

Students' Perceptions of Contraceptives in University of Ghana

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Abstract

Objective: This study sought to explore University of Ghana Business School diploma student's knowledge of contraceptives, types of contraceptives, attitudes towards contraceptive users, preference for contraceptives, benefits, and side-effects of contraceptives.

Materials and methods: Data was conducted with three sets of focus group discussions. Participants were systematically sampled from accounting and public administration departments.

Results: Findings showed that students had little knowledge of contraceptives. The male and female condoms were the main contraceptive types reported out of the many modern and traditional methods of contraceptives. The main benefits of contraceptives were; ability to protect against STIs, abortions, unwanted pregnancy and psychological trauma. Whilst most respondents preferred future use of pills, side-effects of contraceptives were mostly reported for condoms than other contraceptive methods. Results showed that participants had bad attitudes towards unmarried contraceptive users.

Conclusion: Generally, our findings show that detailed knowledge about contraceptives is low. There is a little gap of information on contraception knowledge, timing, and contraceptive types among university diploma students. Reproductive and maternal services should be available and accessible for tertiary students.

Keywords: Contraceptives, Knowledge, Side-effects, Reproductive, Ghana

Introduction

With the global concern about increasing population growth, knowledge about reproductive health issues have assumed central focus in most health sectors compared to previous decades. Such widespread knowledge is now predominant that it should be uncommon for young adults to engage in risky sexual behaviours. A study conducted by the World Health Organization to assess the reproductive needs of the population found unexpected discrepancy between

the young people's familiarity with modern contraception. It was also found that most young people experienced high levels of unwanted pregnancy and unsafe abortion (1).

The lack of contraceptive use, familiarity and knowledge of contraceptives among young female adults may lead to several unwanted pregnancies, abortions, contracting Sexually Transmitted Infections (STIs), societal and family rejection (2). Ameha and Nebreed aver that unintended pregnancy poses a major challenge to the reproductive health of young adults in developed countries compared to about three million unwanted pregnancies in the United States.

Given increasing adolescent sexual activity and

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decreasing age at first sex in developing countries (3), the use of contraceptives to prevent unwanted pregnancy, abortion and minimize the risk of STI transmission is particularly important. While literature on prevalence of contraceptives usage among University students in Ghana is limited, it has been found to be low in some developing countries like Nigeria (4) and Kenya (5).

In several studies on contraceptive knowledge and use, contraceptives are generally classified into two types: modern and traditional methods. Modern methods include the Pill, intrauterine device, Injectables, Spermicide, Condoms (male and female), female and male sterilization and Norplant. Traditional methods usually include periodic abstinence or rhythm, withdrawal and folk methods (such as using charms, herbs, etc). In some settings, the known methods or contraception include prolonged abstinence, breastfeeding, Billing or mucus or natural family planning. The two most popular contraceptive methods among emerging adults are oral contraceptives (used by 40 percent) and condoms (used by 19 percent), followed by injections (7 percent) and withdrawal (6 percent) (6). Unplanned pregnancies would be reduced significantly if women chose to use reliable methods of birth control that are less adherence-demanding (implants, injections, or IUD) and if significant numbers of condom users became dual-method users in conjunction with a hormonal-based method.

Findings from the literature review on contraceptives are organized into four groups, based on the facets of contraceptive behavior: Choice, accuracy of use, consistency of use, and switching. Contraceptive choice involves first the general decision to use contraception and then the choice of a specific method of birth control to be used as the major method (6). Research suggests that about 11 percent of women of reproductive age who are sexually active and who are not seeking to become pregnant fail to use birth control for extended periods of time. These women account for about half of the unplanned pregnancies in the United States. They either have not decided to use birth control, or they have decided to use it but have not translated that decision into behavior.

Knowledge and perceptions about contraceptives is critical in the Ghanaian context considering the increase in population and stable fertility rates. Considering limited available data on contraceptives knowledge among tertiary students this study attempts to provide an

insight about tertiary student's knowledge of contraceptives, benefits and types of contraceptives. It is hoped that this study will serve as an eye-opener to assist the university community, university health service providers and Student Representative Council (SRC) in the provision of student's reproductive health friendly services on campus.

