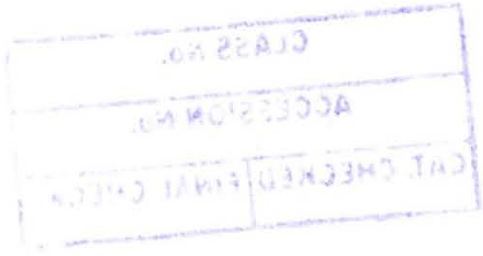
GHANA INSTITUTE OF JOURNALISM

EXAMINATION OF THE SOURCES OF CONTRACEPTIVE INFORMATION AND USE AMONG OUT-OF-SCHOOL YOUTH OF GBAWE

BY
ROSEMARY ARDAYFIO



A DISSERTATION SUBMITTED TO THE GHANA INSTITUTE OF JOURNALISM IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF MASTER OF ARTS IN DEVELOPMENT COMMUNICATION

OCTOBER , 2015

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DECLARATION

I Rosemary Ardayfio, hereby declare that this long essay is the result of my own original research work undertaken under the supervision of the undersigned and that all works consulted have been duly acknowledged.

.....

ROSEMARY ARDAYFIO

(STUDENT)

DATE 30-10-2015

.....

DR. ALBERT-JAMES TAYMAN

(ACADEMIC SUPERVISOR)

DATE 30/10/15

DEDICATION

I dedicate this work to my daughters Ayesha Nana Aba Tharkor and Stephanie Baaba Tharkor for readily taking over some of my family responsibilities whilst I pursued academic studies.

ACKNOWLEDGEMENT

This work would not have been complete without the help and support I received in diverse ways from various people. I therefore owe a great deal of gratitude to mysupervisor, Dr Albert-James Tayman of the Ghana Institute of Journalism, School of Graduate Studies and Research whose effective supervision, comments, criticisms and suggestions greatly helped in shaping my thoughts and arguments.

I am also very grateful to all the respondents who made time out of their busy schedules to give me all the attention I needed from them. My thanks also go to the authors from whose work I made references

To my most beloved daughters, Ayesha Nana Aba Tharkor and Stephanie Baaba Oduma Tharkor, I thank them for their sacrifice and special love for me and for fuelling the flame of my dream. I could not have had the peace of mind needed to undertake this study without you.

Above all, I am very grateful to the Almighty God for sustaining me all through these years.

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CDC	Centers for Disease Control and Prevention
FPA	Family Planning Association
GDHS	Ghana Demographic Health Survey
GHFFP	Ghana National Family Planning Program
GSMP	Ghana Social Marketing Program
HIV	Human Immunodeficiency Virus
IUD	Intrauterine Device
NPC	National Population Council
PPAG	Planned Parenthood Association of Ghana
SPSS	Statistical Package for the Social Sciences
STD	Sexually Transmitted Diseases
TV	Television
UNESCO	United Nations Educational, Scientific and Cultural Organization

ABSTRACT

Reproductive health is vital and the access to right contraceptive information and good use by the youth can help promote their health. Sensitivities to sex-related issues however create barriers to sexual and reproductive health information, support and practices. There have been attempts to improve knowledge among the youth but this appears to be skewed towards the more educated youth. This research therefore aimed at investigating how out-of-school youth of Gbawe obtain contraceptive information, how much of the information they receive and the behaviour outcomes from acquired contraceptive information among out-of-school of Gbawe. The research adopted the descriptive survey design, involving quantitative and qualitative methods. Using a purposive sampling method, thirty (30) out-of-school youth aged between 15 and 35 years were purposely sampled and administered questionnaires. Data was analyzed quantitatively and qualitatively/thematically. Results show that all the youth interviewed knew about contraceptives but only a few used them. Condoms and pills were the most commonly known contraceptives. The main sources of contraceptive information were the media (TV and radio), health centre and friends. Emerging sources of contraceptive information were the Internet and phones. Implications are that there is a need for the right and strategic use of channels/media to disseminate contraceptive information to serve the need of the sexually active out-of-school youth. In doing this the factors, especially language, should be taken into consideration.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Reproductive health is very important and the non-use of contraceptives could affect the well being of people, especially the sexually active youth. The youth are the future of the present generation and their health must be taken seriously. Access to right contraceptive information and good use can help promote the health of the youth. The sensitivities of sex-related issues however create various types of barriers to sexual and reproductive health information, support and practices (Wong, 2012). Lack of reproductive health information may lead to making of wrong reproductive health choices among the youth (Amusan, 2012; Najafi-Sharjabad *et al.*, 2013). There have been attempts to improve knowledge among the youth but the educated youth benefits the most since they know more about reproductive health through formal education (Ndyanabangi, Kipp and Diesfeld, 2004). Premarital sexual experience and unintended pregnancies therefore warrants serious attention (Wong, 2012).

Contraceptives are often described as birth control methods (Centers for Disease Control and Prevention – CDC, 2015) but some barrier methods offer protection against sexually transmitted diseases. They have a long standing history of developments with coitus interruptus (withdrawal) being referred to as the oldest method of contraception. The others like barrier methods, periodic abstinence and intrauterine devices have developed over a long period of time (Family Planning Association – FPA, 2010).

Researches on contraceptive information and use among young people have mainly been on in-school youth in general and less on out-of-school youth. These researches show that the extent to which the youth have contraceptive information varies and is dependent on the culture, religion and other factors. The general knowledge of contraceptives could be generally high (e.g. 92.5% in a research by Allagoa and Nyengidiki in 2011), but low on some methods (e.g. 23.3%. on pills by same authors). Research in Nigeria showed that girls in school had better knowledge of sexual health and contraception methods than the out-of-school girls, and also perceived risks highly than out-of-school girls (Adogu *et al.*, 2014).

Implications are that in using for example a particular mass communication strategy to disseminate information on contraceptives to a particular group or category of people, factors like culture and religion has to be considered critically.

A number of researches (Mustafa, Afreen and Hashmi, 2008; Chandra-Mouli *et al.*, 2014; Tolossa, Meshesha and Abajobir, 2013; Renjhen *et al.*, 2010) have shown that the youth get contraceptive information mainly from the media. The youth in low and middle income countries, get contraceptive information mainly through the mass media including radio, television and social media (Chandra-Mouli *et al.*, 2014). People (especially women) were more likely to use information when they got contraceptive information through the media (Fikree *et al.*, 2001).

Although some researchers found out that the youth got contraceptive information mainly from their friends, the media also played an important role of disseminating such information (Ajma, Agha and Karim, 2011; Dershem, 2006). On the other hand, Karim *et al.* (2003) observed that in the United States of America, spreading of contraceptive information was also through family which also helps to prevent wrong sexual choices.

Thus generally, the media plays an important role in spreading knowledge about contraceptives among the youth even among rural folks. The media information is handy and help to spread contraceptive information and bring about good choices among young people.

Implications are that the media can play a vital role in bridging the gap between information received by the in-school and out-of-school youth.

Research however indicates that contraceptive use and for that matter contraceptive information use by the youth is mostly skewed towards one or two types of contraception which is mainly the condom and pills (Kayongo, 2013; Chandra-Mouli *et al.*, 2014). Knowledge of contraceptive information usually goes with its use. Kayongo (2013) in a study found out that both out-of-school and in-school youth knew mainly about condoms and used it mainly for contraception. This was similar to other researchers observed by the researcher.

A study of both in and out-of-school youth indicated that most of these youth (about 90%) who have heard about contraceptives knew where to get it. The out-of-school were more sexually active than the in-school youth and the sexually active in-school youth were consistent with use of contraceptives than the out-of-school (Chandra-Mouli *et al.*, 2014). These youth used condom solely, while others focused on the use of hormonal contraceptives and emergency contraception and there were significant growths in contraceptive practice mainly in the use of condoms, hormonal contraceptives and emergency contraceptives.

There are cases in which contraceptive information was available but people did not use it. For example, Ochako *et al.* (2015) observed there is a low level of contraceptive usage among the youth of Kenya despite adequate information available to them. A study of the in and out-of-school youth in Ghana found that only a small number of sexually active participants have used condoms in their first sexual experience; condom use in the last sex was found to be greater (Karim *et al.*, 2003). However, condom use was very low and not consistent and strangely, communication about contraceptive methods reduces the use of condoms among males (Karim *et al.*, 2003). Renjhen and colleagues, on the other hand, observed that in Ethiopia, condoms were the most used types of contraceptives among the youth followed by the combination of oral contraceptive pills and condoms, and in times of emergency, oral contraceptive pills were the most preferred type of contraceptive (Renjhen *et al.*, 2010). However, the awareness about permanent methods of contraceptives was low.

There are also factors that affect the use of contraceptive information and consequently the use of contraceptives. Research has indicated that these may include attitude, awareness, access, demographics like age, sex, marital status, education; sexual activities, availability, religion, morality, laws and spousal approval or disapproval.

Though contraceptive information appears to be high among the youth, and that the media appears to be the most common way these youth gets to know about contraceptive information, with condoms and pills being the commonly used, it is still clear contraceptive information is skewed to the in-school youth than out-of- school.

The focus of this study is on the out-of-school youth of Gbawe, a community in the Ga South Municipality in the Greater Accra Region of Ghana. Gbawe used to be purely rural, but now peri-urban with modern facilities. The young people of this community are into quarrying, work that had existed several years ago when Gbawe was only a village. These young people are sexually active. Levels of education of these young people are low. It is the twenty-third largest settlement in Ghana, in terms of population, with a population of approximately 70,000 people (Ghana Statistical Service – GSS, 2013; World Gazetteer, 2014).

This study is to investigate how out-of-school youth of Gbawe obtain contraceptive information, how much of such information is received and the behaviour outcomes from the acquired contraceptive information by this youth.

1.2 Problem Statement

Observation of the out-of-school youth in Gbawe, indicated they were sexually active and some unmarried youth were pregnant though in general, organizations in Ghana tries to reach the general populace with contraceptive information and the youth in general are expected to have some contraceptive information.

Research indicates that more reproductive health information gets to in-school youth than out-of-school youth. More programmes on making contraceptive use available are somewhat targeted at the educated people since most adverts and programmes on reproductive health and contraceptives are in English. For example, Bannet Ndyanabangi and colleagues in their study indicated that sexual behavioural patterns differ among in-school and the out-of-school youth. In-school youth had fewer sexual partners than out-of-school youth, and were more likely to use modern contraceptive than out-of-school youth. Out-of-school youth, just as the in-school youth are to be targets to reach with reproductive health information but it appears focus has formally been on in-school youth and the more educated (Ndyanabangi, Kipp and Diesfeld, 2004). The use of barrier methods (condoms) which offers protection against sexually transmitted diseases is low among out-of-school youth compared to in-school youth (example Batwala *et al.*, 2006). Thus there is the need for the reorientation of contraceptive information, services and accessibility by out-of school youth (example Batwala *et al.*, 2006).

