**REPRODUCTIVE HEALTH KNOWLEDGE, ATTITUDES & PRACTICES AMONG SENIOR HIGH SCHOOLS ADOLESCENTS IN THE KETU SOUTH MUNICIPALITY**

**ABSTRACT**

**Background:** Adolescents make around 21.9% of Ghana's population. For this and other reasons, they are critical for national growth. Adolescents' sexual and reproductive health matters, in particular, are a substantial impediment to reaching their full potential. These difficulties include early coitarche, sexually transmitted infections (STIs), unexpected conceptions, unsafe abortions, various forms of abuse, and dropping out. The study intended to get a better knowledge of the reproductive health awareness that adolescents face.

**Methods:** A cross-sectional survey was undertaken with 180 students from secondary schools in the Ketu-South Municipality, to assess their reproductive health knowledge, attitudes and practices. Structured questionnaires were the means of data collection. The population comprised of 180 students from the selected schools.

**Results:** According to the report, there is a high level of knowledge about reproductive health (75.5%). The most popular source of reproductive health information was school teachers (87.4%). This was followed by health care workers. Religious institutions were the least common source of reproductive health knowledge (25.3%). Majority (97) of the students were sexually active and only 50 of them representing 52% used any form of contraception. Males (64.1%) were more sexually active.

**Conclusion:** The study concluded that although knowledge in the area was adequate, challenges in achieving higher results still existed. It was recommended that improved knowledge on modern contraceptive techniques, as well as advocating for increased support from school instructors, parents, peers, health care providers, and religious leaders, will aid in improving adolescent sexual and reproductive health results.

***Keywords: Adolescent, sexual and reproductive health, Knowledge, Attitude, Practice***

INTRODUCTION

Adolescence describes the period of transitional growth and development to adulthood from childhood. It is a period of maturation marked by biological, social, sexual, and psychological changes (Naziru et al., 2019). There are close to 1.2 billion adolescents globally or worldwide, making up more than 16.0% of the world’s population (*Demographics of Adolescents – UNICEF DATA, 2019*). Seventy percent (70%) of them live in third-world countries (Odoi et al., 2017). It is reported that Adolescents form about 21.9% of Ghana’s population (GHS, 2016). This alongside certain other vital factors make them necessary for national development. These problems facing adolescents especially about their sexual and reproductive health are a significant hindrance to the attainment or fulfillment of their full potential.

Reproductive health includes but is not limited to the following: safe motherhood; family planning; prevention and management of unsafe abortion and post-abortal care; prevention and management of reproductive tract infections including STDs and HIV/AIDS; prevention and management of infertility; prevention, detection and management of cancers of the reproductive system; addressing issues concerning menopause; shunning of harmful indigenous or traditional practices; gender-based violence and reproductive health care; sexual health information, education and communication (Odoi-Agyarko, 2003). The need for research peculiar to this group has never been greater so as to inform Stakeholders, governments, policymakers and other bodies to make important and apt decisions. During the 1994 International Conference on Population Development (ICPD) held in Cairo, Egypt, governments of close to 179 countries across the world adopted a 20-year Programme of Action (UN, 2014). Ghana began to appreciate and understand the growing need to give attention to reproductive health and not just maternal and child health and family planning (MCH/FP), which were just some aspects of the broader reproductive health (Odoi-Agyarko,2003). Surely, this is confirmed and affirmed by the reproductive health strategy adopted by the 57th World Health Assembly in 2004 underscoring the need to shift focus to improve, increase, and accelerate a more integrated and comprehensive approach in tackling issues related to population growth (WHO,2004). Ghana, a sovereign member state, of the United Nations (UN), has followed suit with the conception and implementation of various policies and initiatives over the years towards the realization of these goals. These include the Adolescent Reproductive Health Policy (2000), and the most recent and current Adolescent Health Service Policy and Strategy (2016-2020). At the crux or peak of all these interventions, is the desire and goal to improve access and Health information specific but not limited to reproductive health (Odoi-Agyarko, 2003) (GHS, 2016). Despite these successful significant breakthroughs, unresolved issues still persist. In the Ketu South Municipality, adolescents in school are seemed or touted as more informed and less likely to engage in risky behaviour. It is also assumed that the work in school keeps the students occupied or busy and away from events that could harm their health (Naziru et al., 2019). The presence of electronic media has presented a captivating new dynamic to the subject matter. Information, as well as social interaction, is more easily accessible than ever before. It has become imperative to include adolescents themselves in the discussion and formation of policies concerning their reproductive health. This of course can be achieved by seeking or soliciting their views, opinions, perceptions, level of awareness, attitudes, and practices towards their reproductive health. How do their unique challenges and socio-demographic parameters play a role in influencing their experience of this period? Their role, as chief stakeholders in these issues, cannot be ignored. The study aimed at obtaining a better perspective of the issues or needs and challenges facing adolescents pertaining to their reproductive health, within a specific municipality and comparing within national figures.

