



Adolescents Knowledge and Use of Contraceptives in Sekondi-Takoradi Metropolis

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ABSTRACT

The objective of the study was to find out adolescent knowledge and use of contraceptives in Sekondi Takoradi Metropolis. Three hundred adolescent male and female students were randomly selected from three senior high schools in the metropolis to constitute the sample for the study. The questionnaire were used to collect data. Frequency distribution and percentages were used to summarize the data. The findings from the study indicated that adolescents have much knowledge about contraceptives but a few use them. They are familiar with condoms and femidom: most of them because they are easy to use. However, parents, guardians and church members disapprove of the use of contraceptives. The researcher recommended that there should be guidance and counseling programmes in the school to counsel the adolescent students on issues concerning their reproductive health and the use of contraceptives to prevent unwanted pregnancy, sexually transmitted diseases and HIV/AIDS.

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Introduction

Adolescence is a transitional period which is characterized by many processes. Socially, it is a transitional period from dependent childhood to self-sufficient adulthood. Psychologically, it is a marginal situation when adjustment has to be made, namely those that distinguish childhood behaviours from adulthood. Adolescence spans from approximately 12 years to the early 20s with individual and cultural variations. For most people, adolescence is an intermediate state between being a child and being an adult. The state is a conflicting one since the adolescent feels like breaking childhood ties by becoming independent and autonomous. In the course of freeing themselves from emotional dependency, they go through a period that they reject parents and teachers' ways of doing things which result in conflicts.

According to Bootzin, Bower, Crooker and Hall (1991), adolescence is a period of profound change in every aspect of life, during which both boys and girls experience a lot of bodily changes. An example is the development of primary sex characteristics which include complex changes in the genital, uterus, fallopian tubes and ovaries for the girls. The most obvious signs for boys' primary sex characteristics include the development of the penis, scrotum and testis.

For many adolescents, menstruation, and nocturnal emission involves a certain degree of embarrassment and inconvenience. For that matter, adequate information about these changes needs to be made clear for them to accept the bodily changes. Those changes affect the way adolescents think about things and relationship with their families and their peers, which often produce stress. Adolescents frequently find themselves facing problems about alcohol, breaking parental rules and having sex. Peer attachment also caused emotional problems.

Cogen, Birgra and Hans (1993) assert that sex plays an important role in adolescents' feelings, fantasies and social relationships.

At this stage, adolescents are influenced by experimentation of sexual activities that is why the issue of sexually transmitted diseases, HIV/AIDS and teenage pregnancy are on the ascendancy. According to Cogen et al (1993), one factor contributing to the high rate of teenage pregnancies and births are the relatively low level of contraceptive use. Less than half of all adolescents regularly use some form of contraceptive. In Ghana, for example, the 20th June, 1991 edition of the "Daily Graphic" showed that as many as 20 – 30% of all pregnancies between 1985 and 1990 were adolescents (Oppong, 1991). Several of these young people are at risk or already struggling with the costs of unwanted pregnancy or sexually transmitted diseases and HIV/AIDS. Flora, Maibach and Maccoby (1980) assert that most teenagers believe that contraceptives can guard against unwanted pregnancies; yet the sexually active ones do not use contraceptives.

According to Hofferth and Hayes (1987), many adolescents do not use contraceptives the first time they have sex and many particularly younger adolescents delay for a year or more after first intercourse before using contraceptives. In the view of Hofferth and Hayes (1987), adolescents do not use contraceptives for varying reasons. Contraceptives are expensive and unavailable when needed. They are messy and reduce pleasure or increase levels of anxiety because of inexperience in their uses. Other factors that may contribute to a lack of contraceptive use include accessibility, knowledge as well as difficulty in using them.

Hofferth (1987), as cited in Santrock (1987), purports that another factor that may contribute to lack of contraceptive use include adolescents' developmental issues such as reluctance to acknowledge ones' sexual activity, a sense of invincibility (belief that they are immune from the problems or issues surrounding sexual intercourse or pregnancy) and misconceptions regarding the use of appropriate contraception.

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Chilman cited in Zimbard and Weber (1999), indicates that adolescents who indulge in a steady, committed dating relationship are also associated with lack of contraceptive use. In addition, adolescents with poor coping skills, lack of a future orientation, high anxiety, poor social adjustments and a negative attitude towards contraceptives are not likely to use contraceptives.

