

COVID-19, relationships, and contraception: What sexually active emerging adults were doing during the lockdown in Accra, Ghana

Adriana Biney¹, Esinam Kayi², D. Yaw Atiglo¹, Laud Sowah¹, Delali Badasu¹ & Augustine Ankomah³

¹Regional Institute for Population Studies, University of Ghana

²School of Continuing and Distance Education, Department of Distance Education, University of Ghana

³Population Council, Ghana

Introduction

The COVID-19 pandemic and resultant periods of lockdowns, restraints on mobility, migration, importing and exporting as well as constraints on health financing at public and private facilities have been attributed to various challenges for both the supply and demand for family planning in recent times (Abor & Abor, 2021; Church et al., 2020; Cousins, 2020; Ferreira-Filho et al., 2020; Kenu et al., 2020; Kumar et al., 2020; Nanda et al., 2020). Studies acknowledge the effect of lockdown measures on restrictions to accessing essential services, including family planning services at health facilities during the height of the pandemic (Cousins, 2020; Ferreira-Filho et al., 2020; Kumar et al., 2020). The literature also acknowledges issues of inter-couple conflicts as a result of various financial, emotional and social challenges caused by various stressors from the lockdown and the pandemic (Cousins, 2020). In addition, solutions for addressing restrictions to modern contraception during the pandemic have been proffered (Cousins, 2020; Nanda et al., 2020). However, these require additional insights with experiences from the vulnerable for them to be better informed, and for solutions tailored for specific contexts.

Unmarried emerging adults in sexually intimate relationships are a vulnerable group prone to exacerbated reproductive health challenges due to the COVID-19 pandemic, and this warrants investigation. These youth may have different challenges during adolescence since they are considered adults yet, may not have the needed sexual negotiation skills, critical sexual health information, self-efficacy, and support to navigate negative relationship experiences and reproductive health encounters as adults. In this study, we qualitatively explored their experiences during the height of the restrictive period of the Covid-19 pandemic in Accra, Ghana. More specifically, we aimed to understand, from a select group of sexually active emerging adults, the relationship dynamics, and contraceptive access and use during the lockdown period. We triangulated this information through interviews with family planning providers on their experiences with the provision of family planning services during that same period.

Data and Methods

Study design and data collection

We used retrospective qualitative data from one of the Urban Family Planning Projects focused on exploring the use, non-use, and discontinuation of modern contraception among urban youth in Accra, Ghana. Twenty-four (24) in-depth interviews (IDIs) with emerging adults in casual or regular sexual relationships were analyzed alongside two IDIs with family planning providers. The emerging adults were males and females between ages 19 and 24 years. Half of the respondents were sexually active during the lockdown period while the remaining were not. They belonged to three socio-economic groupings – tertiary students (recruited from two public universities in Ghana), and apprentices and employees in the informal sector (recruited from various locations in the centre of a densely populated suburb

of Accra). Two female family planning providers were purposively recruited from a pharmacy and a private clinic within the same location as the apprentices and informal workers. The interviews were conducted between December 2020 and February 2021.

Data analysis

All the interviews were audio recorded and transcribed by the interviewers. We analysed the transcripts thematically, using the qualitative data analysis software, Atlas.ti. Transcripts were read and re-read; codes were applied to portions of the transcripts, and these were later grouped into the themes discussed.

Results

The twenty-four participants were in existing sexual relationships but only 12 reported that they were sexually active during the main lockdown period and critical period after the end of the lockdown (late-March to late-May). The findings presented in the succeeding sections highlight participants' reports on their relationship quality dynamics, sexual activity, contraceptive use, and service-related issues, as well as negative reproductive health issues faced.

