

ENSIGN GLOBAL UNIVERSITY

**SEXUAL ACTIVITY AND CONTRACEPTIVE USE AMONG
ADOLESCENTS IN WETA SENIOR HIGH TECHNICAL SCHOOL AT
THE KETU NORTH MUNICIPALITY IN THE VOLTA REGION OF
GHANA.**

BY

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HEALTH OF THE FACULTY OF PUBLIC HEALTH IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF
MASTER OF PUBLIC HEALTH DEGREE**

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DECLARATION

I do certify that this project submitted to the Department of Community Health, Ensign Global University, Kpong was borne out of personal investigation, and has not been presented for any other degree or its data for publication.

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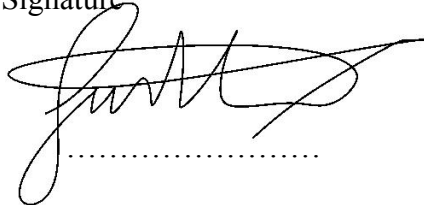


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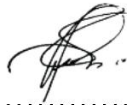
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DEDICATION

This thesis is dedicated to my family, supervisors, my Mum Mrs. Felicitas Ahaligah and Dad Hon. Raphael K. Ahaligah.

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The successful completion of this thesis is made possible through the grace of the almighty God.

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ABSTRACT

Background: Adolescent sexual activity and contraceptive use remain critical public health concern in Ghana, particularly in rural communities where access to reproductive health services is limited. This study examined sexual activity patterns and contraceptive awareness, attitudes, and use among adolescents at Weta Senior High Technical School (WESTECH) in the Ketu North Municipality of the Volta Region, Ghana.

Methods: A quantitative cross-sectional design was employed, with 221 students selected through proportional allocation utilizing simple random sampling. A structured, self-administered questionnaire was used to collect data, which was analysed using descriptive statistics and multivariate logistic regression via SPSS.

Results: Findings revealed that one-third of respondents (33.0%) reported ever having sexual intercourse, with majority initiating between ages 14–16. Awareness of contraceptives was relatively high (79.2%), yet actual use remained low (39.4%), with male condom being the most commonly used method (63.2%). Attitudes toward contraceptive use were largely negative or ambivalent, with misconceptions about infertility and religious objections widely reported. Multivariate logistic regression identified good contraceptive awareness (AOR = 2.68, $p = 0.002$), positive attitudes (AOR = 2.11, $p = 0.021$), and access to contraceptives ($p = 0.008$) as significant predictors of use.

Conclusion: The study concludes that a substantial knowledge-practice gap exists among adolescents at WESTECH. Comprehensive, school-based reproductive health interventions targeting attitudes, misconceptions, and access barriers are urgently needed to improve contraceptive uptake and safeguard adolescent reproductive health in Ghana.

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ABBREVIATION

Abbreviation	Full Meaning
AIDS	Acquired Immunodeficiency Syndrome
AOR	Adjusted Odds Ratio
ARH	Adolescent Reproductive Health
CDC	Centers for Disease Control
CI	Confidence Interval
COR	Crude Odds Ratio
FP	Family Planning
GDHS	Ghana Demographic and Health Survey
GES	Ghana Education Service
GSS	Ghana Statistical Service
GYRHS	Ghana Youth Reproductive Health Survey
HBM	Health Belief Model
HIV	Human Immunodeficiency Virus
IUD	Intrauterine Device
IUDs	Intrauterine Devices
SHS	Senior High School
SPSS	Statistical Package for the Social Sciences
SSA	Sub-Saharan Africa
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TPB	Theory of Planned Behavior
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The topic of teenage sexual activity continues to be a major issue in debates regarding public health policy on an international scale due to its impact on health and well-being of teenagers. In particular, there is significant debate over the issue of teenage sexual activity in low- and middle-income countries due to low levels of access to sexual health information and services (Jing et al., 2023). Adolescents, as defined by the World Health Organization, are those between 10 and 19 years of age. This period between childhood and adulthood is characterized by rapid changes in physical growth, psychological development, and social development (WHO,2021). The hormonal changes in the body that come about during puberty lead teenagers to be more curious about sexual activity and form intimate relationships (Vijayakumar et al., 2018). Teenagers who do not have the right information or guidance will generally engage in high-risk behaviours such as unprotected sexual intercourse that makes them susceptible to contracting diseases and/or becoming pregnant.

Teenage pregnancy is a major public health and social issue around the world. The World Health Organization estimates that approximately 16 million girls aged 14 to 19 give birth each year, with most of those births being in developing countries (WHO, 2020). Studies conducted in a range of developing countries suggest that young people who engage in sexual activity earlier than the general population may be at a higher risk for a variety of reproductive health problems. Some of the reproductive health problems that teenage girls may experience include unintended pregnancies and sexually transmitted disease (Jing et al., 2023; Ndahimana et al., 2023). Because

of these reproductive health issues, health organizations around the world have emphasized the importance of providing teenagers with accurate information.

Adolescents' sexual and reproductive health poses significant public health challenges in Ghana. A variety of national studies show many adolescents in Ghana are sexually active at an early age, often before they turn 15. Statistics from the World Health Organization (WHO) on adolescents' sexual and reproductive health confirm that 37.1% of female adolescents and 21.3% of male adolescents are sexually active. Sexual activity before the age of 20 is a significant issue for all adolescents and the high incidence of teenage pregnancies continues to be a serious public health issue in Ghana and influences the socio-economic advancement of the entire nation. Ghana still has relatively high rates of teenage pregnancies (Amrita et al., 2024).

Contraception is an important factor for improving sexual and reproductive health outcomes by helping to decrease the number of unplanned pregnancies, the number of unsafe abortions, and the transmission of sexually transmitted infections (STIs). Unprotected sexual activity among adolescents greatly increases their chance of encountering an unplanned pregnancy or an STI, and impacts both their sexual and reproductive health (Centre for Disease Control and Prevention [CDC], 2024). Each of these risks can have dire ramifications, including unsafe abortions, poor maternal health-seeking behaviours, mental health problems, and an increased likelihood of dying during childbirth as adolescent (Eboreime et al., 2023). Additionally, unplanned adolescent pregnancies can contribute to social and economic consequences such as dropping out of school, lower educational levels, and malnutrition in children, continuing the cycle of poverty and limited opportunities available to young women (Eboreime et al., 2023).

The use of effective contraceptive methods such as condoms, oral contraceptives, and long-acting reversible contraceptives has all been found to significantly lessen these risks by preventing

unplanned pregnancies and protecting from STIs. For example, addressing the unmet need for modern contraception in adolescents ages 14-19 years could potentially prevent millions of unplanned pregnancies as well as the associated negative consequences each year (Chandra-Mouli and Akwara, 2020). Condoms also provide dual protection against both pregnancy and STIs such as HIV/AIDS, with evidence demonstrating that increased condom use has saved millions.

There are many reasons why adolescents do not consistently use contraception. Barriers to use include: lack of knowledge about contraception, the stigma associated with using contraception, limited access to contraception and the negative perceptions associated with using contraception. The World Health Organisation (WHO) (2024) states that adolescents have rights to access the right services or information regarding their sexual life yet face many barriers including: lack of comprehensive knowledge, misconceptions, fears, and social and cultural norms, including religious prejudices limit adolescents' contraceptive use. Additionally, psychological factors, such as fear of judgement from peers and parents, fear of side effects, and accessibility issues, like the location of service points, make adolescents hesitant to discuss or seek contraceptive options (Masonbrink et al., 2023). Many of these adolescents are unaware of how to use contraception correctly due to fear of being judged when accessing contraception (Wilkinson and Meredith, 2024). Consequently, many adolescents engage in unprotected sex, leading to a high prevalence of unintended pregnancies and unsafe abortions, as well as an increased risk of STIs (Boakye et al., 2025). Therefore, it is essential to provide quality sexual health education and access to youth-friendly contraceptive services in order to improve the reproductive health of adolescents. Studies suggest that these types of programs can lead to a decrease in the number of adolescent births and improvement in reproductive health outcomes (Mark and Wu, 2022; WHO, 2022).

Contraception is a method of prevention of unwanted pregnancies and the transmission of sexually transmitted infections. Increased options for contraceptive methods have given people the ability to decide what their own pregnancy will be. As a result, maternal and child health outcomes have always been improved by the use of contraceptives (WHO, 2019). There are significantly different rates of contraception use between the continents. For example, Europe and the USA have rates of use above 70%; yet, there are many countries in Sub-Saharan Africa that have much lower rates of contraception use (Li et al., 2020).

Research on sexual activity and use of contraceptives by the youths in Ghana and the greater Sub-Saharan region has been sparsely published and factors influencing contraception use amongst high school adolescents have been under explored. However, most research in the context of Ghana has been about adolescent girls and in other cases young women, rather than a dynamic blend; moreover, studies that included all adolescents have primarily focused on those in late adolescence (Beson et al., 2018), failing to capture the full range of adolescent experiences (Amoah et al., 2023). Notably, research specifically targeting adolescents in senior high schools is lacking. Addressing this issue is crucial for improving adolescent health general and long-term outcomes but as well for advancing economic growth and the long-term national development. Therefore, understanding the salient factors that influence contraceptive use among adolescents is therefore essential, as the existing literature provides important insights into the dynamics surrounding adolescent sexual and reproductive health.

Adolescent reproductive health studies take into account senior high school pupils as their primary population. They are at the age of independence, therefore are greatly influenced by peers as well as their surrounding culture. Adolescents' usage of social networking sites, as well as other unguided information sources, will also greatly affect their understanding of sexual and

reproductive health. It is also important to note that, information obtained from such unguided sources is not always reliable (Muhlisa et al., 2024). There are empirical studies from Ghana demonstrating that adolescent students are still using contraceptives at a low rate. In one example, only 26.7% of late adolescents were using contraceptives from a study of adolescents that was conducted in Ghana (Mahama and Owusu-Agyei, 2014). In another study conducted in Ghana concerning the knowledge and usage of contraceptives among women of reproductive age, researchers found that the use of modern contraceptives is still below their target of being distributed (Lahole et al., 2024). The research provided by both studies indicated that, even though there has been an increase in the effort made to promote knowledge about contraceptive methods and their usage, the majority of adolescent students are still ineffective in using any type of contraceptive methods.

Moreover, there has not been sufficient inquiry into the socio-economic factors that influence adolescent sexual activity, awareness, and attitudes about contraceptive use within a particular local setting. Investigating these factors is essential, as sexual activity, awareness and attitudes of adolescents about contraceptives may have a direct influence on their reproductive health choices. It is, therefore, necessary to examine and perform an in-depth enquiry on what adolescents know, think, or feel about contraceptive methods. The research will take place in the context of a high school based in a rural area. Research participants will consist of youth enrolled at the Weta Senior High Technical School (Westech) in the Ketu North Municipality of the Volta Region of Ghana. Participants are providing a unique opportunity to conduct research because

Adolescents aged 10–19 years undergo significant hormonal changes that contribute to heightened sexual drive and an increased likelihood of early sexual activity (Boakye et al., 2025). However, regardless the widespread knowledge on modern contraceptive methods, their actual use remains

low. Therefore, investigating sexual activity and contraceptive use among youth of Westech in Ketu North will provide critical information about the factors impacting youth sexual activity and contraceptive use in a local context.

1.2 Problem Statement

Unintended pregnancies in teenagers have become an international public health issue, notably in Sub Saharan African regions where minor access to sexual and reproductive health services exist (Irfan et al., 2006). Adolescents are ‘at-risk’ population subject to dramatic physical and psychosocial development; therefore, the adolescent population becomes increasingly sexually active. Although adolescents have increased knowledge about contraceptive use, they have low utilization rates; hence, this is an international public health issue. Studies have shown that adolescent knowledge of contraceptive use is not the only contributing factor for their low use of contraceptives. Furthermore, the adolescent population's attitude towards contraceptive use, their perceptions concerning contraceptive use, their beliefs regarding the social factors related to using contraceptives, are major determinants of their contraceptive use (Keogh et al., 2021).

The Ghana Demographic and Health Survey (GDHS, 2022) indicates that many adolescent births in Ghana are unintended or unplanned. Though adolescents ages between 15–19 years generally know about at least one method of contraception, they do not always use it. National and regional studies provide an overall picture but do not provide information on adolescent perception and use of contraception in specific school contexts. According to Baschieri et al. (2017) , such studies are limited, meaning current programs and interventions may not address the specific needs of adolescents in some schools and may limit the effectiveness of reproductive health initiatives.

Senior high school students, such as those attending Weta Senior High Technical School in the Ketu North District, are an important group for intervention because they are at a stage of signifi-

cant hormonal changes which contribute to heightened sexual drive and an increased likelihood of early sexual activity moreover, they are at critical age that provides them with a lot of autonomy, greater access to unguided information, peer pressure, and increased exposure to sexual information. However, very little is known about senior high school students' sexual activity knowledge, attitudes, towards contraceptive use.

This research aims to add information to the current literature on this topic and to fill the gaps that exist in the current literature regarding sexual activity and contraceptive use among adolescents at WESTECH in the Ketu North Municipality of the Volta Region, Ghana. This research aims to provide a foundation for further research in order to ensure future reproductive health education programs designed for senior high school students are appropriate for the context of sexual activity and contraceptive use among adolescent; thereby enhancing their overall awareness of contraceptive use.

1.3 Rationale of the Study

Sexual reproductive health in adolescence is a major issue around the world, and low and middle-income countries are experiencing a high number of unintended pregnancies and sexually transmitted infection (STI) rates, which are associated with early sexual initiation and lack of access to contraceptive services (WHO, 2020). In Ghana, adolescents know about modern contraceptives, but their usage is low, suggesting that there is a gap in their knowledge and behaviour with regards to contraception (GDHS, 2022). The research to date has assessed at a national and regional level; little research has been conducted on the sexuality and use of contraceptive information and services among adolescents in specific schools (Baschieri et al., 2017). This is of particular relevance for adolescents attending senior high school because they are undergoing developmentally normative behaviours such as peer influence, media influence, sexual

experimentation and have limited access to reproductive health education. This study will examine sexual activity, awareness, attitude and contraceptive use among adolescents at WESTECH in the Ketu North Municipality of the Volta Region, Ghana, by providing empirical evidence.

This study helps to improve theory and practice; In terms of theory, this study increases understanding of the factors that affect adolescent contraceptive use in the school setting, and in terms of practice, this study develops effective contraceptive-use programs and provides intervention approaches that are based on students' real-life experiences and needs.

The findings of this study will enhance policy and program development to improve effective

contraceptive use by identifying the barriers that influence effective contraceptive use and other factors that affect students' sexual activity, attitudes and awareness toward contraceptive use.

Finally, the findings from the study will provide valuable information and findings to support in achieving the Sustainable Development Goals and other policies supporting improved sexual and reproductive health for school-age adolescents in Ghana.

