



(RESEARCH ARTICLE)



## Knowledge, attitudes, and perceptions of contraceptive use among senior high school students in Hohoe, Ghana: Addressing barriers to adolescent sexual health.

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### Abstract

Adolescents' limited knowledge and negative perceptions about contraception contribute significantly to high rates of unplanned pregnancies and sexually transmitted infections (STIs) in Ghana. This study examines the knowledge, attitudes, and perceptions of contraceptive use among students at Evangelical Presbyterian Senior High School (HEPSS) in Hohoe Municipality in the Volta Region of Ghana. Despite increased awareness about sexual health, numerous barriers—including social stigma, fear of side effects, lack of confidentiality, and cultural expectations—prevent adolescents from accessing or using contraceptives effectively. A cross-sectional descriptive survey was conducted with 30 students aged 15 and older, exploring their awareness of contraceptives, factors influencing their use, and the socio-cultural dynamics shaping their attitudes.

Results indicate that a significant number of students (87%) were unaware of contraceptives, misconceptions and fear of judgment of the usage of contraception remain prevalent, 63.3% of the respondents are sexually active. Many adolescents feel uncomfortable discussing contraceptive use due to parental disapproval and societal stigma, 50% of the respondents discuss contraception with peers limiting their ability to make informed choices. Only a minority (26.7%) actively use contraception, reflecting both a lack of accessibility and perceived societal discouragement. The findings suggest a critical need for comprehensive, youth-focused sexual health education and improved access to contraceptive services in schools. By addressing these barriers, policy makers and health educators can foster a supportive environment that empowers adolescents to make informed reproductive choices, reducing rates of unintended pregnancies and improving overall adolescent health.

**Keywords:** Adolescent contraceptive use; Hohoe; Sexual health education; Unplanned pregnancies; High school students; Reproductive Health.

### 1. Introduction

Adolescents, particularly those between 15 and 19 years old, are frequently engaged in sexual activities yet show low rates of contraceptive use due to prevalent negative attitudes (Smith, 2019). This lack of contraceptive use among adolescents contributes significantly to unintended pregnancies and births. Alagba (2019) found that one in every 15 mothers under 19 has a substantially higher likelihood of experiencing fatal obstetric complications compared to older women. Furthermore, the World Health Organization (2021) reports that for each maternal death, 10 to 15 women suffer from severe health complications, signalling a critical need for consistent contraceptive use among adolescents to prevent such outcomes. In Sub-Saharan Africa (SSA), adolescent pregnancies are associated with a variety of risks,

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including unsafe abortions and infections like sepsis, placing these young mothers in high-risk categories for poor health outcomes (Kinshella et al., 2021).

Given the global concerns surrounding population growth, reproductive health education has gained increased attention. However, discrepancies remain in adolescents' familiarity with contraceptive methods, leading to continued high rates of unintended pregnancies. A World Health Organization study (2020) revealed that, despite a general awareness of contraception, adolescents still experience high levels of unplanned pregnancies and unsafe abortions (Atuhaire et al., 2021). Changes in socio-cultural environments have also led to an earlier onset of menarche, influencing adolescents' physical and sexual development and exposing them to environments that increase the likelihood of risky sexual behaviour (Ahinkorah et al., 2019). Although modern contraceptive technology has advanced, adolescent access to effective contraception remains limited due to logistical barriers such as long distances to clinics, high transportation costs, and scheduling conflicts with school hours. Adolescents may also avoid clinics out of fear of encountering family members or experiencing social stigma, factors that contribute to the underutilization of available resources (Chernick et al., 2019).

In addition to limited access, adolescents often lack adequate knowledge of contraceptives, contributing to unwanted pregnancies and sexually transmitted infections (STIs). This lack of knowledge also leads to societal and family rejection, particularly in cases of unintended pregnancies (Mwingira et al., 2022). Ontiri et al. (2021) underscore the urgency of contraceptive use in mitigating the consequences of adolescent sexual activity. With decreasing ages at first sexual experience, effective contraceptive education and use are essential to prevent unplanned pregnancies and reduce STI transmission. However, the low rate of contraceptive use among adolescents is typically attributed to a variety of barriers, including limited healthcare infrastructure, insufficient family planning services, misconceptions about contraception, and the potential for social disapproval (Deitch & Stark, 2019).