**METHODS**

Study Design: The study was a cross-sectional study.

Setting: This study was conducted in some selected senior high school in the Ketu South Municipality in Ghana.

Population: The target population for this study comprised of 180 students from the selected schools.

Sample Size: Using the Yamane formula, the sample size was 182.

nf= n n/1+n-1

N

Where nf= desired sample size n=calculated sample size

N= estimate of population in study area (349) is the estimated number of nurses working in maternity, pediatric, MCH and newborn units in the selected hospitals

nf = 384/1+384-1

349

= 182

Data Collection Instrument: A semi-structured interview guide was developed and used to gather data for the study.

Data Analysis: Data was exported into the Statistical Package for Social Sciences software version 25 for analysis of the data in order to generate graphs and tables for display.

**RESULTS**

KNOWLEDGE, ATTITUDES AND PRACTICES OF ADOLESCENTS TOWARD THEIR REPRODUCTIVE HEALTH

Close to the total number of participants in the study admitted to having ever heard of Reproductive health, with an impressive number of one hundred and seventy-three (173) out of one hundred and eighty (180). A whooping one hundred and fifty-two (152) students, representing 87.4% of the participants said they heard about reproductive health from their teachers. Health workers were the next popular choice as eighty-three (83) students representing 47.7% chose them as their source. Mass media and Relatives followed closely with seventy-seven (77) and seventy-three (73) participants representing 44.3% and 42.0%, choosing them as their source. Friends (37.9%) and religious institutions (25.3%) were the least popular choices as only sixty-six (66) and forty-four (44) marked them as their source, respectively. Almost all of the participants (97.2%) felt reproductive health is an essential component of the syllabus, only five (5) students were not of this opinion. One hundred and thirty-five (135) participants, representing 75% of the respondents disagreed with the notion that a girl cannot get pregnant if she has sex once. 25% or 45 participants believed if a girl has sex only once, she cannot get pregnant. With the issue of whether one should test for STIs when sexually active, even when the individual feels physically fine and has no visible symptoms, the responses were quite close. Ninety-eight (98) were certain that you ought to test, while eighty-two (82) felt there was not a need to test. 95.5% of the students selected condom as the contraception method that they have heard of. Safe period, oral contraceptives and abstinence followed as the other popular choices as 46.3%, 41.8% and 37.3% of the respondents ticked having heard of them, respectively. Other notable mentions were sterilization and spermicides where thirty-six (36) and twenty-two (22) out of the 180 participants admitted to ever hearing of them. Depot medroxyprogesterone acetate injectables and Intrauterine device were quite unpopular as only 3.3% and 3.6% of the respondents could attest to having ever heard of them.

**Knowledge of Adolescents on Reproductive Health**

Table 1: Knowledge of adolescents on reproductive health issues

|  |  |  |
| --- | --- | --- |
| Statement/Question | Frequency (n=180) | Percentage (%) |
| HEARD OF REPRODUCTIVE HEALTHYes | 173 | 96.1 |
| No |  7 |  3.9 |
| Total | 180 | 100.0 |
| SOURCE OF REPRODUCTIVE HEALTH INFORMATIONMass media (television, radio, newspaper) | 77 | 44.3 |
| Home/relatives | 73 | 42.0 |
| School teachers | 152 | 87.4 |
| Friends | 66 | 37.9 |
| Church/ mosque | 44 | 25.3 |
| Healthcare worker | 83 | 47.7 |
| REPRODUCTIVE HEALTH KNOWLEDGE IS NECESSARY IN THE SYLLABUSYes | 175 | 97.2 |
| No |  5 | 2.8 |
| Total | 180 | 100.0 |
| CANNOT GET PREGNANT IF SHE HAS SEX ONLY ONCEYes | 45 | 25.0 |
| No | 135 | 75.0 |
| Total | 180 | 100.0 |
| DON’T NEED TO GET TESTED FOR AN STI IF YOU FEEL FINE OR DON’T HAVE VISIBLE PHYSICAL SYMPTOMS EVEN IF YOU’RE SEXUALLY ACTIVEYes | 82 | 45.6 |
| No | 98 | 54.4 |
| Total | 180 | 100.0 |
| CONTRACEPTIVE METHODS YOU HAVE HEARD OF Condoms | 169 | 95.5 |
| Spermicides |  26 | 14.7 |
| Oral contraceptives |  74 | 41.8 |
| Intrauterine device |  18 | 10.2 |
| Depot medroxyprogesterone acetate injectable |  16 |  9.0 |
| Sterilization |  32 | 18.1 |
| Abstinence |  66 | 37.3 |
| Safe period |  82 | 46.3 |