1.4 Conceptual framework

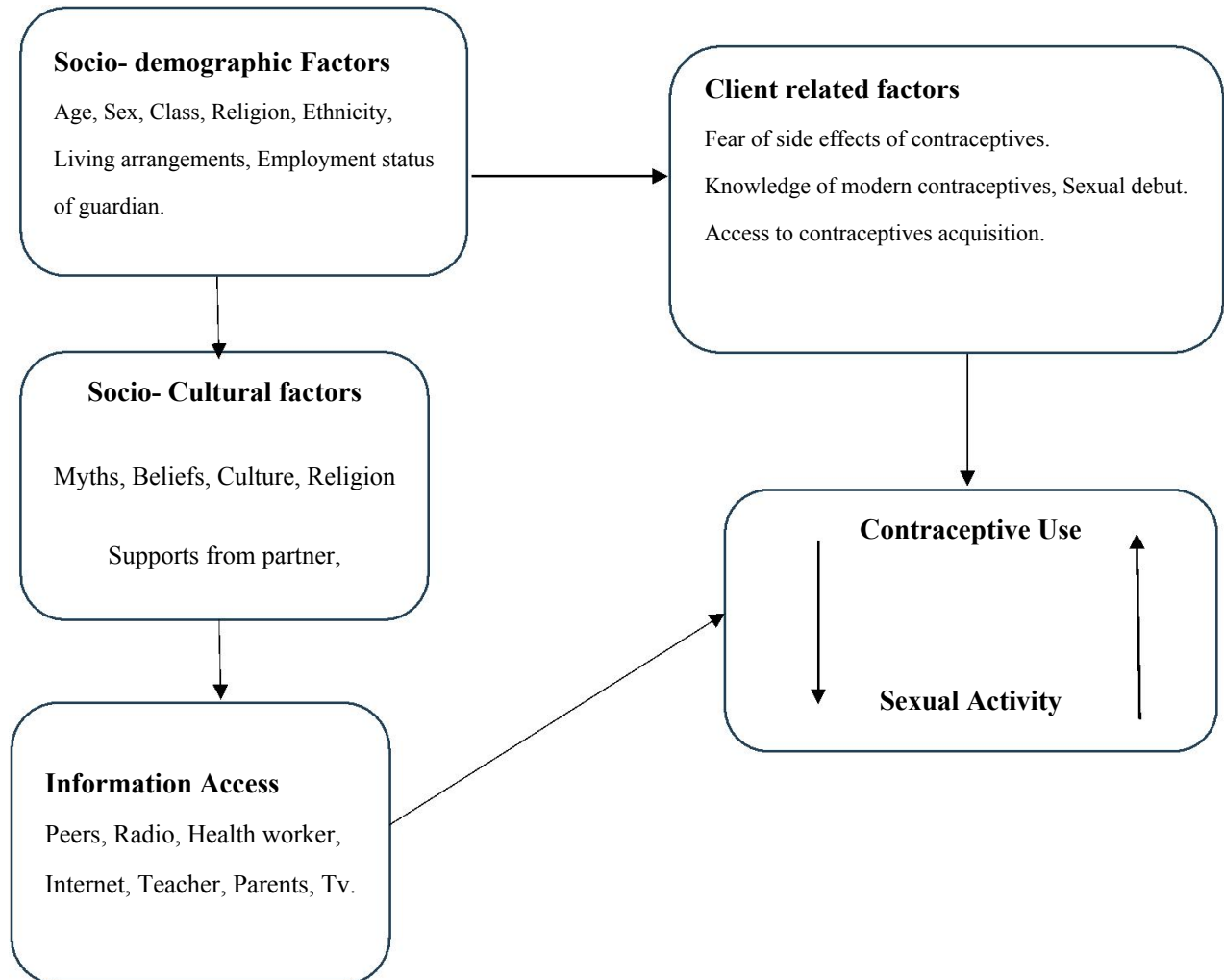


Figure 1.1 Conceptual framework on factors associated with contraceptive use and the sexual activity interplay

Figure 1.1 above is an illustration of the conceptual framework for this study showing the dynamic association between the various factors that influence the usage of contraceptive by adolescents. The framework illustrates specific directions by which the research was framed, focused and conducted. This conceptual framework is based on the theory of reasoned action which states “behaviour is influenced by several factors” (Ajzen and Fishbein, 1980). It depicts the links or influences between beliefs, norms, attitudes, intentions and actions of an individual. The dependent

variables (contraceptive use and sexual activity) and the independent variables all in one way or the other influence sexual activity and contraceptive use by adolescents in the Ketu North Municipality. Variables such as sex education, peer influence, knowledge and access to information are key to contraceptive utilization. A study indicated that activities and programs targeted to maximize contraceptive usage, should address inadequate and poor awareness on the methods used (Hindin et al., 2014). Socio-demographic factors including age, belief, ethnicity and religion are all factors that contribute to use of contraceptives.

The believe that contraception provides protection against unwanted pregnancies and sexually transmitted infections by the adolescent would mean he or she taking actions to either minimize or prevent it from occurring. Differences in contraceptive utilization among various religions could be as a result of the different doctrines on contraceptive usage (Wusu, 2015). Factors such as the economic status of parent or guardian, marital status, and others have all been known to influence adolescent pregnancy. Socio economic status of adolescents also could empower their decision-making on contraceptives hence, increase its use. This conceptual model gives a clear idea of how the beliefs, awareness, and experiences of the individuals can influence the reproductive health behaviours of the students of WESTECH.

1.5 Research Questions

1. What is the level sexual activity among the students of WESTECH?
2. What is the awareness level of WESTECH students on the use of contraceptives?
3. What is the attitude of students in WESTECH regarding the use of contraceptives?
4. What are the factors that influence contraceptive use among students in WESTECH?

1.6 General Objectives

The main purpose of the study is to examine sexual activity and contraceptive use among adolescents at WESTECH in the Ketu North Municipality of the Volta Region, Ghana.

1.7 Specific objectives

The study specifically sought to:

1. To evaluate the level of sexual activity among students of WESTECH.
2. To assess awareness of WESTECH students on the use of contraceptives.
3. To determine the attitude of students in WESTECH towards contraceptives.
4. To investigate the factors that influences contraceptive use among WESTECH students.

1.8 Profile of Study Area

The research was conducted at Weta senior high technical located in Weta near Dzodze the administrative capital of the Ketu North Municipal of the Volta region of Ghana which is made up of twenty (20) towns and villages. It is about 199 kilometers from the national capital Ghana, Accra, and about 87 kilometers from the regional capital, Ho. The inhabitants are mainly Ghanaians who settled after the exodus of the Ewes. Farming is the main occupation of the indigenes, whilst the present generation of the young men and women engage in businesses ranging from trading and gari manufacturing. The Municipality has a household population of

98,571 with a total number of 26,437 households. The average household size in the Municipality is 3.7 persons. The population of Ketu North Municipality, according to the 2010 Population and Housing Census is 299,913 representing 4.7 percent of the region's total population. Males constitute 46.5 percent and females represent 53.5 percent. Nearly 65.8% of the population live in rural areas (GSS, 2011). About five in ten (46.1%) of the population are either 12 years or above. 36 percent of the population are married. By age 25-29 years, more than half of females (58.7%) are married compared to a little above one-third of males (34.9%).

The town shares boundaries with the following notable communities: to the north with Dzodze, to the south with Agbozume, to the east with Akatsi, and to the west with Ehie.

Weta Senior high technical was Established in November 2010 initially as a community day school under the supervision of F.K.J. Tsevia then Ketu North District Director of Education and later Mr. G.K. Ganyo. on the 18th of April 2012, the school was absorbed into the public school system. The school occupies an area of 225.337 square meters and has a student population of about 1000, comprising 531 boys and 469 girls. It offers General Science, General Arts, Business, Home Economics, Visual Arts, and Technical programs. The current head of the institution is Mr. Bright Akatsi Agbesi.

1.8 Scope of study

The purpose of this research was to collect data from students at Weta Senior High Technical School (WESTECH) concerning sexual activity, awareness, attitude and influences towards contraception usage. The participants were aged 10 – 19 years living in Ketu North Municipality in the Volta Region of Ghana. This age range represents older adolescents and may be vulnerable to reproductive health difficulties. The study consisted of variables including: demographic data, experience with sexual activity, awareness about birth control methods, beliefs about contraceptive

use, and factors affecting their use of contraceptives. While the present study explored modern methods of contraception, discussion of methods that fall under the category of traditional or natural family planning were not included in this research. The study was also limited in its coverage of only WESTECH senior high school and did not cover other senior high schools in that region/municipality. The methodology that was employed in this study was a cross-section of a data collection method that is quantitative in nature, i.e., self-reporting through pre-developed questionnaires. The study can therefore only be applicable to that single setting that was covered in this study, and it cannot be generalized. The purpose of this study is to identify patterns and relationships between patterns of contraceptive usage among individuals in that group.

1.9 Organization of Report

The study consists of six (6) chapters. Chapter one is the introduction and contains the purpose of the study, an outline of what is to be investigated, a description of the area where the research will take place, objectives for conducting this research, and difficulties associated with conducting the research. Chapter two is a review of the literature related to the variables in the case and includes only the important findings from existing studies. In chapter three, a methodology to conduct the study is provided and data analysis methods to be used in the research are described. Chapter four contains the results of the study and the descriptive background of the participants in the research. Chapter five discusses how the findings correspond with the research questions, study objectives, and the key variables and includes a comparison of the study and other studies on similar subjects. Finally, chapter six concludes the study and includes recommendations for the future.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

Chapter Two reviewed the literature on adolescent sexuality and contraceptive practices. The chapter defined key terms, discussed relevant theories, reviewed empirical studies on the topics of sexual activity, awareness, and attitude towards contraceptive practices among adolescents. The chapter also presented the hypotheses for the study and the conceptual framework for the relationship between the study variables.

2.1 Sexual Activity

Sexual activities are defined as the various activities in which an individual engages for the sake of sexual expression, pleasure, and reproduction. Sexual activities include vaginal intercourse, oral sex, anal sex, and physical contact (Bukonya et al., 2020). Sexual activities among adolescents have been studied extensively from the perspective of the developmental processes in which adolescents are engaged (Alsaker and Kroger, 2020). Sexual activities are not only biological activities but are also social and behavioral activities. Sexual activities are an essential area of consideration from the perspective of reproductive health. Sexual activities among adolescents have been found to be an area of concern because it may lead to unintended pregnancy and the spread of sexually transmitted infections (Afriyie and Essilfie, 2019). Therefore, sexual activities are an essential area of consideration from the perspective of designing sexual and reproductive health programs among adolescents.

For instance, for young people, it is associated with sexual health education and access to reproductive health care. It is in this context that comprehensive sexuality education is important

in providing young people with necessary information and skills that enable them to make informed decisions, delay onset of sex, and engage in safe sex (Boontem et al., 2019). It is in this context that sexual activity among young people is associated with other activities such as contraceptive use and health-seeking behaviours. There are various theoretical perspectives on adolescent sexual activity. Some researchers have viewed it from a developmental perspective, where it is associated with personal identity and emotional development (Alsaker and Kroger, 2020). Some have viewed it from a public health perspective, where they have focused on how it can be prevented from causing negative outcomes (Dos Santos, 2020). Others have viewed it from a sociocultural perspective, where they have associated it with factors such as religion and gender (Ahn and Yang, 2023).

Despite its natural role in human development, sexual activity among adolescents has been a subject of debate among researchers. Some researchers believe that sexual education and reproductive health programs may encourage sexual activity among adolescents, while others believe that sexual education helps adolescents practice safe sexual behaviour (Fallah et al., 2021). However, empirical evidence supports the latter belief, suggesting that sexual education programs do not encourage sexual activity among adolescents but help them practice safe sexual behaviour (Boontem et al., 2019). Another conceptual issue in understanding sexual activity among adolescents is related to differences in sexual activity among adolescents in various regions of the world. In some developing countries, economic factors such as poverty, lack of education, and lack of health facilities also influence sexual behaviour among adolescents (Afriyie & Essilfie., 2019). Therefore, sexual activity among adolescents cannot be understood by studying only sexual behaviour among adolescents, and it is also necessary to consider the environment in which they live and practice sexual behaviour.

2.2 Concept of Adolescence

The consensus regarding adolescence is that, it is a period of change that occurs between childhood and adulthood with major changes to the physical, physiological, emotional, and social development of individuals (Leung et al., 2019). Adolescence can be seen as a process whereby young people develop their identity, independence, and social roles within society. The ages of 10 to 19 years of age are generally considered to encompass adolescence (Qin and Zhang, 2023). This is the period of childhood where there are hormonal and physical changes (puberty), as well as cognitive development changes affecting how adolescents behave and make decisions (Ryalls and Mazzarella, 2024). Adolescence can also be described as a period of developmental exploration (Brown et al., 2005). As young people grow during this developmental stage, they begin to establish their own beliefs, value systems, and attitudes toward their own developing sexuality, relationships with peers, and social roles. Adolescents are naturally curious about their own sexuality and relationships; therefore, curiosity can lead to young people engaging in sexual intercourse (Hall et al., 2016).

Researchers stress that biological development, social pressures and norms, interactions with peers, and access to information all combine in the influences that create an environment for adolescents to behave (Strasburger and Wilson, 2002). Views on adolescent development indicate that this age is a time of tremendous opportunity, as well as risk (Eggermont, 2005). Adolescents become more capable to act independently, as well as make decisions regarding their health. However, those adolescents also often do not have adequate life experience or access to information to help them avoid risky sexual behaviours (Chen et al., 2016; Wang et al., 2015) and cultural taboos affect what kind of information youth have access to, including the reproductive health information they require (Ortiz and Brooks, 2014). Additionally, the effect of social

contexts affects adolescent's understanding, perspectives, and beliefs about reproductive health is the primary way to frame the concept of adolescence (Heller & Johnson, 2013). For example, studies have shown that programs designed to explain reproductive health topics like body image, puberty and sexually transmitted infections improve the ability of parents to provide information about these topics to their teenagers (Li et al., 2017). On the flip side, studies show that teenagers who don't get support from their parents are more likely to be misinformed about sexual health and engage in risky sexual behaviors (Ryalls and Mazzarella, 2024).

While many researchers have studied sexual health information for adolescents, there are still several conceptual issues that need to be addressed. Most research has examined data at a national or regional level, which doesn't account for the sexual health information provided to adolescents in a school setting specifically (Leung et al., 2019); therefore, it is essential to understand how adolescent development occurs within the context of the school since schools serve as one of the primary places for youth to interact with peers and receive information that can impact their future reproductive health (Qin & Zhang, 2023; Hall et al., 2016).

2.3 Concept of Contraception

Contraception means to intentionally select some method to prevent pregnancy when having sexual intercourse (Palacios et al., 2020). There are many different types of contraception, with varied mode of action and mechanisms to control fertility and reproductive health. Types of contraception can be physical (condom), hormonal (oral contraceptive pills/injectables), long-term reversible (e.g., implant or intrauterine devices), or behavioral (abstinence, withdrawal). (Cooper et al., 2022; Douxfls et al., 2020).

In addition to being a medical procedure, contraception can also be viewed as a public health intervention that promotes individual autonomy regarding decisions about childbearing, and helps

prevent unintended pregnancies, resulting in improved maternal health outcomes. (Bahamondes et al., 2015). As an example for young people, reproductive health includes accessing contraceptive services, which can provide information that helps prevent unplanned pregnancies and sexually transmitted infections (STIs) (van Lunsen et al., 2018).

There are many theoretical perspectives regarding contraception as a larger part of reproductive rights, gender equality or equitable access to healthcare. Some authors note how contraception enables youth and women to have informed choices about their reproductive decisions (Zimmerman et al., 2015). Other authors discuss how social and religious values impact attitudes toward the use of contraceptive services amongst groups of users (Reed et al., 2021). Although there are many aspects of contraception available that can produce positive benefits, there are still some conceptual discussions about the use and accessibility of contraception among adolescents. Some researchers feel that providing adolescents with access to contraception will result in an increase in sexual activity, while there are other researchers who think that providing access will allow the adolescent to make safer decisions (Cagnacci et al., 2023). This first position is not supported by the evidence found in empirical research which shows that providing adolescents with sexual education reduces their chances of participating in sexual activity, rather than increasing the risk of their participation (Palacios et al., 2020).

Another major conceptual issue regarding contraception is the difference between the availability and use of contraception among adolescents in different regions of the globe (Bahamondes et al., 2015). For example, due to some structural barriers that exist within the populations in developing countries, many adolescents do not have access to contraception (Bellizzi & Ali, 2018; Cagnacci et al., 2023). Therefore, understanding contraception is not only based on availability, but also includes how effectively contraception is utilized by adolescents (van Lunsen et al., 2018).

2.4 Awareness on Contraceptives

The term awareness of contraceptive methods relates to an individual's knowledge or understanding of the element of knowledge that an individual has regarding the current state of availability of contraceptive devices for STDs or prevention of pregnancy, how each of them work, how effective each method is at preventing pregnancy, and how and where to get contraception (Bellizzi & Ali, 2018). In discussions of youth reproductive health, awareness is considered one of the major factors determining a young person's ability to make a well-informed decision about their reproductive behavior and/or use of contraceptives, i.e., when to have sex and/or what type of contraceptive to use (Upadhya & others, 2017).

Conceptually, awareness of contraceptive methods includes individuals' knowledge or understanding of the various methods of contraception, how each works (or does not work) when used for the purposes intended, their available supply and associated benefits and risks (Bellizzi & Ali, 2018). Researchers have identified the multifactorial nature of this construct such that an individual could know a particular contraceptive method but may have no knowledge regarding the mechanism involved in its function or the appropriate sources from which to obtain such a contraceptive method (Daniels & Abma, 2025). Research indicates that multiple sources of information contribute to adolescents' understanding of contraception. These sources can be, to name a few, teachers, medical professionals, the media, parents, and peer groups; however, due to the availability and accessibility of these sources, they may not provide complete or accurate information regarding methods of contraception. While some adolescents receive their information from adults and medical professionals, many adolescents receive their information regarding contraception from peers and/or media, which can lead to inaccurate beliefs and incomplete understanding of contraception (Gray & Thompson, 2024).

Research has also shown that culture plays a role in the amount of information that adolescents receive about contraception. In cultures where views on sexual relations are restricted, for example, adolescents often have difficulty obtaining information about effective methods of contraception from adults and/or health professionals. As a result, many adolescents may hold onto myths and misinformation about methods of contraception, such as: methods of contraception are associated with infertility, methods of contraception lead to negative health outcomes, or using methods of contraception leads to moral decay (Beardsworth, Garg, Darney, & Han, 2025).

Although numerous studies have demonstrated a positive correlation between understanding contraceptives and using them, there are more instances in which the connection is not quite as easily defined as obtaining the necessary information (such as awareness about sexually transmitted infections) and then acting accordingly (i.e., utilizing protection for sexual activity) (Rodriguez et al., 2025). In many cases, even when adolescents possess accurate information about contraceptive methods, various social considerations (such as social stigmas associated with using contraception) and psychological factors (such as limited availability of contraception options) prevent them from actually utilizing contraception (Laurora et al., 2024).