Contraceptive methods are generally classified into two types: modern and traditional. Modern methods include oral contraceptives, intrauterine devices (IUDs), injectables, spermicides, condoms, and sterilization (Senders & Horner-Johnson, 2022). Traditional methods encompass practices like periodic abstinence, withdrawal, and the use of culturally specific remedies, such as charms or herbs. Certain settings also recognize natural family planning methods like the Billings Ovulation Method or exclusive breastfeeding as contraceptive options. Despite the availability of these methods, adolescents often possess significant misconceptions about their efficacy. For instance, Mohd Tohit and Haque (2024) found that many adolescent girls are surprisingly misinformed about their reproductive capabilities, with some erroneously believing that they are too young to conceive and thus do not use contraceptives.

In Ghana, government initiatives to reduce unintended adolescent pregnancies have not significantly curbed the rising rates. Despite policies aimed at promoting contraception as a key aspect of reproductive health, rates of adolescent pregnancy remain high. Adolescents in Ghana are engaging in sexual activity at younger ages, with the annual number of pregnancies among those aged 15 to 19 reaching approximately 750,000 (Ehiawey et al., 2024). This increase in fertility rates also raises significant public health concerns, as these young mothers face higher risks of complications associated with pregnancy and STIs, including HIV/AIDS, due to their engagement in high-risk behaviours (Eleje et al., 2022).

In Ghana, a clear understanding of adolescent knowledge and perceptions of contraception is essential, particularly as population growth continues to exert pressure on resources. Studies have shown that awareness of contraceptive methods among young Ghanaians is relatively high; for instance, the 1998 Ghana Youth Reproductive Health Survey (GYRHS) found that 76% of females and 88% of males aged 15 to 19 knew at least one form of contraception, with condoms being the most widely recognized method (Addae, 2019). However, despite this awareness, contraceptive use remains low among adolescents due to misconceptions, cultural taboos, and limited access to consistent contraceptive options. Tetteh et al. (2022) emphasize that adolescents often face challenges when trying to access contraceptive resources, including a lack of privacy, restrictive social norms, and misinformation.

Additional barriers to contraceptive use include factors such as socio-economic background, cultural attitudes, and limited access to healthcare. According to Ontiri et al. (2021), adolescents face challenges at multiple levels—from restrictive cultural values to inadequate reproductive health services. Adolescents are also often influenced by conflicting messages about sexual health, received from peers, media, or family members. These influences shape their attitudes toward contraception and determine their likelihood of adopting contraceptive methods. Adolescents from lower socio-economic backgrounds, for instance, are more likely to encounter obstacles in accessing contraceptives and may hold more conservative views that perceive contraceptive use as morally questionable (Deitch & Stark, 2019).

This research examines the knowledge, attitudes, and perceptions of contraceptive use among students at Evangelical Presbyterian Senior High School (HEPSS) in Hohoe, Ghana. Recognizing the impact of misinformation, social stigma, and cultural barriers, the study aims to identify specific factors that influence adolescent contraceptive choices. This research also seeks to inform interventions that encourage safe sexual practices and enhance access to reliable contraceptive options among adolescents. By investigating these aspects in the Ghanaian context, this study hopes to provide valuable insights that will support policy and programmatic interventions designed to reduce adolescent pregnancies and improve health outcomes for young people in Ghana.

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## 2. Methodology

### 2.1. Research Design

This study employed an exploratory and descriptive research design to investigate senior high school students' knowledge, attitudes, and perceptions regarding contraceptive use. The choice of this design allowed for a comprehensive exploration of students' understanding and attitudes while enhancing the study's validity by providing detailed insights.

