

Exploring use, non-use and discontinuation of modern contraception among urban youth in Accra, Ghana

Adriana Biney¹, D. Yaw Atiglo¹, Laud Sowah¹, Delali Badasu¹, Kwadwo Ohene Sarfoh² & Augustine Ankomah³

¹Regional Institute for Population Studies, University of Ghana

²Greater Accra Resilient and Integrated Development Project (GARID), Ghana

³School of Public Health, University of Ghana

Abstract (200 words)

Sexually active youth in sub-Saharan Africa are likely to refrain from using contraception, use it inconsistently or discontinue use of effective methods, despite their desire to prevent childbearing. This study qualitatively explores reasons for the contraception behavior of sexually active emerging adults – youth aged 18 to 25 years who are no longer in adolescence but have not yet entered adulthood – using Free, Ogden and Lee’s model on contraceptive use as dynamic and contextual. Relationship/contraception life-history interviews were conducted with 30 male and female tertiary students, informal workers and apprentices in Accra, Ghana. Findings indicate that life aspirations and maintaining a positive sexual identity were reasons most females reported using contraception. Also, unlike female tertiary students, apprentices and informal workers used contraception to avoid pregnancy, especially due to prior experience with childbearing. Perception of vulnerability to pregnancy informed female participants’ use compared to males. Negative experiences with contraception and the desire to have sexual pleasure were reasons for non-use. Finally, some female apprentices lacked the ability to negotiate contraception use with their partners whereas female tertiary students were more assertive. Study recommendations should generate discussion and feed into tailored policies targeting the groups of youth and their specific challenges.

Background

Although modern contraceptive use has increased globally, Ghana’s prevalence rates of 27.8% and 45.7% for married women and sexually active unmarried women, respectively, remain low¹. Studies on contraception in sub-Saharan Africa and Ghana^{2–4} have focused on explaining the extent and reasons for use, non-use and discontinuation. They focus on women in union, with few targeting sexually active unmarried nulliparous and parous women^{5–9}. What has rarely been explored in Ghana is contraceptive use, non-use and discontinuation among emerging adults (youth ages 18-25 years who are yet to enter adulthood) from different socio-economic statuses residing in urban settings. However, these youth have peculiar contraceptive behaviours since most are likely to refrain from using contraception, use it inconsistently or unsafely, or discontinue use of effective methods, despite not wanting a pregnancy^{9,10}. There is also an over reliance on emergency contraception among this group¹. Urban youth residing in resource-constrained environments, particularly, face high risks of adverse reproductive health outcomes¹¹. Male youth’s views on contraception are also critical to obtain since the majority debut sexual activity during emerging adulthood and fail to use methods consistently^{12,13}. Therefore, in this study, we explore the contraception dynamics¹⁴ of sexually active unmarried urban male and female youth in three socio-economic groups (in-school, in-training or informally employed) through their contraception and relationship histories.

In acknowledging that contraceptive use is dynamic, based on Free, Ogden and Lee’s model¹⁴, we explore this among emerging adults with the aim of understanding their use of contraception and changes over time and in different relationships. The study uses qualitative data to address an overarching study objective which is to examine the contraception

behaviours and dynamics of sexually active unmarried emerging adults from three distinct socio-economic status groupings. Our specific research questions are: 1) What are emerging adults' experiences with contraception in their first and recent relationships? 2) How do these experiences differ by gender and socio-economic grouping? 3) What are these emerging adults' contraception preferences?

Methods

The data used are from a small-scale qualitative project that explored contraceptive use, non-use and discontinuation among emerging adults (aged 18-25) from three distinct socio-economic groupings in Accra. The study setting was a suburb of Accra in the La-Nkwantanang Madina Municipal Area and two public universities in Accra. The qualitative methods included 30 relationship and contraception history interviews and 10 focus group discussions. Participants were contacted through their associations, shops/stalls, university email listservs, and messages circulated on WhatsApp groups. Those interested provided their numbers, which we later called for screening and recruitment. Data collection took place between December 2020 and February 2021.

This paper uses the relationship and contraception history interview data, carried out with 15 male and 15 female youth who varied in terms of their current economic activity: informal workers, apprentices and tertiary students. They responded to questions about their contraceptive use within their various relationships. All interviews were recorded, transcribed, and checked for accuracy. Qualitative data analyses comprised thematic analysis which involved reading the transcripts and identifying patterns within the data through ascribing both deductive and inductive codes to the text, and then grouping these into sub-themes and themes. The transcripts were analysed using Atlas.ti software.

Findings

Findings from the study are underpinned by the “contextual, integrated and dynamic model of contraceptive use”¹⁴. It discusses participants' **vulnerability to pregnancy**, **constraints**, and **social goals**, factoring in relationship and contraception changes over time.

Preliminary results indicate that emerging adults primarily used contraceptives based on their **social goals** which include: life aspirations, maintaining positive sexual identities (appearing to conform to sexual norms), and “being safe”. With regards to life aspirations, emerging adults stated *“I don't want to stop learning the trade due to pregnancy.”* (Female apprentice 1) and *“To me personally, I want to finish learning tailoring before I give birth, and my boyfriend has perfectly understood me on that.”* (Female apprentice 2). In order to maintain a positive sexual identity, a female informal worker stated, *“Oh sure, because [for] myself I am even scared of getting pregnant because if I get pregnant, ‘I am dead’, so yeah, we use it.”*

The use of contraceptives was also determined by their perceptions of **vulnerability to pregnancy**. Young people who felt vulnerable to getting pregnant used a method as indicated by one male apprentice: *“Initially we were not using anything but it got to a point that she played a certain trick on me that she was pregnant and that got me thinking that what if it had really happened...”*.