According to the American Academy of Paediatrics (1999), an adolescent level of knowledge about how to use contraception effectively does not necessarily correlate with consistent use. Some of the reasons given by adolescents for the delay in using contraception are fear that their parents will find out, ambivalence, and the perception that birth control is dangerous. The rate of birth among adolescents in the United States is four times higher than in Western Europe accounting for 13% of all births in the United States. Between 1985 and 1990 the cost to the public of teenage child-bearing was \$120 billion. The age-specific levels of sexual activity are similar to those of teenagers in other countries, raising the question of whether contraception is being under used in the United States. Most teenage mothers (83%) come from poor or low-income families as do most of the teenagers who have abortions (61%). However, 38% of all teenagers come from poor or low-income families. Having a child as a teenager triggers poverty in 28% of teenage mothers by the time they are in their 20s and 30s compared with only 7% of women of comparable age who give birth after adolescence. There are 12 million adolescent girls in the United States. Each year, almost one million of them become pregnant – that is, one in five of all sexually active teenage girls. More than 50% of these girls give birth, and 30% have an abortion. Almost 80% of these pregnancies are unpleasant and more than half of them occur in 18 and 19-year olds. About 25% of teenage mothers will have a second child within 2 years of their first birth (American Academy of Paediatrics: Contraception and Adolescents, 1999).

Only 29.8% of sexually active girls and women aged 15 and 19 use contraception and many of them use it inconsistently. More adolescents are said to be using contraceptives at the time of first intercourse, mainly because of the increasing use of condoms (American Academy of Paediatrics: Contraception and Adolescents, 1999). The result from Ghana National Reproductive Health Survey (GYRHS, 1998) indicates that 15 – 19 years old representing 78% of the women and 88% of the men are aware of at least one modern family planning method. Although about two-thirds of 15 – 19 years adolescents (female and male) approved of family planning, but most sexually active teenagers do not use contraceptives.

Among sexually active adolescents, 80% of the female and 63% of the male say that they could not insist on using a condom if their partner did not want to use one (Ghana Demographic and Health Survey, 1998). The vast majority of adolescents who have had sex know where to obtain a condom and sizeable proportions (29% of females and 55% of males) have used one. Among those who had used a condom the last time they had sex, only about half of young women and one quarter of young men did so to prevent the transmission of HIV/AIDS – indicating that preventing unwanted pregnancies may be a greater concern among sexually active adolescents (Ghana Demographic and Health Survey, 1990).

In Nigeria, lack of sexual health information and services place young people at the risk for pregnancy, sexually transmitted infections (STDs) and HIV/AIDS.

Over 16% of teenage females reported first sexual intercourse by the age of 17 years. Among teenage women, 37.5% knew some method of contraception, 36% knew a modern method. Among sexually experienced youth aged 18 – 24 years, 72% percent of males and 18% of females had used contraceptives; males (43%) used condoms and females (13%) used the rhythm method. Other sexually active teenagers gave reasons for non-use of contraceptive for fear of complications. Some also believe that condom use would reduce sexual pleasure (Ghana Demographic and Health Survey, 1998).

Social Learning Theory

Through theoretical writing and all-embracing research of children and adults, Bandura has become an articulate champion on social learning to attitudinal change (Bandura & Walters, 1986). This method combines principles of learning with a stress on human interaction in social settings. According to Bandura, as cited in Bandura and Walters (1986), human beings are motivated by neither inner forces nor environmental influences but by maintaining the impact of their behaviour on the people in the environment and on themselves. In addition to learning from our own experience, we learn by observing other people. His theory also evaluates behaviour according to personal standards and provides counsellors with reinforcement such as self-reproach.

Bandura and Walters (1986) point to a complex interaction of individual factors, behaviour and environmental stimuli. Each factor can influence or change the other, and the direction of change is rarely one-way, reciprocal or bi-directional. The observational learning according to Bandura focuses on ways by which a person changes his behaviour based on observations of another person's behaviour (Hilgard, Atkinson & Alkinson, 1999).

It would be inferred from the theory that through observational learning, adolescents may acquire a range of information about their social environment. The sexual life in a certain society may affect contraceptive use. For instance, in a community where the use of contraceptive is accepted, the adolescent may use it and where it is not accepted they may not, which may contribute to high rate of adolescent pregnancy and childbirth.