This study therefore aims to look at the extent to which the out-of-school youth in Gbawe know about and use contraceptives and source of knowledge so as to know how to rightly reach such groups with the right contraceptive information.

1.3 Research Objectives

This study generally aims to investigate how out-of-school youth of Gbawe obtain contraceptive information, how much of the information they receive and the behaviour outcomes from acquired contraceptive information among out-of-school of Gbawe. The specific objectives are to investigate:

i. How out-of school-youth of Gbawe obtain contraceptive information.
ii. How much contraceptive information out-of-school of Gbawe receive.
iii. What information is made available to the out-of-school of Gbawe.
iv. The behavioural outcomes from acquired contraceptive information among out-of-school of Gbawe.

1.4 Research Questions

Based on the above objectives, the research questions of this study will be

i. How do out-of school-youth of Gbawe obtain contraceptive information?
ii. How much contraceptive information do out-of-school of Gbawe receive?
iii. What information is made available to the out-of-school of Gbawe?
iv. Do out-of-school of Gbawe obtain enough contraceptive information?
v. What are the behaviour outcomes from acquired contraceptive information among out-of-school of Gbawe.

1.5 Justification of the Study

The vulnerability of young people to sexual health risk has critical implications for their physical, psychological and social well being. Although young people are concerned about their reproductive health and want to protect themselves from reproductive health risk misinformation about sex and its consequences is common and many young people do not get the information they need (Guttmacher Institute, n.d.; Boonstra, 2007), and for that matter the out-of-school youth. Programmes to make it easier and comfortable for the youth, especially the out of school, to access contraceptives are not common.

This study will help to create the awareness of the need to disseminate up-to-date information to young people, and for that matter out-of-school youth at Gbawe.

The findings of the study will aid in the formulation and implementation of policies and the adoption of the right information, education and communication strategies to reach out-of-school youth at Gbawe and in general.

It will add on to existing knowledge in the field. The research report will become reference document for students, lecturers, researchers, organisations and other interested individuals.

1.6 Scope of the Study

Contraceptive information research is broad with a number of researchable areas.

Research involving all these areas would be a very big task which would not be feasible in most cases, due to time and resource constraints. Moreover, research of this type should include a large sample from different localities; this is not possible because of time and resource constraints. This study carefully looks at, and limits its scope to the availability of contraceptive information among out-of-school youth at Gbawe, a sub-urban community near Accra.

1.7 Definition of Terms

Key terms used in this study are operationally defined as follows:

i. **Contraceptive:** any agent or device used by a person with the intention to prevent conception and STDs.

ii. **Out-of-school youth:** people between the ages of 15 and 35 years who are not in school and have had low levels of education (mainly basic education).

iii. **Source/Medium of information:** channel by which contraceptive information gets to the population of interest

1.8 Organization of the Study

Chapter one is the introduction. This chapter has the background to the study, problem statement, research objectives, research questions, justification of the study, scope of the study, definition of terms, and organization of the study.

Chapter two presents the literature review. This includes the, introduction, contraceptive overview, theories, the related studies and the theoretical /conceptual framework.

The chapter three deals with the methodology used for the research. This has the introduction, type of study/ design, study location/area, study population, sample size, sampling method, data collection techniques/methods and tools, pre-testing, and data processing/analysis.

The chapter four presents the results/findings which includes data analysed, its interpretation and discussion of results

The chapter five presents the summary of findings, conclusions, recommendations and suggestions for further research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews literature extensively and presents a conceptual framework for the study. Sections include the definitions and concepts, theories, history of contraception and benefits of contraception. The others are the extent to which the youth have contraceptive information, how the youth get contraceptive information, contraceptive information use by the youth, factors affecting availability and use of contraceptive information and conceptual framework, in order to situate the peculiarities of Gbawe to draw further lessons.

2.2 Definitions and Concepts

Review of literature clearly indicates that contraceptives are more often described as birth control methods (e.g. Centers for Disease Control and Prevention (CDC), 2015). The barrier methods of contraception however offer prevention for sexually transmitted diseases. The CDC on their web page has categorised and listed available types of contraceptives. The two main categories are the reversible and permanent methods of birth control (CDC, 2015).

The reversible methods of birth control are sub-categorised into intrauterine contraception (copper T intrauterine device and levonorgestrel intrauterine system),

hormonal methods (implant, injection, combined oral contraceptives, progestin only pill, patch, emergency contraception and hormonal vaginal contraceptive ring), barrier methods (diaphragm or cervical cap, spermicides, female condom and male condom) and fertility awareness-based methods (natural family planning or fertility awareness) (CDC, 2015). The permanent methods of birth control are sub-categorised into female sterilization (tubal ligation), transcervical sterilization and male sterilization-vasectomy (CDC, 2015).

As can be seen above, the barrier methods (except spermicides and diaphragm) are contraceptives that offer protection against sexually transmitted diseases. Therefore in this research, contraception can be clearly and generally defined as any pill, device or methods that are used to prevent pregnancy and sexually transmitted diseases.

2.3 Theories

2.3.1 Cultural norms theory

According to Oxford Reference (2015, p.1), cultural norms theory is "a theory of mass communication which suggests that the mass media selectively presents, and emphasizes certain contemporary ideas or values" Cultural norms are "shared, sanctioned, and integrated systems of beliefs and practices" that is characteristic of a particular group of people (Encyclopedia.com, 2015, p.1). This standard provides guidance for daily life; it prescribes the correct and moral behavior, giving meaning and coherence to life, resulting in the integrity, security and belongingness of the cultural group. For these, normative

beliefs with the values and associated rituals give rise to a sense of order and controls aspects of life that makes it predictable and not being chaotic (Encyclopedia.com, 2015).

Ramachandran (2005) in a research observed that group members may differ in their perception of communication technology because of their culture and these individual cultural differences play an important role in the formation of media preference, by individual members or group, to be used for communication in an environment. Ramachandran observes that media choice affects the effectiveness of communication and knowledge flow. He observes that cultural norms (of individuals) may affect choice and use of media.

This means that, for example, a group or community of people may not or will be selective on the time of communicating to the public about protection from unwanted pregnancies and STDs, to cut out the very young ones from getting and abusing such sensitive information. These practice may end up not giving important contraceptive information to young people who are sexually active.

Another dimension to this is that an individual or group of people may present information and also in a manner that is thought to be acceptable to the public. This will be influenced by the norms and related characteristics of the public. For example, media companies will present adverts/products and in a manner that is acceptable by the recipients. Adverts about contraceptives are usually in English and about condoms and pills. This might have led to more knowledge about these contraceptives compared to

others like the IUD and implants. It is however envisaged that this same phenomenon in a way affects the Gbawe community.

2.3.2 Selective perception theory

In selective perception, a person makes meaning out of stimuli by selecting, categorizing and analysing some of the stimuli and leaving out or blocking other stimuli which contradicts the person's beliefs or expectations (Williams, 2015). For example a person who loves jogging and hates drinking will focus attention on adverts that promote jogging, whilst blocking attention for adverts on drinking.

The selective perception theory therefore asserts that people 'filter stimuli both consciously and unconsciously as we perceive the stimuli' (Williams, 2015, p.1). These means people consciously or unconsciously block out certain stimuli but consciously or unconsciously focus attention on specific stimuli and disregard contradicting ones. Thus people may actively choose what information they digest or discard (Williams, 2015).

It is however envisaged that the Gbawe community of youth, coming from different backgrounds, may have a liking for certain kinds of contraceptives and media houses and these could possibly affect the type of information that gets to some of these youth. Thus the outcome of this research may reflects some of these norms/theories.

2.4 History of Contraception

Coitus interruptus is probably the oldest form of birth control still practised today (Family Planning Association – FPA, 2010).

Acidic or alkaline chemicals are hostile to sperm. In ages past women have inserted fruit acids, and the like to prevent conception (FPA, 2010). These may have worked in a way. These made up the chemical contraception in those days. Vaginal douches after intercourse were in use since 1600s but are not safe or effective. In 1885 this was commercialized in the form of vaginal suppository using cocoa butter and quinine sulphate by Rendell, a pharmacist. Productions of different jells have continued to the present (FPA, 2010).

As regards the male barrier methods (the condom, sheath), early Egyptians used various forms of penis protectors for protection against disease and insects, and as badges of rank and decoration (FPA, 2010). In 1564 Gabriello Fallopius recommended a moistened linen sheath for protection against STIs. The 18th century onwards Condoms were made from animal intestines. These developed through the year (1843-1997) until in 2005 when a new synthetic non-latex condom was launched in the UK. Modified designs and types of condoms are now available to provide greater variety and choice (FPA, 2010).

With the female barrier methods (diaphragms, caps and condoms) in the past over the centuries, many items such as leaves, lemons and sponges were used as vaginal barriers (FPA, 2010). Sponges have continued to be used in one form or another up to the present day with the development of spermicide-releasing sponges. The Today Sponge was available in Britain between 1985 and 1995. It is currently available in some other countries but not in the UK. Far back in 1882, Dr C Hasse credited with inventing the

diaphragm, followed through by inventions from 1883 to 2003 and then in 2004 when the first silicone diaphragm (Milex) became available. There are now two types – a coil spring type and an arcing spring type. Both are available on the drug tariff (FPA, 2010).

Periodic abstinence (natural family planning) has been used as a birth control method ever since it was first discovered that sexual intercourse led to pregnancy (FPA, 2010). In the mid-19th century, Von Baer identified the female ova, and in the 1930s studies by Ogino in Japan and Knaus in Austria showed when ovulation and thus fertilisation occurred. This knowledge enabled improved calculation of the fertile and infertile times of a woman's menstrual cycle. There other developments therough 1930s up to 1964 and then in 1990s the sympto-thermal method combines all fertility indicators and is highly effective. Various devices now monitor changes in a woman's menstrual cycle by temperature, hormones and saliva (FPA, 2010).

