

The Impact of Undesirable Medium of Contraceptive Usage Among the Youth of Ghana. Ketu-South as the Focus

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Abstract

The problem of pregnancy among some female Senior High School students in Ghana especially the Ketu South Municipality in the Volta Region of Ghana is the most grievous aspect of the complex of negative factors linked with underdevelopment as majority of the country's human resource is lost through school dropout as a result of students becoming pregnant. To avoid falling victim to this menace, some female students in the above-mentioned level of the educational ladder resulted to the use of three artificial contraception methods such as, Contraceptive Implants, Injectable Contraceptives and Oral Contraceptive Pills. These methods prevent ovaries from releasing eggs and obstructing sperm. This paper aims to study the composition, effectiveness and the negative effects of these methods as used by these students.

INTRODUCTION

Contraception refers to intentional prevention of ovulation, fertilization of an egg cell, or implantation of a fertilized egg in uterine wall with various drugs, devices, sexual practices or surgical procedures.

There are several types of contraceptives as used by women, mostly depending on the situation they found themselves. In choosing an appropriate contraception, consideration should be given to the user's health and how often she involves in sexual activity. These include long acting reversible contraception, hormonal methods, barrier, emergency contraception, sterilization.

The available contraception methods include intrauterine system, the coil, injectable, the pill and mini pill, the implant, the patch, vaginal ring, diaphragms, female condom, female sterilization, natural methods.

It is believed that mothers and children's health are secured, unwanted pregnancies and abortions reduced using effective contraception. In addition, it is revealed that over 600,000 women lost their lives every year worldwide due to pregnancy related complications, 75,000 also die because of unsafe abortions. All due to failure of effective contraception usage.

Effective contraception use helps in the prevention of mortality and improvement of maternal health.

Data from the Well Controlled Inter-Generational Panel study of mothers and children, a 31-year longitudinal survey of 1113 mother-child pairs indicate that unwanted births can lead to non-psychotic major depression, feelings of powerlessness, increased time pressures and a reduction in overall physical health.

Women's involvement in social and economic activities in the society is high when effective contraception is used.

There is now a high pregnancy rate among higher education female students worldwide. (Zhou et al 2012). Several studies conducted internationally have found that majority of the unwanted pregnancies among women are due to low level of knowledge and contraception use. (Akintade et al 2011 Robert et al 2004; 441)

Lack of awareness and knowledge on the use of contraceptives is associated with the failure of their utilization (Macphail et al 2007; 5).

Pregnancy among female students is a major challenge faced by most academic institutions across the world. These challenges relate to high school dropout rates by students, serious financial losses for academic institutions and an increased drain on public sector funds (Vermaas 2010; 1)

As part of the transition from childhood to adulthood, all adolescents experience sexual feelings. Some act upon these feelings by having sexual intercourse, others do not have intercourse but engage in behaviors' stopping short of penile/vaginal intercourse. Some engage in anal intercourse or oral sex (Remez 2008), some also ignore the feelings of having sex, and pay attention to other pursuits.

According to Alan Guttmacher Institute in 1998, 8 in 10 young women in Sub-Saharan Africa have had their first sexual intercourse before the age of 20, four in 10 before marriage.

In addition, 8 in 10 young women in 5 developed countries have had intercourse as adolescents, 7 in 10 before marriage.

6 in 10 young women in Latin America and the Caribbean have had sex in adolescents, 3 in 10 before marriage.

Over the years and around the world, the use of contraception has become synonymous to family planning. In the Ghanaian context, the use of contraceptives is not mainly to plan a family but a means to completely avoid becoming pregnant among certain group of women.

Due to the high pregnancy rate among female SHS students in Ghana, as recorded by GES in 2016 and

2017, these students between the ages of 15-21 adopted the strategy of contraceptive usage to avoid falling victim of becoming pregnant whilst in school.

METHODOLOGY

The respondents for the study are female students between the ages of 15 – 21 selected randomly from three (3) Senior High Schools from the municipality, interviewed using a structured interview guide. Primary data is gathered from the above-mentioned respondents in an interview using a structured interview guide. The secondary data is gathered through published books, research reports, newspaper articles and the internet.

STUDY AREA PROFILE

Ketu South Municipality is among the 25 administrative districts of the Volta Region and is located at the southeastern corner of Ghana with Denu as its capital. It is strategically described as the eastern gateway to Ghana and it is the only district that shares boundaries with the capital of another country, Lome in the Republic of Togo.