**Attitudes of Adolescents Towards Their Reproductive Health**

Figure 1: All Young People Should Be Able to Receive Contraception and Other Reproductive Health Services Regardless of Their Marital Status

According to one hundred and eleven (111) of the students, adolescent should be allowed access to contraception services irrespective of marital status. 38.3% of them disagreed as these sixty-nine felt availability of contraception services should be dependent on marital status. When asked whether service providers should not bother discussing contraceptives with adolescents because most of them are not having sex, 66.7% of them responded with No. Sixty (60) out of the 180 agreed. There was significant difference in the opinions of the students about the question on pre-marital sex. Only forty-two (42) thought it was okay. The other one-hundred and thirty-eight (138) said pre-marital sex is wrong. It should be noted that on the subject of whether pre-marital sex is wrong, females responded yes more than the male participants. 79.3% of females said it was wrong compared to just 71.9% of male respondents. Thirty-two (32) participants said the views of adolescents are not solicited when reproductive health programmes are being designed. However, 82.2% of the students said otherwise. This was popular among the 18-year-olds as 84.4 % were of the opinion that adolescents are often solicited when programmes are being designed for them. To the question, whether or not adolescents do not know how to take responsibility for their health care, it was surprisingly a close-call as 45.6% thought adolescents do not know how, with the remaining 55.4 % saying adolescents can take responsibility for their health care.

Table 2*:* Attitudes of Adolescents towards Reproductive Health Issues

|  |  |  |
| --- | --- | --- |
| **Statement** | **Frequency (n=180)** | **Percentage (%)** |
| **RECEIVE CONTRACEPTION AND OTHER REPRODUCTIVE** **HEALTH SERVICES REGARDLESS OF THEIR MARITAL STATUS**Yes | 111 | 61.7 |
| No |  69 | 38.3 |
| Total | 180 | 100.0 |
| **SERVICE PROVIDERS SHOULD NOT DISCUSS** **CONTRACEPTIVES WITH ADOLESCENTS BECAUSE MOST OF THEM DON’T HAVE SEX**Yes | 60 | 33.3 |
| No | 120 | 66.7 |
| Total | 180 | 100.0 |
| **PREMARITAL SEX IS WRONG**Yes | 138 | 76.7 |
| No |  42 | 23.3 |
| Total | 180 | 100.0 |
| **ADOLESCENTS’ VIEWS OFTEN SOLICITED WHEN** **REPRODUCTIVE HEALTH PROGRAMMES ARE BEING DESIGNED**Yes | 148 | 82.2 |
| No |  32 | 17.8 |
| Total | 180 | 100.0 |
| **ADOLESCENTS DO NOT KNOW HOW TO TAKE** **RESPONSIBILITY FOR THEIR HEALTHCARE**Yes | 82 | 45.6 |
| No | 98 | 54.4 |
| Total | 180 | 100.0 |

***Correlations of attitudes with selected socio-demographic indicators (age, sex, religion and ethnicity)***

Table 3*:* Pre-marital sex is wrong

|  |  |  |  |
| --- | --- | --- | --- |
| Statement | Socio-demographics | Yes, n (%) | No, n (%) |
| PREMARITAL IS WRONG | **Age** 16 |   23 (76.7) |  7 (23.3) |
|  | 17 |  33 (76.7) | 10 (23.3) |
|  | 18 |  54 (84.4) | 10 (15.6) |
|  | 19 |  28 (65.1) | 15 (34.9) |
| **Sex**Male |  46 (71.9) | 18 (28.1) |
|  | Female |  92 (79.3) | 24 (20.7) |
| **Religion**Christianity | 117 (79.1) | 31 (20.9) |
|  | Islam |  9 (69.2) |  4 (30.8) |
|  | African Traditional Religion |  12(63.2) |  7 (36.8) |
| **Ethnicity**Ewe | 118 (77.1) | 35 (22.9) |
|  | Akan |  8 (72.7) |  3 (27.3) |
|  | Mole-Dagbani |  3 (60.0) |  2 (40.0) |
|  | Ga-Adangbe |  6 (75.0) |  2 (25.0) |
|  | Guan |  3(100.0) |  0 (00.0) |