2.5 Attitudes Toward Contraceptive Use

Attitudes about contraceptive use consist of people's evaluative beliefs regarding their use. Adolescent reproductive health relies heavily on attitudes toward contraceptives and use to influence the awareness of teenagers regarding contraceptives. This means that attitudes toward contraceptive use provides teenagers with an understanding of whether they will view contraceptive use as being necessary to prevent unintended pregnancies or sexually transmitted infections (D. A. & Tarkang, 2023).

Adolescents' attitude toward contraceptive use is developed through multiple lenses, which consist of personal beliefs, cultural values, religious influences, and norms (Elkalmi et al., 2015). Teenagers' attitude toward contraceptive use is formed by the information they receive from their families, peers, teachers, media sources, and health care providers. Favorable attitudes toward contraceptive use can encourage teens to engage in safe sex practices through the use of contraceptive methods, whereas negative attitudes toward contraceptive use may deter teens from using any contraceptive methods even if they understand the advantages of using these methods (D'Souza, Bailey, Stephenson, & Oliver, 2022).

Attitudes are often described as having three components: cognitive, emotional, and behavioral tendencies (Kara, Benedicto, & Mao, 2019). Cognitive refers to attitudes toward the efficacy and safety of contraceptive methods. Emotional attitudes encompass feelings or concerns about contraceptive use, such as fear of side effects or embarrassment in acquiring contraceptives. Finally, behavioral attitudes are described as an individual's intention or desire to use contraceptives in their future sexual experiences (Guzzo & Hayford, 2018).

There are several conceptual debates surrounding attitudes toward contraceptives among adolescents. Some arguments posit that if teenagers perceive contraceptives as socially unacceptable or immoral, they may not use contraceptives even if they are sexually active. In addition, cultural, gender, and religious factors may play a crucial role in influencing attitudes toward contraceptives among teenagers. In some societies, contraceptive use is linked with promiscuity, which may discourage teenagers from discussing or using contraceptive methods (Grover et al., 2022; Ghule et al., 2024).

From the research, it has been shown that exposure to comprehensive sexual education programs can change your attitude toward using contraceptives; therefore, attending those programs makes

it more feasible for you to develop a positive attitude regarding using contraceptives. As you develop positive attitudes towards contraceptives, there is evidence that this will improve the reproductive health of young people (Latt et al., 2021; Marimirofa et al., 2022).

Based on the research that exists regarding the relationship between young people's attitudes and their ability to use contraceptives, there is evidence that there may be contradictions present (Elkalmi et al., 2015). For example, there are young people who have developed a positive attitude toward contraceptive use, but they do not use it at all, which indicates that more exploration of how young people's attitudes and contraceptive use are affected by awareness, knowledge or other influences is needed (D'Souza et al., 2022).

2.6 Contraceptive Use Among Adolescents

Contraceptive use among adolescents is defined as an adolescent's use of contraception, which consists of the methods that are intended to use in order to avoid unintended pregnancies or sexually transmitted infections (Anyebe, Olufemi, & Lawal, 2014). In general, this usage occurs during the initiation and use of contraceptive methods during sexual intercourse (Tran & Vo, 2018).

From a conceptual perspective, multiple factors influence a person's use of contraception; individual level, social level and institutional level (Moroole, Materechera, Otang-Mbeng, & Aremu, 2020). The use of contraceptive methods among adolescents at an individual level includes sexual activity, awareness, attitudes, and perceived risk of any potential reproductive health complication associated with their use of contraception. The use of contraceptive methods among adolescents from a social perspective includes the influence of peers, family, and culture on an adolescent's use of contraception (Agadjanian, 1999).

Researchers point out that although a large percentage of young people use contraceptives irregularly due to various obstacles such as stigma, fear of disapproval from their partner or peers, and limited access to services designed for youth, they still have a very high level of understanding (knowledge) about the many different types of contraceptive methods available (Abrahams, 2024). Gender also plays a major part in the use of contraception by young people. Many studies indicate that in the area of contraception, the woman bears most of the responsibility for using contraceptives while all men do not have equal responsibility in the decision-making process (Bertrand et al., 1983).

Many studies indicate that these two areas are also a direct link to increasing the use of contraceptives by young people and the use of contraceptives can increase with young people's access to "youth friendly services." This means that access to youth-friendly services allows them to become more competent in using contraceptives effectively (Delano, 2015).

Although the worldwide focus on youth reproductive health is growing, there remain areas that need addressing concerning the community and educational factors influencing contraceptive usage. Researching contraceptive usage among youth in an educational setting is vital to understanding the realities of adolescent reproductive health and is equally critical for promoting responsible sexual behaviour among youth.

2.7 Health Belief Model

The Health Belief Model (HBM) is one of the most commonly accepted models used in research concerning the issue of public health. It is often used to explain people's behavior regarding a health issue based on their beliefs about that health issue. Originally developed to explain why people do not adopt preventive health behavior or make use of available health services (e.g., Alkhawaldeh et al., 2023), HBM has also been widely used in the area of sexual and reproductive

health among adolescents. In this area, HBM has been used to explain adolescent contraceptive behavior (Birabwa et al., 2025).

According to HBM, an individual's health behavior is determined by multiple variables (Abukres, 2025). For example, an individual's awareness of his or her susceptibility, the severity of the health threat, the perceived benefits of engaging in behavior that will protect the individual from the health threat, the perceived obstacles to engaging in protective behavior, the presence of cues to aid in the engagement of protective behavior, and the individual's confidence to perform the necessary behavior (i.e., self-efficacy) all play a role in determining whether an adolescent engages in behaviors that will protect him or her from the consequences of an unintended pregnancy or sexually transmissible disease (Askew, Raney, Kerrigan, & Sridhar, 2024). When teens perceive they're at risk from various risk factors, they're often motivated to identify and access preventative methods (e.g., contraceptives). Perceived severity relates to how one perceives the seriousness of consequences associated with a health issue. For example, if a teen understands how teenage pregnancy will negatively affect their social, educational, and health situations, they're more likely to view preventative methods as necessary (Akhiat et al., 2024).

Perceived benefits, on the other hand, relate to how one thinks a particular action can help reduce the effect of a health issue (Mumtaz & Khan, 2025). For example, if a teen believes that using contraceptives will help prevent pregnancy and/or STIs, they're likely to be motivated to use them (Abukres, 2025). As outlined by the model, perceived barriers are the elements that may prevent an individual from accessing preventative methods for any given health issue. Some examples of perceived barriers could be; stigma, lack of access to contraception services, parental fear, and misinformation about contraception use among teens (Birabwa et al., 2025).

Further, motivation to prevent sexually transmitted infections (STI) can be provided by cues for action, such as sexual health education, talking to friends, discussing sex in the media, and discussing sexual health with healthcare providers. The concept of self-efficacy, or having confidence in one's ability to complete a task, is also an important determining factor for determining if a young person can correctly access and use contraceptives (Mumtaz & Khan, 2025).

The Health Belief Model is a relevant theory of behavior change which can be used for understanding how awareness influence the sexual and reproductive health behaviors of adolescents. This theory will provide a means to examine how the various components of the model work together to shape adolescent sexual and reproductive health behaviors and the effects of awareness of contraceptives, perceived risk of pregnancy, perceived benefits of using contraceptives and perceived barriers in obtaining contraceptives, on the sexual and reproductive health behaviors of adolescents (Ma et al., 2025). Using this model enabled this study to identify sexual activity, awareness of youth and how it influenced contraceptives use, thus help create a more effective educational intervention for promoting responsible sexual behaviour among adolescents in WESTECH.

2.8 Theory of Planned Behaviour

The Theory of Planned Behaviour (TPB) is an established theoretical model which describes how individuals' behavioural choices will be shaped by their attitudes toward behaviours, social support and perceived control over their ability to perform behaviours (Armitage & Conner, 2010). As an individual prepares or shows the intention to engage in their desired behaviour, the TPB's model indicates that the behavioural intention itself, which indicates the strength of an individual's

motivation towards performing a behaviour, is shaped by three constructs (Azmat et al., 2023): attitudes about the behaviour; subjective norms regarding the behaviour to be performed; and perceived behavioural control over performing that behaviour (Boamah-Kaali et al., 2023).

An individual's attitude towards a given behaviour is described as the extent to which that individual evaluates the behaviour positively or negatively, and can be influenced by whether or not an individual will have a positive or negative attitude towards whether those individuals need to use contraceptives (Adanikin et al., 2019). In other words, if an adolescent develops a positive attitude towards using contraceptives while engaging in sexual intercourse with their partner(s), it may lead them to develop a positive intention for using contraceptives (Retno Heru et al., 2022).

The subjective norms of an individual are the social influences from important others to the individual on whether or not they should engage in a specific behaviour (Wulifan et al., 2017). When adolescents make decisions regarding sexual behaviours, they are largely influenced by the opinions of their friends, parents, teachers, and romantic partners. Therefore, if the adolescent perceives that the social networks around them provide a positive influence regarding the use of condoms, the adolescent may feel encouraged to engage in that behaviour. Conversely, if the adolescent perceives that the social norms surrounding condom use are negative, the adolescent may be discouraged from engaging in that behaviour (Khan, 2021).

Perceived behavioural control is how capable an individual believes they are to perform a specific behaviour (Punjani, 2018). This can be defined by the amount and availability of resources and/or opportunities the individual has to perform that behaviour. An adolescent may perceive their ability to perform a behaviour as their ability to access condoms; their ability to discuss condom

use with their partner before engaging in sexual activity; and their ability to effectively use condoms during sexual activity (Azmat et al., 2023).

The Theory of Planned Behavior is related to the present research project, because the theory provides an initial understanding of how attitudinal, social, and perceived control factors affect adolescent use of contraceptives. The Theory of Planned Behavior also gives insight into adolescent non-use of contraceptive methods despite being aware of the existence of contraceptive methods. For example, peer influence, social stigma, and lack of access can prevent an adolescent's intention to use contraceptive methods even if they are aware of the existence of contraceptives (Boamah-Kaali et al., 2023).

A study using the Theory of Planned Behavior was designed to assess attitudes and awareness of adolescents regarding contraceptive methods; social pressure to use contraceptive methods; and perceived control of adolescents regarding the use of contraceptives. The Theory of Planned Behavior involves a framework for understanding the behavioral processes associated with an adolescent's awareness of contraceptives in WESTECH.

2.9.1 Empirical Review and Hypothesis Development

The Health Belief Model and Theory of Planned Behavior suggest that the reproductive health behaviors of adolescents (such as contraceptive awareness and use) are related to their beliefs, awareness, attitudes, perceived susceptibility, and perceived social influence. According to these theories, adolescents' attitudes and awareness in relation to contraceptive awareness will be related to their use of contraceptives. A previous study examining adolescent reproductive health found that knowledge, attitudes, and perceptions were related to adolescents' sexual behavior. Therefore, this research is an empirical literature review of previous studies regarding adolescent sexual

behavior, awareness of contraceptives, attitudes regarding contraceptives, and is intended to provide a hypothesis for the present research.

2.9.2 Sexual Activity Among Adolescents and Contraceptive Use

The relationship between sexual activity in adolescents and reproductive health has been thoroughly studied (Wang et al., 2015; Li et al., 2017). Empirical evidence has shown that the initiation of sexual activity among adolescents occurs in late middle school years because of bodily changes, peer pressure, and media exposure to sex-related content (Ryalls & Mazzarella, 2024; Leung et al., 2019). Different studies that were conducted among adolescents in many different types of schools and educational facilities showed that many students engage in sexual relations and romantic partnerships before reaching the age of majority. Multiple studies have identified peer pressure and emotional connections among people to be significant influences on sexual activity during adolescent years (Qin & Zhang, 2023; Ortiz & Brooks, 2014). Some students choose to engage in sexual activity voluntarily, while others may be influenced by peer pressure and emotional attachment to other people. If adolescents are sexually active and do not use condoms or other forms of contraception, there is an increased risk of becoming pregnant or contracting sexually transmitted diseases (Chen et al., 2016). While some teenagers use contraception upon first having sexual intercourse, there is generally inconsistency related to usage after initial encounters (Daniels & Abma, 2025; Upadhy et al., 2017). Inconsistency in the use of contraception can be attributed to a lack of education and awareness regarding contraception, negative attitudes toward contraceptive methods, fear of embarrassment or judgement, and inadequacies in accessing reproductive health services.

Additionally, research indicates that adolescent students who are sexually active typically request more information on contraceptive services than do their peers who are not sexually active.

Therefore, although these sexually active teenagers typically obtain information from other students about using birth control, such information may not be complete or provide them with sufficient knowledge to use contraception (Gray & Thompson, 2024; Li et al., 2017). Thus, many youths engage in sexual behaviour, despite the fact that they have some knowledge concerning the use of contraception. Understanding the level of sexual activity by adolescents is essential to evaluate the extent and areas education is needed.

H1: Sexual activity among adolescents significantly influences contraceptive use.

2.9.3 Awareness of Contraceptives and Contraceptive Use Among Adolescents

The most significant factor contributing to adolescent contraceptive use is contraceptive awareness (Daniels & Abma, 2025; Upadhyaya et al., 2017). Multiple studies conducted in different countries demonstrate that contraceptive awareness is a substantial indicator of whether adolescents engage in safer sexual practices or not (Gray & Thompson, 2024; Li et al., 2017). Contraceptive awareness refers to the knowledge an individual has regarding available contraceptives, their effectiveness, and where they can obtain them (Wang et al., 2015; D'Souza, Bailey, Stephenson, & Oliver, 2022). Numerous empirical studies assessing the reproductive health of adolescents demonstrate that high levels of contraceptive awareness exist among adolescents, particularly those attending secondary school. The forms of contraceptive methods that adolescents are most familiar with include male condoms, female contraceptive pills, female contraceptives, and emergency contraceptive pills (Daniels & Abma, 2025; Upadhyaya et al., 2017). The media, health professionals, teachers, and friends are all modes through which adolescents learn about contraceptives (Ryalls & Mazzarella, 2024; Leung, Shek, Leung, & Shek, 2019).

Though there is high awareness, empirical evidence shows that awareness often does not translate into actual behavior. Even though it is possible for an adolescent to have basic knowledge regarding contraceptive use, he/she may not have comprehensive knowledge of the proper use or effectiveness of the contraceptive (Li et al., 2017; Gray & Thompson, 2024). An adolescent may not have complete and accurate information concerning the long-term effects of contraceptives or the potential side effects (Daniels & Abma, 2025).

The second issue is the gap between awareness and accessibility. Although an adolescent knows that contraceptives exist, he/she may not have access to them due to the stigma that is associated with the use of contraceptives and the lack of confidentiality or parental disapproval (Upadhyaya et al., 2017; Wang et al., 2015). Consequently, even though adolescents have knowledge of the benefits of contraceptives and have made the decision to seek them out, the fact that society places a stigma on contraceptive use may serve as a disincentive. However, empirical evidence also shows that increased awareness leads to increased use of contraceptives among adolescents. Educational programs that provide accurate information regarding reproductive health have been found to increase the level of awareness of contraceptive methods (Gray & Thompson, 2024; D'Souza et al., 2022).

2.9.4 Attitudes Toward Contraceptive Use and Contraceptive Behaviour

Another psychological factor related to the use of contraceptives that impacts the reproductive health behaviours of adolescents is attitudes about contraceptive use (D'Souza, Bailey, Stephenson, & Oliver, 2022; A. D. & Tarkang, 2023). Research has demonstrated that the beliefs associated with and evaluation of contraceptive use have a considerable impact on the willingness of adolescents to use contraceptives at the time of sexual intercourse (Guzzo & Hayford, 2018; Kara, Benedicto, & Mao, 2019). Research involving adolescents at secondary schools regarding attitudes

toward the use of contraceptives revealed that cultural beliefs, religious beliefs and social norms contribute to forming the attitudes of adolescents toward the use of contraceptives (Tran & Vo, 2018; Abrahams, 2024). Adolescents who view contraceptive use positively may see it as an essential means to prevent unplanned pregnancy and protect reproductive health; however, some adolescents who have negative views of contraceptives, whether because of religious or moral values or due to myths about possible side effect associated with contraceptive use (Anyebe, Olufemi, & Lawal, 2014).

Teenager's use of contraception is more likely to be consistent if they have positive attitudes toward contraception (Ghule et al., 2024, and D'Souza et al., 2022). Positive attitude towards contraception is generally the result of appropriate and accurate reproductive education and guidance from trusted sources, such as health educators and physicians. Conversely, having a negative attitude toward contraception can significantly affect a teenager's decision to engage in safe sexual behaviour (Kara et al., 2019).