There is little proof about the origins of Intrauterine devices (IUDs) but there is evidence that ancient Greeks used some form of device (FPA, 2010). In 1868, cervico–uterine stems were developed. These were small button/cap shapes attached to stems, made of a number of different materials, which extended into the cervix. This also developed through the 1909 through to 1997 and in 1998 to date there is continuing research into IUDs with modified shapes or with more copper. Combined copper and hormonal IUDs are also being researched (FPA, 2010).

With Hormonal contraception, combined oral contraceptive pills which date back more than 2000 years had early preparations varied from eating willow shoots and bees to consuming the internal scrapings of male deer horns (FPA, 2010). Far back in 1945, Syntex SA was established to produce steroids from diosgenin (a plant steroid in Mexican yams) and search for compounds which could be administered orally, and with other developments from 1950s until 2002 when the first combined pill (Yasmin) to contain the new progestogen, drospirenone became available. 2009 saw the first combined pill (Qlaira) to contain estradiol valerate (a synthetic estrogen) and dienogest (a new progestogen) became available. Other Hormonal contraception are progestogen-only pills (1960s to 2002), emergency contraception (1960s to 2009), injectable contraception (1950s to1984), implants (1967 to 2010), hormone-releasing vaginal rings (1970s to 2009), contraceptive skin patches and gels (2003), and there researches on anti-progesterones, male hormone methods and contraceptive vaccines (FPA, 2010).

As regards sterilisation, vasectomy first reference was in 1775 (FPA, 2010). In 1830, Sir Astley Cooper began to experiment with various vasectomy techniques. In the 20th century, with the advancement of surgical techniques, the use of sterilisation as a procedure for fertility control became possible and widely available. 1974 No-scalpel vasectomy was developed in China (FPA, 2010).

Female sterilization was first mentioned by Hippocrates (FPA, 2010). In 1834 there was first full description of the procedure by Von Blundell. In the late 19th and 20th centuries, it was a major operation involving all the hazards of abdominal surgery and

weeks of hospitalisation. By 2002 the hysteroscopic sterilisation, using ESSURE, was first made available in the US (FPA, 2010).

2.5 Benefits of Contraception

Contraception basically helps women prevent and postpone getting pregnant until a particular time, for example finish school or job training (Guttmacher Institute, 2015). It helps families plan their childbearing, avoiding a pregnancy soon after a previous one and after a family is complete. Well planned pregnancies leads to timely prenatal care thus contraception is essential preventive health care (Guttmacher, 2015). "It makes for healthier mothers and children-and it reduces health care costs, like those associated with preterm births" (Guttmacher Institute, 2015, p.1). According to Guttmacher Institute, in the USA, "contraception is highly effective ... two-thirds of women who use contraception consistently and correctly account for only 5% of all unintended pregnancies every year" (Guttmacher Institute, 2015, p.1). It is apparent this is the case in Africa and for that matter Ghana since most people do not get information on contraceptives. Even if they do, it may not be enough.

2.6 Effects of Contraceptives

A study to assess the Impact of Menstrual Side Effects on Contraceptive Discontinuation found that injectables, IUDs and implants caused bleeding in subjects/participants. Bleeding was significantly associated discontinuation, whilst age of implant users was significantly associated with discontinuation (Tolley *et al.*, 2005).

Although implant has benefits it also has side effects just like any other methods. Effects can be effective such that only 1(or less) in 100 women could be pregnant. It's also easy to use than patches, shots, rings, and pills. It can be reversed and comes with less painful periods (Webmd, 2015). Other possible side effects could be pain, bruising, redness and infection. It may be harder to remove if placed deep. Other side effects could be irregular menses, depression, weight gain, vaginitis and dizziness (Webmd, 2015).

As indicated by the research of Tolley *et al.* (2005), the IUD also have some side effects. IUD is a small T-shaped plastic wrapped in copper or contains hormones which are inserted into the uterus hanging into the vagina to trap and kill sperms to prevent conception. This is reversible and requires little effort. It is good for people who may not be able to use other hormonal methods because they are breast-feeding etc (Webmd, 2015b). Though these have several benefits, it also have some side effects. These are menstrual problems (bleeding or cramps), perforation of uterus (1 in 1000) and expulsion (2 to 10 of 100 pushed into the vagina) (Webmd, 2015b).

Emergency contraceptive pills do not actually have long-term serious side effects and safe for almost every woman (Glasier *et al.*, 2010; Princeton University, 2015). However, the progestin-only have fewer side effects than the combined (estrogen and progestin combination) and these are feeling queasy, throwing up, headaches, feel tired or dizzy, abdominal pain, tender breasts which may last for some few days. There could be unexpected bleeding (not dangerous though and clear by next period) and delays in next period (Glasier *et al.*, 2010; Princeton University, 2015).

2.7 Ghana Contraceptive Policy

The Ghana contraceptive policy in a way derives from the national population policy. Current decisions about the country's family planning or contraceptive needs are made in the context of this policy. The Ghana population policy which was adopted in 1969 and revised in 1994, establishes the Government of Ghana's commitment to population issues and emerging issues like HIV/AIDS as of 1994. This at a time set the population growth rate to be 3, doubling time of 24 years, total fertility rate 5.5%, population under 15 48.2%, above 65, 3.6% and sex ratio 97.6% (National Population Council – NPC, 1994).

The goal was to maintain population growth for better national development and quality of life. Major objectives of the policy includes "to ensure accessibility to, and affordability of, family planning means and services for all couples and individuals to enable them regulate their fertility" and also "to educate the population about the causes, consequences and prevention of HIV/AIDS and other sexually transmitted diseases " (NPC, 1994, p.3).

Major targets included reproductive health issues. These include the reduction of total fertility rate, to achieve a contraceptive prevalence rates for modern family planning methods, reduce population growth rate, and to reduce proportion of women less than 20 years and more than 34 years having births (NPC, 1994).

Implementation strategies aims to improve maternal and child health which includes expanding safe motherhood programmes and promoting reproductive and sexual health of all including adolescents. Other strategies are family planning and fertility regulation which includes decentralization of family planning delivery system. Another strategy is to involve men in family welfare which includes adolescent male and adult male clients being targeted in the provision of family planning and information, education and communication services (NPC, 1994).

Family planning and contraceptive policies existed in Ghana before the national Population policy in 1969 (Oliver, 1995). In 1961, the Christian council of Ghana set up a centre in Accra meant to advice married people on family planning and responsibility as parents. Medics into reproductive health issues formed the Planned Parenthood Association of Ghana (PPAG) to educate on the use of family planning services with offices opining around 1967. The Ghana National Family Planning Programme (GHFFP) was established in 1970 which brought family planning services in the health care delivery system. The Ghana Social Marketing Programme (GSMP) was set up in 1986 to help increase accessibility to contractive and family planning services. Pills and condoms featured prominently in this programme. Prices of contraceptives and related services were subsidized to maximise users. In spite of high knowledge of contraceptive information, use remains low (Oliver, 1995).

2.8 Contraceptive Information and Use

There have been a couple of researches on contraceptive information and use by the youth and for that matter out-of-school youth. This literature review presents general research with focus on available literature on out-of-school youth regarding how they get contraceptive information and use such information. The sections below present studies across the world including Ghana.

2.8.1 Magnitude of contraceptive information among the youth

Knowledge of contraceptives among some sections of youth (specifically of adolescents) is high in Sub Saharan Africa than other parts of the world (Tsigereda, 2004). Studies aged 15-19 in Ghana shows that 85% knows at least one modern contraceptive. In Nigeria, 60% of urban adolescent knew about at least one contraceptive method. Studies in Ethiopia showed that 75% out-of-school youth knew about condom; a more comprehensive cross sectional study showed that 90% of sexually active male youth knew about condoms and 87% of sexually active females knew of pill. Latin American, the Caribbean, Asia, Near east and North Africa, over 90% of a some sections of youth (specifically of adolescents) know about contraceptives (Tsigereda, 2004)

Other research in general has shown a relatively high level of contraceptive information among the youth usually aged 15-35 (for example, Kayongo 2013; Allagoa and Nyengidiki, 2011; Adogu *et al.*, 2014; UNESCO, n.d.; Sreytouch, 2009; Dershem , 2006; Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF Macro, 2009). The Ghana Demographic Health Survey – GDHS of 2008 indicates the knowledge about

contraceptive methods for family planning especially is universal, making up for about 98-99% among the population (15-49 years). The GDHS indicates that knowledge of contraceptive methods among the unmarried youth (usually adolescent girls and young women) is similar to married women. About 98% know at least one method of contraception and 78% know traditional method. The most commonly known modern method is the condom (90-93%), followed by injectables (91%) and the pill (90 percent). Emergency contraception is least known (34%). There has been an increase in knowledge of contraceptive methods among women age 15-49 in Ghana over the past two decades (Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF Macro, 2009). The above trends hold for men in Ghana.

Some people however assert that some youth (especially teenagers) of Ghana lack contraceptive knowledge (Ghanaweb, 2009). On the other hand, a current study by Clotey (2012) shows that over 84 % of the youth (in this case, adolescents), have heard about contraceptives. Majority (84.5%) knew about condoms, followed by pills and abstinence. The study used the purpose sampling method to select areas of study and the out-of-school youth, and the systematic sampling to select in-school youth for the study. In all, 238 in-school and out-of-school adolescent males and females were selected as a sample. Implications were that contraception knowledge be improved among the youth.

Kayongo (2013) in a Ugandan study to assess the uptake of contraceptives among youths (15 - 24 years) did a descriptive cross sectional study. The study used a mixed-method: qualitative and quantitative, using focus group discussion together with a survey. The

quantitative data was analysed using Statistical Package for the Social Sciences (SPSS) while qualitative data was analysed thematically. Out of 323 sexually active youth interviewed, 62% were females and 38%, males. Over a 70% of respondents knew about contraceptives.

Allagoa and Nyengidiki (2011) carried out a study on the youth (young women mostly between the ages of 15 and 34 years) in Nigeria. The study made use of the survey method: standardized self-administered questionnaire was administered to 300 randomly selected youth at an antenatal clinic attendance in a hospital in Nigeria. Information on contraceptive knowledge, options, source of information, utilization and reasons for use or none use were captured and analysed using EPI info software. Results indicated that general knowledge of contraceptives was 92.5% among the selected youth. Knowledge about breast feeding and the barrier methods (condoms) were the highest with percentages of 38.7 and 38.3 respectively. The respondents also knew about pills accounting for about 23.3%.

