STUDY TITLE- Utilization of Modern Contraceptives by adolescent girls in Senior High schools in the Kassena-Nankana West District (KNWD) of the Upper East Region.

MAIN STUDY OBJECTIVE- To assess the knowledge, practices and barriers regarding contraceptive use by adolescent girls in senior high schools in the Kassena-Nanana West District.

SPECIFIC OBJECTIVES

1To evaluate the level of awareness and knowledge of modern contraceptives among adolescent girls in senior high schools regarding different types of contraceptives.

2. To examine the current practices of contraceptive use by adolescent girls in senior high schools, including the frequency, consistency, and methods utilized.

3. To identify the barriers and challenges faced by adolescent girls in senior high schools in accessing and utilizing contraceptives

QUESTIONNAIRE

DEMOGRAPHICS

1. Age …….

2. Grade

I. SHS 1 [ ] SHS 2 [ ] SHS 3 [ ]

3. Religion

i. Christianity [ ] ii. Islamic [ ] iii. Traditional [ ] iv. Others……

KNOWLEDGE OF CONTRACEPTIVES

4. Ever heard of contraceptives?

i. Yes [ ] ii. No [ ]

5. If Yes in Q4, Where did you hear it from?

i. Health facility [ ]

ii. School [ ]

iii. Peers [ ]

iv. Religious body [ ]

v. Media [ ]

6. When did you hear about it? .....

7. If Yes in Q4, what do you think contraceptives are used for?(select all that apply)

i. prevention of unwanted pregnancy[ ]

ii. termination of pregnancy[ ]

iii. regulation of menstrual cycle [ ]

iv. prevention of Sexually Transmitted Infections [ ]

v.improvement of acne or other skin conditions [ ]

vi. No idea [ ]

[ ] vi. Others ……

8. Do you know any modern contraceptives?

i. Yes [ ]

ii. No [ ]

9. If Yes in Q8, which of these contraceptive(s) do you know? (select all that apply)

i. Pills [ ]

ii. Male/female condom [ ]

iii. Intrauterine device (IUD) [ ]

iv. Emergency contraceptives [ ]

v. Injectable [ ]

vi. Implants [ ]

vii. Surgical [ ]

viii. Natural/traditional(withdrawal,etc) [ ]

viii. others (specify)……

10. Do you know of any potential risks or side effects associated with contraceptive use?(select all that apply)

Nausea and vomit [ ] Weight gain [ ] Irregular bleeding [ ]

Infertility [ ] Infections [ ] None [ ] others(specify) ……..

11. Which method(s) can be used to prevent pregnancy? (select all that apply)

i. Pills [ ]

ii. Male/female condom [ ]

iii. Intrauterine device (IUD) [ ]

iv. Emergency contraceptives [ ]

v. Injectable [ ]

vi. Implants [ ]

vii. Surgical [ ]

viii. Natural/traditional (withdrawal) [ ]

12. Do you know what Sexually Transmitted Infections (STIs) are?

i. Yes [ ] ii. No [ ]

13. Which contraceptive method(s) can be used to prevent STIs?

. Pills [ ]

ii. Male/female condom [ ]

iii. Intrauterine device (IUD) [ ]

iv. Emergency contraceptives [ ]

v. Injectable [ ]

vi. Implants [ ]

vii. Surgical [ ]

viii. Natural/traditional (withdrawal) [ ]

14. Who do you think is permitted to use contraceptives? (select all that apply)

i.Adolescents [ ] ii. Adults [ ] iii. Married Couples [ ] iv. Only Males [ ]

v. Only Females [ ] vi. Anyone who is sexually active [ ]

CURRENT PRACTICES OF CONTRACEPTIVE USE

15. At what age do you think most adolescents engage in sex? ……..

16. Do you think it is good to know about contraceptives?

i. Yes [ ] ii. No [ ]

17. Whose role do you think it is to educate adolescent girls on sex and/or contraceptives? (select all that apply)

Parents [ ] ii. School iii. Health facilities [ ] iv. Peers v. Religious Groups [ ] vi. Others(specify) [ ]