### 2.2. Research Setting

The research was conducted at Evangelical Presbyterian Senior High School (HEPSS) in Hohoe, Ghana. Established in November 1961 by Reverend Jan Strachan, a Scottish missionary, the school is in Adabraka, Hohoe, bordered by the Gbi-Hohoe and Gbi-Bla communities. The school occupies an area of 225.337 square meters and has a student population of 800, comprising 531 boys and 269 girls. It offers General Science, General Arts, Business, Home Economics, and Visual Arts programs.

### 2.3. Target Population

The target population included all senior high school students aged 15 years and older at HEPSS, spanning first-year to third-year students. These students were selected due to their adolescent stage and thus their increased likelihood of encountering issues related to sexuality and contraceptive use.

### 2.4. Sample Size and Sampling Technique

The sample size for this study was 30 students, selected using purposive sampling. This non-probability sampling technique was chosen to allow deliberate selection of participants with specific characteristics relevant to the study, such as age and academic year. This approach facilitated the gathering of focused insights on the student's knowledge and attitudes toward contraceptives.

### 2.5. Data Collection Technique and Procedure

Data were collected through a structured questionnaire consisting of 33 questions. The questionnaire comprised five sections:

- **Section A**—Background Information,
- **Section B**—Knowledge of Sexuality,
- **Section C**—Knowledge of Contraceptives,
- **Section D**—Factors Influencing Non-Use of Contraceptives, and
- **Section E**—Attitudes and Perceptions of Contraceptive Use.

Permission for data collection was obtained from the headmistress of HEPSS. The research team visited the campus to administer the questionnaires, first explaining the purpose and process to the respondents. Participants were instructed on how to answer the questions and were assured of confidentiality, with personal identifiers replaced by anonymous codes to protect privacy.

### 2.6. Data Analysis

Collected data was entered into SPSS v29.0 for screening and analysis. Descriptive Statistics was used to summarize data to investigate the knowledge, attitudes, and perceptions of contraceptive use among students at Evangelical Presbyterian Senior High School (HEPSS) in Hohoe, Ghana. Also, to examine the specific factors that influence adolescent contraceptive choices to ascertain the impact of misinformation, social stigma, and cultural barriers.

## 2.7. Validity and Reliability

To ensure validity, the questionnaire was reviewed and refined under the guidance of a supervisor, who clarified ambiguous questions and made necessary corrections. Reliability, or the consistency of the tool, was established through the stability and dependability of responses. The instrument was designed to be error-free, aiming for a stable measurement of students' contraceptive knowledge and attitudes.

## 2.8. Ethical Considerations

Given the sensitive nature of the study topic, several ethical precautions were taken. Informed consent was obtained from all participants, and their involvement was voluntary, with assurances that participation would not result in physical or emotional harm. To maintain confidentiality and privacy, participants were informed that their identities would remain anonymous, using alphabets instead of names to protect personal information in-line with ethical guidelines (Kang & Hwang, 2021).

## 2.9. Limitations

The study faced several limitations. Delays in obtaining permission from the authorities impacted the timeline, and some respondents were initially uncooperative. Additionally, certain sensitive information related to contraceptive use proved difficult to access, potentially impacting the depth of the findings.

## 2.10. Utilization and Dissemination of Research

The findings of this research were disseminated in public libraries, hospitals, and educational institutions, allowing access for students, healthcare providers, and the general public. By improving knowledge and attitudes toward contraceptive use, this study aimed to contribute to reducing unintended pregnancies and STIs among adolescents in Hohoe and across Ghana.

## 2.11. Variables

Key variables examined in this study included age, gender, religion, class level, sexual information, contraceptive knowledge, factors influencing contraceptive use, and students' attitudes and perceptions toward contraception. These variables provided a comprehensive understanding of the influences shaping students' contraceptive behaviours and choices. This methodology serves as a structured approach to examining adolescent knowledge and attitudes, providing valuable insights for future interventions aimed at promoting contraceptive use and improving adolescent reproductive health.