Recognizing the need for protective information and skills to reduce unsafe sex and associated risk, Adogu *et al.* (2014) carried out a study to assess sexual health knowledge, attitude and risk perception of in-school and out-of-school female unmarried adolescents in Nigeria.The methodology was a comparative cross-sectional design. Exactly 391 in-school youth (female adolescents with average age being 15.9 years) and 392 out-of school youth (female adolescents with average age being 15.5 years) were selected school and market respectively. They were then administered questionnaires.

Results showed that in-school youth had better knowledge of sexual and reproductive health and for that matter contraception methods, than the out-of-school youth. They also perceived risks highly than out of school girls. Similarly, a study (desk research) by UNESCO (n.d.) indicated knowledge gaps between in-school and out of school youth. Reproductive health issues and for that matter contraceptive knowledge were greater among the youth in urban areas than in rural areas and among the more educated than less educated.

Sreytouch (2009) conducted a survey to study the knowledge, attitude, and practice of contraceptive use (in this case family planning) in Cambodia. Structured interviews were performed with 139 youth (and some older adults) mostly in the 15-39 age groups who were married women in a rural setting. The survey method was adopted and a simple random sampling used to select respondents. Data was analysed using SPSS. Sreytouch observed that information on contraceptives is common in Cambodia irrespective of educational level and socioeconomic rank. The results indicated that "knowledge of modern contraceptives among the respondents is universal, with 99% of women being aware of at least one modern method of contraceptive" (p. 103). More than half of the participants knew where to get contraceptive methods. Sreytouch observed that though there is great awareness of contraceptives among participants, the information differs with the different methods. The most common means known by participants are the pill, which accounted for 95% and injectable contraceptive, which accounted for 83%. The third most common contraceptive methods the condom followed by the intrauterine device (IUD) according to the participants. Nonetheless, male sterilization is a less

popular contraceptive method for participants. Furthermore, about 15% of participants are familiar with other substitutes, which comprise traditional methods, for example calendar-based methods and withdrawal method.

The contraceptive knowledge trend is somewhat similar to that of the western world. Dershem (2006) observed in a study in the USA that there was a substantial rise in the proportion of youth knowing about contraceptive methods over the years. In 2004, marginally more than 38% of the youth did not know of one contraceptive. This reduced to less 7% in 2006 .The rise in awareness about contraceptives existed for both gender of all ages irrespective of settings. Moreover, the proportion of youth who knew more than one contraceptive method improved from 31% to 63%. The contraceptive methods most known in 2004 and 2006 were condoms followed by the pill and IUDs. Dershem in the study adopted the survey method by which a total of 545 youth (mainly adolescent boys and girls) were systematically sampled and questionnaires administered to them by interviewers.

2.8.2 Sources of contraceptive information

Clotey (2012) shows in his Ghanaian study that the main source of contraceptive information are radio (74.6%), followed by friend (55.1%) and teacher (53.2%). Others are the family member, health worker, partner, print media and some others which range from 16.6% to 4.9%.

The study by Allagoa and Nyengidiki (2011) in Nigeria showed that the main source of contraceptive information among young pregnant youth (young women) was the antenatal clinic whiles other sources like mass media were not significant. This finding is against some findings (for example Chandra-Mouli *et al.*, 2014) in which mass media was significant as source of contraceptive information.

Chandra-Mouli *et al.* (2014) in a study of contraception for young adults in low and middle income countries found that the youth mostly the adolescents get contraceptive information significantly through the mass media which includes the radio broadcasting and television platforms, as well as peer education, interpersonal relations and awareness through educational resources for example through notices and brochures. Currently, the ways adolescents communicate are through mobile phone expertise, the internet and social media means. These means are progressively being used even in low and middle income countries. These means are possibly important for spreading information about contraceptives and their choices to young people handily and individually. Chandra-Mouli *et al.* (2014) also found that developing statistics propose mobile phone technologies and social media are resources that encourage growing contraceptive usage among youths.

Adogu *et al.* (2014) observes in a study that Nigerian in-school adolescents main sources of contraceptive information were teachers and parents; out-of-school adolescents main sources were friends and the media which are all consistent with findings in other African countries, for example, Uganda out-of-school adolescents get information mainly

form peers. Nevertheless, Adogu *et al.* observes that knowledge of out-of-school youth (especially adolescents) on sexual health issues is poor, with some, for example, not knowing that pregnancy could occur during first time of sex.

Sreytouch (2009) found out that the main sources of contraceptive information among women (mostly the youth/young adults) were mainly through healthcare staff (67.4%); followed by TV (50.7%), friends (33%) and radio (35%). Others were pamphlets, parents or relatives and teachers, ranging from 1.4% to 7%.

Fikree *et al.* (2001) in a study of the youth (specifically young women) in urban squatter settlements of Karachi, Pakistan found that likelihood of women to use contraceptives was higher when information of family planning was channeled through media. Results indicated that women who used modern contraceptive methods were more likely to be educated and exposed to an urban environment. Women of high economic status and who happened to have received contraceptive related messages from health workers were 2-3 times more likely to use contraceptives than other women. Those in favour of messages from the media were 50% more likely to use contraceptives.

Studies of youth in the developed countries show similar trend. Dershem (2006) in a study of some parts of United States found that for both male and female youth, the most common source of knowledge about contraceptives were from friends. Dershem (2006) found that female youth sought information about sexual activities and contraceptives mainly from their friends, then from their mothers. However, boys sought their

information about contraceptives and sexual information from their friends mostly and then from magazines and television. Due to the fact that friends have become progressively a major source of reproductive health information in spite of their sex, stage of development or location, there is therefore the need to strengthen and upgrade peer education initiatives (Dershem, 2006).

Dershem (2006) observed that the most common and vastly used means of communicating information about contraceptives among the youth is the radio. The radio is inexpensive and readily available to the youth. In addition to that, many youth also got information about contraceptives through the television, and magazines. The mass media communication is also a very important source of information. Dershem (2006) observed that some youth got information about reproductive health and contraceptives from gynecologists, doctors, nurses, midwifes, pharmacists, husbands, partners, elder sisters or brothers, fathers, grandparents, other relatives, teachers, books, booklets, training courses or meetings and telephone hotlines.

On the other hand, Karim *et al.* (2003) observed that in the United States of America, spreading of contraceptive information was also through family members such as mother, father, guardian, aunt, uncle or siblings. This according to him reduces the probability of the youth from making wrong sexual choices.

Although this study is specifically on out-of-school youth, they studies on in-school youth has shown similar trends and this must not be ignored in such a study. Most out-of-

school youth were once students and their sexual behaviours might have been influenced by education. Research shows that majority of in-school youth had gained facts about contraception (and family planning) from the media (Renjhen *et al.*, 2010) and the friends (Ajma, Agha and Karim, 2011). Tolossa, Meshesha and Abajobir (2013) found in a study among in-school youth in some parts of Ethiopia, that the major source of emergency contraceptives knowledge was health education from health personnel which contributed to about 48%. However, in the capital city the major source of knowledge for emergency contraceptive was the mass media.

2.8.3 Behaviour outcomes from contraceptive information acquired by the youth

Despite the high knowledge about contraceptives among some sections of youth in Sub Saharan Africa than other parts of the world, usage is very low (Tsigereda, 2004). Tsigereda observes that in Ghana only 11% of sexually active young people use modern contraceptive; 27% use other methods. In Nigeria, this was 4.7% for contraceptives in general. In Ethiopia, this was 27.6% among sexually active out-of-school youth in Awssa (Tsigereda, 2004).

Literature search has indicated that availability or knowledge of contraceptive information usually goes with its use (for example Kayongo, 2013; Tsigereda, 2004; Chandra-Mouli *et al.*, 2014). A study by Kayongo (2013) of both out of school and in school youth indicates that condoms were the main contraceptive method known and therefore used among the youth studied. He observed this was similar to other researches which found out that condoms were the common. They used short term contraceptives

like pills and condoms which according to Kayongo (2013, p.71) could be as a result of "knowledge gaps among youths, limited access to comprehensive contraceptive information as well as full range of contraceptive services".

The study of Tsigereda (2004) in both in and out-of-school youth brought out some contraceptive information and use among adolescents studied. Ninety (90) percent of all the respondents who have heard about contraceptive knew where to get it. However, the out of school (36.4%) were more sexually active than the in-school adolescents (16.6%). Surprisingly, the sexually active in school (49.3%) were consistent with use of contraceptive than the out-of-school (28.6%). Tsigereda used a quantitative and qualitative cross-sectional comparative design. Using a multistage probability sampling, data was collected using anonymous self administered questionnaire and focus group discussion. Sample was 1591 (796 out-of-school and 795 in-school) youth (adolescents) adolescents participated in the quantitative and four sex segregated, the focus group (qualitative) part.

The study of Chandra-Mouli *et al.* (2014) on contraception for adolescents in low and middle income countries showed that some of the youth used condom solely, while others focused on the use of hormonal contraceptives and emergency contraception. Some of the youth saw contraception as important so focused on the use of contraceptives. Chandra-Mouli *et al.* (2014) also found that generally, there were significant growths in contraceptive practice mainly in the use of condoms, hormonal contraceptives and

emergency contraceptives. The youth in this case used the contraceptives they knew about and also available to them.

Karim *et al.* (2003) in a study of unmarried youth in Ghana (in and out-of-school) found that though knowledge about condoms was high, only a small number of sexually active participants have used condoms in their first sexual experience (about 18% of males and 27% of females). Condom use in the last sex was found to be greater, about 43% of males and 37% of females. From the report, it was found that condom use was very low and not consistent. Just 27% of males and 20% of females said they were consistent in the use of condoms during their first and last sex. Karim *et al.* (2003) found that conversation with family relations and friends was weakly related with condom and contraceptive usage. Family members' disapproval of sex was connected with a higher probability of the usage of a condom during the period of initial sex for ladies, regular condom usage with the most recent sexual mate among men. Nevertheless, communication about contraceptive methods reduces the use of condoms among males. Karim *et al.* (2003) also observed that condom usage seems to be more strongly linked to the youths' individual features, for example gender role opinions, and communication with sexual mates regarding prenatal period and sexually transmitted infection risks. Karim and colleagues sampled 3,739 unmarried 12–24-year-olds for a survey. Regression techniques were used to assess relationships of variables among the sample.

The knowledge of contraception and use has similar trends in developed countries just like developing countries. McKay & Bissell (2010) observed that the proportion of

sexually active youth in Canada who used condoms in their latest sexual experience had increased in current years. For instance, among the condom use in the particular state in Canada had increased from about sixty four percent in 1992 to about seventy four percent in 2003. McKay & Bissell (2010) observed that in a survey in Canada of teenagers between the ages of fifteen to nineteen, condom use at latest sexual intercourse had increased from 72% in 2003 to 75% in 2005. Moreover, condom use among sexually lively Canadian youth has clearly generally become greater than before.