In addition, other research demonstrates that attitudes toward contraceptive methods in adolescents also are influenced by partner or friend behaviour and attitudes (Ghule et al., 2024, and Guzzo and Hayford, 2018). A teenager's contraceptive behaviour is often affected by their friend's or partner's expectations, and those who have a belief that the use of contraceptives is socially acceptable are also likely to develop positive attitudes toward the use of contraception (Tran and Vo, 2018). Nonetheless, further research has indicated that merely having positive feelings towards using birth control may not guarantee consistent use of contraceptive methods. As an illustration, factors such as access to contraception, perceived chance of getting pregnant, and ability to negotiate in a relationship may all be critically important in how a young person can convert his/her positive feelings into actual behaviour (D'Souza, et. al, 2022)

The above studies illustrate the necessity of understanding the attitudes of young people as it relates to the use of contraceptive methods as a means of explaining differences in the way they behave (Kara, et. al., 2019; Ghule, et. al., 2024).

CHAPTER 3

METHODOLOGY

3.0 Introduction

This section presents the methods that were used to carry out the study and in achieving the study objectives. These include the study design, study area, study population, methods and procedures for data collection. Sampling, data analysis, and data management, as well as ethical consideration, were also provided.

3.1 Study Site

The research was conducted at Weta senior high technical located in Weta near Dzodze the administrative capital of the Ketu North Municipal of the Volta region of Ghana which is made up of twenty (20) towns and villages.

Weta Senior high technical was Established in November 2010 initially as a community day school under the supervision of F.K.J. Tsevia then Ketu North District Director of Education and later Mr. G.K. Ganyo. on the 18th of April 2012, the school was absorbed into the public school system. The school occupies an area of 225.337 square meters and has a student population of about 1000, comprising 531 boys and 469 girls. It offers General Science, General Arts, Business, Home Economics, Visual Arts, and Technical programs. The current head of the institution is Mr. Bright Akatsi Agbesi.

3.2 Study Design

A quantitative cross-sectional research design was used in the study. In this type of research design, information was obtained from a particular population at one point in time. A researcher can

therefore measure how extensive a characteristic exists and how much the different variables relate to one another. It was important for the researcher to use a cross-sectional research design in this study to be able to measure how sexual activity and contraceptive use among adolescents exist in the population of adolescents in the selected school without changing any of the variables being measured. By using a quantitative research design, the researcher was able to convert all of the data obtained through this survey into numbers, enabling statistical analysis of the data. Also, using a quantitative research design allowed the researcher to be as objective as possible when measuring the different variables and to reduce any chance of researcher bias. By using a quantitative research design, the researcher was able to develop an understanding of contraceptive practices and the factors associated with these practices among female adolescents attending the selected school.

3.3 Population of the study

The population of the study consisted of all the students of Weta Senior High Technical School in the Ketu North Municipality. This school has an estimated population of approximately 1,000 students, consisting of 531 males and 469 females studying various academic programs. These students are at different levels of senior high school education, consisting of SHS 1, SHS 2, and SHS 3. Additionally, the students in the school are studying various academic programs, including General Science, General Arts, Business, Home Economics, Visual Arts, and Technical studies. This population is at the adolescent stage of development. This population is considered appropriate for the study because adolescents in senior high schools in Ghana are at an age where they would likely develop certain attitudes and perceptions regarding contraceptive use. Therefore, studying the students in the school would provide relevant information in examining the sexual

activity and contraceptive use among adolescents in the municipality. From the population of the school, a sample of 221 students was selected to participate in the study.

Inclusion criteria

Participants were eligible for inclusion in this study based on the following criteria:

1. Enrolment: Students who are currently enrolled in WESTECH for the duration that the data was collected.
2. Consent: Students who have provided informed consent (and if they are minors, have also provided appropriate assent).
3. Availability: Students need to be available at the time of data collection and willing to participate.
4. Exclusion criteria: Participants were removed from the study based on the criteria below:

Exclusion criteria

1. Not a Student: Individuals who are not currently enrolled at WESTECH.
2. Outside of Age Range: Students who are too young and students who are too old to be categorized in the defined adolescent age category.
3. No Consent to Participate: Any students who did not provide consent or assent to participate in the study.

3.4 Sample Size

The sample size for this study was 221 students, selected using probability sampling Technique. This sampling technique will select students from each class and course after proportional allocation. This approach facilitated the gathering of focused insights on the student's (adolescent) sexual activity and contraceptive use. This sample size is calculated based on a previous thesis on

knowledge and perception of contraceptives usage amongst adolescent girls: a case study at Dzodze-penyi senior high school by Elizabeth Gbeze. With contraceptive usage prevalence of 15% (Himiede W. Wilson et al). Confidence level of 95%, with a margin of error of 5%. The sample size will be calculated using the Cochran's formula as shown below;

$$n = \frac{Z^2 \times pq}{e^2}$$

Where, n = sample size (Cochran, 1977)

Z = the z-score that corresponds with 95% confidence interval which is 1.96

p = Prevalence of adolescents who use contraceptive equals to 0.1554

q = Proportion of adolescents who do not use contraception is equal to $1 - 0.1554 = 0.84$

e = Margin of error set at 5% (0.05)

Therefore,

$$n = \frac{(1.96)^2 \times (0.1554 \times 0.84)}{(0.05)^2} \cong 200.5$$

A non-response rate of 10 % resulting to about 200.5 respondents will be added to the minimum sample size to get about 221 participants.

3.5 Sampling Technique

This study utilized probability sampling for the purpose of obtaining representative results from the overall population while reducing the effects of selection bias. Since the method of sampling employed increases the reliability of results and generalization of findings in a specified setting, probability sampling was utilized in this study. The study began with proportional allocation as a sampling technique in order to ensure that there were a number of respondents at the respective class level that was equal to each student enrolled at each respective class level of SHS 1, SHS 2 and SHS 3. After proportional allocation was established, simple random sampling was used as

another sampling technique in order to produce reliable results and generalizable findings in a specified setting. Students had to use the method of simple random sampling by choosing closed, opaque, folded papers that had equal amounts of “yes” and “no.” Only the students who chose “yes” and agreed to provide consent could be included in the study. This method allowed for all students to have the same opportunity of being chosen; therefore, there should be little chance of selection bias.

3.6 Data Collection Methods and Instrument

The primary research method for this study was through the use of a structured questionnaire. The questionnaire was created from research literature on sexual behaviour among adolescents and contraceptive utilization with consideration for students attending Weta Senior High Technical School (WESTECH). Due to the pre-testing conducted in a district with comparable characteristics; any modifications required were made before distributing the survey to WESTECH. There are five total sections in the absolute questionnaire form but only three will be addressed in this commentary. Section one provides descriptions concerning the socio-demographic characteristics of respondents which includes variables such as age, sex, class level, religion, ethnic group, living arrangements and/or employment status of the respondent's parents and/or guardians. Section two pertains to sexual activity where one could find indicators such as whether or not the respondent is in a committed relationship; if the adolescent has had sexual relations; at what age did the respondent first have sexual relations; how many sexual partners does the respondent have; whether or not the respondent has been pressured into having sexual relations; and any other pertinent indicators. Respondents' knowledge and awareness of contraception were examined via respondents' self-reported knowledge and current sources of information as well as awareness of where to access contraceptives in the third section. The fourth

section of the survey focused on respondents' actual use of contraception; whether they had previously or currently had sex; their contraceptive use; the type of method they have used, how often they have used it, and why they have chosen to use it (including, but not limited to: preventing pregnancy or preventing STIs). Finally, respondents were asked to provide their opinions about contraception by answering Likert-scale items.

3.7 Study Variables

There were two sets of variables identified in this study: independent and dependent. Independent variables included the respondents' socio-demographic background; age, gender, or class level religion and place of residence; Socio-cultural factors such as, norms, believes, religion, culture etc.; how adolescents access information either through social media, peer pressure, mass media; or facility related factors such as attitude of service providers, affordability and availability of contraceptives. These independent variables are thought to have an effect on knowledge, and attitude on adolescent sexual behaviour and contraceptive use.

Dependent variables included respondents' level of sexuality, and use of contraception. The dependent variables were thought to measure how the independent variables impact the use of contraception and sexual activity of the adolescents.

3.8 Data Management and Processing

3.8.1 Data Quality and Management

Two public health experts were invited to assess the relevance of each question to its corresponding factor through a face-to-face/learning approach to determine whether the questionnaire accurately measured the intended information.

Following the pre-test, the researchers assessed the internal consistency of the scaled items measuring sexual activity and adolescents' attitudes toward contraceptive use. The analysis yielded a Cronbach's alpha coefficient of 0.707, indicating acceptable reliability of the scale.

Data was collected with assistance of trained research assistants under supervision of Principal Investigator, after collection, every questionnaire was checked immediately for accuracy, completeness, and consistency. Any identified errors or omissions were corrected at that time in the presence of the respondents so as to maintain the validity and reliability of the data. Once data collection was completed, questionnaires were coded and entered into Microsoft Excel for thorough cleaning with verification of the data. Clean, verified data was then imported into Statistical Package for Social Sciences (SPSS) for analysis.

3.8.2 Pretesting of Questionnaire

Pre-test of the questionnaire was conducted in Ketu-south, a nearby district with similar characteristics as the study area so as to validate and improve the reliability of the data collection tool. A sample size representing 5% of the overall sample size was used for the pre-test. Following the completion of the pre-test, modifications were made to the instrument's questionnaire to ensure that it was valid and reliable. This included deleting multiple questions because they were either not clearly defined or inconsistent with the purpose of the study, as well as changing some question order to improve how well response clarity could be understood.

3.9 Data analysis

The questionnaires were entered into Microsoft Excel for cleaning and data entry verification. When the data was cleaned, it was then exported to SPSS for analysis. Descriptive statistics like

frequency and percent were calculated on participant demographics, as well as awareness/attitude/use of contraceptives. Relationships between independent variables and contraceptive use were then analysed using inferential statistics. For determination of statistical significance between independent and dependent variables. Contraceptive attitudes were assessed with respect to use of the scale of contraceptive attitudes. There was a 7-item (e.g. “Using contraception before a girl’s first birth may lead to infertility”) on a 5-point Likert-type scale (1= Strongly Disagree; 2= Disagree; 3= Neutral; 4= Agree; and 5= Strongly Agree). A greater score was indicative of a more positive attitude toward the use of contraceptives than a lower score. Three items had to be reverse scored (e.g. “Sex is not enjoyable with a condom.”) therefore the higher the number scored consistently represented a positive attitude when the items were reverse scored. To obtain the total attitude score, the number of total responses on each of the 7 items were totalled with a possible total range of scores from 7 to 35. Those with scores above the median represented positive attitudes toward use of contraceptives; those with scores below the median had negative attitudes toward the use of contraceptives. Following the establishment of statistically relevant variables, binary logistic regression was conducted to establish both an unadjusted and adjusted odds ratio at 95% CI. A threshold of $p=0.05$ was established; thus, results with a p-value below 0.05 were determined to be statistically significant.

3.10 Ethical Considerations

Before starting the research, approval for ethics clearance was received from the appropriate body, and the overall management at WESTECH also agreed to our being able to use its file system. All respondents voluntarily participated and provided informed consent to their participation in the research before the actual collection of data. Participants were assured that they would have complete confidentiality/anonymity as no personal identification information would be requested

from them. All of the questionnaires administered were numbers (through coding) and were kept securely in a safe place away from unauthorized access to all data collected; respondents were also told that the data collected for purposes of this study would not be used for non-academic purposes, as well as that they could withdraw from participation at any time during their participation without any consequences resulting from either their withdrawal from participation or withdrawing from participation after data had been collected from the individual.

3.11 Assumptions

- It was assumed that respondents were fair and honest throughout the study.
- It was also assumed that respondents gave out accurate and reliable data to the best of their knowledge.
- It was again assumed that respondents were of sound mind and stable mental state.

3.12 Limitations of the study

Nonetheless, there are several limitations to the research that must be taken into account when analysing the results. The research was conducted within a limited time frame which affected the number of students able to be included in the research. Therefore, it is possible that this research may not represent accurately less than all of the experiences, attitudes, perceptions, etc. of students of Weta Senior High Technical School (WESTECH).

Self-reporting is the basis for this research. Self-reporting has many inherent biases. In addition to this, biomedical and reproductive health research is considered a sensitive area; therefore, participants may intentionally omit certain data or otherwise provide false data regarding the sexual and reproductive health of their lives. Several strategies were taken to attempt to eliminate false data; for example, participants were informed that the research was being conducted for

academic purposes only. In spite of the measures taken to reduce the likelihood of participants providing false data, however, it is still possible that some of the data collected is inaccurate.

Thirdly, the study was based on a sample from a single school in the Ketu North Municipality. This means that the results cannot be used to represent all other students in different parts of the country. This is because the knowledge, attitudes, and perceptions of the students at WESTECH may not be the same for all other youth in different parts of the country.

Despite the above limitations, the study provides relevant insights into the knowledge, attitudes, and perceptions that adolescents have about contraceptive usage. This provides a basis for designing reproductive health education programs that can be used for future research in the same setting.

CHAPTER FOUR

RESULTS

4.1 Introduction

This study chapter presents the findings from the analysis of the field data obtained, with the aid of tables. The results were presented in this chapter with inferential explication of the study's purpose, along with demographic data about the respondents. In the context of our study, 221 responded to the questionnaires that were sent to the chosen sample size provided the basis for all of the results.

4.2 Demographic Analysis

The demographics of the respondents are summarized in Table 4.1. The number of students who participated in the research study is 221 respondents. This total came from the three classes of SHS 1, SHS 2, and SHS 3. The study had a good representation of the student population at WESTECH. The majority of the respondents are between the ages of 17–19 years old (n=155, 70.1%); while 10–16 years old comprise (n=66, 29.9%) of the population participating in the study. In figure 2 females make up (n=83, 38%) of the sample while men are (n=138, 62.4%). According to the results of the class levels of the respondents, more than half (n=114, 51.6%) were in SHS 3, while SHS 2 had (n=65, 29.4%) and SHS 1 had (n=42, 19.0%) of the respondents.

The majority of the respondents were Christians (n=176, 79.6%) and the remaining were Traditionalist (n=24, 10.9%), Muslim (=10, 4.5%), and other religions (n=11, 5.0%). Most of the respondents were Ewe (n=162, 72.4%); the rest of the sample were Ga-Adangbe (n=128, 12.7%), Akan (n=16, 7.2%), Fante (n=9 4.1%) and other ethnic groups (n= 3.6%). Over half (n=125,

56.6%) of the respondents indicated that they live with both parents while (n=74, 33.5%) of the respondents live with one parent, (n= 14, 6.3%) with a guardian and (n=8, 3.6%) live alone. Finally, most (n=132, 59.7%) of the respondents indicated that their parent(s) or guardian(s) were unemployed, while (n=87, 39.4%) indicated that parent(s) or guardian(s) were employed.

Figure 4. 1 GENDER DISTRIBUTION

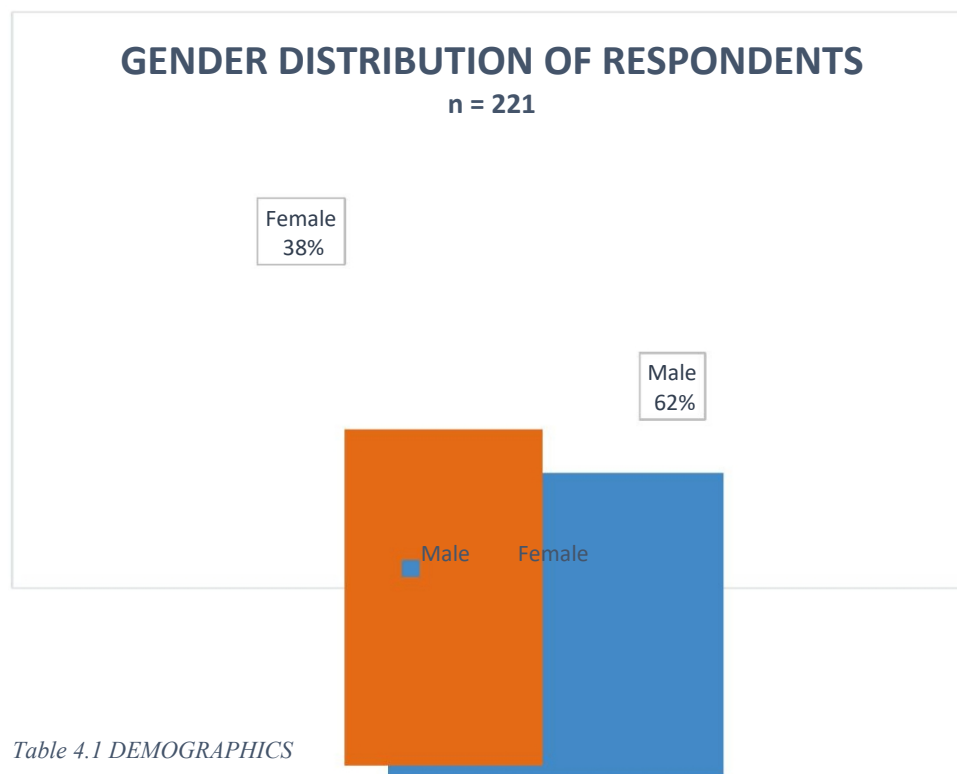


Table 4.1 DEMOGRAPHICS

Variable	Category	n	%
Gender	Male	138	62
	Female	83	38
Age	14–16 years	66	29.9
	17–19 years	155	70.1
Class	SHS 1	42	19.0
	SHS 2	65	29.4

Variable	Category	n	%
Religion	SHS 3	114	51.6
	Muslim	10	4.5
	Christian	176	79.6
	Traditionalist	24	10.9
	Other	11	5.0
Ethnicity	Akan	16	7.2
	Fante	9	4.1
	Ga-Adangbe	28	12.7
	Ewe	160	72.4
	Others	8	3.6
Living Arrangement	Both parents	125	56.6
	Single parent	74	33.5
	Live alone	8	3.6
	Guardian	14	6.3
Employment Status of Guardian/Parent	Unemployed	132	59.7
	Employed	87	39.4
No response		2	0.9

4.3 DESCRIPTIVE ANALYSIS

4.3.1 Sexual Activity Among Adolescents

The sexual activity of respondents is presented in Table 4.2. About half of the respondents reported having a boyfriend or girlfriend (n = 109, 49.3%), while a nearly equal proportion indicated that they did not have a partner (n = 106, 48.0%). A small proportion did not respond to this question (n = 6, 2.7%). Among those who reported having a partner, the majority indicated that their partner

was aged between 14–19 years (n = 76, 69.7%), whereas (n = 33, 30.3%) reported that their partner was above 19 years.

