



Contraceptive Use at First Sex

Agency, Consent, and Coercion: Young People's Experiences of First Sex in Ashanti and Northern Regions, Ghana (QRS24)

An Analysis Brief from The DHS Program

Why study whether young people use family planning (i.e., contraception) at first sex in Ghana?

First sex is a time of great vulnerability, as one or both partners are likely not to be knowledgeable about their sexual and reproductive health (SRH) and the risks of having sex. Young people having sex for the first time may not know how to prevent unintended pregnancy or sexually transmitted infections, use family planning, or discuss these topics with their partners. Not knowing this can have life-long consequences. This study explores young people's use of family planning at first sex, their knowledge of and access to family planning, decision making around family planning, and the facilitators and barriers to using family planning. This qualitative study interviewed young people in the Ashanti and Northern Regions of Ghana.

What are the key results?

Large portions of young women and men did not use any family planning at first sex, even though many worried about the consequences of an unintended pregnancy. Many respondents did not discuss or plan for sex, so did not discuss family planning before first sex. Some married women did not want to use family planning because they wanted to become pregnant. Respondents whose first sex was through coercion were least likely to report using any family planning.

Young people did not have accurate SRH knowledge at the time of first sex. Many young people, especially young men, have low levels of SRH knowledge. Most respondents knew that family planning existed but some lacked even basic knowledge about reproduction. For example, some believed that a woman cannot become pregnant from her first sexual encounter. Additionally, very few reported knowing the risks of sexually transmitted infections.

Young people learn information about family planning in casual settings. Young people reported getting information about family planning or sexual and reproductive health from their family or friends. Some respondents referred to education in school or health workers, but in practice word-of-mouth was the most common source of family planning information.

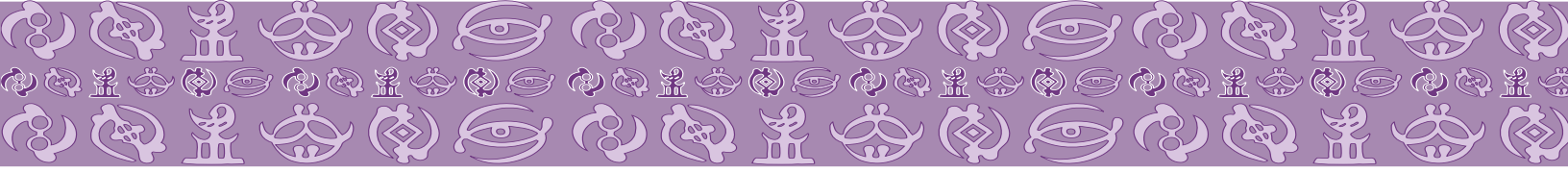
Interviewer (I): Yes, I understand you, the time you were 15 years and had the first sexual intercourse, if you were to make any changes, the experience you had about the sexual intercourse, if you asked to make changes, what do you wish to do differently?

Respondent (R): What I will like to do differently!

I: Yes.

R: I will have protected myself from pregnancy so that it will not be a case whereby I got pregnant.

- 20 year old woman, rural area, Ashanti Region



While family planning was rarely discussed at first sex, it was often discussed at subsequent sex.

Many young people reported discussing family planning only after the first sexual experience, suggesting that “shyness” may have been a factor. Young people in longer-term relationships were more likely to have more communication about sex and family planning before having sex for the first time than those who were not in relationships at the time.

Gender norms shape decision making about family planning. When family planning was discussed, young women often deferred to their partner’s decision. This seemed to be due to gender norms that encourage men to be the main decision maker in a relationship, and norms that make it harder for young women to openly discuss SRH topics. Often, young women also mistakenly assume their partners have knowledge about SRH and family planning, which is not always the case. When a couple needed family planning, either before or after sex, the young man usually went and got it.

Access to family planning and health services was not a barrier to using family planning. Most respondents were aware of where they could get family planning and did not feel they would be discriminated against in pharmacies or health centers if they wanted to get family planning. Instead, the primary barriers to using family planning at first sex appear to be a lack of general SRH knowledge and a lack of open communication between partners about sex, family planning, and SRH, especially among young women.

Interviewer (I): Who made the decision for you to use the medicine? Was it you or her?

Respondent (R): I said we should use it. I asked her to use it so that she doesn’t get pregnant.

I: What did she say?

R: She said there is nothing wrong with that, that she will use it.

I: She didn’t refuse?

R: No, she didn’t refuse.

I: Was she worried about using it?

R: No.

I: That means, you ever talked about it?

R: Yes.

- 20 year old man, rural area, Northern Region



Qualitative Research Studies

No. 24 (QRS24) is a qualitative study embedded within the 2022 Ghana DHS. This study explores themes around young people’s first sexual experience in the Ashanti and Northern Regions of Ghana, their relationships with peers and adults, their partner’s attributes,

relationship type, and coercion.

This brief summarizes chapter three of QRS24 and is in a series of five briefs analyzing the findings of QRS24. To learn about other key findings from this study, read:

- [Overview of QRS24](#)
- [Relationship Context of First Sex](#)
- [Motivation for First Sex](#)
- [Experiences of Coercion at First Sex](#)

This brief summarizes The DHS Program’s Qualitative Research Studies Report 24, by Kerry LD MacQuarrie, Sara Riese, Jeffrey Edmeades, Peter Takyi Pephrah, Priscilla Opoku, Nana Akosua Owusu-Ansah, Emmanuel Boateng, Afra Adomako Kwabiah, Martin Wiredu Agyekum, Frank Kyei-Arthur, and Jones Apawu with funding from The United States Agency for International Development through The DHS Program implemented by ICF. For the full report visit: <https://dhsprogram.com/publications/publication-qrs24-qualitative-research-studies.cfm>. For the 2022 Ghana Demographic and Health Survey, visit: <https://dhsprogram.com/publications/publication-fr387-dhs-final-reports.cfm>.