in adolescent sexual reproductive health..

Ghana Aids Commission and the School

From this study, it was observed that part of the reasons adolescent students were not using contraceptives was due to the fact that they felt they were not susceptible to HIV/AIDS and other sexually transmitted infections. They had concerns about getting

pregnant or impregnating someone, but did not care for STIs/ STDs. It is recommended that intervention strategies directed towards this population group, should integrate contents and activities related to the prevention of STDs/STIs, as well as Sexual and Reproductive Health. The Ghana AIDS commission must work in collaboration with other adolescent friendly facilities like Planned Parenthood Association of Ghana and the school towards the broad dissemination of knowledge and awareness of HIV/AIDS and other sexually transmitted diseases; especially with regards to adolescents. The school environment should be a place where adolescents are groomed into an all-round responsible adult. There should be given the key to make counseling units should be provided to help students who have issues seek a one on one counsel from trained counselors with the influence of their peers or peer pressure

6.3 Limitations of the Study

Sexual behaviours and the use of contraceptives are personal and sensitive; as such respondents were not forthcoming with some of the answers and left them blank. Also, respondents answered questions especially those pertaining to their sexual behaviour to be viewed in favourable to others, thus there was over reporting of good behaviour especially with the quantitative method.

Another challenge was access to final year students. The final year students were not available since they were done with writing of their final exams and had left the schools so the study was limited to only first and second year students.

Also, there is no adolescent friendly facility within the Adentan Municipality, thus making it difficult to ascertain the Health service factors with the municipal.

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APPENDICES

Appendix A: Questionnaire

Interviewer Code:

Date:

I am a student from the school of Public Health conducting a research on the knowledge, perception and attitude of contraceptives in second cycle institutions in Adentan Municipality. The questionnaire seeks to collect information on demographics, sexual behaviour, and contraceptives use. All information provided will be treated with maximum confidentiality. Thanks for your cooperation.

Knowledge, attitude and perception of contraceptive use

	Information	Response	Scoring
1	Respondent	<ul style="list-style-type: none"> • Male • female 	<ul style="list-style-type: none"> • 1 • 2
2	How old are you?	<ul style="list-style-type: none"> • 14years • 15years • 16years • 17years • 18years • 19years 	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • 5 • 6
3	What form are you in?	<ul style="list-style-type: none"> • Form 1 • Form 2 • Form 3 	<ul style="list-style-type: none"> • 1 • 2 • 3
4	What is your religion?	<ul style="list-style-type: none"> • Christian • Muslim • Traditionalist • other 	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4
5	Who do you stay with?	<ul style="list-style-type: none"> • Mother • Father • Parents • Guardian • Alone 	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • 5
6	How often are you able to discuss issues concerning sex with him/her?	<ul style="list-style-type: none"> • Once a week • Once a month • Quarterly • Yearly • Never 	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • 5
7	Who are you able to discuss sex issues with?	<ul style="list-style-type: none"> • Sibling • Peers • Teachers • Parents 	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4

		<ul style="list-style-type: none"> • Social media 	<ul style="list-style-type: none"> • 5
8	Are you currently in a relationship?	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • 1 • 2
KNOWLEDGE ON CONTRACEPTION			
9	I have knowledge on contraceptives and their uses	<ul style="list-style-type: none"> • Strongly Agree • Agree • Never • Disagree • Strongly disagree 	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • 5
10	I gained or have my knowledge of contraceptives through.....	<ul style="list-style-type: none"> • Media • Peers • Teachers • Parents • Siblings 	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • 5
11	My information on contraceptive use comes from	<ul style="list-style-type: none"> • School • home • media • peers • None 	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • 5
12	From whom do you learn or inquire about sexual relationships?	<ul style="list-style-type: none"> • Peers • Parents • Teachers • Siblings • Media 	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • 5
13	I used a form of contraceptive form I know during my last sexual encounter.	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • 1 • 2
14	A woman can only get pregnant once within her monthly menstrual cycle.	<ul style="list-style-type: none"> • Strongly Agree • Agree • Never • Disagree • Strongly disagree 	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • 5
15	The most common form of contraceptives I know are	<ul style="list-style-type: none"> • Condom • Emergency contraceptives 	<ul style="list-style-type: none"> • 1 • 2
16	Once withdrawal takes place, pregnancy will not occur.	<ul style="list-style-type: none"> • Strongly Agree • Agree • Never • Disagree • Strongly disagree 	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • 5
17	I know my sexual reproductive rights	<ul style="list-style-type: none"> • Strongly Agree 	<ul style="list-style-type: none"> • 1