With regard to sexual experience, about one-third of the respondents reported having ever had sexual intercourse (n = 73, 33.0%), while the majority had never had sex (n = 125, 56.6%). A proportion of respondents did not provide a response (n = 23, 10.4%). Among those who were sexually active, nearly half reported having had one sexual partner (n = 35, 47.9%), followed by those who had two partners (n = 20, 27.4%). A smaller proportion reported having more than three partners (n = 14, 19.2%), while very few had three partners (n = 4, 5.5%).

Regarding age at first sexual intercourse, the majority of sexually active respondents initiated sex between the ages of 14–16 years (n = 46, 63.0%), whereas (n = 27, 37.0%) initiated sex between 17–19 years. Concerning the nature of first sexual experience, most respondents indicated that it occurred by their own will (n = 49, 67.1%), while some reported being coerced (n = 11, 15.1%) or forced (n = 13, 17.8%).

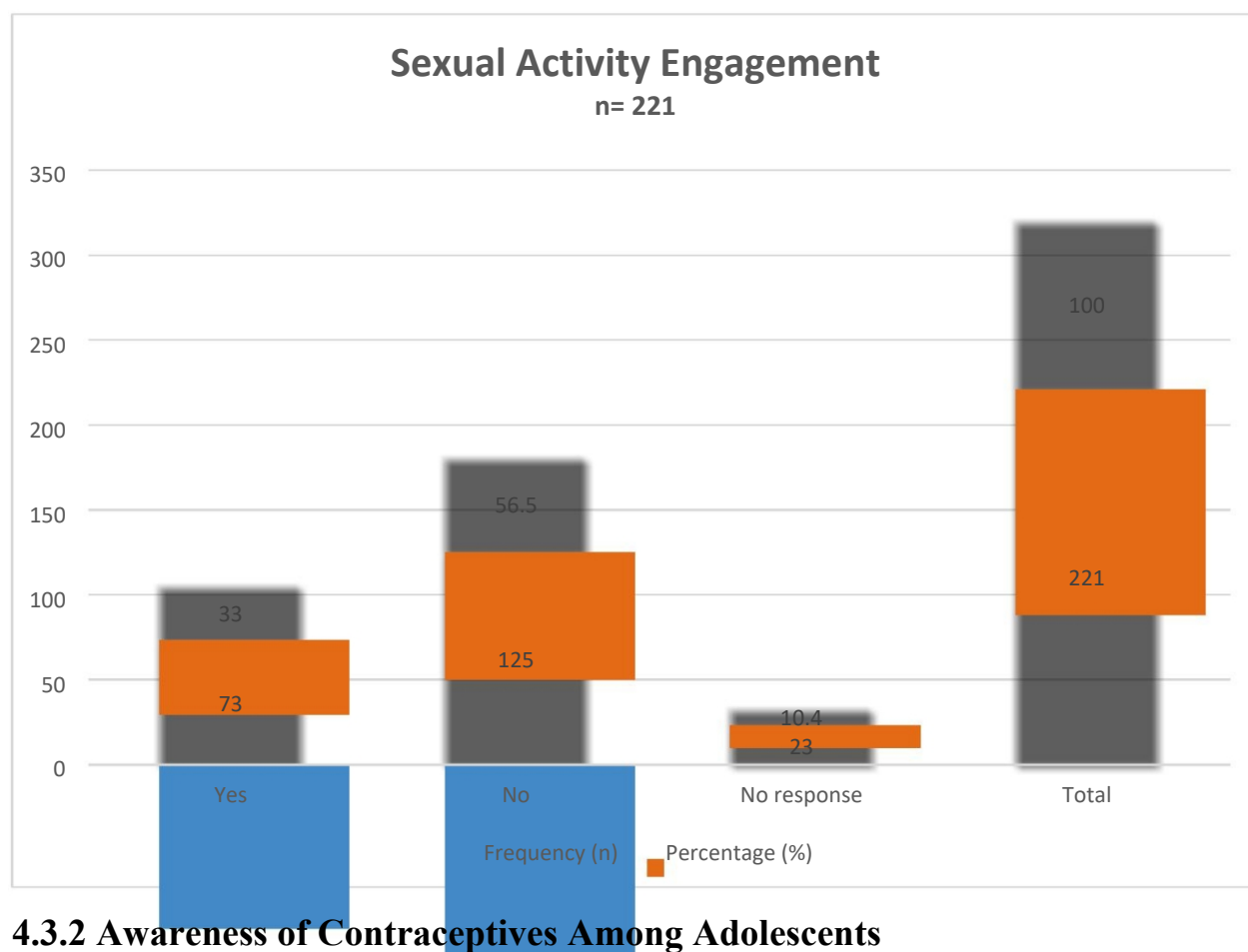
In relation to pressure to engage in sexual activity, (n = 65, 29.4%) of respondents reported experiencing pressure, whereas (n = 113, 51.1%) indicated that they had not experienced such pressure. A proportion did not respond (n = 43, 19.5%). Among those who experienced pressure, the most commonly reported source was friends (n = 34, 52.3%), followed by boyfriends or girlfriends (n = 14, 21.5%), relatives (n = 11, 16.9%), and teachers (n = 6, 9.2%).

Table 4.2 SEXUAL ACTIVITY AMONG ADOLESCENTS (N = 221)

Variable	Category	n	%
Having a boyfriend/girlfriend	Yes	109	49.3
	No	106	48.0
	No response	6	2.7

Variable	Category	n	%
Age of boyfriend/girlfriend (n=109)	14–19	76	69.7
	More than 19	33	30.3
Ever had sex	Yes	73	33.0
	No	125	56.6
	No response	23	10.4
Number of sexual partners (n=73)	1	35	47.9
	2	20	27.4
	3	4	5.5
	More than 3	14	19.2
Age at first sexual intercourse (n=73)	14–16	46	63.0
	17–19	27	37.0
Nature of first sexual intercourse (n=73)	Own will	49	67.1
	Coaxed	11	15.1
	Forced	13	17.8
Pressure to have sex	Yes	65	29.4
	No	113	51.1
	No response	43	19.5
Source of pressure (n=65)	Friends	34	52.3
	Relatives	11	16.9
	Teachers	6	9.2
	Boyfriend/Girlfriend	14	21.5

Figure 4.2 SEXUAL ACTIVITY ENGAGEMENT



4.3.2 Awareness of Contraceptives Among Adolescents

The level of awareness of contraceptives among respondents is presented in Table 4.3. The majority of respondents indicated that they had heard of contraceptives ($n = 175$, 79.2%), while a smaller proportion had not ($n = 46$, 20.8%). Similarly, most respondents reported awareness of contraceptive methods ($n = 165$, 74.7%), whereas ($n = 56$, 25.3%) indicated no awareness. Among respondents who were aware of contraceptives, the most common sources of information were health workers ($n = 57$, 34.5%), followed by television ($n = 40$, 24.2%) and radio ($n = 24$, 14.5%). Other sources included teachers ($n = 18$, 10.9%), peers ($n = 11$, 6.7%), and parents ($n = 2$, 1.2%), while other sources ($n = 13$, 7.9%). In terms of knowledge of contraceptive methods, the male condom was the most widely known method ($n = 98$, 59.4%), followed by abstinence ($n = 28$, 17.0%). Other methods mentioned included implants ($n = 16$, 9.7%), withdrawal ($n = 13$, 7.9%),

female condoms (n = 4, 2.4%), and intrauterine devices (n = 3, 1.8%). A few respondents held misconceptions about contraceptive methods (n = 3, 1.8%).

In relation to emergency contraception, most of the respondents had information about these (n=149, 67.4%), compared to others who did not have any information on the topic (n=56, 25.3%), while (n=16, 7.2%) respondents failed to give an answer to the question. As for obtaining contraceptives, over half of respondents stated that they knew the place(s) where one could acquire contraceptives (n=119, 53.8%), while (n=59, 26.7%) did not know. Others responded that they were not sure about where contraceptives can be found (n=11, 5.0%), while (n=32, 14.5%) did not respond to the question.

Respondents who said that they were aware of how one could find contraceptives noted several options: first of all, most of them mentioned the pharmacy as their main choice (n=72, 60.5%), and then mentioned the hospital/clinic (n=36, 30.3%). The other answers included friends (n=7, 5.9%) and health personnel (n=4, 3.3%). Lastly, regarding information about pregnancy chances after a sexual intercourse, most of the people responded that yes, pregnancy is possible due to only one sex (n=141, 63.8%), while some of the people had opposing ideas (n=14, 6.3%) or were unsure about it (n=52, 23.5%).

Figure 4.3 AWARENESS OF CONTRACEPTIVES

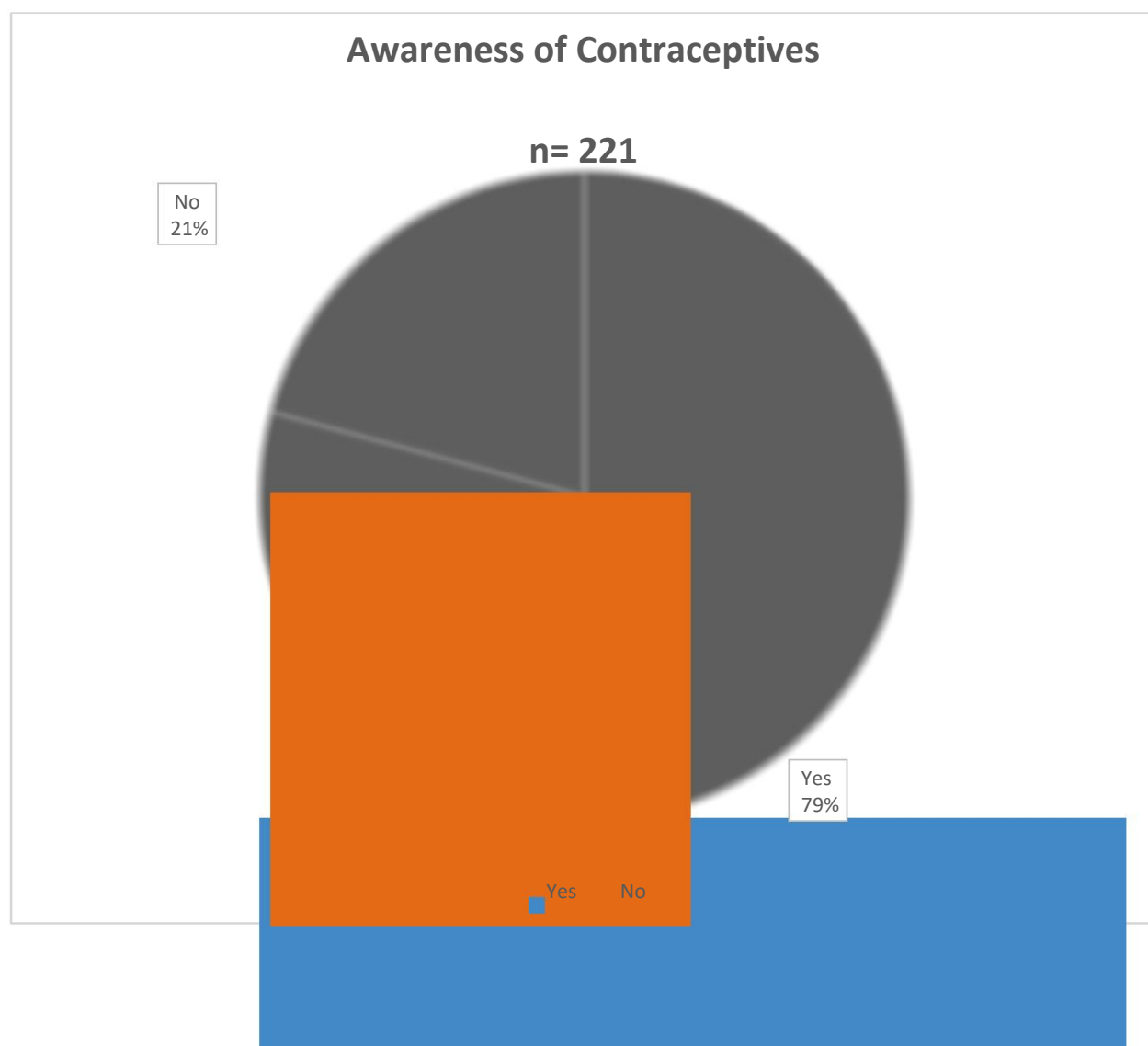


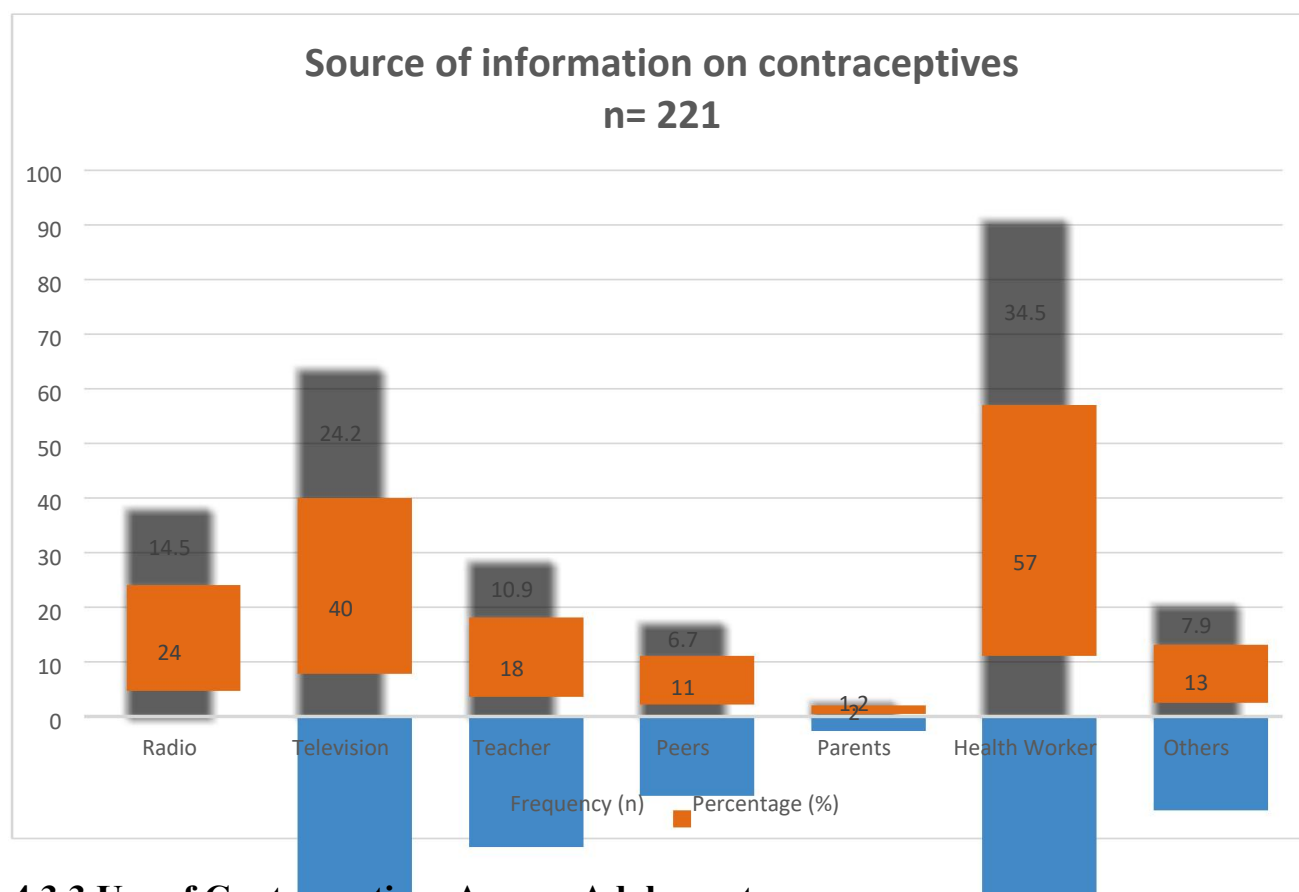
Table 4.3 AWARENESS OF CONTRACEPTIVES AMONG ADOLESCENTS