McKay & Bissell (2010) observed that there is a consistent increase in condom use among the younger sexually active teenagers but this reduced as they grew older. For instance, in a survey among Canadian youth aged 15 to 19 years, 80% of sexually active used a condom at previous sexual experience compared to 70% of 18 to 19 years. This system of declining condom use has been confirmed by several other researches. Generally, rates of condom use among sexually active young youth have increased.

Studies on in-school youth show a similar trend. Renjhen *et al.* (2010) in a study of in school youth observed that in Ethiopia, condoms were the most known and used types of contraceptives among the youth followed by the combination of oral contraceptive pills and in times of emergency, oral contraceptive pills were the most preferred type of contraceptive. Thus condoms and pills were commonly known and therefore used. Renjhen and colleagues found in the study of in school youth in India that, majority of the youth usually used condoms, followed by joint usage of oral contraceptive pills and condom. Majority (85%) of them is acquainted with and used condoms and 40% of them

used contraceptive pills. Tolossa, Meshesha and Abajobir (2013) looked at the level of knowledge and use of emergency contraception among female students of in an Ethiopian university and found out that more than 70% of the respondents knew about emergency contraceptives and about 10% of them had ever used it; these were mainly oral pills. Subedis (2012) in a study of in school youth in Nepal found that majority of the youth use condoms in their first sexual intercourse. He found that the known type of contraceptive use for emergency contraception was oral pill. The most preferred and common methods of contraception usage by the youth were condoms followed by combined oral contraceptive pills. The use of contraceptives is to some extent an indication of types of contraception or contraception information known. Ajma, Agha and Karim (2011) observed that medical students were more acquainted with contraceptive methods and were less probable to contemplate that contraceptive methods are contrary to Islamic principles. This indicates people with reproductive health knowledge may favour contraceptive use irrespective of religion.

The above researches clearly indicate that sometimes people may have information about a contraceptive and may or may not use it. This will depend on factors affecting contraceptive use as discussed below.

2.9 Factors Affecting Availability and Use of Contraceptive Information

One of the major factors affecting the availability of contraceptive information is the positive attitude towards their utilization; however illiteracy does the opposite (Mustafa, Afreen and Hashmi 2008; Subedis 2012). This is an indication of the need for more

education on overpopulation and to encourage the need for contraceptives. Other factors are access to mass media, age, marital status, forced sex and increase of sexual activities among the youth (Tolossa, Meshesha and Abajobir, 2013). Factors like age, sex, educational levels and friendship with people who have been using emergency contraceptives have been found to have a relationship with the availability, knowledge and attitude towards emergency contraceptives (Subedis, 2012). Religious views, perceptions that contraception inhibits sexual desire and may cause feebleness and fatness have been found to affect contraceptive use (Renjhen *et al.*, 2010).

Others are unmet needs of sections of the population e.g. the unmarried youth, general absence of availability to contraception have been found to affect contraceptive use (Chandra-Mouli *et al.*, 2014). Chandra-Mouli *et al.* (2014) observed that age, gender, area of residence, laws that prevent the use and sale of contraceptives to unmarried youth, attitudes of health workers affect the use of contraception among the youth. Health workers will often reduce contraceptive information to the unmarried youth to the use of only condoms, with the wrong perception that hormonal means and intrauterine devices affect women who have not given birth before (Chandra-Mouli *et al.*, 2014). Other factors identified by Chandra-Mouli and colleagues are high costs, hostile service delivery, pressure to give birth, prejudices and stigma, misunderstandings about the direct and long term complications of contraceptives on wellbeing and fertility, misunderstanding of how contraceptive work and unplanned or irregular sex. Karim *et al.* (2003) found that age and number of sexual companions determines the likelihood of contraceptive use.

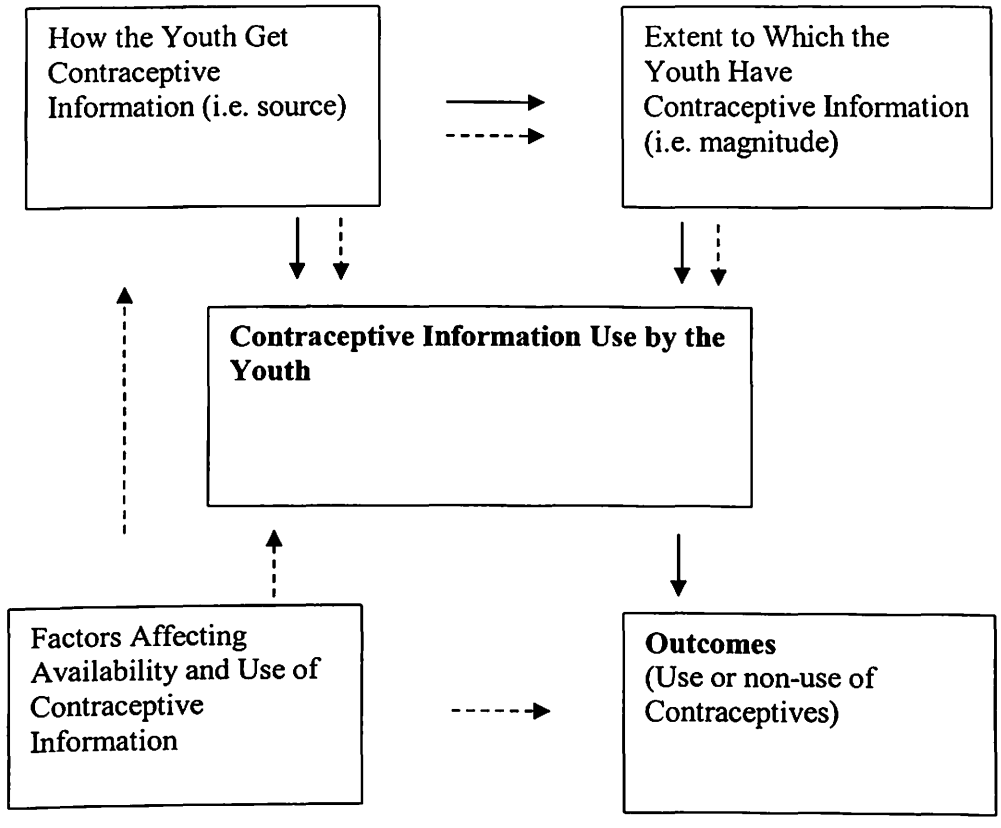
Etuk *et al.*, (2003) and Mustafa, Afreen and Hashmi (2008) found that partners' disagreement to contraceptive use affected its use.

From these researches, factors identified to affect the use of contraceptive information include attitude, knowledge (awareness or information), time constraint, access to mass media, age, sex or gender, marital status, forced sex, sexual activities, education (literacy or illiteracy) and availability. Others are religious views morality, individual perceptions, discriminations, laws, cost, hostile service, delivery, social barriers, prejudices, stigma, misunderstandings, complications, relationship stability, regularity of sex, and partner approval or disapproval.

2.10 Conceptual Framework

Literature review, and for that matter, research outcomes by various authors, indicates that variables act on each other in a way which determines contraceptive information use and therefore actual use of contraceptives by the youth. The diagram below (figure 1) indicates that how the youth get contraceptive information (i.e. source of information) may to some extent determine the extent to which the youth have contraceptive information (i.e. magnitude of contraceptive knowledge) which will in turn affect contraceptive information use by the youth and consequently outcomes.

Figure 1: Conceptual Framework



Key: the plain arrows indicate 'leading to' whilst the dotted arrows indicate 'having effect on'

Figure 1 (based on literature reviewed) indicates that factors affecting availability and use of contraceptive information may act or have effect on contraceptive information use by the youth leading to outcomes. These factors may also act on how the youth get contraceptive information thereby determining the extent to which the youth have contraceptive information, and these may lead to or act on contraceptive information use by the youth and consequently outcomes (use or non-use of contraceptives).

2.11 Conclusion

Contraceptives are more often described as birth control methods. The barrier methods of contraception however offer prevention for sexually transmitted diseases. Contraceptive is therefore any pill, device or methods that are used to prevent pregnancy and sexually transmitted diseases. Cultural Norms and selective perception theory may explain the response to contraceptive information and use. Contraceptives started centuries ago and have gone through developments and modifications over the years. Contraception basically helps women prevent and postpone getting pregnant until a particular time. Contraceptives aside having benefits, also have side effects but the benefits in most cases outweigh the side effects. Decisions about family planning or contraceptive needs are made in the context of the Ghana population policy. Studies conducted have shown the magnitude of Contraceptive Information among the Youth as high. Sources of Contraceptive Information are mainly radio, health centre, TV and friends. Few people youth contraceptives they know about. Factors affect the availability and use of contraceptive information for example age, sex, educational levels and friendship. Variables relating contraception interact with each other to produce an effect.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter presents and discusses the methods used to obtain the data needed for the study. This includes research design, study location/area, population, sample and sampling procedure, research instrument, data collection procedure, data analysis and limitations.

3.2 Research Design

This research adopted the descriptive method. It used both the quantitative and qualitative techniques for a survey on cross-section of the target population, thus a descriptive survey. Thus it came out with findings based on just a sample (cross-section) of target population. This research used the descriptive method because its aim was to describe situations as it exists in the population of interest, and not making any predictions.

Aside prediction and explanation, a goal of science is to describe (Hale, 2015). Hale (2015) observed that in a descriptive research, situations are described leaving out cause and effect relationships. Hale observes that three main types of descriptive research are the survey methods, case-study and observational. The California State University – CSU (2015) asserts that qualitative research will help people understand specific entities thus bringing out the order, structure and patterns of population of interest.

3.3 Study Location/Area

The study location was Gbawe. The locality used to be purely rural but now somewhat urban with modern amenities, with middle class property owning people around and some top class basic schools. One finds among the village and surrounding community young people who are still into quarrying, a job which evolved several years ago when Gbawe was only a village. Other people sell in the village and surrounding community. These young people (men) are sexually active since they make money out of the quarry and can afford to have mates/partners (women). The educational levels of these youth are low.

