

Exploring Attitudes of Pregnant Teenagers on the use of Contraceptives in the Ashanti Region, Ghana

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Abstract: *This study employed a qualitative approach and used in-depth interviews to explore the attitudes and perceptions of teenage mothers on the use of contraceptives in the Agogo Community, Ghana. Fifteen teenage mothers from the Antenatal clinic of the Agogo Presbyterian Hospital were interviewed on their attitudes and perceptions on the use of contraceptives. Findings of the interviews were that adolescents who held positive attitudes acquired such stance not only from contraceptive benefits but also beliefs and values they had about contraceptive use. Factors that encouraged respondents to develop positive attitude towards contraceptive use are the desire to avoid pregnancy and child bearing, the fear of pregnancy (80%), abortion complications (70%), early family and responsibility (58%) enabled young men and women to use contraceptives. On the other hand high influences of cultural norms in the community have contributed to the low patronage of contraceptive use among teenage mothers in this community. Furthermore, efforts by health workers to promote the use of contraceptives was poor. It was also observed that there is total absence of teenagers support group on the use of contraceptives leading to inadequate knowledge on the use of contraceptives. Participants were also faced with multiple challenges like; finances, fear of side effects, perception of sin on religious grounds, shyness to purchase contraceptives and some partners disapproval of the use of contraceptives. Recommendations included educating teenage mothers on the benefits of the use of contraceptives, making contraceptives more affordable and readily available.*

Keywords: Pregnant Teenagers, Experience, Antenatal, Contraceptives, Attitudes

1. Introduction

Globally, and largely in low and middle-income countries, an estimated 16 million young women aged 15 to 19, and about a million girls under 15 years of age give birth every year (Dick and Ferguson 2015). Each year, about 14 million pregnancies occur across sub-Saharan Africa, with nearly half of them occurring among women aged 15–19 years (UNFPA (United Nations Population Fund) 2013). In Ghana, 14 percent of young women age 15–19 began childbearing in 2014 (GSS (Ghana Statistical Service), Accra, Ghana 2015).

Contraceptive use has increased in many parts of the world, especially in Asia and Latin America, but continues to be low in sub-Saharan Africa. Globally, use of modern contraception has risen slightly, from 54% in 1990 to 57.4% in 2014. Regionally, the proportion of women aged 15–49 reporting use of a modern contraceptive method has risen minimally or plateaued between 2008 and 2014. According to WHO (2015) in Africa, Asia, Latin America and the Caribbean it went up from 23.6% to 27.6%, in Asia it has risen slightly from 60.9% to 61.6%, and in Latin America and the Caribbean it rose slightly from 66.7% to 67.0 %.

Most adolescents especially those aged between 15 and 19 years are sexually active yet they rarely use contraceptives due to negative attitudes (Munthali, et al., 2006). Low contraceptive use among adolescents results in unintended pregnancies and births. Globally, more than 70% of unmarried adolescents aged between 15 and 19 years' experience unwanted pregnancies (WHO, 2007). In addition, 14 million adolescents give birth each year with 12.8 million births occurring in developing countries alone (Stover and

Ross, 2010). Global contraceptive use prevents more than 200 million unintended births annually (Stover and Ross, 2010). Nearly 70% of young women in sub-Saharan Africa, Southeast Asia and South Central Asia have unmet needs for contraception (Barroso, 2010). In Malawi, there is a remarkably high unmet need for contraceptive use among adolescents as only 31% of male and 15% of female adolescents use modern contraception methods (Alan Guttmacher Institute, 2005). In addition, there is inconsistent and incorrect use of contraceptives among the adolescents (Cleland, et al., 2006).

Teenage pregnancies could be avoided by using condoms or other contraceptives (the latter often referred to as 'family planning'). Most sexually active young people in Ghana, however, do not use contraceptives: among those who are sexually active, 31% of those aged 12–18 years were not using any contraceptive method at their last sexual encounter (Doku, 2012). Findings from three reviews of studies conducted in sub-Saharan Africa (Tracey, 2010) indicate that young women's use of contraceptive methods is limited by several factors including violent and coercive sexual relationships, lack of knowledge, limited access to contraceptive methods, lack of control over contraception decisions, and concerns over the perceived side effects of family planning methods (Macleod and Tracey, 2010; Wood and Jewkes, 2006). In the particular case of condom use, ever received sex education in school, ever attended school, exposure to the radio, condom use self-efficacy, perceived social norms, attitude towards condom use, positive behavioural control beliefs and positive out-look on life have all been reported to predict the intention to use condoms among young people in different African settings (Boer and

Tshilidzi, 2007; Macleod and Tracey, 2010; Rijdsdijk, et al. 2012).