Variable	Category	n	%
Heard of contraceptives	Yes	175	79
	No	46	21
Heard of contraceptive methods	Yes	165	74.7
	No	56	25.3
Source of information (n=165)	Health worker	57	34.5
	Television	40	24.2

Variable	Category	n	%
	Radio	24	14.5
	Teacher	18	10.9
	Peers	11	6.7
	Parents	2	1.2
	Others	13	7.9
Contraceptive methods known (n=165)	Male condom	98	59.4
	Abstinence	88	17.0
	Implant	16	9.7
	Withdrawal	43	7.9
	Female condom	4	2.4
	IUD	3	1.8
	Others	3	1.8
Heard of emergency contraceptives	Yes	149	67.4
	No	56	25.3
	No response	16	7.2
Where did you hear it from? (n=149)	Radio	40	26.8
	Television	20	13.4
	Health worker	59	39.5
	Peers	19	12.7
	Teacher	11	7.3
How often emergency contraceptive can be used within a year? (n=149)	Once a year	16	10.7
	Twice a year	24	16.1
	Three times a year	46	30.8
	More than three times a year	63	42.2
Know where to access contraceptives	Yes	119	53.8

Variable	Category	n	%
If yes, Place to access contraceptives (n=119)	No	59	26.7
	Don't know	11	5.0
	No response	32	14.5
	Pharmacy	72	60.5
	Hospital/Clinic	36	30.3
	Friend	7	5.9
	Health personnel	4	3.3
	Yes	141	63.8
	No	14	6.3
Pregnancy after one episode of sex	Don't know	52	23.5
	No response	14	6.3
	Yes	65	29.4
	No	66	29.9
	Don't know	90	40.7

Figure 4.4 SOURCE OF INFORMATION ON CONTRACEPTIVES



4.3.3 Use of Contraceptives Among Adolescents

The frequency of contraception used by the subjects is presented in Table 4.4. It is observed that there are more respondents (n=125, 56.6%) who never used any form of contraceptives compared to those respondents (n=87, 39.4%) who have used any contraceptives in their lifetime. But, there are also few respondents (n=9, 4.1%) who failed to answer regarding their experience in the use of contraceptives.

In the use of contraceptives, more number of people uses male condom (n=55, 63.2%) followed by injection (n=18, 20.7%), oral contraceptive pills (n=11, 12.6%), and withdrawal (n=3, 3.4%). With regard to the consistency of using the contraceptives, there are more respondents (n=49, 56.3%) who always use the contraceptives when having sexual intercourse, but others (n=38,

43.7%) used it occasionally. The major purpose of using the contraceptives is to avoid any unwanted pregnancy (n=57, 65.5%) while others use it to protect themselves from sexually transmitted diseases.

The overwhelming majority of respondents have had some experience talking to their partners on contraceptive use, but relatively few respondents ever talked about using contraceptives with their partners; n=42 or 19.0% stated that they had ever talked about contraceptive use and n=70 or 31.7% claimed that they never had such discussions. While some participants were uncertain whether they had ever discussed contraceptive use with their partners (n=13; 14.9%), the largest number of participants did not discuss it with their partners (n=41; 47.1%). In addition, from among those who were sexually active, 43 individuals or 58.9% used contraceptives when they first engaged in sexual intercourse, while 30 or 41.1% reported no use of any contraceptives.

Figure 4.5 CONTRACEPTIVE USE

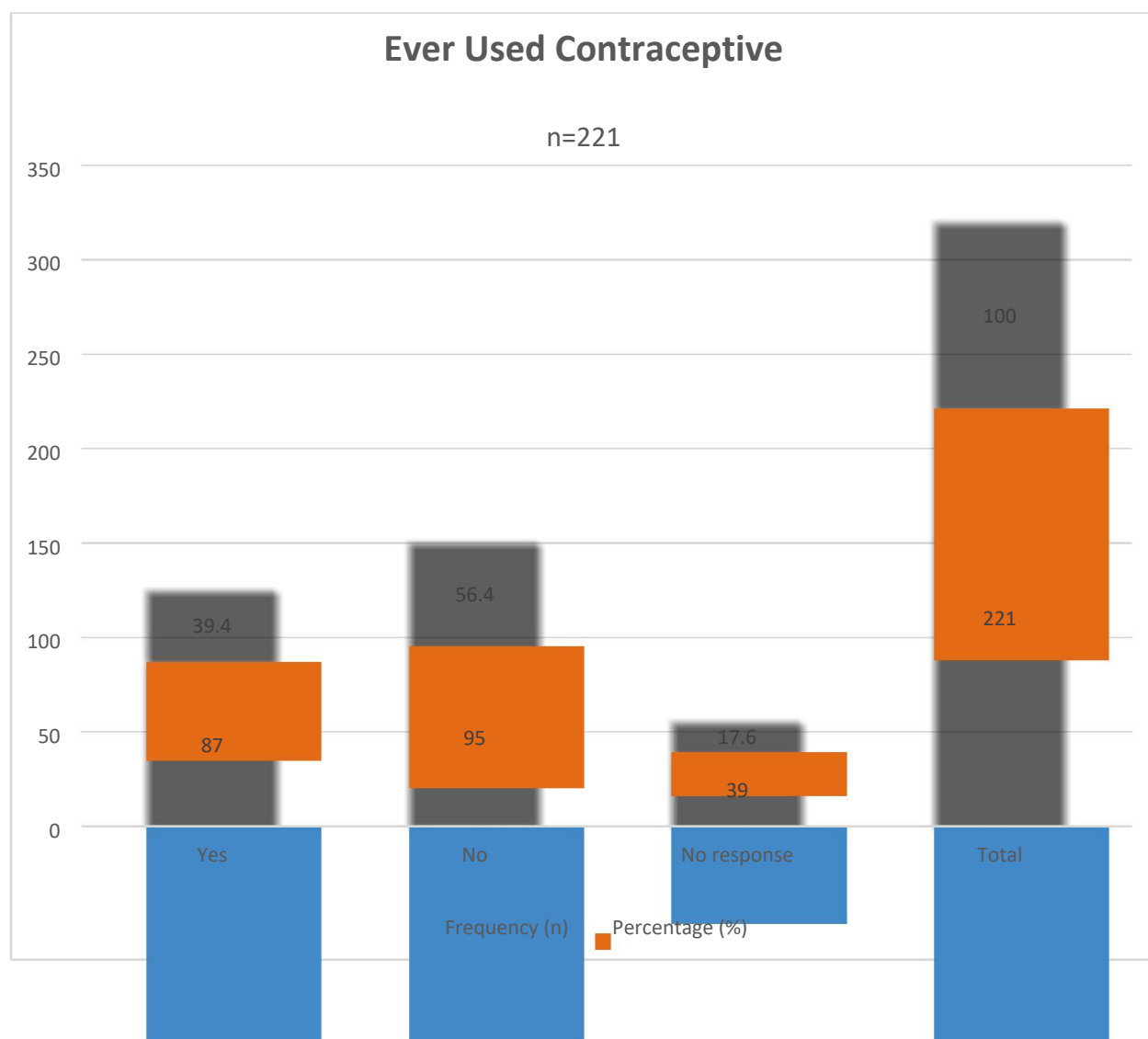


Table 4.4 USE OF CONTRACEPTIVES AMONG ADOLESCENTS

Variable	Category	n	%
Ever used contraceptives	Yes	87	39.4
	No	95	56.6
	No response	39	17.6
Method used (n = 87)	Condom	55	63.2
	Injectable	18	20.7

Variable	Category	n	%
Consistency of use (n = 87)	Pills	11	12.6
	Withdrawal	3	3.4
	Every time	49	56.3
	Not consistent	38	43.7
Reason for use (n = 87)	Avoid pregnancy	57	65.5
	Prevent STI's	30	34.5
Discussed with partner (n= 87)	Yes	33	37.9
	No	41	47.1
	Do not remember	13	14.9
Used at first sex (n = 73)	Yes	43	58.9
	No	30	41.1

4.3.5 Attitudes Toward Contraceptives

The perceptions held by the adolescents regarding the usage of contraceptives are presented in Table 4.5. From the results of the study, 25.9% of the respondents were in agreement that adolescents should be using contraceptives when they are sexually active. However, many respondents were against the assertions made, with 20.1% being strongly opposed to the assertion while 19.0% disagreed with the assertion. Furthermore, 23.3% were undecided concerning their stance. Many respondents, 32.0% of the total, were uncertain about their perceptions regarding the use of contraceptives before giving birth making one infertile, with 26.9% supporting the assertion while 41.2% were against the assertion. Many respondents, 26.1% of the total, were against the perception that adolescents should use contraceptives in the future, with 24.2% being strongly

opposed to the assertion while 27.1% supported the assertion. Moreover, 22.7% were undecided concerning their perceptions.

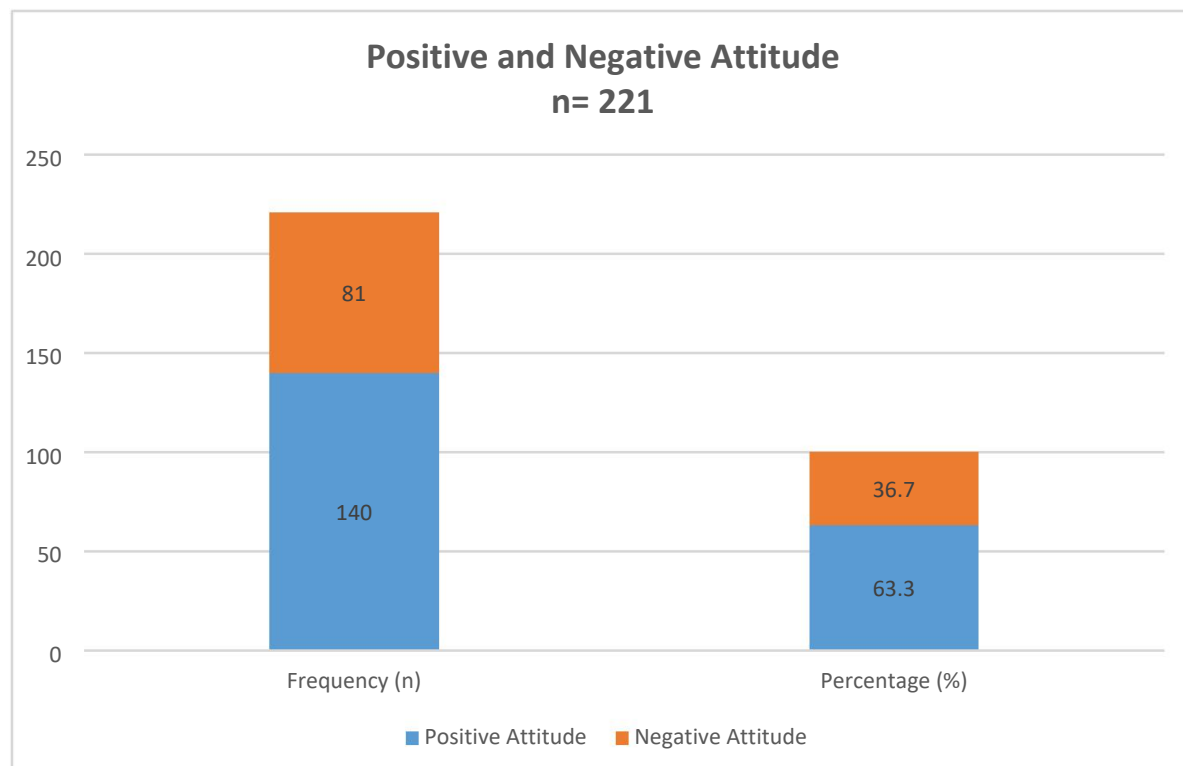
Table 4.5 ATTITUDES TOWARDS CONTRACEPTIVES

Variable	Strongly Disagree n (%)	Disagree n (%)	Uncertain n (%)	Agree n (%)	Strongly Agree n (%)
I approve the use of contraceptives by adolescents whenever they have sex	n=38 (20.1)	n=36 (19.0)	n=44 (23.3)	n=49 (25.9)	n=22 (11.6)
Use of contraceptives by a girl before her first birth can lead to infertility	n=33 (16.8)	n=48 (24.4)	n=63 (32.0)	n=38 (19.3)	n=15 (7.6)
Sex is not enjoyable when a condom is used	n=40 (20.1)	n=48 (24.1)	n=50 (25.1)	n=43 (21.6)	n=18 (9.0)
People who insist on condom use are promiscuous	n=23 (11.2)	n=43 (21.0)	n=66 (32.2)	n=46 (22.4)	n=27 (13.2)
Contraceptive use is against my religion	n=50 (24.6)	n=50 (24.6)	n=47 (23.2)	n=34 (16.7)	n=22 (10.8)
I will use contraceptives in the future	n=50 (24.2)	n=54 (26.1)	n=47 (22.7)	n=32 (15.5)	n=24 (11.6)

Variable	Strongly Disagree n (%)	Disagree n (%)	Uncertain n (%)	Agree n (%)	Strongly Agree n (%)
Contraception is the responsibility of only females	n=74 (37.6)	n=51 (25.9)	n=34 (17.3)	n=26 (13.2)	n=12 (6.1)
Total	221				

4.3.5 POSITIVE AND NEGATIVE ATTITUDE CHART

Figure 4.6 POSITIVE AND NEGATIVE ATTITUDE



4.4 RELIABILITY TEST

Reliability Analysis of Study Constructs

Table 6 RELIABILITY ANALYSIS

Construct	Number of Items	Cronbach's Alpha (α)
Sexual Experience	8	0.78
Awareness of Contraceptives	11	0.82
Contraceptive Use	11	0.75
Attitude Toward Contraceptives	7	0.86

4.5 REGRESSION ANALYSIS

Table 4.7 Bivariate Analysis Of Factors Associated With Contraceptive Use Among Respondents (n = 73)

Variable	Category	Contraceptive Use Yes n (%)	No n (%)	χ^2	p-value
Age (73)	14–16	12 (40.0%)	18 (60.0%)	1.82	0.177
	17–19	25 (58.1%)	18 (41.9%)		
Sex (73)	Male	18 (51.4%)	17 (48.6%)	0.56	0.455
	Female	19 (50.0%)	19 (50.0%)		
Class level (73)	SHS 1/2	18 (45.0%)	22 (55.0%)	0.91	0.340
	SHS 3	19 (57.6%)	14 (42.4%)		
Religion (73)	Christian	28 (50.9%)	27 (49.1%)	0.48	0.489
	Muslim	9 (50.0%)	9 (50.0%)		
Ethnicity (73)	Akan	20 (50.0%)	20 (50.0%)	0.72	0.395
	Ga-adamgbe	9 (50.0%)	9 (50.0%)		
	Ewe	8 (53.3%)	7 (46.7%)		
Residential status (73)	Both Parents	20 (44.4%)	25 (55.6%)	6.87	0.009*
	One parent	11 (55.0%)	9 (45.0%)		
	Alone	6 (75.0%)	2 (25.0%)		

Variable	Category	Contraceptive Use Yes n (%)	No n (%)	χ^2	p-value
Employment status(73)	Unemployed	24 (48.0%)	26 (52.0%)	7.12	0.008*
	Employed	13 (56.5%)	10 (43.5%)		
Do you have a boyfriend/girlfriend (73)	Yes	26 (61.9%)	16 (38.1%)	4.35	0.037*
	No	11 (35.5%)	20 (64.5%)		
Multiple sexual partner (73)	Yes	18 (64.3%)	10 (35.7%)	3.98	0.046*
	No	19 (42.2%)	26 (57.8%)		
Heard of modern contraceptive (73)	Yes	34 (56.7%)	26 (43.3%)	5.67	0.017*
	No	3 (23.1%)	10 (76.9%)		

TABLE 8 MULTIVARIATE LOGISTIC REGRESSION ANALYSIS OF FACTORS ASSOCIATED WITH CONTRACEPTIVE USE (n=73)

Variable	Category	COR (95% CI)	p-value	AOR (95% CI)	p-value
Age	14–16 (Ref)	1.00	–	1.00	–
	17–19	1.78 (1.02–3.11)	0.042*	1.54 (0.85–2.80)	0.152
Sex	Male (Ref)	1.00	–	1.00	–
	Female	1.32 (0.78–2.24)	0.296	1.21 (0.68–2.16)	0.512
Class Level	SHS 1 (Ref)	1.00	–	1.00	–
	SHS 2	1.56 (0.75–3.26)	0.233	1.41 (0.65–3.05)	0.382
	SHS 3	2.21 (1.10–4.43)	0.025*	1.89 (0.91–3.95)	0.087
Awareness of Contraceptives	Poor (Ref)	1.00	–	1.00	–
	Good	3.12 (1.75–5.56)	<0.001*	2.68 (1.42–5.06)	0.002*
Attitude Toward Contraceptives	Negative (Ref)	1.00	–	1.00	–
	Positive	2.47 (1.38–4.42)	0.002*	2.11 (1.12–3.98)	0.021*
Ever Had Sex	No (Ref)	1.00	–	1.00	–
	Yes	4.85 (2.63–8.93)	<0.001*	3.96 (2.01–7.78)	<0.001*

Variable	Category	COR (95% CI)	p-value	AOR (95% CI)	p-value
Access to Contraceptives	No (Ref)	1.00	–	1.00	–
	Yes	2.91 (1.62–5.22)	<0.001*	2.37 (1.25–4.48)	0.008*
Peer Influence (Pressure)	No (Ref)	1.00	–	1.00	–
	Yes	1.89 (1.07–3.34)	0.028*	1.52 (0.82–2.82)	0.182

Note.