It lies within Latitudes $6^{\circ} 03$ North and $6^{\circ} 10$ North, and longitude $1^{\circ} 6$ east and $1^{\circ} 11$ east.

It shares border with Republic of Togo on the east, the Keta Municipal on the west, the north with Ketu North and Gulf of Guinea to the south.

It has a total land size of approximately 779 square kilometers representing 3.8 percent of the regional area.

It falls within the dry coastal Savanna climatic zone and experiences average monthly temperatures varying between 24°C and 30°C .

The people of Ketu South Municipality are Ewes inhabiting from parts of Togo, Benin and Volta Region. They are typically farmers and fishers. The public and private sectors continue to provide educational facilities in the municipality. There are 67 kindergartens, 66 primary schools, 59 junior high schools, 5 senior high schools and 1 technical / vocational school.

It has five health designated sub municipal facilities. There are 19 public and private health facilities concentrated in the urban areas with one major municipal hospital.

CONTRACEPTIVE METHODS USED BY THE STUDENTS

1. CONTRACEPTIVE IMPLANTS

It is a medical device inserted into a body of a woman with the aim of preventing her from getting pregnant. They are small plastic rods, each in a size of matchstick. It is also seen as a flexible tube measuring 40mm in length and is inserted under the skin of a woman by a health expert most in the upper arm of a woman. Ovaries that release eggs are prevented by the implants by the release of hormones into the blood stream. It is used by women in over sixty (60) countries worldwide, very effective and a hormone-based device.

It is in a single rod etonogestrel implant and the two-rod levonorgestrel implant forms.

The brands include Jadelle, Sino-implant, Implanon, Nexplanon.

Contraceptive Implants suppress ovulation, impede sperm passage. The time period contraception protects women from becoming pregnant varies by brand. Jadelle works for the period of years. Sino-implants provide protection for four years and implanon and Nexplanon for three years. To insert and remove the implant device is short, easy and mostly done by health experts.

The negative side effect with the use of contraceptive implants includes, abnormal bleeding and spotting. The users also complained about a stop in their menstruation. The most common side effect as complained by most users is; change in menstruation patterns (frequency, duration and amount). Others are weight gain, headaches, abdominal pain, dizziness, nausea, breast tenderness and mood changes.

2. INJECTABLE CONTRACEPTIVES

It is an aqueous suspension of microcrystal for depo injection of pregnane 17 α -hydroxyprogesterone derivative progestin medroxyprogesterone acetate (DMPA). It is a progestogen only injectable given deep intra-muscular every three month. It contains synthetic hormones resembling the natural hormones in women. When administered, it slows a hormone release into the blood and also provides protection from pregnancy for a long period of time to the user.

The types are,

- i. Progestogen only injectable
 - Depot Medroxy Progesterone Acetate – 3 monthly injection
 - Norethisterone enanthate (NE-EN) - 2 monthly injections.
- ii. Combined injectables contraceptive is composed of estrogen (usually ethinylestradiol) and progesterone – 1 monthly injection

DMPA is administered in intramuscular route or subcutaneous route.

1. Intramuscular. DMPA is in two forms:

- Single dose via disposable syringe and needle.

- Prefilled syringe with needle.
2. Subcutaneous DMPA – Prefilled auto disable syringe in inject system.

DMPA acts by,

- Inhibiting ovulation, by suppressing mid cycle peaks of LH and FSH.
- Thickening of cervical mucus – due to depletion of estrogen. The thick mucus restrain sperm from entering into the upper reproductive tract.
- Thickening of endometrial lining – due to high progesterone and depleted estrogen, making it unfavorable for implantation of fertilized ovum.

There are menstrual changes for almost all women. Irregular prolonged bleeding, or spotting occurs during the first two – six months of use. Sometimes bleeding diminishes and usually stops after nine to twelve months of use. More than half the number of women using DMPA suffers from amenorrhea in the twelve months of use.

It boosts appetite and causing fatness. Women who unsubscribe DMPA delays for a period of four (4) months or more before becoming pregnant than usual. DMPA is a long acting contraception; when DMPA is injected into the body, it is impossible to remove it in case of any health-related complications or if pregnancy is needed.

3. ORAL CONTRACEPTIVE PILLS

It is a common contraception used by women. It works by inhibition of ovulation in women. In addition, oral contraceptive pills form an endometrium, which do not allow the implantation of ovum, cervical mucus thickens which makes it hostile to sperm transport.

