

# Utilization of Reproductive Health Services Among Young People in Sawua, Ghana

Isaac Yeboah Addo<sup>1</sup> and Ampomah Irene Gyamfuah<sup>2</sup>

<sup>1</sup>Department of Population and Health, Faculty of Social Sciences, University of Cape Coast, Cape Coast, Ghana. <sup>2</sup>Department of Population and Health, Faculty of Social Sciences, University of Cape Coast, Cape Coast, Ghana.

## ABSTRACT

**BACKGROUND:** Although several reproductive health interventions, such as the Adolescent Reproductive Health Policy, have been introduced in Ghana, many young people find it uneasy seeking for reproductive health information and services. Yet, most studies about utilization of reproductive health services in Ghana focus on adolescents without considering young people aged above 19 years.

**OBJECTIVES:** This article appraises the utilization of reproductive health services among young people aged 15–24 years. It covers the sources of their reproductive health services, while barriers inhibiting them from obtaining their desired services have also been highlighted.

**METHODS:** A cross-sectional survey was conducted at Sawua community in Ghana, using questionnaires. Responses from 240 young people (aged 15–24 years) living in the community were used as the database for this paper.

**RESULTS:** Generally, less than half of the young people utilized reproductive health services within 12 months preceding the survey. The media, their peers, and health service providers were the main sources of reproductive health information and services for them while shyness, financial constraints, and opposite gender of health service providers were the reported deterrents to the use of reproductive health services.

**CONCLUSIONS:** There is need for professional reproductive health services for the young people, which takes cognizance of gender and age differences, as well as affordability of the reproductive health products and services.

**KEYWORDS:** Sawua, Ghana, young people, reproductive health services, utilization

**CITATION:** Addo and Gyamfuah. Utilization of Reproductive Health Services Among Young People in Sawua, Ghana. *Clinical Medicine Reviews in Patient Care* 2015;3 1–6 doi: 10.4137/CMRPC.S29924.

**TYPE:** Original Research

**RECEIVED:** May 26, 2015. **RESUBMITTED:** June 30, 2015. **ACCEPTED FOR PUBLICATION:** July 07, 2015.

**ACADEMIC EDITOR:** Garry Walsh, Editor in Chief

**PEER REVIEW:** Two peer reviewers contributed to the peer review report. Reviewers' reports totaled 633 words, excluding any confidential comments to the academic editor.

**FUNDING:** Authors disclose no funding sources.

**COMPETING INTERESTS:** Authors disclose no potential conflicts of interest.

**CORRESPONDENCE:** yebaddo9@yahoo.com

**COPYRIGHT:** © Libertas Academica Ltd.

Paper subject to independent expert blind peer review. All editorial decisions made by independent academic editor. Upon submission manuscript was subject to anti-plagiarism scanning. Prior to publication all authors have given signed confirmation of agreement to article publication and compliance with all applicable ethical and legal requirements, including the accuracy of author and contributor information, disclosure of competing interests and funding sources, compliance with ethical requirements relating to human and animal study participants, and compliance with any copyright requirements of third parties. This journal is a member of the Committee on Publication Ethics (COPE).

Published by Libertas Academica. Learn more about this journal.

## Introduction

In many African cultures, discussing sexual issues among young people, particularly in public, is regarded as taboo.<sup>1</sup> Therefore, many young people find it difficult talking over issues pertaining to their sexual and reproductive health, and many adults on the other hand, refrain from discussing sexual matters with them. Consequently, young people are often at risk of unwanted pregnancies and sexually transmitted infections.<sup>2,3</sup> Although this *culture of sexual silence* is gradually being undermined by some reproductive health interventions, many young people in Ghana still feel uncomfortable when seeking professional reproductive health information and services.<sup>1</sup> This is because young people are sometimes lambasted by some health service providers when they seek such services. This has led to a feeling of embarrassment and shyness in approaching health service providers whenever they have questions to ask about their reproductive health.<sup>2,4,5</sup> The monetary costs of utilizing reproductive health services also affect usage. Many young people in Ghana are either in school or unemployed; therefore, they find it difficult affording some

available reproductive health services. For instance, a sexually active young boy from a poor home may not be able to afford a condom whenever he wishes to have sexual intercourse. Making matters worse, he cannot discuss his problem with an elderly person because society frowns at premarital sex. This often leads to unwanted pregnancies and sexually transmitted infections.<sup>3</sup>

