

**Knowledge and Practices of Reproductive Health Issues Among  
Second Cycle Institutions in the Greater Accra Metropolitan Area  
(GAMA), Ghana**

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## **1.0 INTRODUCTION**

Sexual behavior in human societies is embedded in a complex web of shared ideas. Moral rules and regulations, obvious associations and obscured symbols are part of the complex behavior patterns. Sexual behavior varies from one culture to another, from one stage of development to another as well as from one

period of history to another. Many factors including biological, social, political, educational, economic and religious affect sexual behavior.

Adolescents' sexual behavior has been a central issue in most discussions on reproductive health in sub-Saharan Africa in recent years (Nabila, Fayorsey & Pappoe, 1996). It has been recognized that the traditional family system, which used to inculcate appropriate morals and values including sexual practices in adolescents in Ghana, is no longer performing this function due to higher education, modernization, and urbanization. The concern about adolescent sexuality stems from the realization that adolescent sexual activity is increasing in many African countries and poses a serious risk for both the adolescent mother and her child. More so, it is also a fact that adolescent mothers missed educational and occupational opportunities. Consequently this does not only affect the lives of the adolescent mothers but also those who interact with them, their families, peers and those who work in health and education institutions as well as social welfare and other sectors.

It was as a result of some of these concerns that in 1987, the government of Ghana introduced the Family Life Education (FLE) programme to educate adolescents in the first and second cycle institutions in the country on reproductive health issues. After more than a decade of the introduction of the program, adolescent sexuality looms large in the country. This study examined knowledge and practices of reproductive health issues among second cycle institutions in the Greater Accra Metropolitan area, Ghana.

The research questions raised were:

- ◆ What do adolescents know about reproductive health issues?
- ◆ What factors influenced their knowledge about these issues?
- ◆ What factors prevent them from using reproductive health services?

### **1.1 Objectives of the study**

The main object of study was to examine the knowledge and practices of reproductive health issues among second cycle institutions in the Greater Accra Metropolitan area, Ghana.

Specific Objectives were to:

1. Explore adolescents' knowledge and practices
2. Identify the factors that prevent them from using reproductive health services
3. Determine reproductive health practices among adolescents in the selected institutions and
4. Make recommendations for policy formulation and implementation.

### **1.2 Methodology**

The study was both descriptive and exploratory in nature. Multiple methods were employed in order to obtain detailed information on adolescents' knowledge and practices of reproductive health. Questionnaires and focus group discussions were used as strategies for eliciting the required information. There were 300 students (159 boys and 141 girls) aged between 14-17 years who were recruited from all classes of the seven (7) selected second cycle institutions within Greater Accra Metropolitan Area. Purposive and systematic sampling techniques were used to sample students from mixed schools, boys schools and girls schools as well as from urban, peri-urban and rural social settings.

Descriptive statistics were used to analyze the data manually and represented in proportions, percentages, histograms and cross tabulation.

### **1.3 Ethical Consideration**

Discussions were held with both the teachers and the students to explain the purpose of the study and the need for them to cooperate by answering the questions as faithfully as they could. The questionnaire was self administered

because of the sensitive nature and the respondents were asked not to disclose their identity .

## 2.0 RESULTS OF THE STUDY

### 2.1 Coverage

There were 300 students out of which 159 (53%) were boys and 141(47%) were girls. 50(20 %) were from boys school and 50(20%) from girls schools and the remaining 200(60%) were from mixed schools. 50% of the respondents were from urban schools, 33% from peri-urban schools and 17% of them were attending rural schools. This discrepancy could be attributed to the fact that there are usually more schools in urban areas compared to the rural settings.

Knowledge and practices of reproductive health issues among the students was based on a variety of indicators. These included knowledge about ovulation and its significance, care taken during menstruation, sexual intercourse and reproduction, use of contraceptives and the consequences of adolescent sexuality such as: unintended pregnancy, unsafe abortion and sexually transmitted infections including HIV/ AIDS as well as their source of information.