Table 4*:* The Views of Adolescents Are Usually Solicited When Programmes Are Being

Designed for Them with Respect to Their Reproductive Health

|  |  |  |  |
| --- | --- | --- | --- |
| **Statement** | **Socio-demographics** | **Yes, n (%)** | **No, n (%)** |
| ADOLESCENT VIEWSOFTEN SOLICITED | **Age** 16 |  23 (76.7) |  7 (23.3) |
|  | 17 |  34 (79.1) |  9 (20.9) |
|  | 18 |  54 (84.4) | 10 (15.6) |
|  | 19 |  37 (86.0) |  6 (14.0) |
| **Sex**Male |  48 (75.0) | 16 (25.0) |
|  | Female | 100 (86,2) | 24 (13.8) |
| **Religion**Christianity | 127 (85.8) | 21 (14.2) |
|  | Islam |  9 (69.2) |  4 (30.8) |
|  | African Traditional Religion |  12(63.2) |  7 (36.8) |
| **Ethnicity**Ewe | 132 (86.3) | 21 (13.7) |
|  | Akan |  5 (45.5) |  6 (54.5) |
|  | Mole-Dagbani |  4 (80.0) |  1 (20.0) |
|  | Ga-Adangbe |  6 (75.0) |  2 (25.0) |
|  | Guan |  1 (33.3) |  2 (66.7) |

Table 5*:* The Views of Adolescents Are Usually Solicited When Programmes Are Being

Designed for Them with Respect to Their Reproductive Health

|  |  |  |  |
| --- | --- | --- | --- |
| **Statement** | **Socio-demographics** | **Yes, n (%)** | **No, n (%)** |
| ADOLESCENT VIEWSOFTEN SOLICITED | **Age** 16 |  23 (76.7) |  7 (23.3) |
|  | 17 |  34 (79.1) |  9 (20.9) |
|  | 18 |  54 (84.4) | 10 (15.6) |
|  | 19 |  37 (86.0) |  6 (14.0) |
| **Sex**Male |  48 (75.0) | 16 (25.0) |
|  | Female | 100 (86,2) | 24 (13.8) |
| **Religion**Christianity | 127 (85.8) | 21 (14.2) |
|  | Islam |  9 (69.2) |  4 (30.8) |
|  | African Traditional Religion |  12(63.2) |  7 (36.8) |
| **Ethnicity**Ewe | 132 (86.3) | 21 (13.7) |
|  | Akan |  5 (45.5) |  6 (54.5) |
|  | Mole-Dagbani |  4 (80.0) |  1 (20.0) |
|  | Ga-Adangbe |  6 (75.0) |  2 (25.0) |
|  | Guan |  1 (33.3) |  2 (66.7) |

Table 6*:* Adolescents Do Not Know How to Take Responsibility for Their Healthcare

|  |  |  |  |
| --- | --- | --- | --- |
| **Statement** | **Socio-demographics** | **Yes, n (%)** | **No, n (%)** |
| **ADOLESCENTS DO NOT** **KNOW HOW TO TAKE** **RESPONSIBILITY FOR** **THEIR HEALTHCARE** | **Age**161718 | 11 (36.7)21 (48.8)30 (46,9) | 19 (63.3)22 (51.2)34 (53.1) |
| 19 | 20 (46.5) | 23 (53.5) |
| **Sex**Male | 31 (48.4) | 33 (51.6) |
| Female | 51 (44.0) | 65 (56.0) |
| **Religion**Christianity | 66 (44.6) | 82 (55.4) |
| Islam |  8 (61.5) |  5 (38.5) |
| African Traditional Religion |  8 (42.1) | 11 (57.9) |
| **Ethnicity**Ewe | 75 (49.0) | 78 (51.0) |
| Akan |  1 (9.1) | 10 (90.9) |
| Mole-Dagbani |  4 (80.0) |  1 (20.2) |
| Ga-Adangbe |  1 (12.5) |  7 (87.5) |
| Guan |  1 (33.4) |  2 (68.7) |