Statement of the Problem

Adolescent incorporates their emerging sexuality in their social relationship. Boys, as well as girls, believe that dating relationship should involve emotional as well as physical intimacy. Adolescents sexual intercourse may serve a number of psychological needs such as mastery of psychological development, rebellion, peer group identification and validation. Most adolescent girls' dropout of school because of unwanted pregnancies as a result of lack of education on the use of contraceptives at this stage (American Academy of Pediatrics, 1999).

When teenagers see these as disastrous to them, they are much more careful to indulge in sex. This willingness to take chances is also encouraged by adolescent egocentrism and personal fable that they are not susceptible to the problem that befalls other people. Steinberg and Belsky (1991) reported that adolescents are also more likely to reject birth control because it seems calculated. One may be compelled to conclude that sexual activity is an innate drive. This is because the event though sexual activities among the adolescent are inevitable, openly talking about sex is deemed a taboo upon which society frowns. This means that adolescents thus need education on the use of contraceptives to prevent any unforeseen circumstances relating to sexuality.

However, it appears parents, teachers as well as adolescents have different perception of the need to provide information on contraception as a result of cultural and religious beliefs. It was against this background that the study was conducted.

Purpose of the Study

The purpose of the study was to examine adolescents' knowledge and use of contraceptives in Senior high schools in Sekondi Takoradi Metropolis. Specifically, the study sought to;

1. Investigate the sources of information on contraceptives for adolescents' male and female.
2. Find out adolescents' knowledge on the importance of contraceptives
3. Identify the type of contraceptives used by the adolescent
4. Determine barriers to adolescents' use of contraceptives.

Research Questions

The following research questions guided the study:

1. Where do adolescents get their information about contraceptives?
2. Do male and female adolescents know about the importance of contraceptives?
3. What type of contraceptives do adolescents use?
4. What are the barriers to the use of contraceptives?

What are the solutions to the barriers to adolescents use of contraceptives?

Empirical Review

History and Social Issues of Birth Control

According to a report by Encarta (2006), numerous birth control methods have been used throughout history and across cultures. In ancient Egypt, women used dried crocodile dung and honey as vaginal suppositories to prevent pregnancy. One of the earliest vaginal suppositories appears in the Elders Medical Papyrus, a medical guide written between 1550 and 1500BC. The guide suggests that a fibre tampon moistened with a herb moisture of acacia, dates, colocynt and honey would prevent pregnancy. The fermentation of this mixture can result in the production of the lattice which today is recognized as a spermicide.

Before the introduction of a modern contraception like the birth control pill, women ate or drank numerous substances to prevent pregnancy. The seeds of Queen Ann's lace, pennyroyal giant fennel, and many other concoctions of plants and herbs were used as oral contraceptives. Nevertheless, such folk remedies can be dangerous or fatal (Encarta, 2006).

Contraception or birth control is the deliberate prevention of pregnancy using any of the several methods. Birth control prevents the female sex cell from being fertilized by a male sex sperm cell and implanting it in the uterus. In the United States of America, about 64% of women aged 15 – 40 years practice some form of birth control. When no birth control is used, about 85% of sexually active couple experience pregnancy within one year (American Academy of Pediatrics, 1999).

There are numerous birth control methods to choose from, even though most options are for women. The selection of a method is a personal decision that involves consideration of many factors including convenience, side effect, and reversibility that is (whether the method is temporary or permanent). For instance, some people may prefer a birth control option that provides continuous protection against pregnancy, while others may prefer a method that only prevents pregnancy during a single act of sexual intercourse. Because of contraceptives, men and women have been able to control the number of children they produce while still

fulfilling their own adult relationships. In the past, contraceptives were symbols of control for women, as they allowed more control over how many children they gave birth to, which was a major health issue for many years. In recent years, birth control has been more widely accepted and used although some religious groups, as well as individuals, disagree with the use of birth control methods and drugs.

According to a study by the American Academy of Paediatrics (1999), modern birth control is to prevent unintended pregnancy in the safest manner possible. Manufactured contraceptives are made to be as effective as possible, with little to no side effects. Some contraceptives also aid women to control, if not to completely stop menstruating. This is made possible by manipulating the release of estrogen and other chemicals that are absorbed into the body (American Academy of Paediatrics, 1999).