In relation to non-use, their **constraints** were lack of knowledge, skill and power to negotiate contraceptive use. One female apprentice stated, *“No, please. He doesn't like a condom and I accepted because that's what my boyfriend wants”*. However, some young women were also

assertive and could negotiate condom use, as one female tertiary student stated, “So, for me, it’s about taking a stance and knowing what you want. It’s a no condom no sex policy.”

The findings indicate differences among the socio-economic groups and genders within relationships. Females in higher education could negotiate better contraceptive use compared to informal workers and apprentices. In addition, males with no sexual experience or contraceptive knowledge depended on their more experienced female partners to use contraception. One male tertiary student in his debut relationship stated: “she decided [to use contraception] because I didn’t know anything about it”.

The dynamic use of contraceptives, which sometimes led to using less effective methods, was explained by the changes in their social goals, desires for sexual pleasure, and instances of spontaneous sex. Also, although emerging adults used and acknowledged the importance of condoms, especially in preventing STIs, most preferred the emergency contraceptive pill because it was more effective than their most preferred traditional methods which allowed for pleasure as well.

Conclusion

The current study goes beyond interviewing females and incorporates the views of emerging male adults, thereby providing a more comprehensive understanding on the reasons for contraceptive use, non-use and discontinuation among urban youth. The findings indicate that although there are common reasons for various contraception dynamics, differences exist within the three socio-economic groups considered in the study. For example, female students are better positioned to negotiate contraceptive use compared to their counterparts, thus making them less susceptible to pregnancy or STI’s. Secondly, although males are believed to dominate negotiations in relation to contraceptive use, in their first sexual relationships they are dependent on their partners, especially when they are more experienced. Thus, when both partners are novices, knowledge and use of contraception becomes limited.

The findings also suggest that emerging adults focus more on avoiding pregnancy than STIs, hence the preference for emergency contraceptives. This puts them at risk of STI’s, especially with recent increases in HIV/AIDS among youth. Recommendations from this study will help generate discussion and feed into tailored policies that will consider the various groups of emerging adults and their specific challenges. In addition, we find that emerging adults require access to sexual reproductive health programs due to limited knowledge about the range of methods. The Sustainable Development Goal (SDG) Target 5.6 which seeks to ensure universal access to sexual and reproductive health and rights, suggests we ensure the prime goal of improving the quality of life of youth within the urban setting.

References

1. Ghana Statistical Service (GSS) & ICF. *Ghana Demographic and Health Survey 2022*. (GSS and ICF, 2024).
2. Adongo, P. B. *et al.* A comparative qualitative study of misconceptions associated with contraceptive use in southern and northern Ghana. *Front. Public Heal.* **2**, 1–7 (2014).
3. Marston, C. *et al.* Improving the Measurement of Fertility Regulation Practices: Findings from Qualitative Research in Ghana. *Int. Perspect. Sex. Reprod. Health* **43**, 111–119 (2017).

4. Staveteig, S. *Understanding Unmet Need in Ghana: Results from a Follow-up Study to the 2014 Ghana Demographic and Health Survey*. (2016).
5. Glover, E. K. *et al.* Sexual health experiences of adolescents in three Ghanaian towns. *Int. Fam. Plan. Perspect.* **29**, 32–40 (2003).
6. Machiyama, K. & Cleland, J. Unmet need for family planning in Ghana: The shifting contributions of lack of access and attitudinal resistance. *Stud. Fam. Plann.* **45**, 203–226 (2014).
7. Machiyama, K. *et al.* Women's attitudes and beliefs towards specific contraceptive methods in Bangladesh and Kenya. *Reprod. Health* **15**, 75 (2018).
8. Atiglo, D. Y. & Biney, A. A. E. Correlates of sexual inactivity and met need for contraceptives among young women in Ghana. *BMC Womens. Health* **18**, 1–10 (2018).
9. Atiglo, D. Y. & Biney, A. A. E. Postpartum and post-abortion contraceptive use among unmarried young women in Ghana. *J. Biosoc. Sci.* 1–12 (2020) doi:10.1017/S0021932020000309.
10. Tawiah, E. O. Adolescent Fertility and Reproductive Health in Four sub-Saharan African Countries. *African Popul. Stud.* **17**, 81–98 (2002).
11. Mumah, J., Brinton, J., Mukiira, C., Kabiru, C. & Izugbara, C. *Invest in Urban Youth Sexual and Reproductive Health to Achieve a Demographic Dividend In Africa*. <https://stepup.popcouncil.org> (2015).
12. Biddlecom, A., Awusabo-Asare, K. & Bankole, A. Role of Parents in Adolescent Sexual Activity And Contraceptive Use in Four African Countries. *Int. Perspect. Sex. Reprod. Health* **35**, 72–81 (2009).
13. Awusabo-Asare, K., Abane, A. M. & Kumi-Kyereme, A. *Adolescent Sexual and Reproductive Health in Ghana : A Synthesis of Research Evidence*. (2004).
14. Free, C., Ogden, J. & Lee, R. Young women's contraception use as a contextual and dynamic behaviour: A qualitative study. *Psychol. Heal.* **20**, 673–690 (2005).