As mentioned earlier, some interventions had been put in place by the government of Ghana and some concerned institutions to address the sexual and reproductive health issues of young people. In 1996, the Adolescent Reproductive Health Policy, which had been a positive *blueprint* in ensuring a satisfying and safe sex life for young people in the country, was published.<sup>6</sup> This was followed by the teaching of family life education in pretertiary educational institutions. Organizations such as the Planned Parenthood Association of Ghana and the Ghana Education Service also introduced family life education in the school system. Despite the inception of these programs, it is difficult to determine young people's behavior about the use of reproductive health services. This



is because most studies focus on adolescents, although both adolescents and young people in Ghana exhibit similar sexual characteristics.<sup>3,7,8</sup> This article therefore examines the utilization of reproductive health services among young people, using Sawua in Ghana as a case study.

### Research Setting

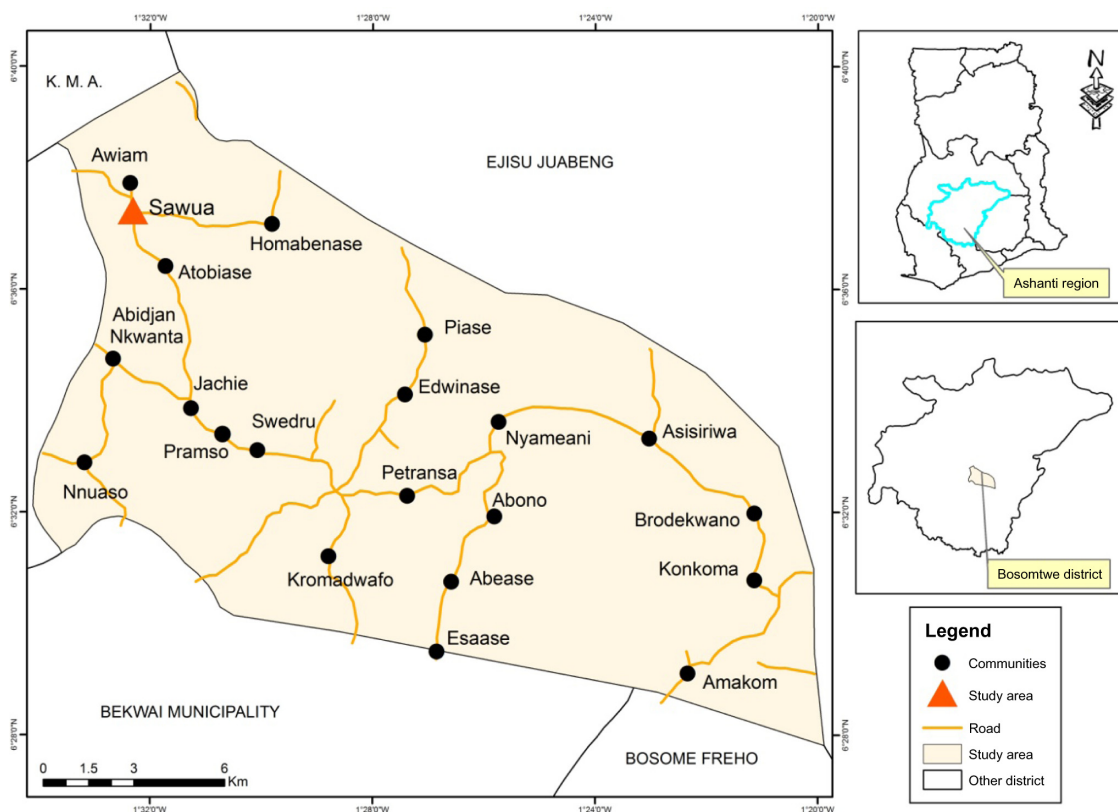
Sawua, which is located in the Ashanti Region of Ghana, is the study setting (Fig. 1). It was formerly part of Bosomtwe–Atwima–Kwanwoma District, but due to the partitioning of the district by the Legislative Instrument LI 1853, Sawua now forms part of the Bosomtwe District. It is bordered to the east by Ejisu Juabeng, to the north by Kumasi Metropolitan Assembly, and to the south by Bekwai Municipality. The population of Sawua is 2,288, comprising 1,137 males and 1,151 females.<sup>9</sup>

Presently, there is no health facility in Sawua; therefore, residents normally depend on neighboring communities for professional healthcare. The nearest health facility to Sawua is the Tetreifu Health Centre. Sawua was chosen for the study because the District Health Management Team (DHMT) identified high incidence of teenage pregnancy and maternal mortality as major health problems in the community.<sup>9</sup>