3.4 Population

The target population was out-of-school youth in Gbawe. Gbawe is a town in the Greater Accra Region of southeastern Ghana near the capital Accra (Touring Ghana, 2014). It is the twenty-third largest settlement in Ghana, in terms of population, with a population of 74,403 people (World Gazetteer, 2014). Gbawe is located a few kilometers west of Accra in the Ga South Municipal. At the Ghana census of 26 March 2000, the population was 28,989 inhabitants living in the Town. Projections of 1 January 2007 estimated the population to be 52,910 inhabitants. In the census of 1984, only 837 residents were listed, and in 1970 it was the 608th largest settlement in Ghana. The Town was founded more than 100 years ago. Today the Town has a more rural structure in the large-scale marked suburban development areas (World Gazetteer, 2014).

3.5 Sample and Sampling Procedure

A non-probability sampling method – purposive sampling was used for sample selection from the target population. This was used since the research focused on just a particular group of the community and these are of certain areas – the main village, the quarry and the markets and slum areas. It was initially proposed that the exact sample will be gotten based on the total number of population (to be obtained from GSS) and some extrapolations made using statistical formula. However due to time and other resource constraints, respondents were purposely selected from the main village. In all, 30 respondents were selected for the study. Age ranged from 15 to 35 years.

In purposive sampling, choice of individuals as samples is made based upon a variety of criteria which may include knowledge of the research issue, and the willingness to participate in the study (Oliver, 2015). This type of research requires that one gets a relevant sample in the position to give out the required information and also available for the research (Oliver, 2015).

3.6 Research Instrument

Questionnaire with both open and closed-ended questions was used to collect data. This was designed with sections on demographics (background information) and the research questions and objectives. The section A of the questionnaire captured the background information and the section B, the contraceptive information, medium/source of information and use.

To increase the likelihood of face validity, pre-testing of questionnaire was done on some sample. Content validity was ensured by asking enough questions based on objectives and literature reviews. Construct validity was ensured by clearly defining terms operationally. Reliability was ensured by the test-retest method at the pre-testing stage.

The study used primary data in the analyses. This was obtained from the responses to the questionnaire and supported by the secondary data from literature search.

3.7 Data Collection Procedure

Permission was sought from the chief and elders of Gbawe. When permission was given, days were set aside, prospective respondents were approached in their homes and workplaces, their consent was sought, and questionnaires were administered. They were interviewed by the researcher going by the semi-structured questionnaire. Responses were carefully and clearly recorded on the questionnaire. Data collection took three (3) days, with the administration of 10 questionnaires a day. Data collection started on Friday August 21 and was completed on Sunday August 23, 2015.

3.8 Data Analysis

Data was analysed using descriptive statistics of the Microsoft Excel and SPSS (i.e Statistical Package for the Social Sciences), with presentation of frequency tables. Qualitative data from some sections of the questionnaire was analysed with regards to thematic content according to research objectives.

With qualitative data, the recommendations by Taylor-Powell and Renner (2003) were followed. Qualitative data from the sample was reflected upon carefully for a deeper understanding, and then focused on categorizations that fit the responses. Data was then categorized according to the patterns and organized into logical categories. Predefined categories led to emerging categories with identifying patterns and connections within and between categories. These relationships were then gathered and interpreted without generalizing (Taylor-Powell and Renner, 2003).

3.9 Limitations

The study initially proposed interviewing a large number of sample of the target population. Estimated population of Gbawe was to be obtained from the Ghana Statistical Service (GSS) and based on this data, samples would be obtained using Qualtrics formula (). This was not possible due to time and other resource constraints. As a result, 30 respondents were interviewed at the main Gbawe village. It is however believed that though this was not representative of the whole town, it gives an indication, to a large extent, of the characteristics of the larger population.

CHAPTER FOUR

DATA ANALYSIS, INTERPRETATION AND PRESENTATION

4.1 Introduction

This chapter of the research presents data analysed together with its interpretation. Sections are on the background information of respondents, overview of main findings, and specific findings: extent to which contraceptive information is obtained, information made available to respondents, medium of contraceptive knowledge and the extent to which acquired information is used. Others sections are the discussion of results and conclusion.

4.2 Background Information

Thirty (30) out-of-school youth in Gbawe, a suburb of the Greater Accra Region were administered with questionnaires. Half (50) of respondents were males and the other half, females. Age ranged from 15 and 35. Average age was 22.13. Majority (73.33%) were in the 20 -24 age group. As regards marital status, majority (70%) were single and 23.33 were married. Two others (6.66%) were separated and widowed. Religion of respondents was mainly Christian (90%); the remaining few (10%) were Muslims. The highest level of education attained was Junior High School (JHS) (73.33%) followed by Primary 6 (16.6%) and then Primary 5 and 3 with 6.66% and 3.66%. Vocations of respondents were apprentice, petty traders, labourers, artisans, vocational jobs (catering, seamstress, and hairdressers) ranging from 20% to 10%; 16.6% were not working at the time of interview. Over half (80%) of the respondents had lived in the community for

11-25 years. The frequency distribution is shown collectively in Table A1 in the Appendix 2.

4.3 How the Youth Obtained Contraceptive Information

Information about contraceptives was mainly through TV (heard by 96.66% of respondents), then radio, 73.33% and health centre, 73.33% of respondents. Over half (53.33%) of respondents heard of contraceptives through friends, 46.66% through former school. The rest (10.0 – 23.33%) have heard of contraceptives through family members, Internet/mobile phones and neighbours. This is shown in Table 1 below.

Table 1: How respondent heard about contraceptives (Multiple responses)

Responses/Medium	Frequency	Percent
Through Radio	22	73.33
Through TV	29	96.66
Through Friends	16	53.33
Through Family members	7	23.33
Through Neighbours	3	10.0
On Internet/mobile phone	5	16.66
Former School	14	46.66
At Health centre	22	73.33

Multiple responses; n= 30 / Source: Survey Data, 2015

The main language of contraceptive information on radio was English. The main language of contraceptive information on TV was English. Respondent preferred language of contraceptive information is the local languages, especially Akan languages.

4.4 How Much Contraceptive Information the Youth Received

All of the out-of-school youth interviewed have ever heard about contraceptives. The frequency distribution is shown in Table 2 below.

Table 2: Whether respondent have ever heard about contraceptives (n=30)

Response	Frequency	Percent
Yes	30	100
No	0	0
Total	30	100

Source: Survey Data, 2015

Respondents were constantly exposed to contraceptive information; majority (76.66%) have heard about contraceptives mostly a few days and weeks ago at the time of questionnaire. This is shown in Table 3 below.

Table 3: The last time respondent heard about contraceptives (n=30)

Responses	Frequency	Percent
A few days ago	23	76.66
A week ago	6	20.00
Two weeks ago	1	3.33
Total	30	100

Source: Survey Data, 2015

Knowledge about condoms and pills was highest among the respondents; all (100%) of the respondents have heard about condom; almost all (96.66%) have heard about Pills; 60-63.33% have heard about withdrawal, injectables IUD, abstinence and spemicides; 43-57 percent have heard about implant, sterilisation methods and emergency contraceptives. This is shown in Table 4 below.

Table 4: Contraceptives respondent have heard about (Multiple responses)

Responses/Contraceptives	Frequency	Percent
Condom	30	100.0
Pill	29	96.66
Withdrawal	19	63.33
Injectable	19	63.33
Spermicides	19	63.33
Abstinence	18	60.0
IUD	18	60.0
Implant	17	56.66
Male/ Female sterilization	13	43.33
Emergency Contraception	13	43.33

Multiple responses; n= 30 / Source: Survey Data, 2015

4.5 Information Made Available To the Youth

The contraceptive information made available to respondents was mainly prevention of unwanted pregnancy, then protection against STDs e.g. HIV/AIDS, family planning/birth spacing, and management of sexual behavior. This is shown in Table 5 below.

Table 5: Contraceptive information made available to respondents (Multiple responses)

Responses/Information	Frequency	Percent
Prevention of unwanted pregnancy	26	86.66
Protection against STDs e.g. HIV/AIDS	11	36.66
Help in family planning/birth spacing	4	13.33
Management of sexual behavior	1	3.33

Multiple responses; n= 30 / Source: Survey Data, 2015

Information about contraceptives was made available mainly through TV (96.66% of respondents), radio, 73.33% and health centre, 73.33% of respondents. Others (53.33% of respondents and lower) heard of contraceptives through friends, former school, family members, Internet/mobile phones and neighbours. This is indicated in Table A2 of appendix.

Although most (80%) of the respondents like the contraceptive information, a very few (20%) did not like. Respondents describe their source of contraceptive information as reliable or very reliable. Though the contraceptive appeals to majority (83.33%) of the respondents it does not appeal to some (16.66%) because it is perceived as dangerous and risky, dangerous to giving birth again when pill is used, and it also promotes sensuality and promiscuity. These are indicated in Table A2 of appendix.

Majority (70%) of the respondents do not look out for contraceptive information themselves; only a few (30%) does. They did not look for information themselves mainly because they feel it is common knowledge; also they do not have time, are shy, are not interested or feel it is not important. The others looked for information mainly to gain more knowledge about their usage; they also look for information to make use of them to enjoy life more and to help prevent pregnancy.

4.6 Behaviour Outcomes from Acquired Contraceptive Information

More than a half (56.67%) of the respondents have ever used the contraceptive they have heard of; 43.33% have never used it. Contraceptives ever heard of and also used were mainly condom (accounts for 17 responses, i.e. 56.66%) and emergency contraceptive (1 response i.e. 3.33%). This is shown in Table 6 below.

Table 6: Whether respondent has ever used contraceptive heard of

Response	Frequency	Percent
Yes	17	56.67
No	13	43.33
Total	30	100.0

Source: Survey Data, 2015

Almost all (i.e. 94.11% of the 17 respondents) of the respondents used the contraceptives because of the information obtained; 1 i.e. 5.89% did not. This is shown in Table 7 below.

Table 7: Whether respondent use contraceptive(s) because of information obtained

Response	Frequency	Percent
Yes	16	94.11
No	1	5.89
Total	17	100.0

Source: Survey Data, 2015

Information received influenced their decision due to the fact that it is easily available at pharmacy, it was good to use, can prevent pregnancy and STDs, can space children, and are reliable.

Of the number who have ever used the information (i.e. 24), 17 (70.83%) used it themselves and 18 (75.0%) told others about it. This is shown in Table 8 below.