		<ul style="list-style-type: none"> • Agree • Never • Disagree • Strongly disagree 	<ul style="list-style-type: none"> • 2 • 3 • 4 • 5
• PERCEPTIONS ON CONTRACEPTIVE USE			
18	A woman cannot get pregnant on the first day she has sex.	<ul style="list-style-type: none"> • Strongly Agree • Agree • Strongly disagree • Disagree • Never 	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • 5
19	A woman can get pregnant while standing during sex.	<ul style="list-style-type: none"> • Strongly Agree • Agree • Strongly disagree • Disagree • Never 	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • 5
20	Using contraception means you are a bad girl / boy.	<ul style="list-style-type: none"> • Strongly Agree • Agree • Never • Disagree • Strongly disagree 	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • 5
21	The use of contraceptives can result in infertility among women later on in life	<ul style="list-style-type: none"> • Strongly Agree • Agree • Strongly disagree • Disagree • Never 	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • 5
22	I believe if i refuse to be sexually active, I will lose my partner.	<ul style="list-style-type: none"> • Strongly Agree • Agree • Never • Disagree • Strongly disagree 	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • 5
23	I have a boy/girlfriend because I think my friends also have.	<ul style="list-style-type: none"> • Strongly Agree • Agree • Strongly disagree • Disagree • Never 	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • 5
24	I believe am accepted among my peers because I have a partner.	<ul style="list-style-type: none"> • Strongly Agree • Agree • Never • Disagree • Strongly 	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4

		disagree	• 5
25	It is the woman's responsibility to provide contraception.	<ul style="list-style-type: none"> • Strongly Agree • Agree • Never • Disagree • Strongly disagree 	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • 5
ATTITUDE TOWARDS CONTRACEPTIVE USE			
26	I can easily walk into a health facility and ask for contraception's.	<ul style="list-style-type: none"> • Strongly Agree • Agree • Never • Disagree • Strongly disagree 	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • 5
27	Would you go in for before or after sex	<ul style="list-style-type: none"> • Yes • No • Maybe 	<ul style="list-style-type: none"> • 1 • 2 • 3
28	I always use contraceptives during sex	<ul style="list-style-type: none"> • Strongly Agree • Agree • Never • Disagree • Strongly disagree 	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • 5
29	I don't use contraceptive because i am not worried about pregnancy or my partner getting pregnant	<ul style="list-style-type: none"> • Strongly Agree • Agree • Never • Disagree • Strongly disagree 	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • 5
30	I use condoms to prevent sexually transmitted diseases.	<ul style="list-style-type: none"> • Strongly Agree • Agree • Never • Disagree • Strongly disagree 	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • 5
31	Once I have a boy / girlfriend, I must have sex.	<ul style="list-style-type: none"> • Strongly Agree • Agree • Never • Disagree • Strongly disagree 	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • 5
32	Females must remain a virgin till marriage.	<ul style="list-style-type: none"> • Strongly Agree • Agree • Never • Disagree • Strongly disagree 	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • 5

33	I have multiple sexual partners.	<ul style="list-style-type: none"> • Strongly Agree • Agree • Never • Disagree • Strongly disagree 	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • 5
34	I feel at ease discussing sexual issues.	<ul style="list-style-type: none"> • Strongly Agree • Agree • Never • Disagree • Strongly disagree 	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • 5
35	The health care providers in my community are adolescent friendly.	<ul style="list-style-type: none"> • Strongly Agree • Agree • Never • Disagree • Strongly disagree 	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • 5

Guide for focus group discussions

My name is LYNN KOMEY, a student from the University of Ghana, School Of Public Health offering Master Of Science (MSC) in Applied Health in Social Science. I am conducting a research entitled “Knowledge, perception and attitude of second cycle students in the Adentan Municipality” as part of the requirement of the MSc Degree in Applied Health. I would be grateful if you could assist me achieving this aim by answering these questions at ease.