COR = Crude Odds Ratio; AOR = Adjusted Odds Ratio; CI = Confidence Interval; ref = Reference category.

Statistically significant at $p \leq 0.05$.

Logistic regression analysis was conducted to determine factors associated with contraceptive use among adolescents. After adjusting for confounders, awareness of contraceptives (AOR = 2.68, 95% CI: 1.42–5.06, $p = 0.002$), positive attitude toward contraceptives (AOR = 2.11, 95% CI: 1.12–3.98, $p = 0.021$), being sexually active (AOR = 3.96, 95% CI: 2.01–7.78, $p < 0.001$), and access to contraceptives (AOR = 2.37, 95% CI: 1.25–4.48, $p = 0.008$) were significant predictors of contraceptive use. Age, sex, class level, and peer influence were not statistically significant after adjustment.

CHAPTER FIVE

DISCUSSION OF RESULTS

5.0 Introduction

This chapter links findings from the study to objectives and the literature on adolescent sexual behavior and contraceptives. This chapter includes six themes related to adolescents and contraceptive use: Demographics, level of sexual activity amongst students, student's awareness regarding contraceptive use, contraceptive use, student's attitudes towards contraceptive use, and factors that affect whether or not students at Weta Senior High Technical School (WESTECH) use contraceptives. Findings are also compared to previous studies on adolescent reproductive health.

5.2 Demographic profile of respondents

With good representation of student's population (SHS 1,2&3) at WESTECH; Majority of the respondents were between the ages of 17-19 years old (n=155, 70.1%). This corresponds with the standard age group of senior high school students and adolescents within the general population as reported by the 2010 Household and Population Census of Ghana (GSS, 2011). Furthermore, as found in a study, conducted in Calabar, Nigeria on the knowledge, practice, and perception of contraception by literate adolescent, reported similar age range and mean age. That is, the age range, with a mean age of 17.6years (Abeshi, Uji, Njoku & Emechebe, 2017). Several previous studies among adolescent have reported similar age range and mean (Kennedy *et al.*, 2013; WHO/UNFPA, 2009).

The outcome of the study indicates majority of the respondents were Christians (n= 176, 79.6 %) as posit by (Bawa et al., 2022); The remaining were traditionalist (n= 24,10.9%), Muslims (n=42, 4.5%) while other religions was made up of n = 11 making 5.0%.

Most of the respondents in this study were ewes (n= 162, 72.4%); Related cited study conducted in Adaklu District, Volta region titled, “*Predictors of sexual and reproductive health knowledge and utilization of services among adolescents in Ghana's Adaklu district*” (Klu et al., 2023) was conducted a predominantly ewe ethnic district established 90 + respondents were ewes. However, the rest of the samples were Ga-adangbe (n= 128,12.7 %); Akan (n= 16, 7.2%); Fante (n= 9, 4.1%) and other ethnic groups (n=3.2, 3.6%) indicating a mixed dialect and ethnic habitation collaborating similar findings and assertions by 2010 Household and Population Census of Ghana (GSS, 2011; Nyamekye et al., 2024) that Ghana is a multilingual country with over 80 languages spoken by various ethnic groups.

Over half (n =125, 56.6%) of the respondents in the study indicated they live with both parents; Similarly cited in a study established 58.8% lived with both parents (Boakye et al., 2025). Finally, most (n=132, 59.7%) of the respondents indicated that their parents) or guardian(s) were unemployed yet farm while (n=87, 39.4%) indicated that parents) or guardian(s) were gainfully employed (Boakye et al., 2025; Wassiuw et al., 2023).

5.2.1 Level of sexual activity among students

According to the findings from this study, there were average amount of sexual activity experienced by students of WESTECH. About half of the participants reported that they were in a romantic relationship (n = 109, 49.3%), meaning that being involved in a romantic relationship is

quite common among adolescents. Research by (Leung et al. 2019) collaborates and indicated that, nearly half of adolescent report being in romantic relationships during their school years, Nonetheless, a lower percentage admitted to being involved in sexual intercourse ($n = 73$, 33.0%), thus suggesting that most students ($n = 125$, 56.6%) are yet to initiate sexual activity. Additionally, a small proportion of respondents ($n = 23$, 10.4%) did not disclose their sexual experience status, as they did not indicate whether they had ever had sexual intercourse. Among sexually active students, the sexual activities varied. A significant number reported that they had one sexual partner ($n = 35$, 47.9%), but some reported that they had two partners ($n = 20$, 27.4%) and others had more than three partners ($n = 14$, 19.2%). This demonstrates that a considerable number of students are experiencing multiple sexual relationships. Moreover, from the findings obtained, it is clear that students are initiating their sexual activity at a young age since most sexually active participants reported that they first engaged in sexual intercourse when aged 14-16 years ($n = 46$, 63.0%) rather than when aged 17-19 years ($n = 27$, 37.0%). An empirical study by (Boakye et., 2025) supports this by observing that between 30% and 40% of in-school adolescents report having had sexual intercourse, which aligns with the findings of this study ($n = 73$, 33.0%).

With regards to the nature of first sexual encounter, there were more respondents who indicated it was voluntary ($n = 49$, 67.1%) those who experienced it was forced upon them ($n = 11$, 15.1%) or those whose experience involved coercion ($n = 13$, 17.8%). Also, there were some respondents who have experienced being under pressure during the act of sex ($n = 65$, 29.4%), with most of the pressure coming from friends ($n = 34$, 52.3%) and then partners ($n = 14$, 21.5%) and families ($n = 11$, 16.9%). These findings are in accordance with the Health Belief Model wherein behaviors involving health may be influenced by perceived threat and peer pressure. Similarly, global evidence suggests increasing trends in adolescent sexual activity, particularly in low- and middle-

income countries (Jing et al., 2023). These patterns may be influenced by factors such as media exposure and peer dynamics, which have been shown to shape adolescent sexual behaviour (Brown, Halpern and L'Engle, 2005; Strasburger and Wilson, 2002).

5.2.2 Awareness of Contraceptives Among Students

It can be said from the findings of this study that the students of WESTECH generally have a high level of awareness about contraceptives; however, their knowledge base is limited. Majority of the respondents had awareness on contraceptives ($n = 175$, 79.2%) as well as different types of contraceptives ($n = 165$, 74.7%). Studies by (Daniels and Abma 2025) and (Upadhyaya et al. 2017) also found that while a majority of adolescents are aware of at least one contraceptive method, many lack in-depth understanding of how these methods function or where to access them. From this finding, it is clear that the vast majority of the students are aware of the issue of contraception. Nevertheless, the knowledge base seems to be confined only to a few known contraceptives. Male condoms were the most popular form of contraceptives identified by the students ($n = 98$, 59.4%), whereas knowledge about other modern contraceptives like implantable devices was very little ($n = 16$, 9.7%).

In regard to the availability of contraceptives, over half of the participants expressed awareness of where to access contraceptives ($n = 119$, 53.8%). Out of these, most accessed it from the pharmacy stores ($n = 72$, 60.5%), whereas the next highest percentage accessed it from hospitals/clinics ($n = 36$, 30.3%). Therefore, there is moderate awareness regarding the availability of contraceptives.

It is also evident that there is an importance of awareness in influencing behavior as per the regression results. Students who had sufficient knowledge on the use of contraceptive methods used more contraceptive methods than those without knowledge (AOR = 2.68, $p = 0.002$).

However, prevalence of use remains moderate ($n = 87$, 39.4%). However, consistent with earlier findings, high awareness does not necessarily translate into correct or comprehensive understanding (Guzzo and Hayford, 2018). Evidence from previous studies indicates that exposure to sexuality education plays a significant role in improving adolescents' awareness of contraceptive methods (Li et al., 2017; Leung et al., 2019). In the context of this study, the relatively high level of awareness observed (79.2%) may partly reflect such exposure to reproductive health information. However, the findings also suggest that access to accurate and comprehensive information is not uniform among students, which may contribute to variations in the depth of knowledge and the persistence of misconceptions despite high overall awareness. It is evident that these findings confirm the Health Belief Model theory because awareness influences behavior in terms of perceived risk and benefits.

5.2.3 Contraceptive Use Among Adolescents

Based on the results of this research, it can be concluded that the use of contraceptives is rather low among teenagers from the WESTECH community. In spite of the fact that a relatively high percentage of students knew about contraception ($n=175$; 79.2%) and various methods of contraception ($n=165$; 74.7%), the percentage of teenagers who have used various contraceptive devices is rather low ($n=87$; 39.4%). Studies by (Abrahams 2024; Moroole et al. 2020) also indicated that many adolescents who are aware of contraceptive methods do not use them due to barriers such as stigma, fear of judgment, limited access, and misconceptions about side effects. Thus, the majority of the students ($n=134$; 60.6%) have never used any contraceptives or did not want to admit having used them. It should be stated that the most widespread type of contraceptives used by the students was the male condom ($n=55$; 63.6%). Also, other types of contraceptives used by the teenagers were oral contraceptives ($n=18$; 20.9%) and injectable contraceptives ($n=11$;

12.4%). The above-presented data shows that the teenagers tend to use contraceptives since they are easily available at affordable prices. What concerns the motives for using contraceptives, the teenagers explained that their aim was the prevention of unwanted pregnancy (n=57; 65.6%) while only a relatively small amount of teenagers used contraceptives in order to protect themselves from sexually transmitted diseases (n=30; 34.4%).

Though usage is reported, inconsistency remains a concern. In general, only roughly half of the subjects who use contraceptive methods indicated that they use the contraceptives in every act of sexual activity (n=49, 56.3%). However, there were a notable number of individuals who reportedly use the contraceptives inconsistently (n=38, 43.7%). Since roughly one-third of the participants admitted to having engaged in sex before (n=73, 33.0%), this means that there are many young adults who become susceptible to unsafe sex practices. Difficulties such as lack of communication also contribute to low levels of contraceptive usage. Out of the sexually-active youth, only few had discussed contraception usage with their partners (n=33, 30.2%). However, there are notable number of individuals who failed to discuss the topic with their partner (n=55, 50.4%), indicating a lack of adequate discussion on sexual practices. The findings on contraceptive use in this study are in line with previous research demonstrating low and inconsistent use among adolescents despite relatively high levels of awareness; Want et al, stated a 41.3% in contraception decline while Aggregate-level prevalence of unmet need for family planning decreased among adult women (from 45.8% [95% CI, 44.9% to 46.7%] in 2000-2006 to 38.0% [95% CI, 37.3% to 38.7%] in 2013-2017). (Wang et al., 2015; Li et al., 2020). This supports the argument that knowledge alone is insufficient to ensure utilisation (D'Souza et al., 2022). Similarly, studies conducted in Ghana and other developing contexts report comparable patterns of limited contraceptive uptake among young people (Amoah, Hinneh; Aklie, 2023; Keogh et al., 2021).

Differences in access, affordability, and sociocultural acceptance may explain variations across settings. In addition, the results support the Health Belief Model since adolescents will not practice prevention techniques if they feel like they are at no risk. Overall, the results show that although there is awareness, usage and contraceptive practices are low in WESTECH.

5.2.4 Attitudes Toward Contraceptive Use

Based on the findings obtained from this study, the attitude of students at WESTECH concerning the usage of contraception has been shown to have a negative connotation (n = 81, 36.7%). as well as being ambiguous. While there were students with positive attitudes toward this subject, some students held negative attitudes while others showed an uncertain stance towards the same. Studies in various educational settings show that students' attitudes toward contraception are often mixed, especially among secondary and tertiary learners. In sub-Saharan Africa, although awareness is generally high, acceptance remains inconsistent due to misconceptions, cultural beliefs, and social stigma (Ajayi & Ezegbe, 2020; Chimbindi et al., 2019). Fewer students (n = 57, 25.9%) expressed a positive opinion, agreeing that it is important for young people to use contraceptives during every sexual intercourse. In contrast, a substantial proportion held negative opinions, disagreeing with this view (n = 42, 19.0%; n = 44, 20.1%). Additionally, a notable group of respondents indicated uncertainty about the issue (n = 52, 23.3%). This shows that most students had a negative or ambiguous attitude toward the use of contraceptives (n = 138, 62.4%). Misconceptions on the use of contraceptives have also been identified in the sample population. Some students were of the view that using contraceptives can lead to problems associated with future fertility issues (n = 59, 26.9%), although other students were not certain on this aspect (n = 71, 32.0%). Moreover, social perceptions and stigmatization contribute to attitudes towards

contraception. There is a high percentage of respondents who had doubts about whether wearing condoms means one engages in promiscuous sex ($n = 71, 32.2\%$), and those who strongly agreed that this is the case ($n = 79, 35.6\%$). These beliefs could make adolescents reluctant to practice safe sex because of the negative perception by others.). In addition, prior studies have shown that negative attitudes are often linked to stigma and misinformation surrounding contraceptive methods (Tran and Vo, 2018). Similarly, religious and cultural perceptions could affect attitude towards the use of contraception among some respondents because of beliefs. As seen above, many of the respondents felt that contraceptive use violated their belief systems. Therefore, the use of contraceptives was also a reluctant act among the adolescent population. The future intention to use contraceptives was low ($50.3\% n=111$), which consisted of the responses of disagreement ($n=58, 26.1\%$) and strong disagreement ($n=53, 24.2\%$). The Theory of Planned Behaviour can be applied to this situation. The attitudes toward contraceptive use identified in this study are consistent with existing literature, which highlights the role of cultural beliefs, misconceptions, and social influences in shaping adolescents' perceptions (Kara, Benedicto and Mao, 2019; Marimirofa et al., 2022). Conversely, more positive attitudes have been associated with improved education and access to youth-friendly reproductive health services (Boamah-Kaali et al., 2023). According to this theory, perceived behavioral control and attitudes affect an individual's intention.

5.2.5 Factors Influencing Contraceptive Use

According to the results obtained, it is generally noted that there is a statistical significance between awareness of contraception and the likelihood of its use by the students. The study reveals that students who had good knowledge about the use of contraceptives used contraceptives more than those with poor knowledge about contraceptives ($AOR = 2.68, 95\% CI: 1.42 - 5.06, p = 0.002$). Studies have shown a significant association between contraceptive knowledge and usage,

with students who are more informed about contraception being more likely to use it than those with limited knowledge (Chandra-Mouli et al., 2017). It is important to note that this conclusion is based on the fact that many of the students were aware of contraception and how to use them ($n = 175$, 79.2%; $n = 165$, 74.7%). Additionally, the binary logistic regression test showed that attitude towards contraceptive use is positively correlated with contraceptive use. That is, students who had positive attitudes towards the use of contraceptives used them more than those with negative attitudes (AOR = 2.11, 95% CI: 1.12-3.98, $p = 0.021$).

Further on, it was evident that the sexual intercourse is the most important variable in predicting the utilization of contraceptives. Indeed, the probability that students will use contraceptives is higher for students who ever had sex (AOR = 3.96; 95% CI: 2.01 – 7.78, $p < 0.001$). This finding is further emphasized by the descriptive data revealing that almost one third of the students admitted that they had ever been sexually active ($n = 73$, 33.0%). Moreover, among these students, there is a relatively high percentage of students practicing risky behavior including having multiple sexual partners ($n = 34$, 46.6% had two or more sexual partners).

Access to contraceptives is another predictor of the utilization of contraception. Namely, the probability that students use contraceptives is significantly higher for students who know where they can obtain contraceptives (AOR = 2.37; 95% CI: 1.25 – 4.48, $p = 0.008$). This finding is further highlighted by the descriptive data revealing that a significant number of students knew where they could obtain contraceptives ($n = 119$, 53.8%). In terms of the places from which students obtain these drugs, pharmacies ($n = 72$, 60.5%) and health facilities ($n = 36$, 30.3%) were the most common.