Materials and methods

The cross-sectional design was used in this study to assess University of Ghana Business School (UGBS) student's knowledge of contraceptives, side effects and personal use of contraceptives. UGBS is one of Ghana's premiere universities highly recognized and committed for churning out quality graduates in various business-oriented disciplines. In this study however, participants on the diploma study mode were selected to participate in the study. Students at the diploma level receive tuition in accounting and public administration courses. The total number of diploma students at the time of the study was two hundred and four.

Prior to data collection, a formal letter for permission to conduct the study was sent to the Dean of Students and Dean of UGBS. After permission was given researchers obtained consent from students during their lecture periods. Focus group discussions (FGD) guided with structured interview questions were used to collect qualitative information for this study. The number of FGD participants per group varied between six and eight at different academic levels and departments. Selection of participants for the FGD was determined using the systematic sampling method. In order to ensure a measure of representativeness, a list of diploma students and their contact numbers was obtained from the accounting and public administration departments. Participants were contacted through phone calls and the nature of the study was explained to them for their consent before participation.

The interview schedule contained information about socio-demographic characteristic of students (such as age, sex, relationship or marital status, educational level, religion, sexually active or inactive status, and academic year), and statements on contraceptives.

Interviews were recorded and data collected were transcribed and subjected to content analysis under the main thematic areas. Results were analyzed for descriptive statistics such as percentages using SPSS version 16.

Results

At the end of the study, a total of three FGD comprising eighteen respondents (six participants per FGD) participated in the study indicating a response rate of more than fifty percent. Majority of respondents (88.8%) were within age 15-20 and 21-25 years whilst only 11.1% were within 26-30 age category. Equal number of males and females participated in the study with 89% in no relationship. Out of the three sets of FGD conducted, only one respondent reported ever using contraceptive. Results on religious affiliation of respondents showed that 27.78% were Catholics, 22.2% were Muslim, 16.67% were Pentecostals and Methodists respectively, 11.1% were Charismatic and only 5.56% were Ahmadiya. Per academic level of diploma student's, 38.89% were at level I whilst the remaining (61.11%) were in level II (see Table 1).

Table 1: Socio- demographic characteristics of participants

Characteristic	n (%)
Age (Year)	
15- 20	8 (44.4)
21-25	8 (44.4)
26-30	2 (11.1)
Gender	
Male	9 (50)
Female	9 (50)
Religion	
Catholic	5 (27.78)
Muslim	4 (22.2)
Methodist	3 (16.67)
Pentecostal	3 (16.67)
Charismatic	2 (11.1)
Ahmadiya	1 (5.56)
Relationship status	
Single [No relationship]	16 (89)
In a relationship	2 (11)
Academic level	
Diploma II	11 (61.11)
Diploma I	7 (38.89)
Total	18 (100%)

Generally, respondents reported ample knowledge and awareness about contraceptives. Contraceptives were viewed as barriers to pregnancy and family planning methods. Twelve [66.7%] respondents averred that “Contraceptives are anything used to prevent pregnancies and diseases”. Others reported

that “Contraceptives are used to control child birth”. The main contraceptive types reported were male and female condoms. Only two (11.1%) participants reported emergency contraceptive Pills, Intra-uterine device (IUD), withdrawal and spermicidal creams as other forms of contraceptives. This suggests that participants may not be adequately informed about several modern methods of contraception or perhaps, information sources are not effective. However, when probed further about the usage of such methods, they lacked detailed knowledge. Regarding the timing of contraceptive usage, six (33.33%) respondents believed contraceptives were used after sexual intercourse. Three (16.67%) said contraceptives were used before sexual intercourse whilst the remaining respondents said contraceptives were used during sexual intercourse (See Table 2)