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## 3. Results

### 3.1. Background information

**Table 1** A Frequency Distribution Table of Age Group of Respondents

Age	Frequency	Percentage (%)
Less than 14	0	0
14-15	6	20
16-17	12	40
18-19	12	40
Total	30	100

From Table 1 above, 6 (20%) of the respondents are between the ages of 14-15 years old, 12(40%) are between the ages of 16-17 years old and 12 (40%) are between the ages of 18-19 years old, and none of the respondent is below the age of 14years.

**Table 2** A Frequency Distribution Table of the Sex of the Respondents

Sex	Frequency	Percentage (%)
Male	17	56.7
Female	13	43.3
Total	30	100

It indicates in Table 2 that, 17 (56.7%) of the respondents are male and 13 (43.3%) of the respondents are females.

**Table 3** A Frequency Distribution Table of Religion of Respondents

Religion	Frequency	Percentage (%)
Christians	27	90
Muslims	3	10
Traditionalist	0	0
Total	30	100

Table 3 indicates 27 (90%) of the respondents are Christians and 3 (10%) of the respondents are Muslims

**Table 4** A Frequency Distribution Table of Class of the Respondents

Class	Frequency	Percentage (%)
SHS 1	2	6.7
SHS 2	16	53.3
SHS 3	12	40
Total	30	100

Table 4, indicates 2 (6.7%) of the respondent are SHS1 students, 16 (53.3%) of the respondent are SHS2 and 12(44%) are SHS3 students.

### 3.2. Knowledge on Sexuality

**Table 5** Respondent’s Knowledge of Secondary Sexual Characteristics

Secondary Sexual Characteristics	Frequency	Percentages (%)
Yes	27	90
No	3	10
Total	30	100

Table 5 indicates 27 (90%) of the respondents know about the secondary sexual characteristics that mark sexual maturity in adolescents and hence have some knowledge about it, while 3 (10%) of the respondents have no idea about the secondary sexual characteristics.

**Table 6** Respondents Response on Whether They Discuss Sexual Matters with Others

Sexual Matters	Frequency	Percentage (%)
Peers	15	50
Teachers	4	13.3
Parents	1	3.4
Siblings	-	-
No One	10	33.3
Total	30	100

From Table 6, 15 (50%) of the respondents do discuss sex related topics with their peers, 4 (13.3%) with teachers, 1 (3.3%) with their parents while 10 (33.3%) of the respondents do not discuss sexual characteristics with others.

**Table 7** Respondents Engaging in Sexual Activities

Sexual Activity	Frequency	Percentage (%)
Yes	19	63.3
No	11	36.7
Total	30	100

Table 7 indicates 19 (63.3%) of the respondents engage in sexual activity while 11 (36.7%) of the respondents do not engage in sexual activity

**Table 8** Reasons why adolescents engage in sexual activities

Reasons	Frequency	Percentages (%)
Pleasure	7	23.4
Hardship (Money)	10	33.3
Social Influence	13	43.3
Total	30	100

The results show indicates 7 (23.4%) of the respondents believed that adolescents engage in sexual activities for pleasure, 10 (33.3%) for hardship (money) and 13 (43.3%) because of social influences.

**Table 9** Safeness of Indulging in Sexual Activities as an Adolescent

Safe	Frequency	Percentage (%)
Yes	6	20
No	24	80
Total	30	100

From Table 9 above, 6 (20%) of the respondents considered indulging in sexual activities as an adolescent is safe while 24 (80%) of the respondents think it's unsafe.

**Table 10** Sources of Sexuality Information

Sources	Frequency	Percentage (%)
Peers	6	20
School	5	16.7
Parents	6	20
Media	13	43.3
Total	30	100

Table 10 indicates 6 (20%) of the respondents got their sexual information from their peers, 5 (16.7) from school, 6 (20%) from parents, and 13 (43.3%) from the mass media.