### 2.2 Adolescent Physical Development

The questionnaire elicited information from both the male and female respondents on how they became aware that they were matured. They mentioned various characteristics indicating maturity as shown in Tables 2.1 and 2.2 below.

**Table 2.1 How male Respondents knew that they were matured**

<b>Signs of Maturity</b>	<b>No. of Respondents</b>	<b>Percentage of Respondents</b>
Becoming more masculine	149	93.7
Hairs growing on chest, face and body	137	86.2
Desire to have sex	105	66.0
Having ejaculation	92	57.9

Desire to have a girl friend	53	33.3
Semen coming during sleep (wet dreams)	48	30.2
Breaking of voice/ deeper voice	41	25.8
Not feeling shy when meeting a girl	33	20.8
Desire to talk to a girl	29	18.2
Becoming more interested to be in the company of girls	21	13.2
Desire to hold hands of girls when in their company	17	10.7

Multiple Responses

**Table 2.2 How female Respondents knew that they were matured**

<b>Signs of Maturity</b>	<b>No. of Respondents</b>	<b>Percentage of Respondents</b>
Developing breasts	139	98.6
Enlargement of the hips	127	90.1
Hairs on the sex organs and ambits	117	83.0
Starting to have menstrual periods/ menses	116	82.3
Gaining weight	101	71.6
Having feelings for sex	58	41.1
Wishing to have a boy friend	49	34.8
Enjoying the company of boys	31	22.0

Multiple Responses

Figures from the two tables showed that physical development is a major indicator of maturity for both boys and girls. There were multiple responses indicating their perceptions about maturity. Fifty eight (41.1%) of the students stated that they were beginning to have sexual desires and yearning for the companionship of the opposite sex. These signs of maturity are not influenced by the location of the respondents. The experiences were varied because of individual differences.

### **2.3 Knowledge about Ovulation and its Significance**

Female students were asked about their knowledge of the fertile and infertile phases of the menstrual cycle, ovulation and its significance. Majority (78%) of the female respondents indicated that they were aware when they ovulated and had adequate knowledge about it. They gave multiple answers to confirm the signs and symptoms experienced during ovulation as seen in Table 2.3. Twenty

two (22) percent had no knowledge about ovulation and its significance. It is believed that knowledge about menstrual cycle could help the sexually active girls to avoid sex during the fertile period, thus unwanted pregnancies and its consequences could be prevented.

**Table 2.3 Female Respondents' Knowledge of Signs and Symptoms of Ovulation**

<b>Signs and Symptoms of ovulation</b>	<b>Had Knowledge (%)</b>	<b>Not Knowledgeable (%)</b>
Feels pain in the lower abdomen	97.2	2.8
Sharp pain in the abdomen	95.8	4.2
Breast enlarges and hurts	85.8	14.2
Temperature increases	69.5	30.5
Nipples become very sensitive	37.6	52.4
Indications of menstruation	5.7	94.3

*Multiple Responses*

The respondents who had knowledge about menstrual hygiene were 76% and they stated that their parents discussed with them the significance of menstruation and how to take care of themselves during menstruation. There were no significant differences in the degree of parental and other relatives' involvement in teaching these adolescents about the importance of menstrual period in the three social settings. Despite the perceived reduction in the traditional role played by parents as a result of modernization, the study revealed that parents of students were still fulfilling their obligations of teaching their children important aspects of child development: knowledge about sexuality, intercourse and reproduction

**2.4 Sources from whom Respondents first learnt about Sexual and Reproductive Health Issues**

Most people agree that parents should talk to their children about human reproduction and should discuss both biological, facts of life and moral standards

for sexual behavior. Yet in practice parent-child communication on sexual matters is often minimal or non-existent. Hence information elicited from all respondents concerning their knowledge about sexual intercourse and reproduction were mainly from TV/Radio ( 91.3.0%), magazines and newspapers (82.0.%) and text books (60.3%) as indicated in Table 2.4.