1. How do young people feel about romantic relationships?
2. At what age do adolescents normally start forming boyfriend / girlfriend relationships?
3. What does having a boyfriend or girlfriend involve?
4. Do adolescents feel they are susceptible to pregnancy, abortions and sexually transmitted diseases?
5. Why?
6. Do students talk to their peers about sex, if so what do you talk about and where do they normally engage in sex?
7. DO you know what contraceptives are, and which one do you know?

8. When do adolescents use contraceptives, then probe, who is likely to use, which is not likely to use.
10. What are the reasons why Parents do not approve sexually active relationships?
11. Why will parents of adolescents consent to the use of contraceptives?
13. Do you find any form of contraceptives readily available in that area?
14. Are there any benefits in engaging in sexual relationships?



**Appendix B: PARENTAL CONSENT FOR PARENTS OF ADOLESCENTS AGED
14 to 17 YEARS**

Project Title

**Knowledge, Perceptions and Attitudes of contraceptive use among second cycle
Institutions in the Adentan Municipality**

Institutional Affiliation

Department of Social and Behavioural Science, School of Public Health, College of Health Sciences, University of Ghana, Legon

Background

I am Lynn Komey, a Masters of Applied Health in Social Science student of the University of Ghana, School of Public Health. I am conducting a research on the topic Knowledge; Perceptions and Attitudes of Contraceptive use Among Second Cycle Institutions in the Adentan Municipality.

Procedure

We will be conducting focus group discussions with second cycle students to find out their knowledge, perceptions and attitude towards the use of contraceptives in the municipality.

Your child has been selected to be in a Focus Group Discussion and we would be grateful on his/her opinion on the subject. There is no right or wrong answers. Your child's assistance in providing responses to the questions will help us better understand the student's knowledge, perceptions and attitude towards contraceptive use. To help us remember all that they say, I would, with your permission, tape record the interview. I also have an assistant with me to take notes as the discussions are going on. All that your child says would be kept confidential and nothing he/she says would be traced back to him/her. The interview will last between one and a half hours. Your child has the right to opt out of the discussion at any point in time he/she does not feel comfortable without any consequences to him/her.

Risks and Benefits

It is very unlikely your child would not suffer any harm by participating in this study. If he/she has any emotional pain from answering any of the questions, we will refer him/her to a psychologist for counseling. Your child will not benefit directly from this study, but the answers he/she provides will be used to inform policy for the improvement in adolescent health services.

Anonymity and Confidentiality

Whatever your child says would be treated as strictly private and confidential and would be used only for the purpose of the research. His/her name would not be used in any publication and no one would be able to trace back to your child whatever he/she said. All information collected will be stored in locked cabinets and would be destroyed after 5 years.

Compensation

There would be no compensation for participation in the study. However, a bottle of water will be given to refresh for time spent.

Dissemination of Results

The final report of the study would be disseminated to second cycle institutions that took part in the study.

This research has been reviewed and approved by the Ghana Health Service Ethics Review Board (GHSERC). For further questions concerning this research you may contact Ms Hannah Frimpong, GHS ERC Administrator on +233 243 235221 or +233 057 041223 and Lynn Komey, SPH, UG on +233 243 711329.

Volunteer Agreement Form

I

Declare that the purpose, procedures and the risks and benefits of the study have been explained to me in English/Ga/Twi and I clearly understand. I have had opportunity to ask questions and these have been explained to me. I freely consent to my child participating in the study.

Signature/ Thumb print of parent.....

Date.....