### Materials and Methods

A community-based cross-sectional survey was conducted in 207 housing units at Sawua. All 254 young people, aged

between 15 and 24 years, were targeted to participate in the study. However, 240 of them, consisting of 114 males and 126 females were available. Three of the young people had travelled outside the community at the time of the survey, while the remaining 11 showed overt discomfort in giving their consent. They declined participation based on the perception that the researchers were investigating a crime. Although the purpose of the research was explained to them, they were still scared; hence, they were withdrawn from participating in the study. The study procedures were approved by the Head of the Department of Population and Health, University of Cape Coast, and the research was authorized by the DHMT. Participants gave their written, informed consent. Community entry protocols were observed before the data collection exercise was carried on. Questionnaire reviewed by an Academic Board in the University of Cape Coast was used as the data collection instrument. Questions were read and interpreted to the study participants who had difficulty in answering some of the questions, and they in turn provided appropriate responses in ‘Twi’ language, which were recorded in English for easy analyses. The questionnaire contained questions on background characteristics of young people, utilization of reproductive health services, sources of reproductive health services, and most patronized reproductive health services. The services of two students studying Master’s Degree Programs from the Faculty of Social Sciences in the University of Cape



**Figure 1.** Map of the study area.

**Source:** Cartographic Unit, Department of Geography and Regional Planning, UCC (2014).



Coast were sought for the collection of data. The two Master's Degree students were trained for 2 days by the authors of this article. The training was about the content of the questionnaire and the translation of the questions into Twi, which was widely spoken among the young people. The Master students together with the authors of this article made up the field workers. Data were pretested among 10 randomly selected young people residing in Amamoma (a neighboring community of the University of Cape Coast), because they had similar socio-economic characteristics to those in Sawua. Research participants were assured of confidentiality in the collection and reporting of the data. They were informed about the purpose of the study and their rights to respond to the questions or withdraw at any stage. Statistical Product for Service Solution version 16 software was used for analyzing the data. The results have been presented in tables and graphs.

## Results

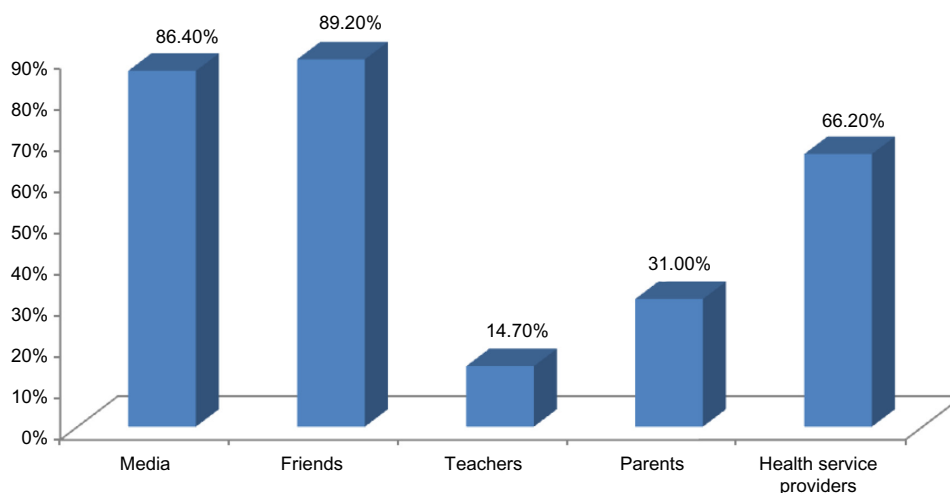
**Sources of reproductive health information and services.** The young people were asked to disclose the sources of their reproductive health information and services, using multiple response scales (Fig. 2). It was found that more than three-quarters received reproductive health information and services from their friends (89%) and the media (86%), while

less than half consulted their parents (31%) and teachers (15%). Approximately 66% reported that health service providers in hospitals, clinics, drugstores, and health posts were the sources of their reproductive health information and services (Fig. 2).

**Most patronized reproductive health services among young people.** Again, multiple response scales were used to gather data about the frequently utilized reproductive health services within the last 12 months preceding the survey. The results show that among those who utilized reproductive health services within the last 12 months, about three out of four (76%) patronized services related to sexually transmitted infections, followed by 67% who patronized birth control services and 44% who patronized antenatal services (Table 1).