Thus children are left to grow on their own without much parental guidance. This may be risky because very often information obtained may be inaccurate and unrealistic. This finding is not peculiar to this study alone. Baker and Rich (1990) in their study in both Kenya and Nigeria found out that in Nigeria urban young women and men learnt about sexuality from popular magazines. Similarly, Schofield (19...) showed that in Britain over 60% of boys and girls obtained their information from friends with parents and teachers coming low on the list.

**Table 2.4 Sources from whom Respondents first learnt about Sexual and Reproductive Health Issues**

Sources	Boys		Girls		Total	
	Number	%	Number	%	Number	%
TV / Radio	149	93.7	125	88.7	274	91.3
Magazines / Newspapers	127	79.9	119	84.4	246	82.0
Text Books	103	64.8	78	53.3	181	60.3
Teachers	79	49.7	65	46.1	144	48.0
Friends	73	45.9	41	29.1	114	38.0
Father	63	39.6	72	51.1	135	45.0
Mother	46	28.9	94	66.7	140	46.0
Brother	23	14.5	2	1.4	25	8.3
Health Personnel	15	9.4	18	12.8	33	11.0
Sister	10	6.3	47	33.3	57	19.0

*Multiple Responses*

## 2.5 Adolescent Sexuality

On the issue of whether one could become pregnant on the first sexual encounter, significant differences emerged among the study groups. More than half of the rural respondents (56%) stated that a girl could not become pregnant at the first time of having sex. In the peri-urban area, 21% of respondents gave negative responses while in the urban area 19% of the respondents gave a negative response. However, 80.7% of the respondents in the urban area were

aware that a girl could be pregnant on her first sexual encounter. This lack of knowledge on the part of the rural respondents may be due to several factors such as lack of qualified teachers and lack of textbooks for the course. This study also confirms an earlier study in Jamaica by Eggleston, *et al* (1996). On sexual activity, family planning, behaviour, attitudes and knowledge among adolescents, it came out that only 27% of the girls and 32% of the boys knew that it was possible to become pregnant during first sexual encounter.

**Table 2.5 Whether respondents think that a girl could become pregnant the first time of having sex by location**

Location	Yes		No	
	Number	Percentage	Number	Percentage
Urban Area	121	80.7	29	19.3
Peri Urban Area	79	79.0	21	21.0
Rural Area	22	44.0	28	56.0
Total	222	74.0	78	26.0

## 2.6 Contraceptive Knowledge and use

Family life education teaches students about contraceptives and their benefits, that is, how to prevent pregnancies, dual protection against sexually transmitted infections and AIDS. Hence the respondents were asked whether they knew any method that could prevent pregnancy. To this, 90.6% of the male respondents and 79.7% of the female respondents stated that condoms could be used to prevent pregnancies. Other methods mentioned included injectables, the pill, abortion and safe periods. This finding was in an agreement with a study conducted by Agyei and Hill (1997) in Ghana, which revealed that a great number of the adolescents (97.5%) of males and 95.3% of females were aware of methods to prevent unintended pregnancies.

**Table 2.5 Methods which respondents know can be used to prevent pregnancy**

Methods	Boys	%	Girls	%
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Condom	144	90.6	138	97.9
Injectables	92	57.9	127	90.1
Pill	87	54.7	105	74.5
Abortion	45	28.3	100	70.9
Safe periods	33	20.8	95	67.4
Spermicides	31	19.5	67	47.5
IUD	11	6.9	20	14.2

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*Multiple Responses*

Similarly, Kane *et al* (1993) studied a group of young adults by examining sexual activity, family life and contraceptive use. It was found out that knowledge about contraception was greater for adolescent students who had had family life education than those who did not.