In Ghana, knowledge of the existence of contraceptives and where to obtain them seems to be high among the youth population (Awusabo-Asare, et al. 2006). However, this knowledge seems superficial as evidence shows that 21% of young women and 46% of young men who knew the pill did not know that it has to be taken daily for it to be effective (Awusabo-Asare, et al. 2006). Beyond this knowledge gap, studies show that contraceptive usage in Ghana is also influenced by young women feeling too inhibited and ashamed to seek contraception services or because contraceptives are not easily available (Adjei, et al. 2014; Apanga and Adam, 2015).

Furthermore, specific factors and beliefs that lead to contraceptive non-use remain obscure and up to date, evidence-based data on personal (e.g., knowledge, attitudes, and skills) and environmental (i.e., social and structural influences such as social support, reinforcements and access to contraceptives) determinants of teenage pregnancy are lacking. This paper makes a contribution by exploring the factors underlying young people's decisions and beliefs relating to the use of protection for pregnancy prevention in rural Ghana using qualitative interviews with young women who have experienced pregnancy. The fundamental problem remains that there is still a reduction in the trend of contraceptive use among teenagers despite the proliferation of media houses which preach messages on contraceptive use. The total prevalence rate of contraceptive use in Ghana is 17% of women aged between 15 and 49 years. 19% of these women using modern contraceptives or family planning methods are found in urban areas while only 15% of these are in the rural areas (Ghana Demographic and Health Survey, 2008). For instance, in the Upper West Region of Ghana, which has so many rural communities, the contraceptive prevalence rate is 21%. In Greater Accra Region, the contraceptive prevalence rate is 33% and 27% in Ashanti Region. What, therefore, accounts for the low patronage of modern contraceptives and its usage? It cannot be entirely blamed on inaccessibility to facilities rendering contraceptive services. Other factors can be attributed to this. The present study, thus sought to address the attitudes and perception of teenage mothers on the use of contraceptives in the Agogo

1.1 Objective of the Study

To explore the attitudes of pregnant teenagers on the use of contraceptive in the Ashanti Region, Ghana.

2. Methodology

2.1 Study Design

To achieve the objective of this study, a descriptive qualitative approach was employed. Such a study basically provides in-depth knowledge that is holistic, incorporating contextual influences, (Larrabee, 2009). As such it is the most suitable approach to unearth the experiences of teenage mothers regarding the use of contraceptives.

2.2 Research Setting

The study was carried out in the Antenatal clinic of the Agogo Presbyterian Hospital at Asante-Akyem Agogo in the Asante Akyem North District within Ashanti Region of Ghana. The participants for this study were teenage mothers who attended the antenatal clinic of the Agogo Presbyterian Hospital

2.2.1 Sample Technique and Size

A purposive sampling technique was used to select participants. As the study sets out to explore attitudes and perception of teenage mothers on the use of contraceptives, the following inclusion and exclusion criteria was used to purposively select the participants. The participant;

- Must be a pregnant teenager attending antenatal clinic at Agogo Presbyterian Hospital
- Must be resident in the Ashanti Region particularly in Agogo
- Must be between the ages of 15-19 years
- Must be willing and ready to be interviewed.

This selection criterion was made known to the health professionals so they could assist in identifying the participants. Selection of participants was done on Tuesdays and Fridays which were the clinic days. A number of visits were undertaken on these weekly clinic days until the required sample size was obtained. On each visit, the researchers identified some potential participants. Upon identification, the purpose of the study was explained to the participant and an information sheet made available to the participant for further reading. A total number of 15 pregnant teenagers participated in this study. Each participant was given the opportunity to choose a suitable venue for the interview. All fifteen (15) participants indicated that they wanted to be interviewed in their homes and so researchers collected addresses and phone numbers of all the participants who owned phones for ease of contact and arranged to interview them at their various homes.

2.2.2 Data Gathering Procedure

A semi-structured interview guide was used to collect in-depth information from each participant. These interviews were conducted personally by the researchers. All participants signed a consent form before the commencement of the interviews. Those respondents who could not sign were provided a stamp pad to thumb print. The interviews were audio taped. Each participant's demographic data was collected along with the interview data. Semi-structured interviews permit participants to respond freely to questions and also enable the researchers to get participants to describe and explain situations in a way that provides rich descriptive data. Participants were encouraged to express themselves freely on all questions. Probing questions were asked during the interviews to obtain maximum variation, richness, and depth of responses. Each interview session with a participant lasted between 25 to 40 minutes, while the data gathering was conducted within a period of one month. Participants who could not speak English were interviewed in the local dialect. Each audio taped interview was transcribed after each session and the transcribed data reviewed to gain a proper understanding of each respondent's experiences including data collected from respondents who could not speak English. The transcribed

data were later complemented with field notes. The audio taped interviews were transcribed verbatim in to a note book and later typed. Labels were used to identify various participants on the transcribed data. These labels were 'P1' which stands for participant 1, then P2 for participant 2 up to P20. Participants were assured of maximum confidentiality.