### 3.3. Knowledge of Contraceptives

**Table 11** Those Who Know What Contraceptives Are

Information	Frequency	Percentage (%)
Those who have an idea	4	13%
No idea	26	87%

From Table 11 out of 30 respondents which corresponds to 100%, 4 (13%) are aware of contraceptives, their use, and their benefits, and 26 (87%) do not have any idea of contraceptives, do not know anything about nor use it or its use and benefits

**Table 12** Sources of Information on Contraceptives

Sources	Frequency	Percentage (%)
Peers	7	23.3
School	9	30
Parents	1	3.3
Media	11	36.7
Health Centre	1	3.3
Those who heard nothing	1	3.3
Total	30	100

Table 12 indicates 7 (23%) of the respondents get their information from their peers, 9 (30%) had theirs from their teachers in school, 1 (37%) got their information from the media, 1 (3%) from their parents, 1 (3%) said their source of information on contraceptive is from the Health Centre and 1 (3%) of the respondents said they have not heard about contraceptives and it is used.

**Table 13** Knowledge of Respondents on the Use of Condom

Condom	Frequency	Percentage (%)
Yes	9	30
No	21	70
No Idea	-	-
Total	30	100

As represented in Table 13, 9(30%) of the respondents ever used condoms during sexual intercourse to prevent pregnancy and sexually transmitted infections, and 21(70%) of them said have never used condoms for sexual activities.

**Table 14** Sources of Condom

Sources	Frequency	Percentage (%)
Pharmacy	12	40
Hospital	-	-
Friends	3	10
Others	2	6.7
Never Used One	13	43.3
Total	30	100

Table 14 indicates 12 (40%) of the respondents got condoms from the pharmacy, none from the hospital, 3 (10%) from their friends, 2 (6.7%) from others, and 13 (43.3%) have never purchased condoms before.

**Table 15** Respondents' Knowledge of the Benefits of Contraceptive Use

Knowledge	Frequency	Percentage (%)
Yes	24	80
No	6	20
Total	30	100

From Table 15, 24 (80%) of the respondents know that contraceptive use reduces illegal abortion and prevents unwanted pregnancy and death and 6 (20%) of the respondents do not know that the use of contraceptives reduces illegal abortions prevents pregnancy and STI's and death among adolescents.

### 3.4. Factors Influencing the Use of Contraceptives

**Table 16** Respondent's Knowledge of the Factors that Influence Contraceptive Use

Factors	Frequency	Percentage (%)
Side Effects Learnt	16	53.3
Societal Interpretation	6	20
Accessibility	3	10
Religion	5	16.7
Total	30	100

From Table 16, the majority 16 (53.3%) of the respondents think that side effects learned influence the use of contraceptives, 6 (20%) think society's interpretation, 3 (10%) think it is accessibility, and 5 (16.7%) think it is religion that influence the use of contraceptive.

### 3.5. Attitudes and the Perception of the Use of Contraceptives

Table 17 indicates that 12 (40%) of the respondents use contraceptives but not often, 8 (26.7%) of the respondents use it is anytime they have sex, 3 (10%) use it is every month and 7 (23.3%) are not using contraceptives at all.



**Table 17** How often do you use contraceptives?

How Often Do You Use Contraceptives	Frequency	Percentage (%)
Anytime I Have Sex	8	26.7
Every Month	3	10
Not Often	12	40
None	7	23.3
Total	30	100

**Table 18** Respondent's Response on Whether They Discuss the Use of Contraceptives with Others

Whether They Discuss or Not	Frequency	Percentage (%)
Yes	13	43.3
No	17	56.7
Total	30	100

Table 18 indicates that out of the 30 respondents, 13 (43.3%) feel at ease discussing the use of contraceptives with their peers, and 17 (56.7%) of them feel so challenged to discuss it with others. Out of the 17, 4 (23.5%) respondents feel shy discussing with others, 7 (41.2%) do not discuss contraceptives due to the fear of their parents and 6 (35.3%) do not discuss with others because they want to keep their sexual life secret.