The respondents admitted that although resource persons showed them a variety of contraceptive samples, they seemed to remember the condom, the pill and injectables better because of the numerous advertisements on television and radio on these methods such as the "protector plus" (condom), "secure" (pill), and "famplan" (injectables). This demonstrates the effect of mass media on the learning of adolescents. However, these media may not give a detailed account of these contraceptives, such as instructions for users, the effectiveness and the side effects. Thus, the adolescents are always in a dilemma as to what to do when it comes to the usage of these contraceptives. In the FGD the female participants were not happy about the social stigma associated with premarital intercourse. For this reason even though they had knowledge about these contraceptives and where they could obtain them, they did not feel comfortable going in for them. As they put it

*"the older people will brand us as bad girls if we go in for such services".*

Again 28.3 percent and 70.9 percent of the male and female respondents respectively thought that abortion as a method of contraception was acceptable. This group of students might be misled to engage in dangerous and unsafe

abortion with its disastrous consequences. It was noted that 41.8 percent of the female respondents had never discussed family planning with their parents while 78.6 percent of the males had also never done so with their parents. This indicated that parents targeted females and usually pushed the males to the periphery.

### **2.7 Knowledge on the consequences of adolescent sexuality**

The female respondents were asked whether they have ever been pregnant. Only, two respondents (1.4 percent) from the rural areas stated that they had ever been pregnant. These responses were undoubtedly not a true reflection of the actual situation since generally society frowns on pre marital sex and abortion.

### **2.8 Sexually Transmitted Infections**

Some of the sexually transmitted diseases respondents had knowledge of were gonorrhoea, candidiasis, syphilis and AIDS. This may be due to the frequent advertisements on the mass media. But majority of the respondents were not familiar with genital warts, herpes and hepatitis B.

## **3.0 DISCUSSION AND RECOMMENDATIONS**

### **3.1 Discussion**

The purpose of this study was to assess adolescents knowledge of reproductive health issues among second cycle institutions in the Greater Accra Metropolitan Area, Accra. Seven schools were selected from the three main geographical settings, that is, urban, peri-urban and rural areas. Adolescents between the ages of 14-17 years were studied because it is within this age group that they are most vulnerable to unwanted pregnancies, unsafe abortion and sexually transmitted diseases.

The research revealed that both male and female students were knowledgeable about their physical development. A few identified only one physical change as a

sign of maturity. For the female respondents, majority of them were able to identify ovulation as the fertile period of their menstrual cycle, yet few mistook it to be infertile phase of their cycle and occurs during the menstrual period. This shows the individual differences and level of assimilation. It was found that students knew about different family planning methods but preferred condoms to other methods. This may be due to frequent advertisements of this contraceptive on both radio and television. However, those who were sexually experienced did not use contraceptives even though they knew where to get them. Their refusal stems from the fact that they don't plan their sex life and also the society looks at those who use family planning services as bad girls or boys. Thus, they deprive them of family planning services, as there were no separate clinics for the youth at the time of the study.

On the whole, the study revealed that in the urban and peri-urban schools, the students were more knowledgeable about most of the topics than their rural counterparts. This may be due to several factors such as the quality of teachers, material resources in terms of books and the high socio-economic background of the students. Also, they may have access to other textbooks or mass media at home more than their rural counterparts.

Contrary to previous studies, none of the sexually experienced adolescents in the study reported having contracted sexually transmitted diseases. However, they knew about the sexually transmitted diseases and their specific symptoms especially AIDS, gonorrhoea and candidiasis respectively. Some students had the notion that a healthy person may not be a carrier of HIV, which poses a serious threat to their lives. Hence they would not take any precautions to protect themselves from contracting AIDS because of ignorance. Again when there is an information vacuum, adolescents studied indicated that they turned to their textbooks, the mass media (i.e. electronic print) and lastly friends but some of these sources of information may not be real or accurate. In fact some parents are leaving their responsibility of sex education to teachers. Thus, the

adolescents had only one option of getting accurate information and that is through family life education.

### **Recommendations**

The following recommendations are being made for policy consideration.

- It is recommended that the existing adolescent health clinics in the country should be expanded to cater for all adolescents in the other regions.
- The mass media should provide coverage of positive sexual messages such as the teen beat, talk shows, dramas and the growing child.
- There should be a programme to educate parents on reproductive health issues so that they can give appropriate information to their children and wards
- Ministry of Education and Sports should collaborate with the Ministry of Health to reactivate the school health services
- Service providers should provide youth friendly services

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