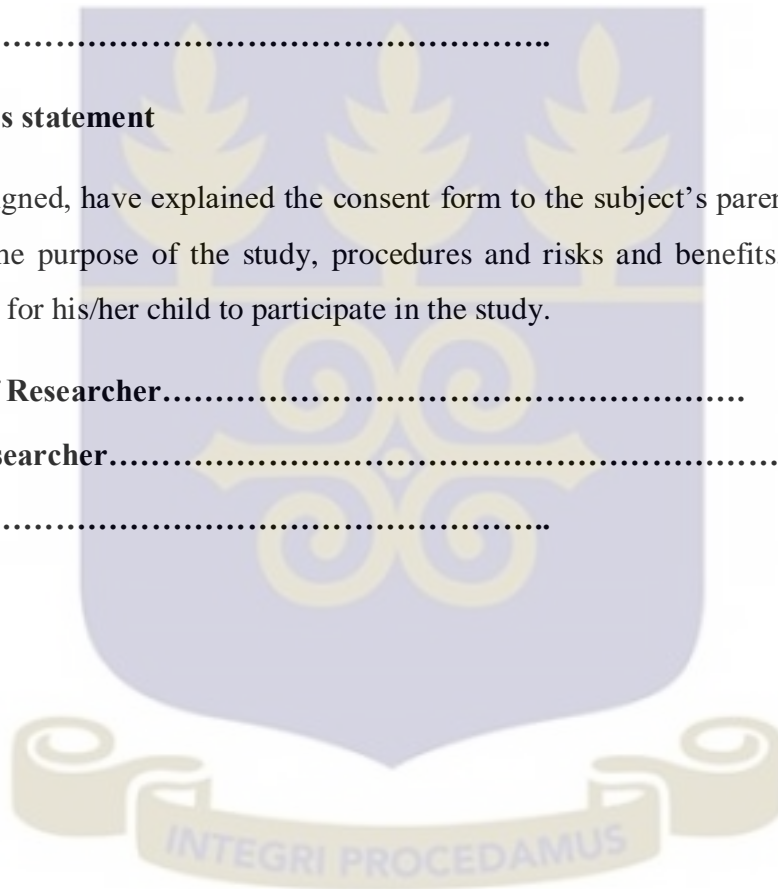
Interviewer's statement

I, the undersigned, have explained the consent form to the subject's parent and he/she has understood the purpose of the study, procedures and risks and benefits. The parent has freely agreed for his/her child to participate in the study.

Signature of Researcher.....

Name of Researcher.....

Date.....



Appendix C: INFORMED CONSENT FOR STUDENTS 18+

Project Title

Knowledge, Attitude and Perceptions of second cycle students in the Adentan Municipality towards the use of contraceptives.

Institutional Affiliation

Department of Social and Behavioral Science, School of Public Health, College of Health Sciences, University of Ghana, Legon

Background

I am Lynn Komey, a Masters of Applied Health in Social Science student of the University of Ghana, School of Public Health. I am conducting a research on the topic Knowledge, Perception and attitudes of Contraceptive Use among students in second cycle institutions in the Adentan Municipality.

Procedure

We will be conducting focus group discussions with students in the Adentan municipality, to find out their knowledge, perception and attitudes towards the use of contraceptives.

You have been selected to be interviewed and we would be grateful on your opinion on the subject. There is no right or wrong answer. Your assistance in providing responses to the questions will help us better understand the knowledge, perceptions and attitudes of students towards the use of contraceptives in the Municipality. To help me remember all that you say, I would, with your permission, tape record the interview. I also have an assistant with me to take notes as the discussions are going on. All that you say would be kept confidential and nothing you say would be traced back to you. The interview will last between 45 minutes to one hour. You are free to opt out at any stage of the discussion without any consequences to you.

Risks and Benefits

You will not suffer any harm by participating in this study. If you suffer any emotional pain from answering any of the questions, we will refer you to a psychologist for counseling. You will not benefit directly from this study, but the answers you provide will be used to inform policy for the improvement in adolescent health services.

Anonymity and Confidentiality

Whatever you say would be treated as strictly confidential and would be used only for the purpose of the research. Your name would not be used in any publication and no one would be able to trace back to you whatever you said. All information collected will be stored in locked cabinets and would be destroyed after 5 years.

Compensation

There would be no compensation for participation in the study. However, a bottle of water will be given as refreshment for time spent.

Dissemination of Results

The final report of the study would be disseminated to the Second cycle Institutions in the Adentan municipality that were involved in the study.

This research has been reviewed and approved by the Ghana Health Service Ethics Review Board (GHSERC). For further questions concerning this research you may contact Ms Hannah Frimpong, GHS ERC Administrator on +233 243 235221 or +233 057 041223 and Lynn Komey, SPH, UG on +233 243 711329

Date.....