However, more young females (56%) than young males (43%) patronized services related to sexually transmitted infections. Again, more females (65%) than males (35%) patronized birth control services. Postnatal services (32%) and cancers (8%) related to the reproductive tracts were other areas where young people sought for services (Table 1).

**Utilization of reproductive health services among young people.** It is commonly held that background characteristics predispose people to utilize reproductive health services. Therefore, background characteristics of young people were cross-tabulated against utilization of reproductive



**Figure 2.** Sources of reproductive health information and services.

**Source:** Fieldwork, 2013;  $N = 240$ .

**Table 1.** Most patronized reproductive health services within 12 months preceding the survey by gender of respondents.

GENDER	MOST PATRONIZED REPRODUCTIVE HEALTH SERVICES (N = 112)				
	BIRTH CONTROL SERVICES	ANTENATAL CARE SERVICES	POSTNATAL SERVICES	TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS	TREATMENT OF BREAST AND CERVICAL CANCER
Total	67.0	44.0	32.0	76.0	8.0
Male	34.6	0.0	0.0	43.7	0.0
Female	65.4	100.0	100.0	56.3	100.0

**Source:** Fieldwork, 2013.



health services to generate associations between the variables. Utilization was measured within 12 months preceding the survey. Table 2 shows that, generally, less than half (47%) of the young people utilized reproductive health services within the last 12 months preceding the survey. With the specifics, more young females (66%) than young males (34%) utilized reproductive health services. A chi-square value of 10.705 ( $P = 0.005$ ) indicates that there was a significant difference between sex of the young people and utilization of reproductive health services (Table 2). Thus, the likelihood for a

young person to utilize reproductive health services is largely influenced by being male or female. More young people aged between 20 and 24 years (74.5%) utilized reproductive health services than those aged between 15 and 19 years (25.5%). The rate at which young people aged between 20 and 24 years sought reproductive health services was nearly thrice as high as those aged between 15 and 19 years. The chi-square test (44.035;  $P = 0.000$ ) in Table 2 further displays a significant difference between the age groups of the respondents and utilization of reproductive health services. This means that the likelihood of a young person utilizing reproductive health services is largely influenced by the person's age cohort. In addition, the chi-square value of 30.743 ( $P = 0.001$ ) shows a significant difference between highest educational attainment and utilization of reproductive health services. A greater percentage of the young people who had attained higher education [Senior High (29%) and Tertiary education (23%)] utilized reproductive health services compared to those who had no formal education (6%).

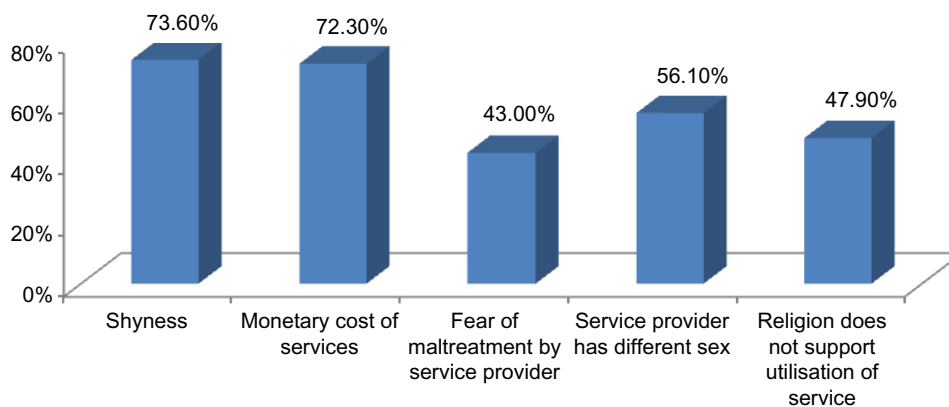
**Table 2.** Utilization of reproductive health services by background characteristics.

BACKGROUND CHARACTERISTICS	UTILIZATION OF REPRODUCTIVE HEALTH SERVICES (N = 240)		X <sup>2</sup>	SIG. ≤ 0.05
	YES	NO		
Total	46.8	53.2		
Sex			10.705	0.005
Male	34.0	45.5		
Female	66.0	55.5		
Age (years)			44.035	0.000
15–19	25.5	79.5		
20–24	74.5	20.5		
Highest level of education attained			30.743	0.001
No formal education	5.8	55.9		
Primary	15.0	6.0		
Middle/JHS	26.7	14.4		
Senior High	29.2	12.3		
Tertiary	23.3	11.4		
Religious affiliation			6.754	0.034
Christianity	89.0	69.0		
Islam	6.6	20.7		
Traditional/Spiritualist	4.4	10.3		

Source: Fieldwork, 2013.