Some people might have past illness or medical condition that prevents them from using certain types of birth control methods. Others may find out that certain birth control methods cause uncomfortable side effects such as irregular menstrual bleeding, weight gain or mood changes. A person with more sexual partners may prefer a birth control method that also offers protection from sexually transmitted infections (STD's). Other relevant consideration is whether a person ever plans to have children. Most birth control methods are reversible and they do not affect the person's ability to reproduce once the method is halted. But surgical birth control methods (vasectomy) cannot in most cases be reversed (American Academy of Paediatrics, 1999). In addition to choosing the type of method to prevent pregnancy, men and women are faced with a number of choices.

Adolescent pregnancy is linked to the early commencement of sexual activity and non-use of contraception. According to GDHS (1998), the age-specific fertility rate (ASFR) for adolescents 15 – 19 was 119 in 1993 and 90 in 1998. For instance, the ASFR for married women age 19 was 241, for unmarried women age 19, it was 49 GDHS (1998). This indicates that clear differences exist between the ASFR for married and unmarried young people in Ghana. With early age at first sex and increasing indulgence in premarital sex, adolescents are becoming sexually experienced prior to marriage. Nabila and Fayorsey cited in Ghana Demographic and Health Survey (1998), reveals that age at first sex was found to be as early as 10 years by adolescents in Accra and Kumasi.

Research Design

The research design used by the researchers for the study was the descriptive survey. Descriptive survey specifies the nature of a given phenomenon. It determines and reports the way things are, thus it involves collecting data in order to test a hypothesis or answer research questions concerning the current status of the subject of the study (Osuala, 1982). The reasons for the choice of design were that the researcher was interested in what adolescents think about and do with contraceptives. The survey also enabled the researcher to question a large group of persons about a particular issue. The descriptive survey was appropriate for the study due to the fact that it enabled the researcher to discover the attitude of boys and girls toward contraception.

Sample and Sampling Procedure

The researcher used the chart designed by Kericie and Morgan (1970) on how to determine the sample size for research purposes. According to their chart for every population of 3000, the sample size should be 341. The total enrolment of students in the three selected Senior High

Schools in the region was 3064, comprising of 1027 students in 'A' Senior High School, 1015 students in 'B' Secondary Technical School and 1022 in 'C' Senior High school. Going by the chart designed by Kericie and Morgan (1970), one hundred students were selected from 'A' Senior High School, one hundred and one students from 'C' Senior High School and ninety-nine students from 'B' Secondary Technical School. The researcher used 300 as the sample size for the study which is approximately in line with Kericie and Morgan's mode of determining sample size. Thus, 10 percent of the students were selected for the study in each school. To obtain the sample for each school, the simple random sampling method was used. All class attendance registers were collected and names are given serial numbers. The numbers were put in a container and a number picked at random at a time. Nwadinigwe (2002) asserts that simple random sampling could be used along with other sampling procedures. He asserts that simple random sampling could be used to pool members to form stratum. As in the case of this study, there existed males and females. The simple random sampling was used to get the number required for each sex in each school.

Instrumentations

The researchers used the questionnaire to collect data for the study. The questionnaire is a written instrument that contains a series of statement called items that attempt to collect information on a particular topic. According to Sarantakos (1988), questionnaires produce quick results; they are less expensive than other methods.

Reliability

Frankel and Wallen (2000) explain that reliability refers to the consistency of scores obtained to another. Miles (2001) on the other hand explains reliability as the ability of a measure to give consistent scores. From these two authorities, one can infer that reliability is something that recurs under identical or very similar condition. The Cronbach's alpha reliability of the instrument after pre-testing was 0.78.

Pre-Testing

The researcher pre-tested the instrument in Takoradi Senior High School. The reason for choosing this school for the pre-test was that students in this school and students in the three chosen schools for the study share the same characteristics since they were all in mixed institutions and were all in the adolescent stage in the same metropolis.

Result and Discussion

Research Question 1: Where do adolescents get their information about contraceptives?