Interviewer’s statement

I, the undersigned, have explained the consent form to the subject’s parent and he/she has understood the purpose of the study, procedures and risks and benefits. The parent has freely agreed for his/her child to participate in the study.

Signature of Researcher.....

Name of Researcher.....

Date.....

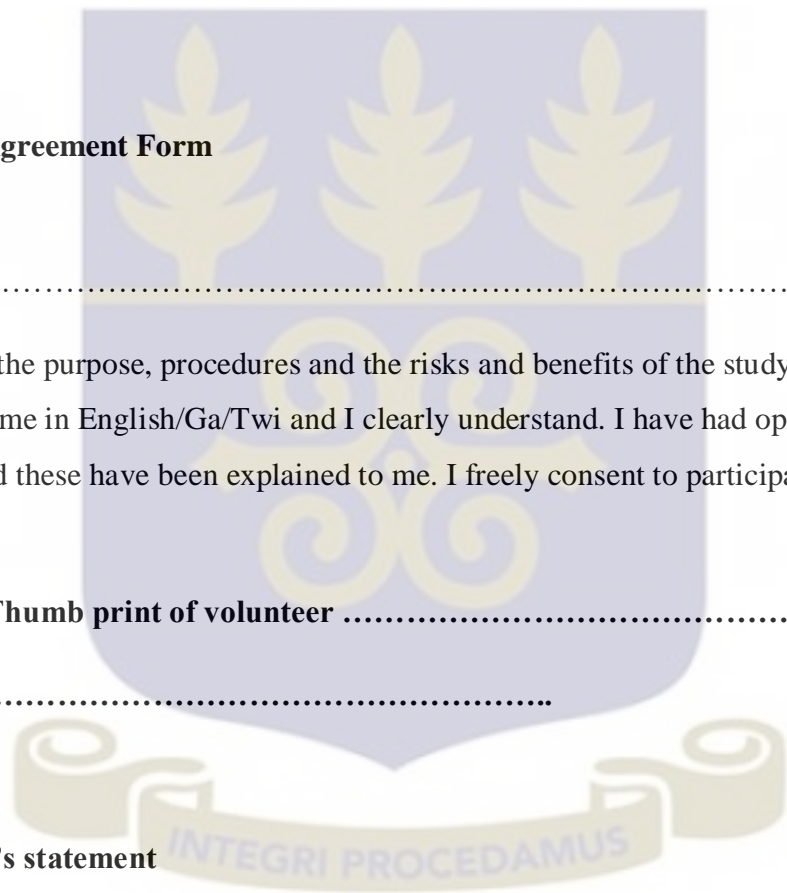
Volunteer Agreement Form

I

Declare that the purpose, procedures and the risks and benefits of the study have been explained to me in English/Ga/Twi and I clearly understand. I have had opportunity to ask questions and these have been explained to me. I freely consent to participating in the study.

Signature/ Thumb print of volunteer

Date.....



Interviewer’s statement

I, the undersigned, have explained the consent form to the subject’s parent and he/she has understood the purpose of the study, procedures and risks and benefits. The parent has freely agreed for his/her child to participate in the study.

Signature of Researcher.....

Name of Researcher.....

Date.....

GHANA HEALTH SERVICE ETHICS REVIEW COMMITTEE

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



Research & Development Division
Ghana Health Service
P. O. Box MB 190
Accra
Tel: +233-302-681109
Fax + 233-302-685424
Email: Hannah.Frimpong@ghsmail.org

My Ref: GHS/RDD/ERC/Admin/App/16/91
Your Ref. No.

Lynn Komey
University of Ghana
School of Public Health
Legon, Accra

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

GHS-ERC Number	GHS-ERC 81/02/16
Project Title	“Knowledge, Perception and Attitudes of Contraceptive Use among Second Cycle Institutions in the Adentan Municipality”
Approval Date	18 th April, 2016
Expiry Date	17 th April, 2017
GHS-ERC Decision	Approved

This approval requires the following from the Principal Investigator

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

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

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

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

SIGNED..........

DR. CYNTHIA BANNERMAN
(GHS-ERC CHAIRPERSON)

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