At the poster session of the International Conference on Family Planning, held in Kampala, Uganda on 15-18 November 2009, Kareem Mumuni said that in Ghana, one in eight pregnancies are to adolescent mothers.

And adolescent pregnancy has increased among early adolescents the most. Although 80% are aware of contraceptives, use remains low (6.9%).

Mr Mumuni said: “Most studies on adolescent contraception have been among literate populations in schools and family planning clinics. The female adult illiteracy rate is 57.3% in Ghana therefore to appreciate contraceptive prevalence and choices and associated factors in such a population community studies were carried out.”

The findings indicated that the mean age at first sexual intercourse was 15.9 years and 55.5% of female adolescents were sexually active. Contraceptive prevalence was 38.0%. The commonest method used was the male condom. (73.9%). Reasons for choice of method were easy access, safety of method and dual protection.

Most adolescents did not think of protection or had no reason for using contraception. There was little encouragement for female adolescent contraceptive use from close social contacts. Discouragement from contraceptive use was generally low and was mainly from peers and sexual partners and statements used in this regard stemmed mainly from misconceptions and misinformation.

Common reasons given for abstinence included being young and afraid of pregnancy and HIV/AIDS and also the wish to further one's education and achieve goals in life.

In Ethiopia in order to address adolescent sexual and reproductive health problems, different strategies have been developed and implemented. The German Foundation for World Population (DSW) in Ethiopia, as one of the main actors, has developed youth to youth model to enable adolescent and young people tackle their own problems in a comprehensive way. The approach is designed in such a way that youth are organized into clubs
and associations to provide adolescent sexual and reproductive health (ASRH) information through peer approach and ASRH services through referral linkage with the nearby health facilities.

The situation is different in rural areas where there is shortage or lack of health facilities. Besides, the youth prefer to get the service in youth friendly set up and approach because of fear of stigma emanated from societal attitude towards young people’s sexuality. Hence many young people are exposed to problems like unwanted pregnancy, sexually transmitted infections including HIV/AIDS and other sexcua reproductive health (SRH) problems.

Over 49,830 family planning commodities have been distributed to rural married and unmarried youth through the clinic. These include depo provera, pills and condoms. As a result, unintended pregnancy among unmarried and married youth were prevented. The service contributed about 1225.06 couple-year of protection (CYP).

More than 90% of adolescents and young people aged 15-25 used condoms and 2% used pills. On the other hand, about 84% of adolescent and young people 25-35 years used condoms, 12% used pills and 4% used depo provera.

This shows that there is a preference for condoms among young people. The increase in the percentage of pills users depicts the method preference of married youth while the increased preference for depo provera indicates the need for long term FP methods. Young women are particularly vulnerable to higher risks of unwanted pregnancy, abortion and Sexually Transmitted Diseases (STDs) including HIV.

These vulnerabilities are important public health, social and demographic concerns. As a result, contraceptive use and method choice among young women has recently captured a lot of research interest. Enabling contraception use is vital in order to prevent unwanted pregnancy, STDs and HIV.

**Keywords:** CONTRACEPTION, contraceptives, Ethiopia, family planning, FamilyPlanning2009, gender, ghana, HIV, HIV/AIDS, pregnancy, SRH, STD, Uganda, women, youth

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