Table 8: How respondent used information received about contraceptives

Response	Frequency	Percent
I used it myself	17	70.83
I told others about it	18	75.0

Source: Survey Data, 2015

All the 17 (i.e.100%) who used it themselves said it was useful. Most (i.e. 80% of the 30 respondents) really needed the information they received about the contraceptives; 20% did not. Respondents have never used information received about contraceptives because

some are not in any relationship, some think a Christian should not be using contraceptive, shy to discuss those kind of issues, and do not want to help promote sexual relationships.

4.7 Discussion of Results

4.7.1 How respondents obtained contraceptive information

Information about contraceptives was mainly through TV, radio and health centre. Others heard of contraceptives through friends and former school. A few heard of contraceptives through family members, Internet/mobile phones and neighbours. Respondents described their source of contraceptive information as reliable. Majority of the respondents do not look out for contraceptive information themselves; only a few does.

The study of Chandra-Mouli *et al.* (2014) about contraception for sections of the youth (specifically adolescents) in low and middle income countries found that the youth get contraceptive information significantly through the mass media which includes radio and television platforms. Other studies that confirmed these results are

These findings (of the study on out-of-school youth at Gbawe) also agree with the findings of Clotey (2012) which clearly indicated that the main source of contraceptive information among some out-of-school youth in Ghana was radio. The findings (of the study on out-of-school youth at Gbawe) also goes with that of Adogu et al. (2014) whose study indicates that Nigerian out-of-school adolescents main sources were media and friends which are all consistent with findings in other African countries. Nevertheless

knowledge of out-of-school youth (especially adolescents) on sexual health issues is not encouraging (Adogu et al., 2014) and this must be looked at critically and interventions strategically developed.

These findings (of the study on out-of-school youth at Gbawe) also agree with that of Sreytouch (2009) who found out that the main sources of contraceptive information among women (mostly the youth/young adults) were mainly through healthcare, TV, friends and radio. Fikree et al. (2001) in a study of the youth (specifically young women) in urban squatter settlements of Karachi also found that likelihood of women to use contraceptives was higher when information of family planning was channeled through media.

Studies of youth in the developed countries also agrees with is findings (of the study on out-of-school youth at Gbawe) in a way, for example Dershem (2006) in a study of some parts of United States found that the most common source of knowledge about contraceptives were from friends, magazines and television; the most common and vastly used means of communicating information about contraceptives among the youth is the radio. Implications are that strategies used by the western world to reach the youth could be adopted in Ghana.

Although this study is specifically on out-of-school youth (of Gbawe), the studies on in-school youth has shown similar trends and this must not be ignored in such a study. Most out-of-school youth were once students and their sexual behaviours might have been

influenced by education. Research shows that majority of in-school youth had gained facts about contraception (and family planning) from the media (Renjhen et al., 2010), friends (Ajma, Agha and Karim, 2011) and health personnel (Tolossa, Meshesha and Abajobir, 2013).

Findings from this research (on out-of-school youth at Gbawe) do not actually agree with that of Allagoa and Nyengidiki (2011) which Nigerian study showed that the main source of contraceptive information among young pregnant youth (young women) was mainly the antenatal clinic. The lack of knowledge through the media could probably explain their pregnancy and calls for research in that area.

Implication of these is that since the media has been found to be the main source of contraceptive information dissemination, programmes that make use of the media in disseminating information should be sustained and improved. When targeting out-of-school youth like the target population of this study, the local languages should be considered since most of these youth are less educated, and have shown that they prefer the local languages.

4.7.2 How much contraceptive information the respondents received

The findings of the research indicate that all out-of-school youth interviewed at the Gbawe village knew about contraceptives. Though most of them were constantly exposed to contraceptive information, some were not. Knowledge about condoms and pills was highest among the respondents.

The study in a way confirms the study by Allagoa and Nyengidiki (2011) which also indicated that general knowledge of contraceptives was high (i.e. 92.5%) among the youth. Knowledge about barrier methods (condoms) was also the highest just as this research has also found. Unlike this study on out-of-school youth in Gbawe which indicates somewhat fair levels of knowledge of emergency contraceptives, a study by Tolossa, Meshesha and Abajobir (2013) found utilisation of emergency contraception among students in Ethiopia to be higher. This may suggest that education plays a role in contraceptive information acquisition. Contrastingly, Sreytouch (2009) has observed in a study that information on contraceptives is common in Cambodia irrespective of educational level and socioeconomic rank. Condoms and pills were part of the contraceptives largely known.

The findings of this research are also consistent with studies on the increase in knowledge of contraceptives. Dershem (2006) observed that there was a substantial rise in the proportion of youth knowing about contraceptive methods over the years; this existed for both gender of all ages irrespective of settings. The contraceptive methods most known in 2004 and 2006 were condoms followed by the pill and IUDs.

Implications of these findings is that since the youth knew more about condoms and are being used most often, the right information about good and consistent use should be the focus of advertisements and education through the mass media and other media. Emergency contraceptives are somewhat new and information on it is not widespread,

therefore dissemination of such information to the youth should be strategic to reach the target audience successfully.

4.7.3 What information is made available to the respondents

The contraceptive information made available to respondents was mainly the prevention of unwanted pregnancy, followed by the protection against STDs, family planning/birth spacing, and management of sexual behavior. Although most of the respondents like the contraceptive information, some did not. The contraceptive appeals to majority of the respondents and does not appeal to a few. These findings are in agreement with other findings about contraceptive knowledge (for example, Tsigereda, 2004 ; Dershem , 2006; Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF Macro, 2009; Sreytouch, 2009; Kayongo 2013; Allagoa and Nyengidiki, 2011; Adogu *et al.*, 2014; UNESCO, n.d.). These researches directly and indirectly indicate what respondents knew about contraceptives, in other words the information they have about contraceptives which is mainly the prevention of unwanted pregnancy and the protection against STDs. The extensive knowledge and use of condoms and pills by the youth is an indication that they knew these contraceptives primarily prevents unwanted pregnancy as well as STDs, which were the main repercussions associated with unprotected sex.

Implication of these is that the media serves its purpose in reaching the youth with various types of contraceptive information, in this case the out-of-school youth even in a peri-urban setting. This must be sustained and improved upon. This research has indicated that most of the out-of-school youth at Gbawe get their contraceptive

information through the media (radio and TV) which are delivered in English. The majority of respondents preferred the local dialects. Thus when it comes to interventions regarding dissemination of contraceptive information, the audience should be strategically targeted and use of the local languages should be considered.

4.7.4 Behavioural outcomes from acquired contraceptive information among the respondents

More than a half of the respondents have ever used the contraceptive they have heard of; the others have never used it. Contraceptives ever heard of and also used were mainly condom and pills. Most of the respondents used the contraceptives because of the contraceptive information they have obtained. Information received influenced their decision due to the fact that it is easily available, it was good to use, can prevent pregnancy and STDs, can help space childbirth and are reliable. Respondents used it themselves or told others about it. The contraceptive information received was useful. Most respondent needed the information they received though a few did not.

Availability and knowledge of contraceptive information goes with its use. In a study by Kayongo (2013) of both out-of-school and in-school youth showed that condoms were the main contraceptive method known and therefore used among the youth studied. Implications are that if a contraceptive is found to be useful, it should be publicly promoted by particular authorities for its use. Thus knowledge gaps among youths be filled (Kayongo, 2013).

The study of Tsigereda (2004) in both in and out of school youth indicates that respondents who hear about contraceptives will know where to get it. Chandra-Mouli *et al* (2014) in their research found increase in the use of condoms, hormonal and emergency contraceptives. The youth in this case used the contraceptives they knew about and were readily available to them. However, a study on in and out-of-school youth in Ghana by Karim *et al.* (2003) found that only a small number of sexually active participants used condoms the first time they had sex.

It is clearly evident that sometimes people may have information about contraceptives and may use or may not use it. This will depend on factors that influence contraceptive use. In addressing such issues like contraceptive knowledge/information and use, the factors affecting contraceptive use should seriously be taken into account so as to come up with better ways of addressing such issues.

4.8 Conclusion

The research on the Gbawe out-of-school youth indicated that all interviewed knew about contraceptives, and that most of them were constantly exposed to contraceptive information. They knew more about condoms, followed by pills, and other long term contraceptives like implant, IUD with the least being emergency contraceptives. One fact still remains; not all respondents were constantly having contraceptive information. Respondents knew more about the prevention of unwanted pregnancy, followed by protection against STDs, family planning, and managing of sexual behavior. This knowledge was mainly through TV and radio, then the health centre. These were

followed by friends, former school, family members, Internet/mobile phones and neighbours. Only a few looked out for contraceptive information themselves. Though information appealed to majority of the respondents, it did not appeal to some few. A little over a half of the respondents have ever used the contraceptives they have heard of. Contraceptives were used mainly because of the information obtained which was seen as reliable in most cases. Thus the information made respondents use the contraceptives.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of findings, conclusions, recommendations and suggestions for further research.

5.2 Summary of Findings

The specific objectives of this study were to investigate:

i. How out-of school-youth of Gbawe obtain contraceptive information.

ii. How much contraceptive information out-of-school of Gbawe receive.

iii. What information is made available to the out-of-school of Gbawe.

iv. The behavioural outcomes from acquired contraceptive information among out-of-school of Gbawe.

In order to achieve these objectives, a total of 30 out-of-school youth from Gbawe village were administered with questionnaires. This study has carefully examined the above objectives and has found out about sources of knowledge of contraceptive information, how this information is made available to the out-of-school youth of the area and also used.

These objectives have been achieved; the research presents recommendations on how to improve contraceptive information dissemination to out-of-school youth in the area of study and similar populations. The summary of the findings are as follows:

i. Information about contraceptives was made available mainly through TV, radio and health centre.

ii. Others heard of contraceptives through friends and former school. A few heard of contraceptives through family members, Internet/mobile phones and neighbours.

iii. Although most of the respondents like the contraceptive information, some did not like it.

iv. Respondents described their source of contraceptive information as reliable.

v. Majority of the respondents do not look out for contraceptive information themselves; only a few does.

vi. The contraceptive appeals to majority of the respondents but does not appeal to some.

vii. All out-of-school youth interviewed at the Gbawe village knew about contraceptives.

viii. Though most of them were constantly exposed to contraceptive information, some were not.

ix. Knowledge about condoms and pills was highest among the respondents; knowledge about emergency contraceptives was low among respondents.

x. The contraceptive information made available to respondents was mainly the prevention of unwanted pregnancy. Others were protection against STDs, family planning/child spacing, and management of sexual behavior.

xi. More than a half of the respondents have ever used the contraceptive they have heard of; the others have never used it.

xii. Contraceptives ever heard of and also used were mainly condom.

xiii. Most of the respondents used the contraceptives because of the information obtained.

xiv. Information received influenced their decision due to the fact that it is easily available at pharmacy, it was good to use, can prevent pregnancy and STDs, can space children and are reliable.

xv. Respondents used it themselves or told others about it.

xvi. The information was useful, most needed the information they received but a few did not.