## 4. Discussion

This section interprets the findings of the study in relation to its objectives, specifically examining adolescents' knowledge, attitudes, and perceptions concerning contraceptive use.

### 4.1. Socio-Demographic Data

The study's demographic data suggest that respondents ranged in age from 14 to 19, with none under 14 years. Specifically, 20% of respondents were between 14-15 years, 40% between 16-17 years, and 40% between 18-19 years. These findings are consistent with prior studies on adolescent sexual behaviour among individuals aged 14-19, including those by the United Nations Economic and Social Commission (2019), which frequently highlight this age group as a critical period of increased sexual activity and risk-taking behaviours.

### 4.2. Knowledge of Adolescents on Sexuality

The study further revealed that 63.3% of respondents were sexually active, a finding that aligns with previous research indicating that a majority of adolescents are vulnerable to early sexual involvement, often initiated during this period of life (Siria Mendaza et al., 2020). The primary sources of sexual health information for adolescents include mass media, friends, parents, and schools. In this study, 43.3% of respondents reported receiving information from media sources, 20% from peers, another 20% from parents, and 16.7% from schools. These findings support previous studies, such as Siria Mendaza et al. (2000), which found that adolescents predominantly learn about sexuality through informal channels like media and friends, reinforcing the impact of these sources on shaping adolescent sexual attitudes and behaviours. This reliance on non-expert sources may contribute to misinformation and risky behaviours, underscoring the importance of accessible and accurate sexual health education.

### 4.3. Knowledge of Adolescents on Contraceptive Use

A significant finding from the study is the lack of knowledge about contraceptives among the respondents, with 87% indicating that they were unaware of contraceptives, their uses, or their benefits. Only 13% of the respondents demonstrated some awareness of contraception. These results echo the findings of Batiibwe et al. (2023) in Uganda, where the adolescent perception of sexual risk was similarly linked to limited contraceptive knowledge. Similarly, Sarfraz (2020) noted that in Pakistan, a lack of contraceptive knowledge constitutes a significant barrier to

contraceptive use. These patterns highlight a critical gap in adolescent education on contraception, suggesting that effective interventions should focus on enhancing adolescent knowledge about contraceptive methods and their benefits to foster safe and informed sexual practices.

#### **4.4. Factors Influencing the Use of Contraceptives**

This study identified several factors influencing adolescents' contraceptive use, with 16.7% of respondents citing religion and 20% pointing to societal norms as primary influences. The influence of sociocultural factors on adolescent sexual behaviours is well-documented. For instance, Eleje et al. (2022) observed that ethnic background, socioeconomic class, educational level, religious affiliation, and community norms all contribute to shaping adolescent perspectives on sexuality and contraceptive use. In many communities, cultural or traditional beliefs create significant barriers to contraceptive use, leading to unplanned pregnancies among adolescents. The findings of this study emphasize the role of community norms and religious beliefs as influential factors in adolescents' attitudes toward contraception, supporting the need for culturally sensitive sexual health education programs.

#### **4.5. Attitude and Perception of Contraceptive Use**

The study found that adolescents' attitudes toward contraception are shaped by feelings of shame, fear of parental disapproval, and a desire for privacy regarding their sexual lives. Specifically, 23.5% of respondents expressed feeling too shy to discuss contraceptives, 41.2% refrained from discussing contraceptives due to fear of parental reaction, and 35.3% preferred to keep their sexual lives private. These findings align with the work of Nyangarika et al. (2020), who reported that 50% of adolescents feel embarrassed using contraceptives, 49% fear parental disapproval, and 43% lack trust in the effectiveness of contraceptives. Such attitudes present clear barriers to contraceptive use among adolescents, suggesting that stigma and familial expectations significantly influence their willingness to access and discuss contraceptive methods.