2.3 Pretesting of interview guide

To eliminate ambiguities and errors, the interview guide was pre-tested on two teenage mothers by the researchers and the necessary corrections were made on the interview guide. These teenage mothers did not form part of the main study. Pre-testing was also done to determine whether questions were clear, unambiguous and can be understood by the participants. However, questions that were on the interview guide that were not clear or ambiguous were corrected.

2.4 Data Analysis

Content analysis was used to analyze the data. After the interview, responses were transcribed verbatim into English by the researchers. The first level of analysis included coding which involved identifying words, phrases and paragraphs within the data and assigning a label to apportion the data to give it meaning. Initial lists of codes were prepared to label the themes emerging from the data. The codes in the list were revised and grouped together into larger thematic areas. In the search for core meanings and essence, researchers paid attention to nonverbal communications but eliminated redundant information in participants' responses.

2.5 Ethical Considerations

The research study was granted ethical approval by the Department of Nursing of the Presbyterian University College, Ghana. The authorities of the Agogo Presbyterian Hospital provided the administrative clearance to the study. Written informed consent was obtained from the respondents for their approval to participate in this study. The respondent's dignity and privacy was maintained and respected throughout the research process. All the information collected was treated confidentially.

2.6 Results of study

Results from the research showed that majority of respondents (60%) were between the ages 16-20 years, majority of respondents (52%) were single with education up to S.H.S/S.S.S., majority of respondents (66%) were Christian, on occupation, 26% were student, 22% were salary workers and 14% were traders and majority (70%) were from the Akan ethnic group.

From the research conducted two major themes; attitudes and perception on the use of contraceptives appeared to influence respondents' decision to use contraceptives. Adolescents who held positive attitudes acquired such stance not only from contraceptive benefits but also beliefs and values they had on contraceptive use. Factors that encouraged respondents to develop positive attitude towards contraceptive use are; the desire to avoid pregnancy and

child bearing (70%), the fear of pregnancy (80%), abortion complications (70%), early family and responsibility (58%).

On the other hand, negative attitudes stemmed from challenges, disadvantages, misconceptions and beliefs and values which prevented them from using contraceptives. These negatives were from Religious/cultural norms (60%), perceived adverse side effects in using contraceptives like menstrual problems, delayed fertility, etc. (70%), Shyness/stigmatization for purchasing contraceptives from the pharmacy (60%), financial constraints (70%), and gender (decision to use family planning or not by the man) (60%).

3. Discussion of Results

3.1 Positive attitudes toward contraceptive use

Several factors indicated teenage mothers' positive attitude towards contraceptive use as they recognized the important role contraceptives play in the prevention of unwanted pregnancies and STIs including HIV/AIDS even though the number was small compared to negative attitudes and perception on the use of contraceptives. The results revealed that factors that encouraged respondents to develop positive attitude towards contraceptive use was the desire to avoid pregnancy and child bearing. One of the respondents indicated that; *"Contraceptive prevents early and unwanted pregnancies"*

Another respondent also said *"...I prefer to use contraceptives especially condoms because it protects me from contracting sexually transmitted infections. We need to protect ourselves from contracting HIV because at the moment there is no known cure for the disease. These findings were consistent with other previous studies in Malawi and Uganda (Munthali, et al., 2006; Neema, et al. 2007). Pregnant adolescents that experience school interruption bring shame and disgrace to their families (Neema, et al., 2007). The adolescents are forced into early marriage when they become pregnant hence straining their lives as they struggle to raise the children as well as take care of the family since mostly they are financially dependent (Munthali, et al., 2006).*

3.2 Negative attitudes and perception towards contraceptive use

3.2.1 Negative attitude towards condom use

The study revealed that, the use of contraceptives have been perceived appropriately by respondents because they offer dual protection from both pregnancy and sexually transmitted infections. Nevertheless, the reluctance associated with contraceptives use is complex. One respondents revealed that *"...there is also a problem with the use of condoms, you don't feel good because there is reduction in friction when you put on a condom. It takes a long time to reach orgasm when you are using a condom due to reduced friction, so we prefer plain sex..."* This reduction in pleasure is one of the main reasons most people cite for avoiding especially the use of condom, in several studies (Brady, et al., 2009); Randolf, et al., 2007; Ogunbola, 2011). Men highly value unprotected sex and appear to

believe that condoms reduced pleasure more often than women (Oguntola, 2011).