18. Do you think adolescents should use contraceptives ?

i. Yes [ ] ii. No [ ]

19. Where do you think most adolescents obtain contraceptives?

i. Government hospitals/clinics[ ]
ii. Pharmacy/drug store [ ]
iii. Friends [ ]
iv. Teachers(school) [ ]
v. Don't use any [ ]
vi. Others (specify) ……

20. What do you think is the best contraceptive method?

i. Pills [ ]

ii. Male/female condom [ ]

iii. Intrauterine device (IUD) [ ]

iv. Emergency contraceptives [ ]

v. Injectable [ ]

vi. Implants [ ]

vii . Surgical [ ]

viii .Natural/traditional (withdrawal) [ ]

21. What do you think are the reasons why adolescents would want to use contraceptives?

i. prevent pregnancy [ ] ii. Prevent STIs [ ] iii. To terminate pregnancy [ ]

iv. Partner request [ ]

22. Who do you think are more likely to influence you not to use contraceptives?

i. Parents [ ] ii. School [ ] iii. Peers [ ] iii. Religious Groups [ ] iv. Partner [ ]

v. others(specify)…….

23. Have you ever used or patronized a contraceptive?

i. Yes [ ] ii. No [ ]

24. If Yes in Q23, what method is preferred?

i. Pills [ ]

ii. Male/female condoms [ ]

iii. IUD [ ]

iv. Injectable [ ]

v. Emergency contraceptives [ ]

vi. Implants [ ]

vii.Surgical [ ]

viii .Natural/traditional (withdrawal) [ ]

25. How did you decide on the contraceptive method(s) you currently use or have used?

i. Recommendation from a healthcare professional [ ]

ii. Advice from friend [ ]

iii. Media (internet , tv , radio) [ ]

iv. Advice from family [ ]

v. advice from partner [ ]

vi. others (specify)……..

26. If No in Q23, reasons for lack of use? (Tick as many as applicable)

i. Fear of side effects [ ]

ii. Expensive [ ]

iii. partner's disapproval [ ]

iv. Cultural/religious beliefs [ ]

v. Lack of accessibility [ ]

vi. Others……..

27. Are you currently using any contraceptive method?

i. Yes [ ] ii. No [ ]

28. If Yes in Q27, which method(s)? .....

29. If No in Q27, reasons for stoppage if ever used any contraceptive

i. Side effects [ ]

ii. Inaccessibility [ ]

iii. partner's disapproval [ ]

iv. Desire to have children [ ]

v. Expensive [ ]

vi. Others(specify)……..

BARRIERS AND CHALLENGES

30. What factors do you think influence the utilization of contraceptives by adolescent girls? (Select all that apply)

i. lack of knowledge about contraceptives [ ]

ii. cultural or religious beliefs [ ]

iii. stigma or judgement associated with contraceptive use [ ]

iv. accessibility and availability of contraceptives [ ]

v. lack of support from parents or guardians [ ]

vi. others(specify) …….

31. Have you faced any difficulties in obtaining contraceptives or contraceptive information?

Yes [ ] ii. No [ ]

32. If Yes in Q31, which of the challenges did you face?

Embarrassment [ ]

Accessibility and availability [ ]

Poor health provider attitude [ ]

Affordability [ ]

Others(specify) ……

33. Are you aware of any local or school policies or guidelines related to contraceptive use?

i.Yes [ ] ii. No [ ]

34. Have you ever received comprehensive sexual education that includes information on contraceptives and their use?

i. Yes [ ]

ii. No [ ]

35. If answered “yes” to Q34, please rate the effectiveness of the sexual education you received in school.

i. Very effective [ ]

ii. Effective [ ]

iii. Not effective [ ]

36. Do you feel comfortable discussing contraceptive method and sexual health with a healthcare professional?

i. Very comfortable [ ]

ii. Comfortable [ ]

iii.Uncomfortable [ ]

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