In conclusion, this study highlights critical gaps in adolescents' knowledge and attitudes toward contraceptive use. The influence of socio-cultural factors, coupled with adolescents' limited access to reliable information and concerns about privacy, impedes effective contraceptive use. Addressing these challenges requires comprehensive, culturally appropriate sexual health education programs that target not only adolescents but also the broader community. By fostering supportive environments, these programs can promote informed contraceptive choices, ultimately contributing to improved adolescent reproductive health outcomes.

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### **5. Conclusion**

This descriptive cross-sectional study aimed to assess the knowledge, attitudes, and perceptions of contraceptive use among Senior High School students, specifically focusing on creating awareness and promoting the practice of contraception within this age group. Conducted at Evangelical Presbyterian Senior High School in Hohoe, the study targeted 30 randomly selected students aged 15 and older. The primary objective was to gauge the respondents' understanding of contraceptives, the factors influencing their use, and the barriers that adolescents face when considering contraception.

Findings revealed a high level of contraceptive awareness among respondents, with 87% indicating familiarity with contraceptive methods and their benefits. The media was a significant source of contraceptive information for 36.7% of respondents, underscoring its influence on adolescent knowledge of sexual health. Furthermore, 80% of respondents were aware of some benefits associated with contraceptive use, although only a minority (30%) reported ever using condoms. Notably, 53.3% expressed concerns about potential side effects, which significantly influenced their reluctance to use contraceptives regularly. Although awareness was relatively high, actual contraceptive practice remained low, as only 26.7% reported consistent contraceptive use during sexual activity. Overall, while the adolescents demonstrated knowledge of contraception, their uptake and regular use were limited.

Inadequate support for young people in navigating sexuality and contraceptive use contributes to higher incidences of adolescent pregnancies, sexually transmitted infections (STIs), HIV/AIDS, and increased maternal and infant mortality. Ensuring the availability, accessibility, and comprehensiveness of adolescent-friendly reproductive health services is essential. Such services should provide inclusive education, counselling, and confidential care to support adolescents in becoming mature and responsible individuals in their sexual health decisions.

### *Recommendations*

- Enhancing Contraceptive Knowledge

To address misconceptions, comprehensive education on human sexuality, conception, and contraceptive use should begin at the primary school level. Adolescents should be empowered to take responsibility for their sexual health through access to accurate, detailed information about contraceptive functions, methods, and benefits. Additionally, healthcare services should collaborate with schools to provide ongoing education on contraception, while health workers should receive regular training to deliver informed, empathetic contraceptive counselling.

- Improving Attitudes and Access to Contraceptives

Confidential counselling on contraception, including emergency contraception, should be readily accessible to adolescents. To combat negative attitudes and misconceptions, efforts should be made to encourage adolescents, particularly young women, to take control of their sexual health. Peer education programs should be introduced to promote positive attitudes and behaviours around safe sex, helping adolescents make informed decisions. Youth centers should also be established, offering life skills education and empowering adolescents toward self-sufficiency.

- Engaging Community and Addressing Gender Dynamics

Stereotypes and misconceptions should be actively addressed through proper contraceptive counselling and awareness programs, highlighting the role of contraception in reducing health risks. Educational programs should also involve adolescent males to foster shared responsibility in contraceptive practices and to challenge traditional gender norms that may discourage contraceptive use. Through these measures, this study aims to contribute to improved reproductive health outcomes among adolescents in Hohoe and provide a foundation for addressing broader challenges in adolescent sexual health across Ghana.

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### **Compliance with ethical standards**

#### *Disclosure of conflict of interest*

The authors declare no conflict of interest.

#### *Statement of ethical approval*

**Institutional Review Board Statement:** Public Health Nursing Training College institutional project review board granted ethical approval. Clearance was also given by Ghana Education Service Hohoe, after signing a data sharing agreement. for the study before commencement.

#### *Statement of informed consent*

Confidentiality was ensured at all stages of the process. Informed consent was obtained from all individual participants included in the study.

#### *Data Availability Statement*

The datasets supporting our conclusions are publicly available and will be provided upon request.

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