**Practices of adolescents regarding their reproductive health**

One hundred and thirty (130) of the participants said they have never used contraception, representing 72.2%. The other 27.8% said they had used contraception before. One hundred and thirty-three participants (133) said there was nothing wrong in using contraceptives, forty-seven (47) were of different opinion. There was not much difference in the number of participants who were sexually active compared to participants who were not. 53.9% of the students were sexually active compared to the 46.1% who were not. A larger percentage of 19-year-olds (67.4) were having sex compared to the 16-year-olds who had the fewest percentage of sexually active respondents (46.7%). Males (64.1%) were more sexually active compared to females (48.3%). This is in contrast with what is found in literature (GHS 2016). The popular contraceptive method among the participants were abstinence, condoms, Postinor and Lydia. When asked how they protect themselves from Sexually Transmitted Infections, the responses were mostly either abstinence or condoms. Among the sexually active participants, sixty-six (66) of them have had penetrative peno-vaginal intercourse, forty-nine (49) have had oral sex and eighteen (18) anal sex. 9.4% of the participants have ever caught a sexually transmitted infection, and only 16.7% of them have ever masturbated. Equal number of both sexes (15) have ever masturbated and is common among the 19 years age group (25.6%).

Table 7*:* Practices of Adolescents Pertaining to Reproductive Health Issues

|  |  |  |
| --- | --- | --- |
| Statement  |  Frequency (n=180) | Percentage (%) |
| USED ANY METHOD OF CONTRACEPTION BEFORE Yes |    50 | 27.8 |
| No |  130 | 72.2 |
| Total |  180 | 100.0 |
| CONTRACEPTIVE USAGE IS WRONGYes |   47 | 26.1 |
| No |  133 | 73.9 |
| Total |  180 | 100.0 |
| SEXUALLY ACTIVEYes | 97 | 53.9 |
| No | 83 | 46.1 |
| Total | 180 | 100.0 |
| FORM OF SEXUAL ACTIVITY YOU HAVE TRIED Penetrative peno-vaginal sex | 66 | 68.0 |
| Oral sex | 49 | 50.5 |
| Anal sex | 18 | 18.6 |
| Manual stimulation (fingering, handjob, dry humping) | 24 | 24.7 |
| USE OF METHODS OF CONTRACEPTION TO PREVENT PREGNANCYYes | 49 | 27.2 |
| No | 131 | 72.8 |
| Total | 180 | 100.0 |
| PROTECT YOURSELF FROM STISYes | 91 | 50.6 |
| No | 89 | 49.4 |
| Total | 180 | 100.0 |
| PREGNANCIESYes | 15 |  8.3 |
| No | 165 | 91.7 |
| Total | 180 | 100.0 |
| ABORTIONSYes | 12 |  6.7 |
| No | 168 | 93.3 |
| Total | 180 | 100.0 |

***Correlations of practices with selected socio-demographic indicators (age, sex, religion and ethnicity)***

Table 8*:* Have You Used Any Method of Contraception Before?

|  |  |  |  |
| --- | --- | --- | --- |
| **Statement** | **Socio-demographics** | **Yes, n (%)** | **No, n (%)** |
| **USED ANY METHOD OF CONTRACEPTION BEFORE** | **Age** 16 |  8 (26.7) | 22 (73.3) |
|  | 17 | 10 (23.3) | 33 (76.7) |
|  | 18 | 18 (28.1) | 46 (71.9) |
|  | 19 | 14 (32.6) | 29 (67.4) |
| **Sex**Male | 18 (28.1) | 46 (71.9) |
|  | Female | 32 (27.6) | 84 (72.4) |
| **Religion**Christianity | 38 (18.3) |  110 (74.3) |
|  | Islam |  6 (46.2) |  7 (53.8) |
|  | African Traditional Religion |  6 (31.6) |  13 (68.4) |
| **Ethnicity**Ewe |  38 (24.8) |  115 (75.2) |
|  | Akan |  4 (36.4) |  7 (63.6) |
|  | Mole-Dagbani |  3 (60.0) |  2 (40.0) |
|  | Ga-Adangbe |  2 (25.0) |  6 (75.0) |
|  | Guan |  3 (100.0) |  0 (0.0) |

Table 9*:* Is contraceptive usage wrong?