Table 1 shows the responses of the respondents on the source of information about contraceptives from the adolescents in the Sekondi-Takoradi Metropolis. It was found that 42.2% of the males and 23.6% of the females obtain their knowledge of contraceptives from their school. Also, another

group of adolescents representing 19.4% of the males and 13.0% of the females obtained their knowledge of contraceptive use from their friends. Besides, 12.6% of the males and 13.9% of the females obtained their knowledge from television. This reveals that the school, friends, television, and radio are the major sources of information from the adolescents and can be the best means that can be used to educate the adolescents on issues concerning contraceptive use. The religious bodies and the Planned Parenthood Association of Ghana (PPAG) have been doing very little to educate the students on the use of contraceptives in the Metropolis. They have not been doing much to disseminate information on contraceptive use to adolescents. They may fear that when information on contraceptive use is disseminated to the adolescents it would rather encourage them to spend much of their time in indulging in sex rather than concentrating on their academic work.

Table 1. Sources from which Students Learn about Contraceptives.

Sources of contraceptive	Male		Female		Total	
	No.	%	No.	%	No.	%
Parents	14	10.4	21	12.7	35	11.7
School	57	42.2	39	23.6	97	32.3
Friends	26	19.4	39	23.6	65	21.7
Radio	17	12.6	20	12.1	37	12.3
Television	17	12.6	23	13.9	40	13.3
Religious Bodies	1	0.7	11	6.7	11	3.7
Planned Parenthood Association of Ghana	3	2.2	12	7.4	15	5.0
Total	135	100	165	100	300	100.0

Respondents' Knowledge on Contraceptive

Different people have different views about what contraceptives are. The views of the 300 respondents consisting of 135 males and 165 females have been shown in Table 2. From the study, it was realized that, the 92.6% of the males and 92.1% of the females said contraceptives are the various devices or drugs that are used to prevent pregnancy, but the remaining 7.4% of the males and 7.9 of the females responded in the negative. Furthermore, 96.3% of the male and 97.0% of the female respondents indicated that contraceptives are drugs that are used by women to prevent pregnancy. However, the remaining 3.7% of the males and 3.0% of the females also responded in the negative.

In addition, 57.0% of the males and 60.6% of the females, respectively, were of the view that contraceptives are devices used by women to prevent fertility, but the remaining male and female respondents, representing 43.0% of the males and 39.4% of the females were of a different view. Finally, 51.9% of the male and 54.5% of the female respondents also see contraceptives as drugs used by sexually active people whereas the remaining respondents consisting of 48.1% of the males and 45.5% of the females responded in the negative.

Table 2. Respondents Knowledge on Contraceptive.

Meaning of contraceptive	Male				Female			
	Yes		No		Yes		No	
	No.	%	No.	%	No.	%	No.	%
They are the various devices or drugs to prevent pregnancy.	125	92.6	10	7.4	152	92.1	13	7.9
Devices used by women to prevent pregnancy.	130	96.3	5	3.7	160	97.0	5	3.0
Drugs used to prevent fertility.	77	57.0	58	43	100	60.6	65	39.4
Drugs used by sexually active people.	70	51.9	65	48.1	90	54.5	75	45.5

Table 3. Reasons Why Male and Female Adolescents Use Contraceptives.

Statements	Male		Female		Total	
	No.	%	No.	%	No.	%
It prevents pregnancy	50	37.1	64	38.8	114	38.0
Protects them against sexually transmitted diseases	60	44.4	64	38.8	124	41.3
Peer group influence	20	14.8	30	18.2	50	16.7
Enable them to complete their education	5	3.7	7	4.2	12	7.9
Total	135	100	165	100	300	100.0

Flora et al (1980) assert that most adolescents know that contraceptives can prevent unwanted pregnancies yet some sexually active ones do not use them. Consequently, most adolescents continue to have unwanted pregnancies and sexually transmitted diseases which have negative effects on their education and their opportunities to have good jobs.

Research Question 2: Do male and female adolescents know the importance of contraceptives?

The views of the respondents on the importance of contraceptives to adolescents are presented in Table 2. Whereas 45.2% of the males and 38.8% of the females said contraceptives are important because they protect them against sexually transmitted diseases, 39.3% of the males and 38.8% of the females said contraceptives prevent pregnancy. It can be observed from Table 2 that adolescents use contraceptives mainly to prevent pregnancy and sexually transmitted diseases.

Research Question 3: What types of Contraceptives do Adolescents, Males and Females use?