Table 2: Distribution about knowledge, types and time of usage of contraceptives

Characteristic	N (%)
Knowledge of contraceptives	
Yes	18 (100)
No	0
Use of contraceptives	
Yes	1 (5.56)
No	17 (94.44)
Knowledge of contraceptives Description	
Barriers to pregnancy and prevention of sexually transmitted infections (STIs)	
Control child birth	4 (22.22)
Prevent abortion	1 (5.56)
Family planning	1 (5.56)
Types of contraceptives	
Male and female condoms	10 (55.56)
Pills	5 (27.78)
Intrauterine Device	1 (5.56)
Spermicidal cream	1 (5.56)
Withdrawal	1 (5.56)
Time of contraceptive usage	
Before intercourse contraceptives	3 (16.67)
After intercourse contraceptives	6 (33.33)
During intercourse contraceptives	9 (50.0)

Majority (66.67%) respondents reported that using contraceptives does not affect comfortability, quality and enjoyment of sex. A respondent asserted that “using condoms might tear but doesn't affect quality of sex”. Two respondents further averred that

“Using pills doesn't affect quality of sex, it rather improves it”, and “because the pills are taken after

the sexual act it gives the girl free mind to engage in the act”.

Concerning attitude towards contraceptive users, the FGD showed that respondents held negative, if not bad attitudes about contraceptive users especially if the user was unmarried. Two participants stated;

“I will see that person to be a bad person”; and “the first perception will be a prostitute, small girl why? She is a bad girl she is naughty”.

Generally, participants stated that contraceptive users were not stigmatized but rather perceived as bad people. While some participants viewed contraceptive users through negative lenses, others viewed such users as enlightened individuals and knowledgeable of risky healthy behaviours. For example, a participant remarked that *“people who use contraceptives are being abreast with time”*. Others were of the view that the socio-cultural environment of Ghanaians allowed for such individuals to be branded as bad persons but not necessarily stigmatized. Two respondents stated that

“People will talk about you, people will say unnecessary things about you, its not like that you just want it once, to experience it once , people will have bad perceptions about you and stuff. But the first idea the pharmacist will get is that this guy is spoilt. What I think and they will think too, they will think the same”

“When it comes to buying contraceptives in Africa there is this bad impression we have of such people. Like you I don’t think I will walk up, go in to the pharmacy to buy condom”

Regarding participants personal use of contraceptives, majority [55.56%] said that either they or their sexual partners would use contraceptives before sexual intercourse and even during marriage. About ten respondents averred that *“yes, if ever I have sex before marriage it will always be with a condom”*. Despite respondent’s strong personal use of contraceptives, only two respondents revealed a strong dislike and use of contraceptives. Two respondents reported

“Yeah if I want to prevent but I don’t ever think I will ever have sex before marriage so I will not use a condom”.

Most respondents including male respondents stated their preference for Pills as the main contraceptive methods to use other than condoms, vasectomy, IUD and Norplant. About six participants preferred a combination of two contraceptive methods, for instance, pills and condoms. Generally,

access to and purchase of contraceptives was found to be easy but costly. Contraceptives were mostly obtained from pharmacies and chemical shops. From the interviews, knowledge of side effects were mostly reported for condoms as compared to other kinds of contraceptives. For side effects of condom use, participants stated the possibility of condoms tearing during the sexual act. Two respondents said

“Condom could burst in the process so rather trying to prevent you could get infected” or “condom could be breached”.

“Improper process of how to use the condoms may burst the condom”.

Still with the condoms, a respondent reported the complexity associated with the use of the female condom. A female respondent stated that

“The female condoms are rather not being patronized like the male condoms for the reason that at times during penetration the condom gets into the uterus of the female”.

Concerning the side effects with the use of IUD, a female respondent averred that *“for the IUDs probably you can still get pregnant after some time”*.

A respondent reported with the side effects of the pills that *“the effect of taking the pills can delay pregnancy for like two to three months”*.

Generally, contraceptives were found useful in protection from sexually transmitted infections, abortions, unwanted pregnancy and stress. Some respondents stated *“contraceptive saves unwanted pregnancy”*; *“saves individual from having to go through an abortion”*; *“keeps you free from any worries i.e. psychological freedom”*; and *“protects from STDs”*.