|  |  |  |  |
| --- | --- | --- | --- |
| **Statement** | **Socio-demographics** | **Yes, n (%)** | **No, n (%)** |
| **CONTRACEPTIVE USAGE IS WRONG** | **Age**16 |   8 (26.7) |   22 (75.0) |
|  | 17 | 11 (25.6) |  32 (78.3) |
|  | 18 | 19 (29.7) |  45 (78.4) |
|  | 19 |  9 (20.9) |  33 (78.9) |
|  | **Sex**Male |   9 (14.1) |   55 (85.9) |
|  | Female | 38 (32.8) |  78 (67.2) |
|  | **Religion**Christianity | 41 (27.7) | 107 (72.3) |
|  | Islam |  2 (15,4) |  11 (84.6) |
|  | African Traditional Religion |  4 (21.1) |  15 (78.9) |
|  | **Ethnicity**Ewe | 40 (26.1) | 113 (73.9) |
|  | Akan |  3 (27.3) |  8 (72.7) |
|  | Mole-Dagbani |  0 (0.0) |  5 (100.0) |
|  |  Ga-Adangbe |  4 (50.0) |  4 (50.0) |
|  |  Guan |  0 (0.0) |  3 (100.0) |

Table 8*:* Are you sexually active?

|  |  |  |  |
| --- | --- | --- | --- |
| **Statement** | **Socio-demographics** | **Yes, n (%)** | **No, n (%)** |
| **SEXUALLY ACTIVE** | **Age** 16 |  14 (46.7) | 16 (53.3) |
|  | 17 | 21 (48.8) | 22 (51.2) |
|  | 18 | 33 (51.6) | 31 (48.4) |
|  | 19 | 29 (67.4) | 14 (32.6) |
| **Sex**Male | 41 (64.1) | 23 (35.9) |
|  | Female | 56 (48.3) | 60 (51.7) |
| **Religion**Christianity | 79 (53.4) | 69 (46.6) |
|  | Islam |  8 (61.5) |  5 (38.5) |
|  | African Traditional Religion | 10 (52.6) |  9 (47.4) |
| **Ethnicity**Ewe | 78 (51.0) | 75 (49.0) |
|  | Akan |  8 (72.7) |  3 (27.3) |

**DISCUSSION**

KNOWLEDGE, ATTITUDE & PRACTICES OF ADOLESCENTS

Knowledge

Knowledge of the concept of reproductive health is extremely high as predicted. In fact, only forty-four (44) participants which makes up just 24.5% were found to be deficient in the understanding of the concepts of reproductive health evident by the answers they provided in the questionnaire. The most common primary source of reproductive health information were school teachers with 87.4% participants selecting them. Health care workers (47.7%) came second. The least picked source of reproductive health information was religious institutions (25.3%). The popularity of teachers in this subject matter agrees with the research done Kyilleh and his colleagues in 2018. It also supports the study which was done by Deshmukh that suggested that Teachers were the most common source of reproductive health information for students. This study showed that adolescents agreed that reproductive health was a vital component of the syllabus (97.2%). This is somewhat in line with a study done by Borkar et al. (2015), which saw that 84.8% of adolescents thought reproductive health education is an important part of education that should be incorporated in the school curriculum. Unfortunately, 25% of respondents believed that if a woman had sex only once, she cannot become pregnant. Only 54.4% of students correctly rejected the notion and premise that if you feel fine or do not have signs and symptoms despite being sexually active, you do not need to be tested for sexually transmitted illnesses. Disturbingly, 45.6% of the participants thought otherwise. When I inquire of the mode of contraception that the students had heard of, condoms came up top as 95.5% of the participants ticked yes. Safe period (46.3%) and oral contraceptives (41.8%) followed up closely. Depot medroxyprogesterone acetate (DMPA) injectable and Intrauterine device recorded the fewest numbers, 9.0% and 10.2% respectively. This completely alligns with the study done by Sharma et al. (2021) which disclosed that knowledge and awareness of Intra uterine devices is extremely low among adolescents. Overall, this study discovered that adolescents in senior high schools in Ketu-South Municipality were fairly educated about reproductive health issues.