Condom, oral contraceptives, vaginal spermicidal contraceptives, injectable contraceptives, intrauterine devices and femidom are the types of contraceptives adolescents are familiar with and use. It was observed from Table 3 that the condom, oral contraceptive and vaginal spermicidal contraceptives are the contraceptives adolescents often use. Those who indicated they often use the condom constituted 75.6% of the male and 27.3% of the female respondents. Again, whereas 13.3% and 19.4% of the male and female's respondents, respectively, indicated they often use oral contraceptives, 7.4% of the males and 10.9% of the females use vaginal spermicidal contraceptives.

From the results of the study, it was found that the use of the condom is very popular among the males. Femidom, on the other hand, was the least used contraceptive by the males. This may be because femidom is a type of contraceptive particularly designed to be used by females. This finding is in agreement with Blanc and Way (1993). In a similar study, they reported that males predominantly use a condom. Edem and Harvey (1995) on the other hand similarly reported that girls who carry condoms around may be seen as being sexually available, a situation that reduces their eligibility as potential wives. Such beliefs have been found to produce strong negative attitudes to past condom users and to current condom users among university students in Nigeria.

Table 4. Types of Contraceptives Respondents are Familiar with and Use.

Contraceptives	Male		Female		Total	
	No.	%	No.	%	No.	%
Condom	102	75.6	45	27.3	143	47.7
Femidom	1	0.7	39	23.6	35	11.7
Intrauterine Device (IUDS)	2	1.5	16	9.7	12	4.0
Oral Contraceptive	18	13.3	32	19.4	28	9.3
vaginal Spermicidal	10	7.4	18	10.9	14	4.7
injectable Contraceptives	2	1.5	15	9.1	11	3.7
Total	135	100	165	100	300	100.0

Research Question 4: What are the Barriers to the Use of Contraceptives?

Table 4 shows the respondents' responses to the barriers to the use of contraceptives. The barriers to the use of contraceptives by the adolescents in the Sekondi-Takoradi Metropolis were lack of funds, lack of confidential service, adolescents being ridiculed by their friends for using contraceptives, strong adherence to religious and cultural practices in their communities, fear of being punished by their parents, adherence to social taboos, fear of experiencing complications and lack of information on the use of contraceptives. Some of these barriers are lack of funds, lack of confidential services and fear of experiencing complications were found to be the most prevalent among the students.

The problem of lack of funds as a barrier to contraceptive use was confirmed by 38.5% and 32.7% of the males and the females respectively. Their parents are taking care of them and as a result even though they may have the desire to use contraceptives but may not be able to buy them. Another group of respondents, representing 26.7% of the males and 27.3% of the females mentioned lack of confidential services as a barrier to the use of contraceptives. They are afraid that the service providers may reveal their identities to their parents, relatives and friends. Because of this, they may not like to use contraceptives. Furthermore, 11.9% of the males and 23.6% of the females showed the fear of experiencing complications also fear that was a barrier to their use of contraceptives. This group of adolescents' who fear that in the course of using the contraceptives they may develop complications and their precious lives as well as education will be at stake. In this respect, it is clear that most adolescents are faced with challenges. These findings affirm the findings made by Mensah and Lloyd (1995). They are of the view that contraception is often inaccessible to teens due to lack of confidential services, social taboos and geographical barriers. The American Academy of Pediatrics (1990) on their part reported that adolescents do not want to use contraceptives due to the fear of their parents.

Research Question 5: What are the solutions to the barriers of adolescents' use of contraceptives?

The respondents indicated that the barriers to the use of contraceptives can be mitigated by (a) parents need to encourage their sexually active adolescents to use contraceptives to prevent unwanted pregnancies and STDs, (b) parents, PPAG, and teachers should readily provide the adolescent with information on contraceptives, (c) Parents and teachers should advise the adolescent to lead a chaste life and abstain from sex and (d) including adolescent reproductive health in the Senior High School curriculum. From Table 5, whereas 59.3% of the males and 54.5% of the females were of the view that the solution to the barriers of adolescents use of contraceptive was by Parents and teachers advising the adolescent to lead a chaste life and abstain from sex, 14.8% of the males and 13.3% of the females indicated

Table 5. Barriers to the use of Contraceptives.