The majority of young people who had utilized reproductive health services were Christians (89%). The chi-square test shown in Table 2 reveals a significant relationship between religious affiliation of young people and utilization of reproductive health services, meaning that young people's religious affiliations stimulated variations in the use of reproductive health services. The general results clearly demonstrate that background characteristics of young people influence utilization of reproductive health services.

**Barriers to the utilization of reproductive health services.** Young people who did not utilize reproductive health services within 12 months preceding the survey were asked to give reasons for their choice. Based on multiple response scales displayed in Figure 3, it was observed that nearly three out of four (74%) refrained from using reproductive health services because they felt shy to approach health service providers, whereas 72% mentioned financial constraints as reasons for not using reproductive health services. Slightly more than half (56%) specifically mentioned that when a service



**Figure 3.** Reasons for nonutilization of reproductive health services among young people.

Source: Fieldwork, 2013; N = 112.



provider was of the opposite gender, they did not feel comfortable approaching him/her for reproductive health services. Unfriendly attitudes of some health service providers (43%), especially in cases of wide age differences, deterred young people from utilizing reproductive health services. Almost one out of two respondents (48%) mentioned that their religious doctrines frown at contraception and/or abortion; hence, they were not concerned about using reproductive health services (Fig. 3).

## Discussion

The results of our study demonstrate that less than half of the young people utilized reproductive health services within the last 12 months preceding the survey. Key factors that accounted for the low utilization of reproductive health services were preference for abstinence, feeling of shyness in approaching health service providers, especially in cases of opposite gender, and the monetary costs for purchasing reproductive health services. Among those who were sexually active, some reported that since they were unemployed, they could not sometimes purchase reproductive health products, particularly condoms. Others felt shy buying condoms or seeking sexual information from an elderly person who is of the opposite gender. At the same time, they did not want to impregnate their partners or be impregnated by their partners. This often led to *compulsory abstinence*. A few mentioned that hostile attitudes of health service providers prevented them from utilizing reproductive health services. For instance, most of the young people below 20 years complained that some health service providers sometimes drove them away and called them names when they attempted to ask about family-planning services based on the perception that those services are for married couples. A number of them strictly preferred abstinence because of their religious beliefs that abstinence is more beneficial than premarital sex. The findings support the contention of Amuyunzu-Nyamongo et al.<sup>4</sup> that young people sometimes feel ashamed to access reproductive health services.

Considering their background characteristics, it was realized that there were variations in the utilization of reproductive health services. For instance, more young females than young males utilized reproductive health services, while those aged between 20 and 24 years utilized reproductive health services more than those aged between 15 and 19 years. To a large extent, this finding is in agreement with the work of Hessberg et al.<sup>5</sup>, which showed that females engage in sexual activities earlier than their male counterparts, and thus utilize reproductive health services more than males. It also confirms the findings of the Ghana Statistical Service<sup>9</sup> that the rate at which young people aged between 20 and 24 years seek reproductive health services is twice as high as those aged between 15 and 19 years.

It is essential for young people to make informed choices and adopt more effective methods in solving their reproductive health needs. This is largely dependent on the sources of their

reproductive health information and services.<sup>3</sup> The study shows that their peers and the media (television, radio, Internet, and newspapers) were their main sources of reproductive health information and services. Some sought reproductive health information and services from health service providers in hospitals, clinics, drugstores, and health posts, while less than half consulted their parents and teachers for information related to their reproductive systems. This corroborates the findings of Awusabo-Asare et al.<sup>3</sup> and Glover et al.<sup>7</sup>, which detected that the mass media, teachers, and health care providers are major sources of reproductive health information and services for young people. It is therefore important to use effective peer education and media strategies to inform young people about available reproductive health services.