Relationship quality dynamics

The study participants reported mixed views on the quality¹ of their relationships during the pandemic. Those reporting no sexual activity tended to mention a lower quality of relationship, with relationships deteriorating due to lack of sexual activity and sometimes lack of trust that resulted from the challenge of distance. Some males reported that they were

¹ To measure quality we asked about relationship dynamics in terms of its stability, whether there was abuse or arguments and fights, regular communication, and trust between the partners.

irritable and angry at being denied sex; however, no physical abuse was reported. The men also tended to provide financially for their partners during this time.

I had a girlfriend but she stays in Dodowa and because of the lockdown she couldn't come out...The relationship was not stable, you will not have trust for your girlfriend. You will not even trust her if she says she is home, maybe she may be in another man's room during the quarantine. The relationship was not stable. (Informally employed male)

Another young man, an apprentice, stated:

Oh, I would get angry and I will tell her that I don't like this thing [denying him sex] but she would also say something like she understands me and she would make it up to me and all those things... Ladies, they like hearing sweet words but we the boys the thing is in the touching so if I don't get that part, I would not be feeling the relationship...but I know if it wasn't for the COVID-19, if I ask her right now, she would give me [sex]. (Male apprentice)

A young apprentice also gave her experience:

He used to tell me that I am using COVID as an excuse not to have sex with him. And I will tell him that everyone is supposed to keep safe and I will not know who may have it, it could be me or it could be him. Because of his reactions, at a point, I wasn't calling him and he also wasn't calling me.

One male tertiary student reported enjoying appreciable time and bonding moments with his partner, which rather drew them closer during the lockdown period.

Everything was good [with the relationship], it got to a point she didn't even want us to have sex again, she wanted us to continue the relationship like that [without sex]...

It [the relationship] was good because we always text, when I was coming [to the interview] I was even texting her. (Male tertiary student)

A female apprentice also summed it up in this way:

I think it [the bonding] is because we had more time to talk. On normal days we were both busy doing our own activities but during the lockdown we had time for each other and we could talk at any time without any distractions. (Female apprentice)

The majority of those who were sexually active during that time were living together and faced no major issues in their relationships apart from “petty” fights.

During the lockdown, when we were not supposed to go out, fortunately I was with him...we had enough food to eat and we watched Netflix. We didn't have any major argument except for the petty ones which we quickly resolved.” (Informally employed female)

Sexual activity and contraceptive use/non-use

Out of the 12 participants who reported that they were sexually active, 7 were males and 5 were females. Five of the participants were living together at the time. Five emerging adults reported having sex regularly during the period, and this was with people they considered as regular partners. One female respondent had regular sex with her ‘sugar daddy’ (a male sexual partner of a female who is usually in school and far younger than the man and enjoying financial and other benefits from the relationship) while a male respondent had sex with an occasional partner he usually paid for sex. Other reports of sexual activity consisted of one or two sexual encounters during the March to May 2020 lockdown period.

When I want sex, I have someone that I will call and ask how much the person will charge me. So when she comes I use my condom....I did not have a girlfriend but I

have someone that I will call and say I feel for sex today so how much will you charge me when you come; then we bargain. (Informally employed male)

The participants reported that they used different modern and traditional contraception methods during the lockdown period. Male condoms (reported by 5 people) and emergency contraception (reported by 2 people) were the only modern methods mentioned.

Traditional/folkloric methods were also used – two used the withdrawal method, one used the calendar method while a female participant would use a method called “*kyem*” in the local language which involved squatting over a toilet and squeezing out the sperm out immediately after sex.

Those using modern methods reported no barriers with accessing contraceptives. Some had condoms available in stock at home, while others had access to condoms from a relative’s pharmacy or purchased it in bulk before the lockdown as indicated in the interview:

I: Ok, how did you get the condoms? Did you buy them at pharmacy?

R: Yes, we buy from the pharmacy. We bought them when we were buying foodstuffs for lockdown. (Informally employed female)

R: Her uncle has a pharmacy so she brought some when she came over during the lockdown. (Male apprentice)

Regarding access to emergency contraceptive pills, one informal sector employee male mentioned regularly buying EC when at the pharmacy so he had some available during the lockdown.