5.3 Conclusions

The following conclusions can be drawn from the study:

i. The magnitude of general contraceptive knowledge is high among out-of-school youth interviewed at Gbawe and this is consistent with a number of research findings for example Dershem (2006), Sreytouch (2009) and Allagoa and Nyengidiki. Though the sample was small and may not be generalized, it suggests what happens in similar populations. Therefore the right information

about good and consistent use of known contraceptives should be the focus of advertisements and education through the mass media and other media.

ii. The contraceptive information respondents knew about were mainly the prevention of unwanted pregnancy, then the protection against STDs, birth spacing, and management of sexual behavior. Respondents knew about contraceptives and therefore what it does; extensive knowledge and use of condoms and pills by the youth is an indication of this. Thus the media serves its purpose in disseminating contraceptive information to the youth so must be sustained and improved upon using local languages to reach more out-of-school youth.

iii. Source of contraceptive information among the out-of-school youth was mainly TV, radio and health centre, followed by friends, former school, family members, Internet/mobile phones and neighbours, which respondents described as reliable, though majority they do not actively look out for contraceptive information themselves. Findings about the information source is consistent with researches done in the past (Chandra-Mouli *et al.*, 2014; Clotey, 2012; Adogu *et al.*, 2014; Sreytouch, 2009; Fikree *et al.*, 2001; Dershem, 2006). This suggests programmes that make use of the media in disseminating information should be sustained and improved.

iv. More than a half of the respondents have ever used the contraceptive they have heard of; the others have never used it. Contraceptives ever heard of and also used were mainly condom and pills. Availability and knowledge of contraceptive information goes with its use (as indicated by Kayongo, 2013) in a study which

showed that condoms were the main contraceptive method known and therefore used among the youth. This suggests promotion of contraceptives known to be useful. Sometimes people may have information about contraceptives and may use or may not use it depending of some other factors.

5.4 Recommendations

Recommendations for such a study would be based on different viewpoints: the findings of this research, what respondents suggest and other sensitive responses and what other researchers are suggesting. Thus the recommendations for this study are that:

i. The right information about good and consistent use of known contraceptives should be the focus of advertisements and education through the mass media and other media.

ii. There are indications that the media serves its purpose in disseminating contraceptive information to the youth so must be sustained and improved upon using local languages to reach out-of-school youth.

iii. Programmes that make use of the mass media in disseminating information should be sustained and improved. Use should also be made of Internet and mobile phones 9as proposed by Chandra-Mouli *et al.*, 2014) since most out-of-school youth are on Internet social media/applications like Whatsapp. Facebook also reaches a lot of the youth including out-of-school so must also be used.

iv. The contraceptives known to be more useful should be promoted more.

v. Emergency contraceptives appear to be abused by the youth. The consequences/side effects of such acts should be made known to the youth.

Alternatives like IUDs and implants can be promoted and made friendly to the youth, especially the teens.

vi. As respondents suggested, there should be increased advertisement by posters, on radio and television as well as through information vans, youth talk shows, social gatherings (funerals, parties, engagements, etc).

5.5 Suggestions for Further Research

There should be a more qualitative study on how contraceptive information is obtained and used. This will bring out more information needed for programmes that will help bridge the contraceptive knowledge gaps.

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APPENDIX 1

Questionnaire

I am a Master of Arts in Development Communications student of the Ghana Institute of Journalism. In partial fulfillment of the requirements for the award of the degree, I am conducting a study on the topic: "Examination of the sources of contraceptive information and use among out-of-school-youth of Gbawe village". I would be grateful if you could kindly complete this questionnaire to enable me obtain the needed data. Please note that this is an academic exercise and the responses shall be kept as confidential as possible.

Please, tick the correct answers and fill in the spaces provided.

BACKGROUND INFORMATION

1. Sex: Male [ ] Female [ ]

2. Age: .....

3. Marital Status: Single [ ] Married [ ] Separated [ ] Divorced [ ] Widowed [ ]

4. Religion: Christian [ ] Muslim [ ] Traditional [ ] Other

.....

5. Highest educational level:.....

6. Occupation: .....

7. How long have you lived in this community?.....

CONTRACEPTIVE INFORMATION, MEDIUM AND USE

1. Have you ever heard about contraceptives?

   Yes [ ] No [ ]

2. When was the last time you heard about contraceptives?

   A few days ago [ ] A week ago [ ] Two weeks ago [ ]

   Three weeks ago [ ] A month ago [ ] Few months ago [ ]

   Long time ago [ ]

3. Which of the contraceptives have you heard about?

   Pill [ ] Condom [ ] Implant [ ] IUD [ ] Injectables [ ]

   Withdrawal [ ] Male/ Female sterilization [ ] Spermicides [ ]

Abstinence [ ] Emergency Contraception[ ] Other (specify) [ ]

4. How did you hear about that?

Through Radio [ ] Through TV [ ] Through Friends [ ]

Through Family members[ ] Through Neighbours [ ]

On Internet/mobile phone [ ]Former School [ ]

At Health centre [ ] Other (specify) [ ]

What was the main language of contraceptive information on radio?

.....

What was the main language of contraceptive information on TV?

.....

What is your preferred language of contraceptive information?

.....

What exactly did you hear about the said contraceptive?.....

.....

.....

Did you like that information?

Yes [ ] No [ ]

7. What exactly do you like about that information?.....

.....

8. How do you describe your source of contraceptive information?

Very reliable [ ] Reliable [ ] Fairly Reliable [ ] Unreliable [ ]

Give one reason for your answer.....

9. Does that contraceptive appeal to you?

Yes [ ] No [ ]

If yes, why?.....

.....

If no, why?.....

10. Have you ever used that contraceptive?

Yes [ ] No [ ]

11. Which contraceptive(s) have you ever used?.....

.....

.....

12. Did you use the contraceptive(s) because of the information you obtained?

Yes [ ] No [ ]

If yes, how did the information influence your decision to use the contraceptive?

.....

.....

13. Do you look out for contraceptive information yourself?

Yes [ ] 2. No [ ]

If yes, why?.....

If no, why?.....

14. In general, which source of contraceptive information are you comfortable with?

Radio [ ] TV [ ] Friends [ ] Family members[ ]Neighbours [ ]

Internet/mobile phone [ ] School [ ]

Health centre [ ]

15. Have you ever used information received about contraceptives?

Yes [ ] No [ ]

If yes, how? I used it myself [ ] I told others about it [ ]

Other [ ].....

If you used it yourself, was it really useful?

Yes [ ] No [ ]

16. Did you really need the information you received about that contraceptive? Yes [ ] No [ ]

17. If you have never used information received about contraceptives, why?.....

18. What do you think can be done to increase contraceptive information among the youth who are not in school?

APPENDIX 2

Table A1: Demographics

Attributes/Variables	Frequency	Percent
Sex (n=30)		
Male	15	50
Female	15	50
Age (n=30)		
15 -19	4	13.33
20-24	22	73.33
25-29	3	10.0
30-35	1	3.33
Marital Status (n=30)		
Single	21	70.0
Married	7	23.33
Separated	1	3.33
Divorced	0	0
Widowed	1	3.33
Religion (n=30)		
Christian	27	90.0
Muslim	3	10.0

Traditional	0	0
Other	0	0
Highest educational level (n=30)		
Primary 3	1	3.33
Primary 5	2	6.66
Primary 6	5	16.66
JHS	22	73.33
Occupation (n=30)		
Apprentice	3	10.0
Petty traders	4	13.33
Labourers	5	16.66
Artisans	5	16.66
Vocational jobs (catering, seamstress, hairdressers)	6	20.0
Not working	5	16.66
Other	2	6.66
How long respondent have lived in community (n=30)		
3-5	3	10.0
6-10	3	10.0
11-15	9	30.0
16-20	9	30.0

21-25	6	20.0

Table A2: Knowledge of Contraceptives

Have you ever heard about contraceptives? (n=30)	**Frequency**	**Percent**
Yes	30	100
No	0	0
When was the last time you heard about contraceptives? (n=30)		
A few days ago	23	76.66
A week ago	6	20.0
Two weeks ago	1	3.33
Which of the contraceptives have you heard about? (Multiple responses)		
Pill	29	96.66
Condom	30	100.0
Implant	17	56.66
IUD	18	60.0
Withdrawal	21	70.0
Injectable	19	63.33
Spermicides	19	63.33

Abstinence	18	60.0
Male/ Female sterilization	13	43.33
Emergency Contraception	13	43.33
How did you hear about that? (Multiple responses)		
Through Radio	22	73.33
Through TV	29	96.66
Through Friends	16	53.33
Through Family members	7	23.33
Through Neighbours	3	10.0
On Internet/mobile phone	5	16.66
Former School	14	46.66
At Health centre	22	73.33
Did you like that information? (n=30)		
Yes	24	80.0
No	6	20.0
How do you describe your source of contraceptive information?		
Very reliable	12	40.0
Reliable	18	60.0
Fairly Reliable	0	0

Unreliable	0	0
Does that contraceptive appeal to you? (n=30)		
Yes	25	83.33
No	5	16.66

Table A3: Use of Contraceptives

	Frequency	**Percent**
Have you ever used that contraceptive? (n=30)		
Yes	17	56.66
No	13	43.33
Did you use the contraceptive(s) because of the information you obtained? (n=17)		
Yes	16	94.11
No	1	5.88
Do you look out for contraceptive information yourself? (n=30)		
Yes	9	30.0
No	21	70.0
In general, which source of contraceptive information		

are you comfortable with? (Multiple responses)		
Radio	25	83.33
TV	26	86.66
Friends	13	43.33
Family members	1	3.33
Neighbours	1	3.33
Internet/mobile phone	2	6.66
Former School	10	33.33
Health centre	26	86.66
Have you ever used information received about contraceptives? (n=30)		
Yes	24	80.0
No	6	20.0
If yes, how? (Multiple responses / n=24)		
I used it myself	17	70.83
I told others about it	18	75.0
If you used it yourself, was it really useful? (n=17)		
Yes	17	100.0
No	0	0

Did you really need the information you received about that contraceptive? (n=30)		
Yes	24	80.0
No	6	20.0