Barriers to the use of contraceptives	Male		Female		Total	
	No.	%	No.	%	No.	%
Fear of parents	2	1.5	3	1.8	5	1.7
It is a taboo to use contraceptives	5	3.7	6	3.6	11	6.7
Fear of complication	16	11.9	39	23.6	39	16.0
Ridicule from friends	10	8.8	12	7.3	22	7.3
Religious and cultural practices	8	5.9	17	10.3	25	15.2
Lack of funds	52	54	54	32.7	106	35.3
Lack of confidential services	36	45	45	27.3	81	27.0
Lack of information about the use of contraceptives.	6	7	7	4.2	13	4.3
Total	135	100	165	100	300	100.0

Table 6. Solutions to the Problems Respondents Face When Buying Contraceptives.

Solution to Students Problem	Male		Female		Total	
	No.	%	No.	%	No.	%
Parents need to encourage sexually active adolescents to use contraceptives to prevent unwanted pregnancies and STDs.	20	14.8	22	13.3	42	14.0
Parents, PPAG and teachers should readily provide the adolescent with information on contraceptives.	18	13.3	16	9.7	34	11.3
Parents and teachers should advise the adolescent to lead a chaste life and abstain from sex.	80	59.3	90	54.5	170	56.7
Include adolescent reproduction health in the Senior High School curriculum.	17	12.6	37	22.5	54	18.0
Total	135	100	165	100	300	100.0

the problems can be solved if parents encourage their sexually active adolescents to use contraceptives to prevent unwanted pregnancies and STDs. Similarly, 13.3% and 9.7% of males and females respectively felt the problems could be solved when parents, PPAG and teachers should readily provide the adolescent with information on contraceptives use. It is generally acknowledged that by advising adolescents to lead a chaste life and abstain from sex can protect them against contraception of sexually transmitted diseases such as HIV/AIDS and prevents pregnancy and as well enable them to concentrate on their academic work. They can pursue higher academic studies and help to provide the nation with the requisite efficient human resources for national development.

Conclusions

Adolescents have different opinions about what contraceptives are. Most of them perceive contraceptives as devices or drugs that are used to prevent pregnancy. Others also perceive contraceptives as drugs women use to prevent pregnancy. Adolescents have been using contraceptives to prevent unwanted pregnancy and sexually transmitted diseases to enable them to further their education to higher levels so that they can be gainfully employed.

They obtain much of their information on contraceptives use from their friends and mass media especially television. Contraceptives that they commonly use are condoms, oral contraceptives, vaginal spermicidal and femiden. The use of a condom is very popular with males and femiden with females.

Factors that sometimes make some adolescent feel reluctant to use contraceptives were lack of funds, lack of confidential services from the service providers and fear of experiencing complications. These problems can best be addressed if parents educate their adolescents on adolescents' reproductive health. It is important for parents and teachers to advise the adolescent to be chaste.

Recommendations

Based on the findings and conclusions made so far, the researcher has put in the following recommendations and suggestions:

1. From the findings, it is clear that most of the respondents had obtained information about contraceptives from the school and from their friends. In this regard, for any effective education to be carried out, the school should be the best platform to educate adolescents on contraceptive use. This also calls for the introduction of sex education in our schools, especially Senior High Schools, to sensitize adolescents on the proper use of contraceptives to solve the many questions bothering them.

2. Since the condom is the common contraceptive used by adolescents, they should be encouraged to use it. This will be the best option to help curb the problem of teenage pregnancy and sexually transmitted diseases among the adolescents because the adolescent is sexually active and cannot abstain from sex.

3. Parents should try and educate their adolescents well on the use of contraceptives rather than shirking their responsibilities on the bases that the adolescents should not use contraceptives because they are not adults. Parents should change their attitudes from traditional beliefs about sex and contraception to the realities of modern times. These measures would go a long way to curb the problem of teenage pregnancies and HIV/AIDS.

4. The role of the community is critical in promoting abstinence because it can provide teens with hope for the future that they may not want to risk.

5. Moreover, the PPAG in collaboration with the Ministry of Education could organize programmes for adolescents to address issues related to the challenges of the use of contraceptives.

6. Lastly, there should be guidance and counseling programmes in the schools to counsel adolescents on issues concerning their reproductive health and the use of contraceptives. This is because counseling adolescent is an important component of primary health care and that confidentiality is essential.

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