No, it [disruptions in access to contraception] never affected me. Anytime that I went to the pharmacy to get any medicine, I always buy the [EC] pill, maybe when I go to the pharmacy to buy say Dewormer, if I have enough money on me, I buy one Dewormer and one contraceptive. (Informally employed male)

Reproductive health issues

None of the emerging adults faced major reproductive health challenges. No reports of unintended pregnancies were mentioned, however, two of the emerging adults stated they contracted sexually transmitted infections, candidiasis and gonorrhoea.

R: Oh, that happened, I didn't know she had White, Candidiasis and those things...and I got Gonorrhoea

I: You got Gonorrhoea?

R: Yeah

I: Ok, what did you do?

R: I bought medicine for myself (Informally employed male)

Client's access to family planning products during the lockdown (family planning providers' perspectives)

The findings from the family planning providers indicate that access to modern contraception was restricted. Although family planning methods were available, the lockdown prevented people from getting access to services, thus decreasing patronage.

For the hospital, we were having it [injectables] but no one was coming for it. Well yeah, these injectables, they weren't coming again at all. (Nurse, Private Clinic)

Yes, anyway, during the lockdown the patronage decreased but it didn't stop them at all [completely]. They were using it but it wasn't as frequent as now. (Nurse, Private Clinic)

However, prior to the lockdown some individuals made provision by purchasing some commodities in advance, anticipating a period of engaging in some form of sexual activity. This corroborated some of the actions mentioned by the emerging adults.

Before the lockdown, I think a day or two before the lockdown, most people were buying things, they were just buying things in excess. Condoms for instance, someone can buy like three or four packs, meanwhile a pack contains three (Medical Counter Assistant (MCA), Pharmacy)

Supply of family planning methods

The provider at the pharmacy mentioned that some of their contraceptives were in short supply during the height of the pandemic. On the other hand, at the clinic they had an existing stock of the products available throughout.

During that time, we ran out of stock of most of them; I don't know the reason why....we weren't having most of them (MCA, Pharmacy)

The injectable, there was supply but the people were not coming. For the hospital, we were having it (Nurse, Private Clinic)

Cost of family planning services

Interestingly, amidst the price hikes in food, toiletries, personal protective equipment (PPE), detergents, sanitizer, and other essential commodities during the initial stages of the pandemic in Accra, prices of family planning services remained the same.

I: What about the cost? Did you increase the cost of [family planning products]...?

P: The price was the same (MCA, Pharmacy)

No, during the lockdown it wasn't expensive but now it is somehow expensive. For the Lydia [emergency contraceptive pill] and the other ones too, some cost 7 cedis² but now 7.50 cedis or 8 cedis³ (Nurse, Private Clinic)

Conclusions

Half of the respondents were sexually active and they reported different sexual and relationship encounters during the lockdown period. Apart from emergency contraception, they tended to use male-controlled and both-controlled methods that required negotiation between the couple (withdrawal, condoms, and calendar method). Some relationships had challenges during the period, mostly due to lack of sex. These findings indicate different experiences and choices among the sexually active urban youth during this critical period. Family planning providers also reported low patronage during the lockdown period, although commodities were available. Solutions to improve access to modern contraceptive services may benefit some of the youth but those with a preference for traditional methods must also be targeted with specialised interventions, including counselling. Governments need to include contraceptive access in their discussions on the impacts of the COVID-19 pandemic as the findings of studies such as this indicate that challenges to contraceptive access arose out of the lockdown.

² The exchange rate ranged between GHS5.47 and GHS5.75 to US\$1 between March and May, so the cost during the lockdown and critical COVID times would have been between US\$1.21 and US\$1.28.

³ The exchange rate at the time of the interview in February 2021 was GHS5.75 to US\$1 – so the cost was approximately US\$1.39.

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