Attitudes

Most of the participants (61.7%) agreed that irrespective of marital status, contraception and other reproductive health services should be made available to everyone. A similar percentage of respondents (66.7%) also thought health workers should be able to discuss reproductive health matters with adolescents. This is in line with the work done by Borkar et al. (2015) which found out that adolescents like sharing health information with health workers. 76.7% of the students insisted that pre-marital sex is wrong. This is in contradiction with research done by Kyilleh et al. (2018) which suggested that adolescents did not see anything wrong with pre-marital coitus. When asked why they felt pre-marital sex was wrong, risk of unwanted conception or pregnancies, risk of sexually transmitted infections, sin against God, immature reproductive system, and the desire to have a good marriage among others were stated as the reason. With some of the students, although they gave no reason, they were sure pre-marital sex was wrong. It is noteworthy to mention that 82.2% of the participants answered in the affirmative that the views of adolescents are solicited when programmes are being designed for them with respect to their reproductive health. When asked whether adolescents do not know how to take responsibility for their health, it was a close call as only 54,4% of the students rejected the claim.

Practices

An impressive 27.8% of the students have ever used a contraceptive. This is even above the national goal of 23.3%. This is also significantly greater than the 17% that Beson et al. (2018) recorded in their study. Barrier methods (condoms) and oral contraceptives were the common forms of contraception. This aligns with the research by Boamah et al. (2014) which revealed condoms as the commonest form of contraception. However, in that research, the use of oral contraceptives was low (7.9%). Abstinence received some mentions as well. There were no mentions of Injectables or IUDs. 26.1% of the participants said contraceptive usage is wrong. Their reasons among others include; sin against God, destroys the womb, destroys the reproductive system, causes infertility, promotes immorality, destroys the future. Others mentioned no particular reason. Interestingly, 53.9% of the students are sexually active. A huge disparity exists between contraception usage and sexual activity. Only 27.8% use contraception though 53.9% are sexually active, especially when these adolescents are all literally unmarried, still in school and unlikely to want to have children. This could yield negative outcomes including but not limited to unwanted conception, unsafe termination of conception, early and unprepared parenthood, sexually transmitted infections (Morris & Rushwan, 2015). There is a good patronage of the oral contraceptives, but we should not forget that it offers literally no protection from STIs. Among the sexually active students, the preferred methods were penetrative peno-vaginal sex (68.5%), oral sex (50.5%), manual stimulation (24.7%) and anal sex (18.6%). 27.2% took active methods to prevent conception. This is better than the 22.9% that Boamah et al. (2013) discovered in their research. The methods stated were abstinence, condoms, oral contraceptives. Another 50.6% took active steps to prevent the contraction of HIV/AIDS and other STIs. Abstinence and using condoms were the common steps mentioned. It is hilarious to mention that two participants actually said the grace of God is preventing them from STIs and pregnancy. Pregnancies was recorded by 8.3% of participants while 6.7% have ever had an abortion. Thankfully, this was way lower than what was observed by Boamah et al. (2013), whose work recorded pregnancies among sexually active adolescents as 34%. 16,7% of the respondents have masturbated before and this corresponds with the research by Robbins et al. (2011). A little under 9.5% of the participants have ever caught a Sexually Transmitted Infection. The low percentages of pregnancies, abortions and STIs may be due to the earlier stated notion that school work and activities may keep students occupied and distracted from idleness which could lead to engaging in risky behaviour. Reproductive health education too in the schools could play a major role in causing such low percentages in the previously stated issues.

**CONCLUSION**

Ghana is evidently advancing in the enhancement of adolescent sexual and reproductive health (ASRH). The nation has made significant progress in addressing reproductive health issues comprehensively. Support from international organisations has facilitated progress and must be sustained to preserve and enhance these advancements. Adolescents are increasingly comfortable seeking assistance from healthcare institutions. ASRH has become an integral element of our fundamental educational program. Awareness of contraceptive methods is increasing; however, this growth does not correspond with their proper utilisation, as it ideally should in relation to sexual activity. The duration between initial sexual intercourse and marriage has lengthened. Educators, spiritual leaders, guardians, peers, and various organisations significantly contribute to mitigating adverse circumstances, enabling adolescents to achieve their objectives and fullest potential. It was recognised that further education on contemporary contraceptive methods was essential; promoting additional support from educators, parents, peers, health professionals, and religious leaders, along with enhancements in healthcare accessibility, would contribute to the improvement of adolescent sexual and reproductive health outcomes.

Ethical Approval and Consent : The study adhered to ethical standards, with approval obtained from the senior high schools and Ghana Education Service. Informed consent was obtained from participants and, where necessary, from parents or guardians. All data were anonymized to protect the confidentiality of participants.

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Details of the AI usage are given below:

1.

2.

3.

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