The types of oral contraceptive pills are;

- i. Combined oral contraceptives composing of an estrogen and a progestin.
- ii. Progestin – only contraceptives that contain a progestin but no estrogen. This is mostly referred to as minipill.

There are two basic formulations in the combined oral contraceptives,

- i. The monophasic formulation is composed of estrogen and progestin.
- ii. The multiphasic formulations are also composed of different doses of estrogen and progestin in the active pills.

There are two combined oral contraceptive pills in multiple different patterns namely

- i. 28-day cycling – most pills packs have 21 active hormone pills and 7 inactive (placebo) pills.
- ii. Shortened pill-free interval – Starting the new pack of pills on the first day of menstruation usually decreases the pills-free interval thus allowing less time for a new follicle to develop. The pill-free interval is always for 7 days.
- iii. Extended regimens. There is no biological reason to have monthly withdrawal bleeding on oral contraception. Specific pills are designed for extended regimes.

Progestin only contraception is a female hormone that works by stopping ovaries from releasing eggs and also change the cervical mucus and lining the uterus. Progestin only contraceptive is a very effective method of birth control but do not prevent the spread of STDs.

As with other contraceptive methods, the oral contraceptive pills come with such side effects as, inter-menstrual spotting, nausea, breast tenderness, headaches and migraine, weight gain, mood changes, missed periods, decreased libido, vaginal discharge and visual changes with contact lenses.

RESULTS

Data from a survey conducted for 120 female students between the ages of 15-21 in three (3) senior high schools in the Ketu South Municipality on the existence and use of contraception unravel the following.

49 female students representing 40.8% of the respondents confirmed to be subscribers to one of artificial contraception.

61 respondents representing 50.8% are those that are innocent about the use and existence of such contraceptives.

10 respondents representing 8.3% are those that are mothers of one but still in school and are abstaining from sex completely.

Statistics on the results

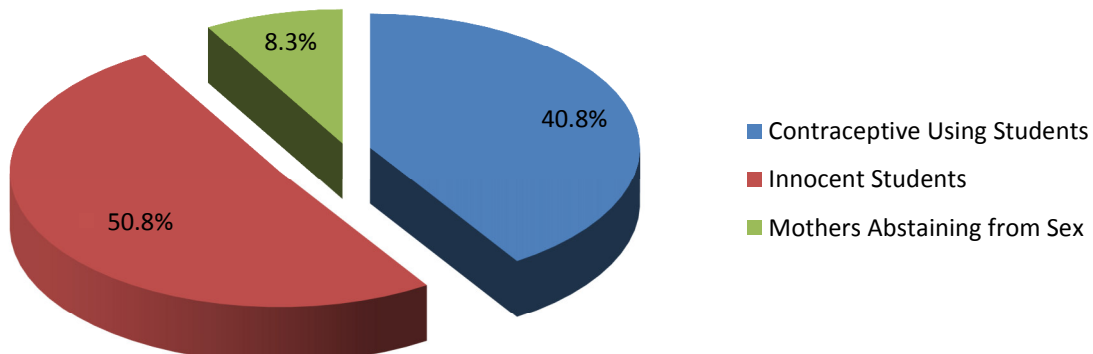


Figure 1: Students perception on existence use of artificial contraceptives.

Out of the 49 female students confirmed using the contraception, 15 female students representing 30.6% are those that use injectables, 18 female students representing 36.7% are those that use oral contraceptive pills and 16 female students representing 32.7% are those that use implants.