Identifying reproductive health services that young people mostly patronize is essential to comprehending the dynamics of their reproductive health needs. Apparently, the most patronized reproductive health services among the young people were those related to sexually transmitted infections, birth control mechanisms, antenatal care, postnatal care, and breast/cervical cancer. This echoes the findings of the United Nations Population Funds<sup>10</sup> that young people usually patronize family-planning services, antenatal services, services related to reproductive tract infections, and sexually transmitted infections. It was seen that more young females than young males patronized services related to sexually transmitted infections and birth control. A possible explanation is that females engaged in sexual activities earlier than males.<sup>5</sup>

The study encountered some limitations that must be acknowledged. First, the low utilization of reproductive health services among the young people was measured within a year preceding the survey. This is because most of the young people were skeptical in their responses beyond 12 months. Hence, making extrapolations beyond 12 months should be done with caution. It was also difficult ascertaining whether the young people who did not utilize any reproductive health services really preferred abstinence or could not do so because of unidentified barriers. This is because some of the respondents gave *unclear* answers after consistent probing, when questioned on why they did not utilize reproductive health services. In spite of these limitations, information from this study provides valuable insights into the magnitude of reproductive health issues among the young people in Ghana and similar regions. The study also acknowledges the influence of background characteristics of young people on utilization of reproductive health services.

## Conclusions

The study sought to examine the nature of reproductive health services' utilization among young people in Ghana, using Sawua as a case study. Based on the findings from the study, it is conclusive that utilization of reproductive health services is low among young people. Sex, age, formal education, and religion are major predisposing factors associated with



the utilization of reproductive health services among young people. Prime factors inhibiting utilization of reproductive health services among young people are shyness in confronting health service providers, monetary cost of reproductive health services, gender of health service providers, religious beliefs of young people, and fear of maltreatment by health service providers. Inferentially, more young people would utilize reproductive health services if they become more comfortable approaching health service providers. No wonder that their peers and the media are their main sources of information about reproductive health services. On the way forward, there is the need to create a more comfortable atmosphere for young people to approach even adults of the opposite gender when seeking reproductive health information and services.

### Acknowledgments

Special thanks go to the DHMT of Bosomtwe in Ghana and all field assistants for their support during the field work.

### Author Contributions

Conceived and designed the questionnaires: AIG. Analyzed the data: IYA, AIG. Wrote the first draft of the manuscript: IYA. Contributed to the writing of the manuscript: AIG. Agree with manuscript results and conclusions: IYA, AIG.

Jointly developed the structure and arguments for the paper: IYA, AIG. Made critical revisions and approved final version: IYA, AIG. Both authors approved the final manuscript.

### REFERENCES

1. Clotney C. *Social Barriers that Affect the Non-Use of Contraceptives among Adolescents in the Gomoa East District* [Masters Dissertation]. Legon, Ghana: School of Public Health College of Health Science University of Ghana; 2012.
2. Fatima HA, Bankole A, Biddlecom AE, Woog V. *Health-Care Seeking and Utilization by Adolescents for Reproductive Health Problems in sub-Saharan Africa*. New York: Alan Guttmacher Institute; 2003.
3. Awusabo-Asare K, Biddlecom A, Kumi-Kyereme A, Patterson K. *Adolescent Sexual and Reproductive Health in Ghana: Results from the 2004 National Survey of Adolescents*. Ghana: Guttmacher Institute; 2006. [Occasional Report No.22].
4. Amuyunzu-Nyamongo M, Biddlecom AE, Ouedraogo C, Woog V. *Qualitative Evidence on Adolescents' View of Sexual and Reproductive Health in Sub-Saharan Africa*. New York: AGI; 2005.
5. Hessburg L, Awusabo-Asare K, Kumi-Kyereme A, et al. *Protecting the Next Generation in Ghana: New Evidence on Adolescent Sexual and Reproductive Health Needs*. New York: Alan Guttmacher Institute; 2007.
6. National Population Council. *Adolescent Reproductive Health Policy*. Accra, Ghana: National Population Council; 2000.
7. Glover EK, Bannerman A, Pence BW, et al. Sexual health experiences of adolescents in three Ghanaian towns. *Int Fam Plan Perspect*. 2003;29(1):1-4.
8. Awusabo-Asare K, Abane MA, Kumi-Kyereme A. *Adolescent Sexual and Reproductive Health in Ghana: Results from the 2006 National Survey of Adolescent*. New York: Alan Guttmacher Institute; 2004.
9. Ghana Statistical Service. *2000 Population and Housing Census of Ghana: Demographic and Economic Characteristics*. Accra, Ghana: Ghana Statistical Service; 2000.
10. United Nations Population Fund. *Reproductive Health Commodity Security: A Global Call for Action*. Geneva, Switzerland: UNFPA; 2007.