Concerning whether or not religion affects contraceptive usage, majority of respondents reported that religion did not play any role in the use of contraceptives considering cost of living and financial obligations.

Discussion

This study sought to explore UGBS student’s knowledge of contraceptives, benefits, side effects and personal usage of contraceptives. Majority of respondents in our study are within age 15 and 25. From extensive literature, individuals within this age category are predisposed to engage in high risk behaviours and marks off as the critical periods in the life of young adults. Our study found most respondents were Christians with a few Moslems. Religion may influence the conception, orientation,

and attitudes of individuals based on the kind of teachings, principles and doctrines that it practices. Nonetheless, findings showed that religion did not have any influence in the decision to use contraceptives or not. Study findings are however contrary to (7, 8) assertions that socio-demographic variables are among important factors influencing individuals decisions on contraception and fertility.

Contraceptive knowledge among university students is quite high and this finding is commendable considering risk of HIV/AIDS and STI's, increasing incidence in abortion, pregnancy and adult sexuality issues as well as the sensitive subject area. Yet, respondent's knowledge about contraceptives types and its usage is low indicating lack of awareness about the various types of contraceptive methods. The commonest contraceptive, i.e. condom is arguably reported in many findings carried out among undergraduates in different countries (9). This finding was not expected in the wake of recent efforts by the Ghana Health Service and Ghana AIDS Commission on sensitizing the public about reproductive health issues specifically contraception methods through the various information sources. Most studies on contraceptive use have focused primarily on condoms because condoms are critical in preventing spread of HIV.

Further more, the pattern of knowledge for correct timing of contraceptive usage holds the same for general knowledge about contraceptive types. This finding suggests among others that sexually active university students stand a high risk of using contraceptives incorrectly due to their insufficient knowledge, and perhaps misinformation about the use of contraceptives, e.g. the pill or emergency contraceptives. Thus, such category of individuals would be highly predisposed to carrying out abortion or unintended pregnancies during such event.

Inadequate knowledge may also stem from widespread assumptions and apathy that one known method (i.e. condom) is very effective, convenient, safe, and easy compared to the other contraceptive types. That the desire to seek out such information about less commonly discussed methods may greatly cost users in the event of any failure in using other types of contraceptives. Although respondents were not asked about other methods (including traditional methods) of contraceptives, we believe through informal discussions and anecdotal evidence that Ghanaian females are aware of other crude contraceptives methods. The use of emergency

contraceptives such as Postinor, medication for the relief of stomach ulcer and pains, broken bottles mixed with Guinness, and herbs are latently substituted for contraceptives to prevent pregnancy after sexual intercourse.

Study participants were asked to indicate their view on benefits of contraceptives, attitudes to contraceptive users and knowledge of side effects of contraceptives. Results showed that participants knowledge about side effects and benefits of contraceptives slightly outweigh knowledge of contraceptive types. Whilst, sources of information on contraceptives through media and friends are fast, knowledge about side effects of contraceptive types spreads even faster. Unpleasant experience and exposure, bad consequences resulting from using contraceptive is easily communicated among students and even faster in the Ghanaian context. Research has shown that error in using condoms during sex may account for a bad side effect as a contraceptive. It would therefore not be surprising that knowledge about side effects may lead participants in real life to develop and/or have bad and poor attitudes towards contraceptive users. Thereby, deter them from seeking further knowledge.

Clearly, this study evidences a gap of information on contraception knowledge, timing, and contraceptives methods among diploma students. Our study showed that emergency contraceptives were not commonly known among students which in our view, threatens the adoption, use and practice of such methods. Besides the provision of student clinic and university hospital, guidance and counseling services, programs about reproductive and maternal services should be available and accessible for tertiary students. These measures when instituted would help address the needs of students who are in doubt about their sexuality and create more awareness towards reducing the spread of HIV, STIs and eradicate homosexual tendencies.

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