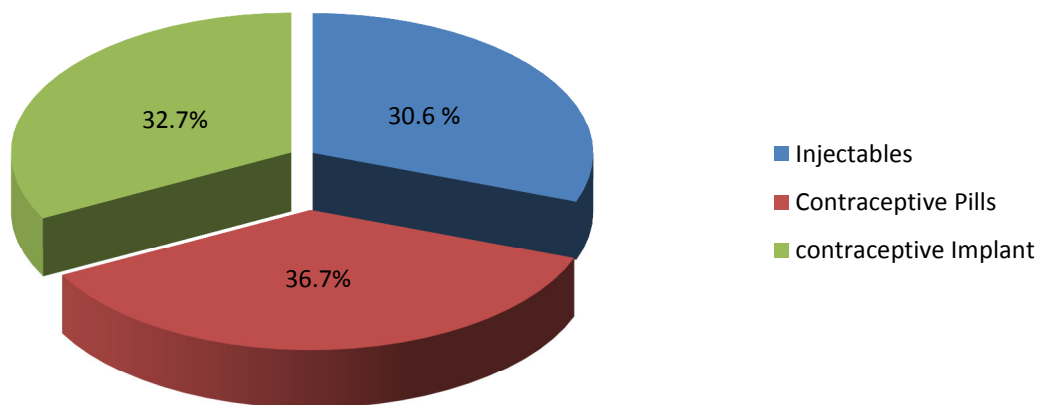
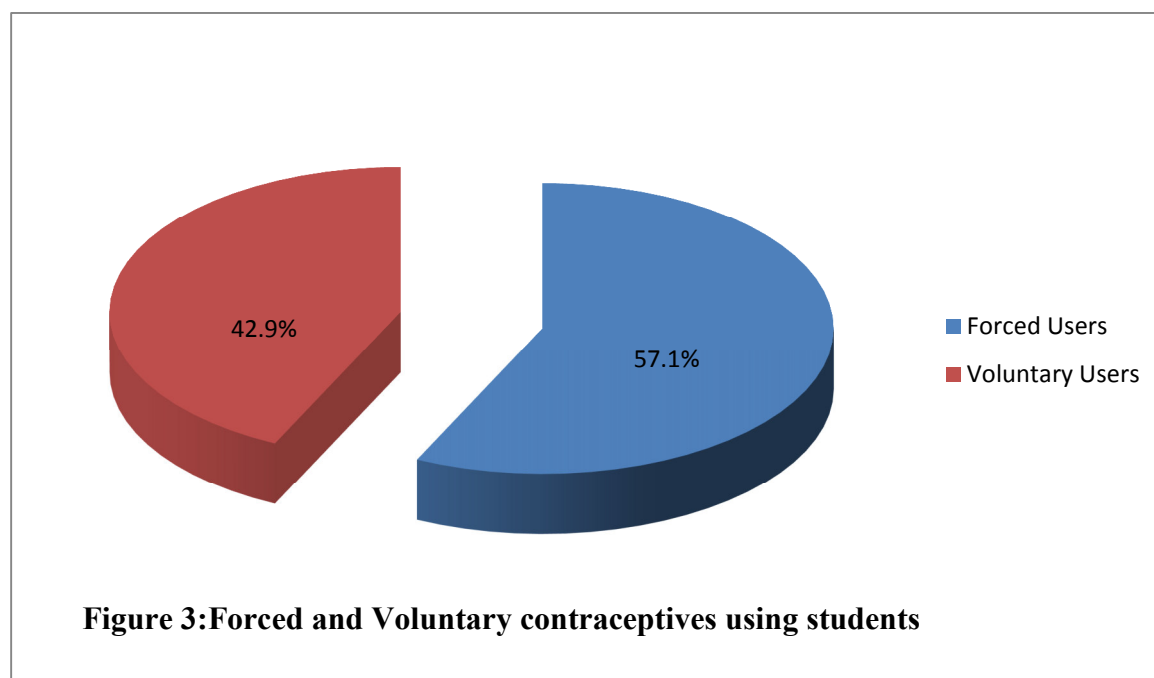


Figure 2: Artificial contraceptives type used by the students

Out of the 49 respondents, 28 respondents representing 57.1% confirmed to be forced by their parents, teachers or health workers to subscribe to one of the contraceptive methods. 21 female students representing 42.9% are those that voluntarily subscribed to the contraceptive methods.



CONCLUSION / RECOMMENDATIONS

It is clear to note that low education on the need for contraceptive use by some female Senior High School students in Ghana has been the main reason for high prevalence of unwanted pregnancies causing school dropout.

In addition, effective contraception use reduces the burden on reproductive health by reducing mortality and morbidity associated with unwanted pregnancies.

Contraception use by women helps to mitigate poverty in the society as it brings a decrease in the birth rate causing pressure for caregivers and the society. As a means to combat the high rate of pregnancy among the female Senior High School students, it is very necessary to intensify education and sensitization on the existence and the need to use artificial contraceptive so to reduce the dropout that over the years has been an impediment to Ghana's development.

It is also obvious that, there is somehow a low education on the need to use contraceptive by the female Senior High School students taking into consideration the 50.8% of the sample population unaware about the existence and use of these contraceptives.

Health workers and the Ghana Education Service must collaborate and fix into the educational curricula a session for educating and counseling the female students on the existence and the need to use contraception to prevent them from falling victim to the menace.

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