In contrast, socio-demographic characteristics including age, sex, and class level were not found to be statistically significant predictors of contraception. While age remained significant in

unadjusted regression analysis where older students aged 17-19 years exhibited increased odds of using contraceptives ($COR = 1.78$, $p = 0.042$), this association was not significant when other variables were controlled for ($AOR = 1.54$, $p = 0.152$). Likewise, neither sex nor class level were statistically significant in predicting contraceptive use in the adjusted regression analysis.

Peer pressure also failed to emerge as a statistically significant predictor of contraceptive use after adjustment ($AOR = 1.52$, $p = 0.182$) even though data from descriptive statistics indicated that a relatively large number of respondents felt the pressure to indulge in sexual behavior ($n = 65$, 29.4%), most of which was peer pressure ($n = 34$, 52.3%). Generally, it can be seen that behavioral and cognitive factors including knowledge, attitude, sexual experience, and accessibility played a much greater role in determining contraceptive use than socio-demographic characteristics at WESTECH. The factors influencing contraceptive use identified in this study are consistent with existing literature, which highlights the importance of socio-demographic, behavioural, and structural determinants (Wulifan et al., 2017; Punjani, 2018). In particular, access to services, education level, and perceived barriers have been widely reported as significant predictors of contraceptive use (D'Souza et al., 2022; Mumtaz and Khan, 2025). Furthermore, interpersonal dynamics, including partner influence and gender power relations, have also been shown to affect decision-making regarding contraceptive use (Adanikin, McGrath and Padmadas, 2019; Ghule et al., 2024).

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

The results of the current study exhibit sexual activities among teens in WESTECH do occur; however, they do not dominate. About one-third of the participants stated that they have had sexual intercourse before ($n = 73$, 33.0%). Again, more than two-thirds of the participants admitted to never having sexual intercourse ($n = 148$, 67.0%), indicating that there are still many teens in the school who abstain from sexual relations.

The findings of this study indicates awareness of contraceptives among adolescents in WESTECH is relatively high; however, this does not necessarily translate into actual use. A majority of respondents reported awareness of contraceptives ($n = 175$, 79.2%) and knowledge of specific methods ($n = 165$, 74.7%), demonstrating a generally high level of exposure to reproductive health information. Despite this, less than half of the respondents reported ever using contraceptives ($n = 87$, 39.4%), indicating a clear gap between awareness and practice.

Social stigma and cultural perceptions also play a critical role. A notable proportion of respondents associated condom use with promiscuity or expressed uncertainty about it ($n = 79$, 35.6%; $n = 71$, 32.2%), suggesting that fear of negative social judgment may act as a barrier to safe sexual practices. Additionally, communication gaps were evident, as only a minority of students in relationships discussed contraceptive use with their partners ($n = 33$, 30.2%). Importantly, the regression analysis confirms that awareness significantly influences contraceptive use, as students with good knowledge were more likely to use contraceptives (AOR = 2.68, $p = 0.002$). Other significant predictors included positive attitudes (AOR = 2.11, $p = 0.021$), sexual experience (AOR

= 3.96, $p < 0.001$), and access to contraceptives (AOR = 2.37, $p = 0.008$). These findings support both the Health Belief Model and the Theory of Planned Behaviour, which emphasize the role of awareness, attitudes, and perceived social norms in shaping health behaviours.

Attitudes toward contraceptive use were found to be largely negative or uncertain, which significantly influences behaviour. Only a small proportion of respondents agreed that contraceptives should be used during every sexual encounter ($n = 57$, 25.9%), while the majority either disagreed or were unsure ($n = 138$, 62.4%). Furthermore, misconceptions were common, with some respondents believing that contraceptive use could lead to infertility ($n = 59$, 26.9%) and others uncertain about this claim ($n = 71$, 32.0%). These findings highlight the persistence of misinformation, which may discourage contraceptive use.

In conclusion, improving adolescent reproductive health requires more than increasing awareness. Efforts must focus on addressing negative attitudes, correcting misconceptions, improving access, and reducing social stigma through comprehensive and targeted sexual and reproductive health education.

6.2 Recommendations

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

1. Strengthening Sexual and Reproductive Health Education

Westech can strengthen sexual and reproductive health education programs to ensure that students are exposed to information concerning contraceptive methods. This will help to reduce misconceptions and ensure that students have adequate knowledge concerning safe sexual practices.

4. Parental Engagement

Parents and guardians of students at WESTECH should play an important role in educating adolescents concerning sexual and reproductive health issues. Parental guidance can help adolescents make informed decisions concerning their sexual health.

5. Peer Education Programs

WESTECH should introduce peer education programs to ensure that students are educated concerning reproductive health and contraceptive use. Peer influence can play an important role in improving adolescents' attitudes and sexual behaviors.

6.3 Suggestions for Future Research

While this study provides valuable information regarding the use of contraception among adolescents at WESTECH, there is clearly more to be learned about the reproductive health of teens. Future studies could expand the focus of the research by examining awareness and use of contraception at multiple schools within the Ketu North Municipality to increase the generalization of the findings. Methods such as interviews or focus groups could also be used to gain a better understanding of how adolescents feel about contraception and what influences their attitudes and behaviors.

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APPENDICES

Appendix 1: Consent Form

INFORMED CONSENT

Sexual Activity and Contraceptive use among Adolescents in Weta Senior High Technical School
at the Ketu North Municipality in The Volta Region of Ghana.

Introduction and Informed Consent Form to Participants

Hello.

My name is Dr. Irene Ahaligah; I am a student at Ensign Global University of Public Health, Kpong. I am conducting a research on Sexual Activity and Contraceptive use among Adolescents in Weta Senior High Technical School at the Ketu North Municipality in the Volta Region of Ghana.

This is an academic work which could be used to formulate policy. I would very much appreciate it if you could spare some time to answer this questionnaire.

Confidentiality

This information you're about to share will not be disclosed to anyone outside this research team. Your name will not be written, but a number will be assigned to your questionnaire. Every information from this research will be kept private and under lock and key.

Risks

This survey might require you to give very personal details about your self-medication experiences or practices. You might feel a bit awkward about some of the questions I'll ask but bear in mind you don't have to answer any question if you don't want to. You should also bear in mind you don't have explain if you refuse to partake in in this survey and you don't have explain why you don't want to answer any questions you're uncomfortable with.

Benefits

You will not be given anything to motivate you to partake in this survey. However, your participation might assist us to find out more about self-medication and to find ways and means to educate people to make informed decisions about the drugs they take even when they want to self-medicate.

Duration

Due to the detailed nature of the questions I'm about to ask you, this interview might take 15 to 20 minutes to complete. It will involve some questions about your perception and experiences related to self-medication.

It is not compulsory to partake in this survey and you're not obliged to answer any or all of the questions.

Do you have any questions to ask about the interview?

Do you want to partake in it? YES ☐ NO ☐

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

RESPONDENT AGREES TO BE INTERVIEWED

☐ 1 - - - - → BEGIN

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED

☐ 2 - - - - → END

Name of Interviewer _____

Date: _____

RESPONDENT'S SIGNATURE: _____

THUMB

Appendix 2: Child Assent Form



Institutional Review Board Secretariat

CHILD ASSENT FORM

Introduction

My name is Dr Irene Ahaligah and I am from *Ensign Global University*. I am conducting a research study entitled; *Sexual activity and contraceptive use among adolescents in Weta Senior High Technical School at the Ketu North Municipality in the Volta region of Ghana*.

I am asking you to take part in this research study because I am trying to learn more about the associated factors of sexual behaviour's and practices as well as the level of contraceptive usage among WESTECH students.

General Information

If you agree to be in this study, you will be asked *questions pertaining contraception usage, knowledge on contraception, and the duration of this excise should be approximately 15-20 minutes to complete*.

Possible Benefits

If you take part in this study, you will *be contributing to a body of knowledge* that will provide a basis for reviewing the current health behavior program offered in schools, clinics and hospitals in the Municipality.

Possible Risks and Discomforts

We don't think that any big problems will happen to you as part of this study.

Voluntary Participation and Right to Leave the Research

You can stop participating at any time if you feel uncomfortable. No one will be angry with you if you do not want to participate or partake at all.

Confidentiality

Your information will be kept confidential; we don't require your name or any personal details. We will keep all your answers private, and will not show them to your teacher or parent(s)/guardian.

If we publish reports or give talks about this research, we will only discuss group results. We will not use your name or any other personal information that would identify you.

To help protect confidentiality, we will give your study data a code number, stored in open formats and keep it in a file with a password that only the researchers know. The file will be on a computer that only the researchers are allowed to use. Three copies will be made; two as media files and one copy in a Zenodo repository file for storage and further usage. We plan to keep this information for five years, in case we or other researchers want to use it later for other studies. But we will follow the same steps we just described to keep it as confidential as possible.

Contacts for Additional Information

My contact number is **0200544555**; You may ask me or any of the research assistants questions about this study for redress or concerns.

I will also seek permission from your parents/legal guardians before you are enrolled into the study. Even if your parents say "yes" you can still decide not to participate.

Your rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of Ensign Global University. If you have any questions about your rights as a research participant you can contact the REC Office between the hours of 8am-5pm through the landline **0245762229** or www.ensign.edu.gh

VOLUNTARY AGREEMENT

By signing or thumb printing below, it means that you:

- have understood what you will be doing for this study,
- have had all your questions answered,
- have talked to your parent(s)/legal guardian about this project, and
- agree to take part in this research

If you do not want to participate in this study, please **do not** sign or thumb print this assent form.

You and your parents will be given a copy of this form after you have signed/thumb printed it.

Child's Name: _____ **Researcher's** **Name:**

Child's Sign. /Thumbprint: _____ **Researcher's** **Signature:**

Date: _____ **Date:**

Appendix 3: Questionnaire

ENSIGN GLOBAL UNIVERSITY

QUESTIONNAIRE

Dear Respondent,

This is a data collection tool (questionnaire) on a study titled “*Sexual activity and contraceptive use among adolescent in WETA Senior High Technical in the Ketu North Municipality*”.

We are students from Ensign University of Public Health, undertaking this research for academic purposes; therefore, all your responses will be treated with strict confidentiality and will in no way be linked to you.

Thank you for volunteering to complete this questionnaire, your response is very important.

Thank You.

INSTRUCTIONS:

- Where alternatives have been provided, tick (✓) or circle your answer in the spaces provided.
- For the other questions without alternatives at all, kindly write your answers in the spaces provided.
- For section Five, indicate your level of agreement to each statement using a five-point Likert Scale of Strongly disagree (SD), Disagree (D), Uncertain (U), Agree (A) and strongly agree (SA)

Question code. 001

SECTION A: SOCIO-DEMOGRAPHIC INFORMATION OF RESPONDENTS

Information	Response
1. Age range (Years)	14, 15, 16, 17, 18, 19
2. Gender/Sex	☐ Male ☐ Female
3. Class	☐ S.H. S 1 ☐ S.H. S 2 ☐ S.H. S 3
4. Religion	☐ Muslim ☐ Christian ☐ Traditionalist ☐ If other specify.....
5. Ethnicity	☐ Akan ☐ Fante ☐ Ga-Adangbe ☐ Ewe ☐ Others,

	specify.....
6. Whom do you stay with?	☐ Both parents ☐ Single parent ☐ Live alone ☐ Guardian
7. Employment status of the person(s) you live with	☐ Unemployed ☐ Employed

SECTION 2A: SEXUAL ACTIVITY AMONG ADOLESCENTS

Questions	Response
8. Do you have a boyfriend/girlfriend?	☐ Yes ☐ No
9. If yes, what is the age of your boyfriend/girlfriend? (If no, skip to question 10)	☐ 14-19 ☐ More than 19
10. Have you ever had sex before?	☐ Yes ☐ No
11. How many sexual partners have you had in your lifetime?	☐ 1 ☐ 2 ☐ 3

	☐ More than 3
12. How old were you when you had your first sexual intercourse?	☐ 14-16 ☐ 17-19
13. How did your first sexual intercourse happen?	☐ Own will ☐ Coaxed ☐ Forced
14. Do you feel any pressure from others to have sexual intercourse?	☐ Yes ☐ No
15. If yes, indicate the main group of persons from whom you were pressured.	☐ Friends ☐ Relatives ☐ Teachers ☐ Boyfriend/Girlfriend

SECTION THREE: AWARENESS OF CONTRACEPTIVES

Questions	Response
16. Have you ever heard about contraception? (If “No” truncate questionnaire, if “Yes” continue).	☐ Yes ☐ No
17. Heard of any method of contraceptives	☐ Yes

(If :No” truncate questionnaire, If :yes” continue).	☐ No
18.Where did you hear it from?	☐ Radio ☐ Television ☐ Teacher ☐ Peers ☐ Parents ☐ Healthcare worker
19.What method of contraceptive do you know	☐ Male condom ☐ Abstinence ☐ Implant ☐ Withdrawal method ☐ Female condom ☐ IUD ☐ Urinating after sex ☐ Injectable ☐ Pills
20.Heard about emergency contraceptives? If “No” truncate questionnaire if “Yes” continue.	☐ Yes ☐ No
21.If yes, where did you heard it from	☐ Radio

	☐ Television ☐ Peers ☐ Health worker ☐ Teacher ☐ Internet ☐ Parents
22.How often do you know emergency contraceptives can be used within a year?	☐ Once a year ☐ Twice a year ☐ Three times a year ☐ More than three times a year
23.Do you know where one can access contraceptives?	☐ Yes ☐ No ☐ I don't know
24.If yes, Where?	☐ Pharmacy ☐ Friend ☐ Hospital/clinic ☐ Health personnel
25.Can a girl become pregnant from just one sexual intercourse?	☐ Yes ☐ No

	☐ I don't know
26.Does contraceptive provide 100% protection from pregnancy?	☐ Yes ☐ No ☐ I don't know

SECTION FOUR: USE OF CONTRACEPTIVES AMONG ADOLESCENTS

Questions	Response
27.Have you ever used contraceptive method? If no, skip to question FIVE	☐ Yes ☐ No
28.What method did you use? <i>(you can select more than one answer)</i>	☐ Condom ☐ Injectable ☐ Pills ☐ Withdrawal ☐ IUD ☐ Safe period ☐ Implant ☐ Others, Specify
29.Do you use contraceptive any time you have sex?	☐ Yes ☐ No

30.If yes, what is/are your reason(s) for using modern contraceptives? <i>(you can select more than one answer)</i>	☐ To avoid pregnancy ☐ To prevent STD
31.Did you discuss about contraceptive method with your partner the first time you had sex?	☐ Yes ☐ No ☐ I do not remember
32.Did you use contraceptive the first time you had sex?	☐ Yes ☐ No
33.If yes, what method(s) did you or your partner used the first time you had sex? <i>(you can select more than one answer)</i>	☐ Condom ☐ Withdrawal ☐ Pills ☐ Safe period ☐ Implants ☐ Injectable ☐ IUD ☐ Others, Specify.....
34.Where did you get access to this contraceptive(s)? <i>(you can select more than one answer)</i>	☐ Hospital ☐ Pharmacy ☐ Friends

	☐ Health personnel ☐ Others, Specify.....
35.How often do you use contraceptive?	☐ Every time I have sex ☐ Only on my first sexual intercourse ☐ Once a while
36.Have you ever used emergency contraceptive? (females only)	☐ Yes ☐ No
37.If yes, how often do you use emergency contraceptive? (<i>females only</i>)	☐ Every time I have sex ☐ Once a while ☐ Twice a year ☐ Three times a year ☐ More than three times a year

SECTION FIVE: ATTITUDE OF ADOLESCENTS TOWARDS CONTRACEPTIVE.

Questions	Response
38.I approve of the use of contraception by adolescents anytime they have sex	☐ Strongly disagree

	☐ disagree ☐ Uncertain ☐ agree ☐ Strongly agree
39.Use of contraceptive by a girl before her first birth can lead to infertility	☐ Strongly disagree ☐ disagree ☐ Uncertain ☐ agree ☐ Strongly agree
40.Sex is not enjoyable when I use condom	☐ Strongly disagree ☐ disagree ☐ Uncertain ☐ agree ☐ Strongly agree
41.People who insist on condom use are promiscuous (have multiple sexual partners)	☐ Strongly disagree ☐ disagree ☐ Uncertain ☐ agree ☐ Strongly agree
42.Contraception usage is against my religion	☐ Strongly disagree

	☐ disagree ☐ Uncertain ☐ agree ☐ Strongly agree
43.I will use contraception in the future	☐ Strongly disagree ☐ disagree ☐ Uncertain ☐ agree ☐ Strongly agree
44.Contraception is the responsibility of only females	☐ Strongly disagree ☐ disagree ☐ Uncertain ☐ agree ☐ Strongly agree

THANK YOU.