3.2.2 Religious/cultural norms

It was also revealed from the research that religious affiliation does influence respondents attitudes towards the use of contraceptives, this was so, as respondents revealed that their religious affiliation does not allow them to use contraceptives, *another respondent indicated that "his believes from church does not allow the use of any form of contraceptive, (religious affiliations Catholics) and that it was a sin to use condoms.* Sirageldin, et al. (1976) also revealed that several studies have examined the influence of religion and cultural factors on contraceptive use in Pakistan. According to a study done to investigate men's knowledge, attitude and practice of family planning in Enugu Nigeria, it was revealed that males have some level of knowledge about family planning and modern contraceptives methods but it showed considerable opposition to their use among males on religious grounds (Obionu, 1996)

3.2.3 Adverse side effects

Respondents reported that it was not proper for them to use contraceptives because of bad side effects. One participant narrated as follows regarding the hormonal methods; *".. the pill .. and other methods are meant for married people or those who already have children because they cannot cause much disturbance to the functioning of their reproductive organs. But for the youth, I feel that these contraceptives can disturb the functioning of their reproductive organs and they may bring problems in future."* Another respondent explained that *"contraceptive pills were not suitable for her because they cause problems that can manifest in future such as delayed fertility, which lead to barrenness"*. One person also said *"the immediate side effects from hormonal methods experienced by contraceptive users, example; weight gain, development of pimples, menstrual disorders such as disappearance of menses (amenorrhoea), heavy menses are horrible.* Other respondents mentioned some discomforts such as pain, sores and irritation as some of the adverse side effect of contraceptive use.

A respondent indicated that *"...I do not have any interest in using contraceptives because I used some and it did not work and I still got pregnant anyway, some contraceptives are complicated with so many side effects when I use them."*

This was in agreement with the study of Ozgoli, et al (2004) which showed that respondent did not like to use contraceptives due to fear of the side effects.

3.4 Shyness/ Stigmatization

Furthermore, shyness and stigmatization were also a contributing factor to negative attitudes to the use of contraceptives as a respondent revealed that *"I always feel shy to purchase contraceptives from the pharmacy. Everyone in the pharmacy will be looking at you if worst person in the world."* Another respondent also attributed the lack of use of contraceptives to stigma *"when you enter shop to buy condom for your partner people think you are*

harlot" This was in line with a study by Ababio, (2009) who indicated that fear of stigmatization by service providers, pharmacy shop workers, etc., was a hindrance for contraceptive uses.

3.4.1 Financial Constraint

There was also the problem of finance as one of the respondents indicated that *"I do not have money to buy food so how can I use the little I have to buy such contraceptives"* Other respondents claimed the prices of some of the contraceptives are too expensive, hence their inability to afford. This assertion was in support of a study by Baiden, (2003); Sign, et al, (2003) who revealed that the type of work and the amount of income earned by the woman in particular have a strong relation to the use of contraceptives

3.4.2 Gender Issues

Finally the issue of gender comes in as the male partners of respondents were the ones who decide the use of such contraceptives. It was revealed by one of the respondents that *"it is his decision and he decides whether we use the contraceptives or not"* This supported the study by Ghulam et al. (2015). Who indicated that despite the huge benefits, family planning is one of the most difficult and least discussed topics, particularly amongst males in a conservative and patriarchal society where men have the final decision-making power regarding most issues, including reproductive health. Other studies have emphasized the influence of the husband on family planning decision-making (Pasha, et al. 20019, Kadir, et al. 2003) and have highlighted the importance of communication between spouses regarding the use of contraception (Salem, et al. 2008).

4. Conclusion

Teenage mothers in this study had both positive and negative attitudes towards contraceptive use with negative attitudes and perceptions out weighing the positive ones. *The study employed a qualitative approach and used in-depth interviews to explore the attitudes and perception of teenage mothers on the use of contraceptives in the Agogo Community of Ghana. 15 teenage mothers from the Antenatal clinic of the Agogo Presbyterian Hospital were interviewed on their attitudes and perception on the use of contraceptives. From the interviews findings, it was revealed that high influences of cultural norms in the community have contributed to the low patronage of contraceptive use among teenage mothers in this community. Furthermore, the poor efforts by health workers in the promotion of the use of contraceptives was a contributing factor to negative perception and attitude the and also lack of adequate knowledge about the use of contraceptives. It was also observed that there is total absence of teenagers support group on the use of contraceptives leading to inadequate knowledge on the use of contraceptives by participants. Participants were also faced with multiple challenges like; financial constraints, fear of side effects, perception of sin on religious grounds, shyness to purchase them and partners also disapproval of the use of contraceptives. Recommendations based on the finding included educating teenage mothers on the benefits of the use of contraceptives, making contraceptives more affordable and readily*

available on the market by MOH authorities. Civic education groups including health workers, teachers and support group should emphasize the positive aspects of contraceptives like condom which include dual protection against STIs and unwanted pregnancies. Sex education with emphasis on protective sex through contraceptives use must be included in the curriculum and properly taught at Basic Schools (from Primary 3) throughout to Senior High School so the negative perceptions and attitudes could be corrected before children grow into adulthood; thus we would be applying the biblical injunction that we should train the child the way so that when he grows he will not depart from right path.

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